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**Rules of**  
**Department of Health and**  
**Senior Services**

**Division 20—Division of Community and Public Health**  
**Chapter 28—Immunization**

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**Title 19—DEPARTMENT OF  
HEALTH AND SENIOR SERVICES  
Division 20—Division of Community and  
Public Health**

**Chapter 28—Immunization**

**19 CSR 20-28.010 Immunization Requirements for School Children**

*PURPOSE: This rule establishes minimum immunization requirements for all students in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Interstate Compact on Educational Opportunity for Military Children.*

(1) As mandated by section 167.181, RSMo, each superintendent of a public, private, parochial, or parish school shall have a record prepared showing the immunization status of every child enrolled in or attending a school under the superintendent's jurisdiction. The school superintendent shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of students who are in noncompliance. This report shall include aggregate immunization information by grade or age by vaccine antigen, number of students enrolled, number of students in compliance with state immunization requirements, number of students in progress, number of students with signed medical exemption, number of students with signed religious exemption, number of students noncompliant with immunization record, and number of students with no immunization record. Each school superintendent or designee shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. The school administration shall exercise its power of pupil suspension or expulsion under section 167.161, RSMo, and possible summary suspension under section 167.171, RSMo, until the violation is removed. Transfer students in noncompliance shall not be permitted to enroll or attend school. Students who were enrolled during the previous school year shall be denied

attendance for the current school year if not in compliance. Under section 160.2000, RSMo, children of military families shall be given thirty (30) days from the date of enrollment to obtain any required immunization, or initial vaccination for a required series of immunizations. A student determined to be homeless by school officials may be enrolled in school for no more than thirty (30) days prior to providing satisfactory evidence of immunization. If the homeless student's immunization record is not obtained within the thirty (30) days and the student is still eligible for services under the homeless education program, the student must begin the immunization series and demonstrate that satisfactory progress has been accomplished within ninety (90) days. If the homeless student is exempted from receiving immunizations, then after the initial thirty- (30-) day enrollment, the student must provide documentation in accordance with the exemption requirements included herein. For the purpose of this paragraph, a homeless student shall be defined as a student who lacks a fixed, regular, and adequate nighttime residence; or who has a primary nighttime residence in a supervised publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

(B) This rule is designed to govern any student, regardless of age, who is attending a public, private, parochial, or parish school. If the specific age or grade recommendations are not mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any student to attend school unless the student has been immunized according to this rule or unless a signed statement of medical or religious exemption is on file with the school administrator. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the Department of Health and Senior Services pursuant to 19 CSR 20-20.040.

1. Medical exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the student's health or life

or the student has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services form Imm.P.12, included herein, shall be placed on file with the school immunization health record for each student with a medical exemption. This need not be renewed annually.

2. Religious exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, if one (1) parent or guardian objects in writing to the school administrator that immunization of that student violates his/her religious beliefs. This exemption on Department of Health and Senior Services form Imm.P.11A, included herein, shall be signed by the parent or guardian and placed on file with the school immunization health record. This need not be renewed annually.

3. Immunization in progress. Section 167.181, RSMo, provides that students may continue to attend school as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. A Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the school immunization health record of each student with immunizations in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion shall be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) For school attendance, students shall be immunized against vaccine-preventable diseases as established by the Department of Health and Senior Services and provide required documentation of immunization status. Age- or grade-appropriate vaccine requirements shall be according to the attachments listed in section (4), which are included herein. Review of immunization requirements for school entry shall be conducted annually by each school superintendent or designee. Proposed revisions to the immunization requirements shall be recommended by the State Advisory Committee on Childhood Immunizations and the State Board of Health and be made available by the Department of Health and Senior Services by May 1 of each calendar year. Revisions to school immunization requirements shall be required for school attendance one (1) full year after publication in the *Code of State Regulations*, beginning with the first day of school of that school year.

(A) One (1) dose of varicella vaccine shall



be required for all students starting kindergarten as of and after the beginning of the 2005–2006 school year through the end of the 2009–2010 school year.

(B) Two (2) doses of varicella vaccine shall be required for all students starting kindergarten as of and after the beginning of the 2010–2011 school year.

