



**In Re: Approved Means of Immunization Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code
Director's Journal Entry**

I, Bruce Vanderhoff, Director, Ohio Department of Health (ODH), pursuant to Section 3701.13 of the Ohio Revised Code, hereby approve the following methods of immunization against the diseases specified in Section 3313.671 of the Revised Code for the purpose of carrying out the provisions of that section.

- 1) Vaccine doses should be administered according to the most recent version of the *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States*, as published by the Advisory Committee on Immunization Practices. Vaccine doses administered 4 days or less before the minimum interval or age are considered valid. Doses of any vaccine administered ≥ 5 days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. Any live virus vaccines (measles, mumps, rubella, and varicella vaccines) not administered on the same day must be separated by at least four (4) weeks (28 days). Unless otherwise exempt, pupils who are enrolled in kindergarten through grade 12 shall have:

Diphtheria, Tetanus, and Pertussis:

Pupils in grades Kindergarten (K)-12 are required to have four (4) or more doses of DTaP, DTP or DT (pediatric) vaccine, or any combination. Children who received all four (4) primary immunizing doses before their fourth birthday are required to receive a fifth (5th) dose of DTaP or DT. This booster fifth (5th) dose of DTaP or DT is not required if the fourth dose in the primary series was given after the fourth birthday. A child who is age seven or older, and who received Td or Tdap vaccine as the third part of this immunization series, shall not be required to receive further diphtheria, tetanus, or pertussis vaccine. Three doses of Td, or a combination of Td and Tdap, is the minimum acceptable for children age seven (7) and up. Tdap given to a child younger than 7 years as either dose 1, 2 or 3, is NOT valid. Repeat with DTaP as soon as feasible. Tdap given to a child younger than 7 years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.

DTaP is not indicated for persons aged ≥ 7 years. Tdap or DTaP given to a fully vaccinated child age 7–9 years: the child should receive the routine adolescent Tdap dose at age 11–12 years. DTaP given to an undervaccinated child age 7–9 years: count this dose as a Tdap dose of the catch-up series. The child should receive the routine adolescent booster dose of Tdap at age 11–12 years prior to entry to 7th grade. Children aged 7 and up who have never been vaccinated against pertussis, tetanus, or diphtheria should receive a series of three tetanus and diphtheria toxoid-containing vaccines, which includes at least 1 dose of Tdap.

For 7th – 12th grade entry, one (1) dose of Tdap vaccine must be administered on or after the 10th birthday. This dose is intended to be administered as a booster dose for pupils who completed the

required doses of the initial series of DTaP, DT, or Td vaccine. A child who received a dose of Tdap between 7 through 9 years of age should receive another dose of Tdap at age 11 or 12 years.

Polio:

Three (3) or four (4) doses of Polio vaccine shall be required for all pupils in grade K-12. The final dose of polio vaccine must have been administered on or after the fourth (4th) birthday, regardless of the number of previous doses:

If a series consisting of all OPV or all IPV is received, at least three doses are required. If the third dose of the series was received prior to the fourth birthday, a fourth dose is required. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should not be counted.

If any combination of IPV and OPV was received, four doses of either vaccine are required.

Pupils who are age eighteen (18) and above shall not be required to receive either polio vaccine.

Measles:

Two (2) doses of live virus measles vaccine are required for all pupils in grades K – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A child who had measles disease and presents a signed statement from their parent, guardian, or physician to that effect, is not required to be vaccinated against measles. However, in an outbreak situation, a written statement of previous measles disease is acceptable in lieu of vaccination, only if it is signed by a physician and gives the month and year of infection.

For purposes of definition, a single (1) case of measles constitutes a public health priority. Any child in an affected school who cannot show proof of two (2) properly administered measles vaccinations must be excluded from school attendance until such proof is provided. Children with written waivers or exemptions shall be excluded for 21 days after the onset of the last known case in the affected school. Pupils receiving their second dose and previously unvaccinated persons receiving their first dose may be immediately readmitted to school. However, these individuals should be monitored for signs and symptoms of measles.

Mumps:

Two (2) doses of live virus mumps vaccine are required for all pupils in grades K – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A child who had mumps disease and presents a signed statement from their parent, guardian, or physician to that effect, is not required to be vaccinated against mumps. However, in an outbreak situation, a written statement of previous mumps disease is acceptable in lieu of vaccination, only if it is signed by a physician and gives the month and year of infection.

For purposes of definition, three (3) or more cases of mumps constitutes an outbreak. Any child who cannot show proof of mumps vaccination at age one (1) or above must be excluded from school until such proof is provided. Any child with a written waiver shall be excluded for at least 25 days after parotitis onset in the last person with mumps at the affected school during the outbreak period.

Rubella:

Two (2) doses of rubella vaccine are required for all pupils in grades K – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of 4 weeks (28 days) later in order for a child to be in compliance.

A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A history of rubella disease may never be substituted for rubella vaccine. Additionally, post-pubescent females are not exempt from this requirement.

Hepatitis B:

All children in grades K – 12 are required to provide evidence of having received a three-dose (3) series of hepatitis B vaccine. The second (2nd) dose must be administered at least twenty-eight (28) days after the first (1st) dose. The third (3rd) dose must be administered at least two (2) months after the second (2nd) dose and at least four (4) months after the first (1st) dose and greater than or equal to twenty-four (24) weeks of age.

Varicella (Chickenpox):

Two (2) doses of varicella vaccine are required for all pupils in grades K – 12. The first (1st) dose of vaccine administered on or after the child's first (1st) birthday, and the second (2nd) dose at least three (3) months following the first dose. However, if the second dose is administered at least twenty-eight days following the first (1st) dose, it is considered valid.

A pupil who has had natural chickenpox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against chickenpox.

For purposes of definition, five (5) or more cases of chickenpox in a specific setting (e.g., school) constitutes an outbreak. Any child who cannot show proof of age-appropriate chickenpox (varicella) vaccination must be excluded from school until such proof is provided or until the child is vaccinated with the appropriate dose. Children with written waivers or exemptions shall be excluded for 21 days after the onset of the last identified case in the affected school.

Meningococcal:

One (1) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required for all pupils in grades 7-11. Meningococcal vaccine given before 10 years of age should not be counted as part of the adolescent MenACWY series. If a child received a dose of either MPSV4 or MenACWY before age 10 years, they should receive a dose of MenACWY at 11 or 12 years and a booster dose at age 16.

A second (2nd) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 12th grade. The second (2nd) dose must be administered on or after the 16th birthday with at least eight (8) weeks between the first (1st) and second (2nd) dose. If the first (1st) dose of meningococcal (serogroups A, C, W, and Y) vaccine was administered after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade but is 15 years of age or younger, only one (1) dose is required. The pupil should then receive a second (2nd) dose when they turn 16 years.

2) Additional Immunizations:

The requirements set forth in part one (1) above are the minimum requirements. They may not constitute the full complement of immunizations that are recommended for pupils enrolled in kindergarten through grade 12 or that may be recommended by a child's medical provider due to specific medical conditions.

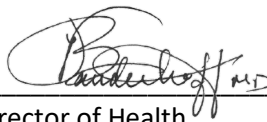
3) This order shall supersede any previous approvals of means of immunization by the Ohio Department of Health under Section 3701.13 of the Revised Code which are inconsistent with this order.

4) This order shall be transmitted to the Ohio Department of Education, to local health departments, and to other interested parties as appropriate.

This Journal Entry shall be effective on March 31, 2023, and shall remain in full force and effect until further notice.

3/31/2023

Date



Director of Health