

SHOT TALK

Visit www.sanantonio.gov/health/immunizations.html for news about the control and prevention of vaccine-preventable diseases.

Required Immunizations for the 2011-2012 School Year

The Department of State Health Services (DSHS) recently released the 2011-2012 Texas Minimum State Vaccine Requirements for Childcare Facilities and Students K-12. To determine the specific number of doses that will be required for a client, please review the documents included with this quarters Shot Talk Issue.

The following updates will apply to students registering for the 2011-2012 School Year:

- **2 doses of Varicella vaccine for Texas students entering grades K-2nd and 7th-9th;** *A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of either dose of varicella vaccine.*
- **2 doses of Hepatitis A vaccine for Texas students entering grades K-2nd;** *The first dose of Hepatitis A must be received on or after the first birthday.*
- **1 dose of Meningococcal vaccine for students entering grades 7th-9th;**
- **1 dose of Tdap vaccine for Texas students entering 7th grade** *(if at least 5 years have passed since the last dose of a tetanus-diphtheria-containing vaccine was administered).* **1 dose of Tdap vaccine for Texas students entering grades 8th-12th** *(when 10 years have passed since the last dose of tetanus-diphtheria-containing vaccine was administered). Td is acceptable in lieu of Tdap if a medical contraindication to pertussis exists.*

Be Prepared!

During August 2010, area providers including Metro Health were unable to meet the demand for the massive number of students who remained out of compliance with school entry requirements during the first few weeks of the school year. As a result, many students missed days from school and parents missed time from work. Now is the time to begin scheduling students for routine physicals and immunizations. You may even consider assigning clinic dates for immunizations only, which could include extended hours or Saturday clinics.

For this reason, Metro Health encourages providers to utilize every patient encounter as an opportunity to update immunizations, especially for school-aged children and teenagers. Reviewing immunization records now can also help you identify those students in need of updates and will allow time to implement reminders to parents.

All of the vaccines listed in the Texas Minimum State Vaccine Requirements for school entry correspond with the ACIP guidelines for ages 0-6 and 7-18. Adherence to the ACIP guidelines will offer even more protection for students than is mandated by state law. These recent increased stated requirements result in the need for over 100,000 additional immunizations for the same population when compared to the immunization requirements two years ago.

Acting now and following the ACIP guidelines can have many benefits for you and your staff as the new school year approaches:

- Prevent stress from attempts to accommodate heavy patient loads during August;
- Avoid the possible need for extended office hours to accommodate patient loads;
- Reduce the possibility of vaccine shortages during August;
- Decrease the number of callers requesting last minute appointments for immunizations;
- Decrease the number of last minute calls and/or faxes from schools requesting updated records.

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We would like to stress the importance of recalling clients to receive required vaccinations at the earliest time possible, avoiding the back-to-school immunization rush that occurs every year during the month of August.





There are also benefits **for your patients and their families:**

- Fewer missed days of school for students.
- Fewer missed days of work for parents.
- Basic protection from vaccine-preventable diseases easily transmitted in schools.
- Increased parent confidence resulting from thorough immunization assessments.

Finally, using each patient encounter as an opportunity to vaccinate and protect your patients provides protection for the entire community.

Metro Health wants to support you in your immunization efforts. If you have questions regarding ACIP recommendations or Texas Minimum State Vaccine Requirements, please contact Audrey Muñoz at (210) 207-6917.

Thank you for your efforts to protect San Antonio, Bexar County, and South Texas!

eSAIRS Is Coming!

The San Antonio Metropolitan Health District proudly announces the launch date for the enhanced San Antonio Immunization Registry System (eSAIRS). On July 5th, 2011 the new registry will go online. Enrollment for participating providers begins April 2011. Initially, eSAIRS will be a view only application, with full data entry capability coming later in the year. Providers will receive training for full use of eSAIRS during the fall of 2011 with additional details unveiled as the anticipated provider rollout dates draw near. Those providers currently utilizing the fax back request for shot records will find that the system will no longer be available effective June 30th, 2011. We strongly encourage providers to enroll prior to the July date in order to have view and print capability for immunization records through the online registry.

The enhanced SAIRS or eSAIRS registry touts many great new features including inventory, a schedule based recommender, improved security, direct data entry for healthcare providers, and HL7 data exchange. There will be no need to mail consent forms to Metro Health as eSAIRS will allow all providers to enter vaccine records directly into the database via our web interface. Direct data entry will mean immediate record creation and update which will ensure that vaccine records are reliable and up to date. Providers currently using their own database for immunization records can interface with eSAIRS using HL7 allowing automatic data exchange.