(C) One (1) dose of Tdap (tetanus, diphtheria, and pertussis) vaccine shall be required for all students starting eighth grade as of and after the beginning of the 2010–2011 school year.

(3) The parent or guardian shall furnish the superintendent or designee satisfactory evidence of immunization or exemption from immunization.

(A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, immunization registry, school record, or child care record stating that the required immunizations have been given to the person and verifying the type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a student starting kindergarten as of and after the beginning of the 2010–2011 school year has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease. For students starting kindergarten as of and after the beginning of the 2005–2006 school year through the end of the 2009–2010 school year, the parent or guardian or a licensed doctor of medicine (MD) or doctor of osteopathy (DO) or his or her designee may sign and place on file with the superintendent or designee a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: “This is to verify that (name of student) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

(4) Immunization schedule requirements for students shall be—

(A) Missouri School Immunization Schedule Vaccines Received 0–6 Years of Age, included herein;

(B) Missouri School Immunization Schedule Vaccines Received 7–18 Years of Age, included herein; and

(C) Catch-up Immunization Schedule for

Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MEDICAL IMMUNIZATION EXEMPTION**

**FOR LICENSED DOCTOR OF  
MEDICINE OR DOCTOR OF  
OSTEOPATHY ONLY**

**REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL AND PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL CARING FOR TEN OR MORE CHILDREN**

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<b>THIS IS TO CERTIFY THAT</b>	<b>NAME OF CHILD (PRINT OR TYPE)</b>
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**IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:**

The child has documentation of disease or laboratory evidence of immunity to the disease. \_\_\_\_\_ (month/year)

The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.

<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR
<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> POLIO	<input type="checkbox"/> TETANUS
<input type="checkbox"/> VARICELLA	<input type="checkbox"/> OTHER _____		

**PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)**

<b>PHYSICIAN SIGNATURE</b>	<b>DATE</b>
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**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
RELIGIOUS IMMUNIZATION EXEMPTION**

Required under the Missouri state immunization law (Section 167.181, RSMo) of children attending public, private, and parochial or parish schools.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<b>THIS IS TO CERTIFY THAT</b>	NAME OF CHILD (PRINT OR TYPE)		
<b>SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATIONS VIOLATE MY RELIGIOUS BELIEFS:</b>			
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> MMR	<input type="checkbox"/> PERTUSSIS
<input type="checkbox"/> TETANUS	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> OTHER _____	
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE	

MO 580-1723 (07-10)

Imm.P.11A



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
IMMUNIZATIONS IN PROGRESS**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<b>THIS IS TO CERTIFY THAT</b>	NAME OF CHILD (PRINT OR TYPE)												
received the following immunization(s) on _____ as required by State Immunization Laws <small style="margin-left: 350px;">MONTH/DAY/YEAR</small>													
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> DIPHTHERIA</td> <td><input type="checkbox"/> HEPATITIS B</td> <td><input type="checkbox"/> HIB</td> <td><input type="checkbox"/> MMR</td> </tr> <tr> <td><input type="checkbox"/> PERTUSSIS</td> <td><input type="checkbox"/> PNEUMOCOCCAL</td> <td><input type="checkbox"/> POLIO</td> <td><input type="checkbox"/> TETANUS</td> </tr> <tr> <td><input type="checkbox"/> VARICELLA</td> <td colspan="3"><input type="checkbox"/> OTHER _____</td> </tr> </table>		<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> POLIO	<input type="checkbox"/> TETANUS	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR										
<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> POLIO	<input type="checkbox"/> TETANUS										
<input type="checkbox"/> VARICELLA	<input type="checkbox"/> OTHER _____												
and is scheduled to return on _____ <small style="margin-left: 250px;">MONTH/DAY/YEAR</small>													
<b>NOTE:</b> This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.													
PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE/NAME (PRINT OR TYPE)													
PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE	DATE												

MO 580-5826 (7-10)

