

ALLEGHENY COUNTY HEALTH DEPARTMENT SCHOOL IMMUNIZATION REGULATIONS

IMMUNIZATION	DOSES NEEDED	RECOMMENDED MINIMUM INTERVAL BETWEEN DOSES	ALTERNATIVES TO IMMUNIZATION	OTHER INFORMATION
Diphtheria /Tetanus	4 doses- one dose on or after 4 th birthday	Dose 1 – Dose 2: 28 days Dose 2 – Dose 3: 28 days Dose 3 - Dose 4: 6 months (4 month interval acceptable)	Serologic proof of immunity*	<ul style="list-style-type: none"> any combination acceptable: DTaP, DTP, Td, DT, Tdap if series started ≥ 7 years old – 3 doses if series started ≥ 10 years old – 3 doses to include 1Tdap
Polio	3 doses	28 days	None	<ul style="list-style-type: none"> Any combination of OPV & IPV acceptable
Measles	2 doses on or after 1 st birthday	28 days	Serologic proof of immunity*	<ul style="list-style-type: none"> Recommended to be given as MMR Single antigen vaccine OK MMRV may be used in children 12 months through 12 years
Mumps	2 doses on or after 1 st birthday	28 days	<ul style="list-style-type: none"> Serologic proof of immunity* Diagnosis of mumps indicated by written statement from a physician or his designee 	<ul style="list-style-type: none"> recommended to be given as MMR single antigen vaccine OK MMRV may be used in children 12 months through 12 years
Rubella	1 dose on or after 1 st birthday	NA	Serologic proof of immunity*	<ul style="list-style-type: none"> recommended to be given as MMR Single antigen vaccine OK MMRV may be used in children 12 months through 12 years
Hepatitis B	3 doses	Between dose 1 & 2: 28 days Dose 3: 4 mo. after dose 1 : 2 mo. after dose 2 : child must be 24 weeks (6mos) at time of dose 3	Serologic proof of immunity*	<ul style="list-style-type: none"> 2 dose schedule acceptable if: <ul style="list-style-type: none"> child is 11-15 years or older received Recombivax HB (Merck) <ul style="list-style-type: none"> 10ug: Dose 1 Dose 2 (4-6 months later) document vaccine, dates, and "2 dose schedule"
Varicella	2 doses on or after the 1 st birthday	<ul style="list-style-type: none"> 12 months to 13 years old: 3 months (if the 2nd dose was given at least 28 days later – do not repeat) ≥ 13 years old: 28 days 	<ul style="list-style-type: none"> Serologic proof of immunity* written document of disease from a physician or designee to include month and year 	<ul style="list-style-type: none"> MMRV may be used in children 12 months through 12 years
Meningococcal (MCV4)	1 dose on or after the 11 th birthday	NA	Contraindication to vaccine documented by physician or designee	<ul style="list-style-type: none"> Required for students in grades 7 through 12 Recommended to be given as meningococcal conjugate vaccine (MCV4) if Menomune (MPSV) given to a child ≤ 10 years old, revaccinate with MCV4 5 years later
Tetanus/Diphtheria/ Pertussis (Tdap)	1 dose on or after the 10 th birthday	5 years since last Tetanus, Diphtheria, Pertussis containing vaccine	Contraindication to vaccine documented by physician or designee	<ul style="list-style-type: none"> Required for students in grades 7 through 12 Recommend Td vaccine if Tdap contraindicated Boostrix: Licensed for ages 10 years through 64 years old Adacel: Licensed for ages 11 years through 64 years old

NOTES: 1. Month, day and year are preferred documentation.

2. Pa. Bulletin Vol. 30, No. 10 (March 9, 2002) - a 4 day grace period for all vaccines including the date of immunization and spacing between doses is acceptable.

*document type of test and titer.

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