New features of eSAIRS include:

- Capability to exchange immunization data with ImmTrac, the Texas State Registry
- Immunization recommender based on the ACIP schedules enabling providers to quickly assess records
- Vaccine Inventory module
- Data exchange capabilities via HL7
- Direct data entry by healthcare providers
- Improved Security
- Provider level reporting

The Metro Health Division held 3 interactive eSAIRS sessions during National Infant Immunization Week (NIIW) April 27-29 at the Alamodome. We would like to thank the 90 provider offices that attended this event. For more information, please contact the eSAIRS enrollment coordinator, Ian Guagliardo at 210-207-2089.

Adacel® Vaccine Study

Metro Health has been collaborating with Sanofi Pasteur for several years in conducting vaccine clinical trials, and Sanofi Pasteur has assisted Metro Health in providing new and innovative vaccines to the community. The most recent collaboration includes an investigational research study to evaluate the safety and effectiveness of a single dose of Adacel® vaccine (Tdap) in persons 10 to 11 years of age. The Adacel® vaccine was licensed in the United States in 2005 for use in persons 11 through 64 years of age. Currently the Advisory Committee on Immunization Practices (ACIP) recommends all adolescents 11-18 years of age receive a single dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine.

Several US states have instituted a requirement that children receive Tdap vaccine before entering 6th grade or middle school. Since some students are 10 years of age at school entry when the Tdap vaccine is required, Sanofi Pasteur would like to conduct this study to demonstrate vaccine safety and effectiveness in persons 10 years of age. The results of this study may support an extension of the licensed age indication to include children 10 years of age. Metro Health is currently enrolling 10 and 11 year old children to participate in this research program. The study consists of 2 visits over a 30 day period of time. All study participants are currently receiving immunizations at no cost and are compensated for their time and travel. For more information please contact (210)-207-3968 or (210)-207-3965.

Menactra® Vaccine Indication for Infants

On April 22, 2011, The US Food and Drug Administration (FDA) approved the expanded use of Menactra® in infants and toddlers 9 through 23 months of age for the prevention of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y, and W-135. Menactra had been previously approved for use in children ages 2 and up and in adults through 55 years of age.

Meningococcal disease is a serious life-threatening illness caused by bacteria that infect the bloodstream and the lining that surrounds the brain and spinal cord (meningitis). According to Sanofi Pasteur, meningococcal disease strikes between 1,000 to 2,600 Americans each year. Approximately 10 percent of the individuals who contract meningococcal disease will die. Of those that survive, up to one in five suffer permanent disabilities such as hearing loss, neurological damage and limb amputations. *Neisseria meningitidis* is a leading cause of meningitis in young children, who are more susceptible to getting this serious illness than are older individuals, notes the FDA.

According to the FDA, the safety of the vaccine in children as young as 9 months was evaluated in 4 clinical studies in which over 3,700 participants received the vaccine. Results from the studies showed injection-site tenderness and irritability as the most common adverse events reported in children 9 months and 12 months of age. Occurrence of fever was similar to that seen with other vaccines routinely recommended for young children.

Vaccination should be avoided by persons with known hypersensitivity to any ingredient of the vaccine, including latex (which is used in the vial stopper), or by any persons diagnosed with Guillen-Barre syndrome. For more information, please visit: www.sanofipasteur.com or www.sanofipasteur.us

Are You Missing Opportunities to Vaccinate Patients? The Discussion of Misconceptions about Vaccinations

From time to time, readers of the *Shot Talk* have seen timely and insightful information from the Immunization Action Coalition's (IAC) *Needle Tips* and *Vaccinate Adults*. Their "Ask the Experts" sections have routinely been some of the most popular reading. This edition of *Shot Talk* again presents a feature from the IAC Express, Extra Edition #922, which deals with Q&As dedicated to misconceptions about vaccination that too frequently get in the way of timely immunization. Clinicians might misperceive certain conditions and circumstances as valid contraindications or precautions when they actually do not preclude vaccination.

These misperceptions result in missed opportunities to administer recommended vaccines.

Drs. William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases (NCIRD), CDC, provided the answers to the following Q&As. Metro Health encourages you to share this information with your co-workers and colleagues.

Q: How many vaccines can be given during an office visit?
A: No upper limit exists for the number of vaccines that can be administered during one visit. ACIP and AAP consistently recommend that all needed vaccines be administered during an office visit.

