

**2009-2010 School Year
Indiana State Department of Health (ISDH)
School Immunization Requirements
Quick Reference Guide[^]**

	3-5 Year Olds	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT/Td*	4	5	5	5	5	5	5	5	5	5	5	5	5	5
Polio**	3	4	4	4	4	4	4	4	4	4	4	4	4	4
Measles	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Mumps	1	2	2	2	2	2	2	2	2	2	2	2	2	2
Rubella	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis B~	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Varicella ∞	1	1	1	1	1	1	1	1	1	1	1	1	1	1

[^] **Shaded areas represent grades for which immunization reports are required to be submitted to the Indiana State Department of Health.**

For children who have delayed immunizations, please refer to the 2009 CDC "Catch-up Immunization Schedule" to determine adequately immunizing doses. All minimum intervals and ages for each vaccination as specified per 2009 CDC guidelines must be met for a dose to be valid. A copy of these guidelines can be found at www.cdc.gov/vaccines/recs/schedules/default.htm.

*Four doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's fourth birthday.

**Three doses of polio vaccine are acceptable if 3rd dose was administered on or after child's fourth birthday and the doses are all IPV or all OPV.

~ Two dose alternative adolescent schedule (Recombivax HB given at age 11-15 years x 2 doses) is acceptable if properly documented.

∞ Physician documentation of disease history, including month and year, is proof of immunity for preschool and kindergarten-aged children. A signed statement from the parent/guardian indicating history of disease, including month and year is required for children in grades 1-12.

Required educational materials to be distributed:

- Grades 1-12: Meningococcal Parent Letter with Meningococcal Fact Sheet
- 6th Grade (*Parents of 6th grade girls*): HPV letter/response form and FAQ sheet. Completed response forms should be returned to the school. The school will supply a summary of responses to ISDH.

Recommended educational materials to be distributed:

- Grades 6-12: Pertussis Parent Letter with Pertussis Fact Sheet

Get them
IN ON TIME
 through the 1st year

Birth	
HepB	

Age 2 months	Not earlier than 6 weeks of age
RGE (Rotavirus)	
HepB	
DTaP	
Hib	Not earlier than 6 weeks of age
Polio (IPV)	
PCV (Pneumo)	

Age 4 months	Interval from previous dose
RGE (Rotavirus)	
DTaP	1-2 months
Hib	1-2 months
Polio (IPV)	1-2 months
PCV (Pneumo)	1-2 months

Age 6 months	Interval from previous dose
RGE (Rotavirus)	
HepB	at least 4 months after first dose
DTaP	1-2 months
Hib	1-2 months
Polio (IPV)	1-2 months
PCV (Pneumo)	1-2 months

Age 12 months	Interval from previous dose
DTaP	6 months after the third dose
Hib	2 months
PCV (Pneumo)	8 weeks and on or after first birthday
MMR	On or after first birthday
Varicella	On or after first birthday
HepA	2nd dose 6 months later



Every Fall: Flu Vaccine

- All children 6 months to 5 years of age.
- All children 6 months and older with asthma, diabetes, or other chronic high-risk condition.
- Others in the household of both the above.

Note: Children 6 months through 8 years old need 2 doses, one month apart, in their first year of flu shots.

Before Kindergarten:

- DTaP, Polio, MMR#2, also, unless already given, HepB and Varicella

Indiana's "IN ON TIME" Childhood Immunization Schedule is compatible with the recommendation of the Advisory Committee on Immunization Practices (ACIP) of the US Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). If you have any questions, call the Indiana State Department of Health, 800-701-0704.

Combined vaccines may decrease the number of shots.

Updated on March 2, 2007

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- Determine when patients are due or overdue for vaccinations based on up-to-date guidelines with immunization forecasting
- Reduce under and over immunization of patients by viewing consolidated immunization records from multiple providers
- Notify patients of recommended vaccinations using Reminder/Recall (postage paid postcards provided)
- Print Official Immunization Cards for school, day care, or camp registration
- Track immunization contraindications, deferrals, and history of varicella
- Simplify vaccine management and potential recall with the inventory tracking and reconciliation
- View Indiana State Department of Health Lead screening test results
- Export patient records to the Comprehensive Clinical Assessment Software Application (CoCASA) to check your immunization coverage

CHIRP SUPPORT CENTER

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