Imm.P.11



## Missouri School Immunization Schedule Vaccines Received 0 – 6 Years of Age

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	18-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>	Hep B		Hep B				Hep B					
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP	See footnote <sup>2</sup>		DTaP			DTaP
Inactivated Poliovirus <sup>3</sup>				IPV	IPV			IPV				IPV
Measles, Mumps, Rubella <sup>4</sup>							MMR			See footnote <sup>4</sup>		MMR
Varicella <sup>5</sup>							Varicella			See footnote <sup>5</sup>		Varicella

### Range of recommended ages

**1. Hepatitis B vaccine (HepB).** (Minimum age: birth)

**At birth:**

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

**Doses following the birth dose:**

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

**2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

**3. Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

**4. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

**5. Varicella vaccine.** (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered  $\leq 4$  days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-2011 school year.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 0 through 6 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Schools should consult the relevant ACIP statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

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## Missouri School Immunization Schedule Vaccines Received 7 – 18 Years of Age

Vaccine ▾	Age ►	7-10 Years	11-12 YEARS	13-18 YEARS
Tetanus, Diphtheria, Pertussis <sup>1</sup>			<b>Tdap</b>	<b>Tdap</b>
Hepatitis B <sup>2</sup>		<b>Hep B Series</b>		
Inactivated Poliovirus <sup>3</sup>		<b>IPV Series</b>		
Measles, Mumps, Rubella <sup>4</sup>		<b>MMR Series</b>		
Varicella <sup>5</sup>		<b>Varicella Series</b>		

**Range of recommended ages**

**Catch-up Immunization**

**1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for Boostrix and 11 years for Adacel)

- Persons aged 7 through 10 years who are not fully immunized against pertussis (including those never vaccinated or with unknown pertussis vaccination status) should receive a single dose of Tdap. Refer to the catch-up schedule if additional doses of tetanus and diphtheria toxoid-containing vaccine are needed.
- Administer at age 11 or 12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoid (Td) booster dose.
- Persons aged 13 through 18 years who have not received Tdap must receive a dose.
- Tdap can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine.

**2. Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those not previously vaccinated. For those with incomplete vaccination, follow the catch-up schedule.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

**3. Inactivated poliovirus vaccine (IPV).**

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

**4. Measles, mumps, and rubella vaccine (MMR).**

- The minimum interval between the 2 doses of MMR is 4 weeks.

**5. Varicella vaccine.**

- 1 dose of varicella vaccine shall be required for all children starting kindergarten or who were 5 or 6 years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- 2 doses of varicella vaccine shall be required for all children starting kindergarten or who were 5 or 6 years of age as of and after the beginning of the 2010-2011 school year.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 7 through 18 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Schools should consult the relevant ACIP statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

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## Catch-up Immunization Schedule for Persons Aged 4 Months – 18 Years Who Start Late or Who Are More Than 1 Month Behind

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 18 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Diphtheria, Tetanus, Pertussis <sup>2</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Inactivated Poliovirus <sup>3</sup>	6 wks	4 weeks	4 weeks	6 months <sup>3</sup>	
Measles, Mumps, Rubella <sup>4</sup>	12 mos	4 weeks			
Varicella <sup>5</sup>	12 mos	3 months if person is younger than age 13 years 4 weeks if person is aged 13 years or older			
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis <sup>6</sup>	7 yrs <sup>6</sup>	4 weeks	4 weeks if first dose administered at younger than age 12 months 6 months if first dose administered at 12 months or older	6 months if first dose administered at younger than age 12 months	

**1. Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those not previously vaccinated.
- The minimum age for the third dose of HepB is 24 weeks.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

**2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

**3. Inactivated poliovirus vaccine (IPV).**

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

**4. Measles, mumps, and rubella vaccine (MMR).**

- Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.

**5. Varicella vaccine.**

- Administer the second dose routinely at age 4 through 6 years.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

**6. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**

- Doses of DTaP are counted as part of the Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series for children aged 7 through 10 years or as a booster for children aged 11 through 18 years; use Td for other doses.

- > ACIP recommends that vaccine doses administered ≤4 days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- > The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events.
- > One (1) dose of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2005-2006 school year through the end of the 2009-2010 school year.
- > Two (2) doses of varicella vaccine shall be required for all children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 2010-2011 school year.
- > One (1) dose of Tdap vaccine shall be required for all children starting eighth grade as of and after the beginning of the 2010-2011 school year.