Q: Which vaccines cannot be administered at an office visit along with other vaccines?
A: All routine vaccines can be given during an office visit, as long as a different syringe is used for each vaccine.

Q: If all needed vaccines aren't administered during the same visit, does one need to wait a certain period of time before administering the other needed vaccines?
A: All inactivated vaccines can be given on the same day, or on any day before or after giving other inactivated or live vaccines. However, if two live vaccines are not given on the same day, they need to be spaced at least 4 weeks apart. This recommendation does not apply to rotavirus or oral typhoid vaccine, which can be given at any time before or after another live vaccine.

Q: Do we have to check vital signs before giving vaccines?
A: No. ACIP does not recommend routinely checking a patient's temperature or other vital signs before vaccination. Requiring these extra steps can be a barrier to immunization.

Q: Is it necessary to routinely test young women for pregnancy before administering vaccines?
A: No. However, females of childbearing age should be asked about the possibility of their being pregnant before they are given any vaccine for which pregnancy is a contraindication or precaution. The patient's answer should be documented in the medical record. If the patient thinks she might be pregnant, a pregnancy test should be performed before administering live virus vaccines.

Q: Which vaccines can be given to breastfeeding women?
A: All vaccines except smallpox can be given to breastfeeding women. Breastfeeding is a precaution for yellow fever vaccine. Women who are breastfeeding should be advised to postpone travel to yellow fever endemic or epidemic regions; however, if travel cannot be postponed the woman should receive yellow fever vaccine.

Q: Can I administer vaccine to a child who is taking antibiotics?

A: Treatment with antibiotics is not a valid reason to defer vaccination. If a child or adult is otherwise well, or has only a minor illness, vaccines should be administered. But if the person has a moderate or severe acute illness (regardless of antibiotic use), one should defer vaccination until the person's condition has improved.

Q: We frequently see patients who have a fever or an acute illness and are due for vaccinations. We're never quite sure if we should withhold the vaccines or not. What do you advise?

A: "moderate or severe acute illness" is a precaution for administering any vaccine. A mild acute illness (e.g., mild diarrhea or upper-respiratory tract infection) with or without fever is not.

Q: Should I vaccinate a child who has recently been exposed to an infectious disease? What about a child who is convalescing from illness?

A: Neither of these situations is a contraindication or precaution to vaccination.

Please check these resources for true contraindications and precautions.

✓ Portions of ACIP's General Recommendations on Immunization:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e

✓ *Chart of Contraindications and Precautions to Commonly Used Vaccines:*

<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>

✓ *Conditions Commonly Misperceived as Contraindications to Vaccination:*

<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-misconceptions.htm>

The Immunization Action Coalition (IAC) provides similar reference materials on their website:

www.immunize.org

Your office can subscribe to IAC Express at: <http://www.immunize.org/subscribe>

This information is adapted from IAC Express, Extra Edition #922, printed on April 6, 2011. Courtesy of the Immunization Action Coalition.



QA/AFIX Springs Forward

The QA/AFIX team is springing forward to a productive start in 2011! The QA/AFIX Team has been scheduling Quality Assurance/ VFC site visits at Vaccines for Children (VFC) provider locations throughout the area. Since the beginning of the year, the team has conducted 29 site visits. The purpose of conducting site visits is to ensure that enrolled VFC providers are immunizing patients according to ACIP guidelines and adhering to VFC program guidelines.

The QA/AFIX Team is always willing to assist you in arranging an appointment for a site visit to benefit your facility. Site visits provide valuable information to providers on their immunization practice patterns and immunization rates.

Each visit is designed to help identify possible barriers to immunization that may result in low vaccination coverage or missed opportunities. The primary role of the QA/AFIX Team is to assist providers in finding practical solutions to immunization related dilemmas within their facilities.

Please feel free to contact Maria Torres, QA/AFIX Supervisor at (210) 207-6916 or Kenya Wilson, MA Vaccines for Children Program Coordinator at (210) 207-3974 should you need additional information.

