

Licensed Child Care Facilities And Early Childhood Programs Operated by Schools Immunization Requirements for 2023-2024 School Year

Immunization requirements and recommendations for the 2023-2024 school year are based on the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommendations. The current recommended and minimum interval immunization schedules may be found on the [CDC webpage](#). The best disease prevention is achieved by adhering to the recommended schedule. However, if a child falls behind, the [catch-up schedule](#) is implemented. To avoid missed opportunities, immunization providers may use a [4-day grace period](#), in most instances, per age and interval between doses. In such cases, these doses may be counted as valid.

[K.A.R. 28-1-20, published July 18, 2019 in the Kansas Register](#), defines the immunizations required for children attending child care facilities and early childhood program licensed by Kansas Department of Health and Environment.

- **Diphtheria, Tetanus, Pertussis (DTaP):** Five doses required. Doses should be given at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years (prior to kindergarten entry). The 4th dose may be given as early as 12 months of age, if at least 6 months have elapsed since dose 3. The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
- **Haemophilus influenzae type b (Hib):** Three to four doses required for children less than 5 years of age. Brands of vaccine approved for a three-dose series should be given at 2 months, 4 months, and 12-15 months. Brands of vaccine approved for a four-dose series should be given at 2 months, 4 months, 6 months, and 12-15 months. Total doses needed for series completion is dependent on the type of vaccine administered and the age of the child when doses were given.
- **Hepatitis A (Hep A):** Two doses required. Doses should be given at 12 months with a minimum interval of 6 months between the 1st and 2nd dose.
- **Hepatitis B (Hep B):** Three doses required. Doses should be given at birth, 1-2 months, and 6-18 months. Minimum age for the final dose is 24 weeks.
- **Measles, Mumps, and Rubella (MMR):** Two doses required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). Minimum age is 12 months and interval between doses may be as short as 28 days.
- **Pneumococcal conjugate (PCV):** Four doses required for children less than 5 years of age. Doses should be given at 2 months, 4 months, 6 months, and 12-15 months. Total doses needed for series completion is dependent on the age of the child when doses were given.
- **Poliomyelitis (IPV/tOPV):** Four doses required. Doses should be given at 2 months, 4 months, 6-18 months, and 4-6 years (prior to kindergarten entry). Three doses are acceptable if 3rd dose was given after 4 years of age **and** at least 6 months have elapsed since dose 2.
- **Varicella (Chickenpox):** Two doses are required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). The 2nd dose may be administered as early as 3 months after the 1st dose, however, a dose administered after a 4-week interval is considered valid. No doses are required when student has history of varicella disease documented by a licensed physician.

Legal alternatives to school vaccination requirements are found at [K.S.A. 72-6262](#). In addition to the immunizations required for children attending child care facilities licensed by KDHE and early childhood programs operated by schools, other vaccine recommendations are:

- **Rotavirus:** Two or three doses are *recommended* for < 8 months of age. Total doses needed for series completion is dependent on the type of vaccine administered and the age of the child when doses were given.
- **Influenza:** Annual vaccination *recommended* for all ages \geq 6 months of age. Number of doses is dependent on age and number of doses given in previous years.

Vaccination efforts by school and public health officials, immunization providers and parents are key to the success of protecting our children and communities from vaccine preventable disease.

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