Missouri's School Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 4 months through 18 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Schools should consult the relevant ACIP statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.

Rev 3-2011



*AUTHORITY:* section 192.006, RSMo 2000, and sections 167.181 and 192.020, RSMo Supp. 2011. \* This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. Rescinded and readopted: Filed April 17, 1980, effective Aug. 11, 1980. Amended: Filed Feb. 1, 1983, effective May 12, 1983. Amended: Filed Oct. 3, 1986, effective Dec. 25, 1986. Amended: Filed July 1, 1987, effective Sept. 11, 1987. Amended: Filed Aug. 4, 1988, effective Oct. 13, 1988. Amended: Filed May 31, 1989, effective Aug. 24, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed April 2, 1991, effective Aug. 30, 1991. Amended: Filed Nov. 4, 1992, effective Aug. 1, 1993. Emergency amendment filed July 12, 1993, effective Aug. 1, 1993, expired Sept. 9, 1993. Amended: Filed April 5, 1993, effective Sept. 9, 1993. Emergency amendment filed May 3, 1994, effective May 13, 1994, expired Sept. 9, 1994. Emergency amendment filed July 28, 1994, effective Aug. 6, 1994, expired Dec. 3, 1994. Amended: Filed April 18, 1994, effective Nov. 30, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 29, 1994, effective Dec. 8, 1994, expired April 6, 1995. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed Jan. 14, 1999, effective July 30, 1999. Amended: Filed Sept. 16, 2002, effective Feb. 28, 2003. Amended: Filed Sept. 23, 2003, effective April 30, 2004. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012.

\*Original authority: 167.181, RSMo 1963, amended 1972, 1973, 1992, 1993, 1995, 1996, 2001; 192.006, RSMo 1993, amended 1995; and 192.020, RSMo 1939, amended 1945, 1951, 2004.

### 19 CSR 20-28.030 Distribution of Childhood Vaccines

(Rescinded March 30, 2009)

*AUTHORITY:* section 192.020, RSMo 1986. Original rule filed Nov. 15, 1988, effective July 1, 1989. Emergency amendment filed June 19, 1989, effective July 1, 1989, expired Oct. 26, 1989. Amended: Filed July 18, 1989, effective Sept. 28, 1989. Rescinded: Filed Oct. 1, 2008, effective March 30, 2009.

### 19 CSR 20-28.040 Day Care Immunization Rule

*PURPOSE:* This rule establishes immunization requirements in accordance with recommendations of the Advisory Committee on

*Immunization Practices (ACIP) for all children attending public, private, or parochial day care, preschool or nursery schools caring for ten or more children, and describes actions to be taken to ensure compliance with section 210.003, RSMo.*

(1) As mandated by section 210.003, RSMo, the administrator of each public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under the administrator's jurisdiction. An annual summary report shall be made by January 15 of each year showing the immunization status of each child enrolled using forms provided for this purpose by the Department of Health and Senior Services. All facilities caring for or licensed for ten (10) or more children must submit a summary report. This report shall include immunization information by age up to kindergarten entry, by vaccine antigen, number of children enrolled, number of children fully immunized, number of children in progress, number of children with signed medical exemption, number of children with signed parental exemption, number of children in noncompliance, and number of children with proof of varicella disease.

(2) No child shall enroll in or attend a public, private, or parochial day care center, preschool, or nursery school caring for ten (10) or more children unless the child has been adequately immunized according to this rule. Children attending elementary school who receive before or after school care, or both, shall meet the immunization requirements established in the School Immunization Rule, 19 CSR 20-28.010. Age-appropriate vaccine requirements will be according to the attachments listed in section (5).

(3) Section 210.003, RSMo, provides that a child who has not completed all appropriate immunizations may enroll if—

(A) Satisfactory evidence is produced that the child has begun the process of immunization. The child may continue to attend as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. The Department of Health and Senior Services form Imm.P.14, included herein, shall be completed and placed on file with the child's immunization health record for each child with immunizations in progress. Failure to

meet the next scheduled appointment constitutes noncompliance with the day care immunization law, and action shall be initiated immediately by the administrator to have the child excluded from the facility.