The members of the QA/AFIX Team would like to thank the following providers and their staff for participating in the QA/AFIX site review visit process during this past quarter: Respite Wellness CentroMed, Thousand Oaks Pediatrics, Complete Urgent Care, Dr. Migdalia Molina, Central Women's Health Care, Children's Night Clinic, San Antonio Family Physicians, Alpha Pediatrics, Clinica del Norte Pediatrics, Kellum Pediatric Clinic, UHS-Express Med Clinic, Dr. Lucina Trevino, Family First Care Clinic, CentroMed-South Zazamora, Kellum Medical Group-Schertz, South Alamo Medical Group-South Alamo, Christus Santa Rosa Family Practice, Kid-Doc Pediatrics, Pinkston Family Practice, Pegasus Pediatrics, Huebner Pediatrics, South Central Texas Primary Care, Kubena Pediatrics, VIVA Pediatrics-Barlite, Caring for Kids Pediatrics, Centro Med-Walzem, South Alamo Medical Group, Westover Hills Family Health, and Community Family Medicine.

Congratulations go out to the following providers that achieved outstanding immunization coverage rates during the past quarter: Dr. Migdalia Molina (80%), Children's Night Clinic (100%), Alpha Pediatrics (100%), Clinica del Norte Pediatrics (100%), Kellum Pediatric Clinic (100%), UHS-Express Med Clinic (100%), Dr. Lucina Trevino (100%), CentroMed-South Zazamora (100%),

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Kellum Medical Group-Schertz (80%), South Alamo Medical Group-South Alamo (92%), Christus Santa Rosa Family Practice (100%), Kid-Doc Pediatrics (95%), Pegasus Pediatrics (100%), Huebner Pediatrics (100%), Kubena Pediatrics (96%), VIVA Pediatrics-Barlite (100%), Caring for Kids Pediatrics (100%), Centro Med-Walzem (89%), South Alamo Medical Group (100%), Westover Hills Family Health (100%), and Community Family Medicine (89%).

Special Congratulations go out to these "Hot Shot" Offices: Children's Night Clinic, Alpha Pediatrics, Clinica del Norte Pediatrics, Kellum Pediatric Clinic, UHS-Express Med Clinic, Dr. Lucina Trevino, CentroMed-South Zaramora, Christus Santa Rosa Family Practice, Pegasus Pediatrics, Huebner Pediatrics, VIVA Pediatrics-Barlite, Caring for Kids Pediatrics, South Alamo Medical Group, and Westover Hills Family Health.

All these facilities continue to invest substantial efforts towards improving children's immunization coverage levels and surpassed the National Immunization Program (NIP) goal of 90% immunization coverage for the 4:3:1:3:3:1:4 series, receiving a perfect score of 100%. WAY TO GO!!! Keep up the great work.

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Infant/Childhood Education & Outreach Supervisor: Audrey Munoz, LVN, AAHA	207-6917
Vaccines Studies Coordinator: Marcela Martinez	207-3968
Registry Project Coordinator: Walter Widish, MS	207-8792

Need Forms??

VFC Reports, Blast Fax, and In-Service Materials:

www.sanantonio.gov/health/immunizations-VFCResources.html

Consent Forms:

www.sanantonio.gov/health/immunizations-SAIRS.html

VISs:

<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Immunization Resource Sites

DSHS: www.dshs.state.tx.us/immune

CDC: www.cdc.gov/vaccines

IAC: www.immunize.org

Vaccine Education Center: <http://vaccine.chop.edu>

American Academy of Pediatrics: www.aap.org

Vaccine Information for the Public & Health

Professionals: www.vaccineinformation.org

Healthy People 2010: www.healthypeople.gov



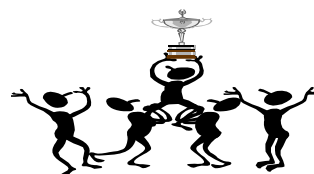
VFC Stars



UHS Naco-Perrin Clinic




UHS Kenwood Clinic




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 **UHS Ricardo Salinas Clinic**



 **Gruesbeck Family Medicine**



 **Viva Pediatrics**



 **Alpha Pediatrics**



 **Tejas Pediatrics**



 **Kellum Pediatric Clinic**



 **Office of Dr. Lucina Trevino**



 **Clinica del Norte Pediatrics**



 **Southwest Children's Center**

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Caring for Kids Pediatrics



Little Buddies Pediatric Clinic



University Physicians
Group Family Health
Center



Priority Pediatrics



CentroMed-South Zarzamora



Children's
Night Clinic



Pegasus Pediatrics

Immunization Updates

The use of most **Vaccine Information Statements (VIS)** is mandated by federal law. Listed below are the dates of the most current VISs. Check your stock of VISs. If you have outdated VISs, print current ones from one of these sources: CDC's website at www.cdc.gov/vaccines/pubs/vis (has VISs in English) or IAC's website at www.immunize.org/vis (has VISs in more than 30 languages).

DTaP/DT/DTP.....5/17/07 PCV.....4/16/10 Hepatitis A.....3/21/06 PPSV.....10/6/09 Hepatitis B.....7/18/07 Polio.....1/1/00 Hib.....12/16/98
HPV (H. papillomavirus).....5/3/11 Rotavirus.....12/6/10 Meningococcal.....1/28/08 Varicella.....3/13/08 MMR.....3/13/08
Influenza (LAIV).....8/10/10 Influenza (TIV).....8/10/10 Td/Tdap...11/18/08

2011-2012 Texas Minimum State Vaccine Requirements for Students Grades K-12



This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, Sections 97.61 to 97.72.

This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. [Click here for complete TAC language.](#) The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level					NOTES
	K - 2 nd	3 rd - 6 th	7 th	8 th - 9 th	10 th - 12 th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/Td/Tdap) ¹	5 doses or 4 doses	5 doses or 4 doses	3 dose primary series and 1 Tdap/Td booster <i>within last 5 years</i>	3 dose primary series and 1 Tdap/Td booster <i>within last 10 years</i>		5 doses of diphtheria-tetanus-pertussis vaccine; one dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4 th dose was received on or after the 4 th birthday. For students aged 7 years and older, 3 doses meet the requirement if one dose was received on or after the 4 th birthday. For 7th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. For 8th - 12th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-diphtheria-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio ¹	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses of polio; one dose must be received on or after the 4 th birthday. However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday.
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses	2 doses	2 doses		2 doses	The first dose of MMR must be received on or after the 1 st birthday. For K - 2nd grade, 2 doses of MMR are required. For 3rd - 12th grade, 2 doses of a measles-containing vaccine, and one dose each of rubella and mumps vaccine is required.
Hepatitis B ²	3 doses	3 doses	3 doses	3 doses	3 doses	For students aged 11-15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax) was received. Dosage and type of vaccine must be clearly documented. (Two 10 mcg/1.0 ml of Recombivax).
Varicella ^{1,2,3}	2 doses	1 dose	2 doses		1 dose	The first dose of varicella must be received on or after the first birthday. For grades K - 2nd and 7th - 9th 2 doses are required. 1 dose is required for all other grade levels. For any student who receives the first dose on or after 13 years of age, 2 doses are required.
Meningococcal			1 dose			
Hepatitis A ^{1,2}	2 doses					The first dose of hepatitis A must be received on or after the first birthday.

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.

³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "This is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com. Original Exemption Affidavit must be completed and submitted to the school or child-care facility.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school or child-care facility.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.



Requisitos de Vacunación Mínimos Estatales de Texas de 2011-2012 Para Estudiantes de Kínder-12.º Grado



Este gráfico resume los requisitos de vacunación incorporados en el Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72.

El gráfico no tiene como propósito sustituir las consultas al TAC, el cual contempla otras disposiciones y detalles. [Haga clic aquí para obtener el texto completo del TAC.](#) El Código Educativo de Texas, capítulo 38, Salud y Seguridad, subcapítulo A, Disposiciones Generales, concede la autoridad de establecer requisitos de vacunación al Departamento Estatal de Servicios de Salud de Texas (DSHS).

REQUISITOS DE VACUNACIÓN

Los estudiantes deberán mostrar prueba aceptable de vacunación antes de entrar, asistir o ser transferidos a una guardería o escuela primaria o secundaria pública o privada de Texas.

Vacuna requerida (Vea las notas y las notas de pie de página)	Número mínimo de dosis requeridas por nivel de grado					NOTAS
	kínder-2.º	3 - 6.º	7.º	8 - 9.º	10 - 12.º	
Difteria, tétanos y pertussis ¹ (DTaP/DTP/DT/Td/Tdap)	5 dosis o 4 dosis	5 dosis o 4 dosis	Serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap o Td <i>en los últimos 5 años</i>	Serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap o Td <i>en los últimos 10 años</i>		5 dosis de la vacuna contra la difteria, el tétanos y la pertusis; debe haberse recibido una dosis en o después del 4.º cumpleaños. Sin embargo, con 4 dosis se cumple con el requisito si la 4.ª dosis se recibió en o después del 4.º cumpleaños. Los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron una dosis en o después del 4.º cumpleaños. Para el 7.º grado: se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos. Para los grados de 8.º-12.º: se requiere 1 dosis de la vacuna Tdap si han pasado 10 años desde la última dosis de una vacuna que contenga tétanos y difteria. La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica con respecto a la vacuna contra la pertusis.
Polio ¹	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis de la vacuna contra la polio; debe recibirse una dosis en o después del 4.º cumpleaños. Sin embargo, con 3 dosis se cumple con el requisito si la 3.ª dosis se recibió en o después del 4.º cumpleaños.
Sarampión, paperas y rubéola ^{1,2} (MMR)	2 dosis	2 dosis	2 dosis		2 dosis	La primera dosis de la vacuna MMR debe recibirse en o después del 1.º cumpleaños. Para el kínder-2.º grado, se requieren 2 dosis de la vacuna MMR. Para los grados de 3-12.º, se requieren 2 dosis de una vacuna que contenga sarampión, y una dosis de la vacuna contra la rubéola y una de la vacuna contra las paperas.
Hepatitis B ²	3 dosis	3 dosis	3 dosis	3 dosis	3 dosis	Los estudiantes de 11-15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax). Deben documentarse claramente la dosis y el tipo de vacuna. (Dos dosis de 10 mcg./1.0 ml. de Recombivax).
Varicela ^{1,2,3}	2 dosis	1 dosis	2 dosis		1 dosis	La primera dosis de la vacuna contra la varicela debe recibirse en o después del 1.º cumpleaños. Para el kínder-2.º y 7.º-9.º grado, se requieren 2 dosis. Se requiere 1 dosis para todos los demás niveles de grado. Se requieren 2 dosis para todos los estudiantes que reciban la primera dosis en o después de los 13 años de edad.
Meningocócica			1 dosis			
Hepatitis A ^{1,2}	2 dosis					La primera dosis de la vacuna contra la hepatitis A debe recibirse en o después del 1.º cumpleaños.

¹ Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de vacunación para entrar a la escuela.

² La confirmación serológica de la inmunidad al sarampión, las paperas, la rubéola, la hepatitis B, la hepatitis A o la varicela o la evidencia serológica de infección son aceptables en lugar de la vacuna.

³ La enfermedad previa puede documentarse con una declaración escrita de un médico, una enfermera escolar o el padre o tutor del niño que diga algo como: "Esto es para verificar que (nombre del estudiante) tuvo varicela el (fecha) o por esa fecha y no necesita la vacuna contra la varicela". Dicha declaración escrita será aceptable en lugar de todas las dosis requeridas de la vacuna contra la varicela.

Exenciones

La ley permite que (a) los médicos redacten una declaración en la que expongan que la vacuna o vacunas requeridas serían médicamente dañinas o perjudiciales para la salud y el bienestar del niño y que (b) los padres o tutores elijan una exención de los requisitos de vacunación por razones de conciencia, incluso creencias religiosas. La ley no permite que los padres o tutores elijan una exención simplemente por inconveniencia (por ejemplo, si se pierde un expediente o éste está incompleto y sería mucha molestia ir con un médico o clínica para corregir el problema). Las escuelas y las guarderías deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir durante emergencias o epidemias declaradas por el comisionado de salud pública.

Encontrará instrucciones para solicitar la declaración jurada de exención oficial que debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluso creencias religiosas, en www.ImmunizeTexas.com. La Declaración Jurada de Exención original debe rellenarse y presentarse a la escuela o guardería.

En el caso de los niños que soliciten exenciones médicas, deben presentar una declaración escrita del médico a la escuela o guardería.

Inscripción provisional

Todas las vacunaciones se deben finalizar antes de la primera fecha de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades señaladas. Un estudiante se puede inscribir provisionalmente si el estudiante cuenta con expediente de vacunación que indique que el estudiante ha recibido al menos una dosis de cada vacuna apropiada para la edad específica que esta regla exija. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas conforme al calendario y tan rápidamente como sea médicamente posible y proveer comprobante suficiente de la vacunación a la escuela. Una enfermera escolar o un administrador escolar revisará el estado de vacunación de un estudiante inscrito provisionalmente cada 30 días para asegurar el cumplimiento interrumpido en la finalización de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo y la escuela excluirá al estudiante para que no asista a la escuela hasta que se administre la dosis requerida.

Documentación

Dado que se usan muchos tipos de expedientes de vacunación personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. Debe registrarse el mes, día y año en que se recibió la vacuna en todos los expedientes de vacunación escolares creados o actualizados después del 1 de septiembre de 1991.