(B) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

1. A medical exemption, by which a child shall be exempted from the requirements of this rule upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the child's health or life, or the child has documentation of disease or laboratory evidence of immunity to the disease. The Department of Health and Senior Services' form Imm.P.12, included herein, shall be placed on file with the immunization record of each child with a medical exemption. The medical exemption need not be renewed annually; or

2. A parent or guardian exemption, by which a child shall be exempted from the requirements of this rule if one (1) parent or guardian files a written objection to immunization with the day care administrator. The Department of Health and Senior Services' form Imm.P.11, included herein, shall be signed by the parent or guardian and placed on file with the immunization record of each child with a parental exemption. The parental exemption must be renewed annually.

(4) The parent or guardian shall furnish the day care administrator satisfactory evidence of completion of the required immunizations, exemption from immunization, or progress toward completing all required immunizations. Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, or immunization registry stating that the required immunizations have been given to the person and verifying type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed healthcare provider (e.g., school or occupational clinic nurse, nurse practitioner, physician assistant, physician) may sign and place on file with the day care administrator a written statement documenting previous varicella (chickenpox) disease. The statement may contain wording such as: "This is to verify that



(name of child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine.”

(5) Immunization requirements for children attending day care facilities shall be:

(A) Missouri Day Care Immunization Requirements Vaccines Received 0–6 Years of Age, included herein; and

(B) Catch-up Immunization Schedule for Persons Aged 4 Months–6 Years Who Start Late or Who Are More Than 1 Month Behind, included herein.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**IMMUNIZATIONS IN PROGRESS**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<b>THIS IS TO CERTIFY THAT</b>	NAME OF CHILD (PRINT OR TYPE)												
received the following immunization(s) on _____ as required by State Immunization Laws <small style="margin-left: 350px;">MONTH/DAY/YEAR</small>													
<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> DIPHTHERIA</td> <td><input type="checkbox"/> HEPATITIS B</td> <td><input type="checkbox"/> HIB</td> <td><input type="checkbox"/> MMR</td> </tr> <tr> <td><input type="checkbox"/> PERTUSSIS</td> <td><input type="checkbox"/> PNEUMOCOCCAL</td> <td><input type="checkbox"/> POLIO</td> <td><input type="checkbox"/> TETANUS</td> </tr> <tr> <td><input type="checkbox"/> VARICELLA</td> <td colspan="3"><input type="checkbox"/> OTHER _____</td> </tr> </table>		<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR	<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> POLIO	<input type="checkbox"/> TETANUS	<input type="checkbox"/> VARICELLA	<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> DIPHTHERIA	<input type="checkbox"/> HEPATITIS B	<input type="checkbox"/> HIB	<input type="checkbox"/> MMR										
<input type="checkbox"/> PERTUSSIS	<input type="checkbox"/> PNEUMOCOCCAL	<input type="checkbox"/> POLIO	<input type="checkbox"/> TETANUS										
<input type="checkbox"/> VARICELLA	<input type="checkbox"/> OTHER _____												
and is scheduled to return on _____ <small style="margin-left: 250px;">MONTH/DAY/YEAR</small>													
<b>NOTE:</b> This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.													
PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE/NAME (PRINT OR TYPE)													
PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE	DATE												

MO 590-3828 (7-10)

form P.14



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PARENT/GUARDIAN IMMUNIZATION EXEMPTION**

**MUST BE RENEWED  
ANNUALLY**

Required under Missouri state immunization laws (Section 210.003, RSMo) for public, private, or parochial day care center, preschool or nursery school caring for ten or more children.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

I have read and been informed of the consequences of not immunizing my child. (please initial)

<b>THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF</b>	<b>NAME OF CHILD (print or type)</b>
--	--------------------------------------

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):

- |                                     |                                       |                                |                                  |
|-------------------------------------|---------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> HEPATITIS B  | <input type="checkbox"/> HIB   | <input type="checkbox"/> MMR     |
| <input type="checkbox"/> PERTUSSIS  | <input type="checkbox"/> PNEUMOCOCCAL | <input type="checkbox"/> POLIO | <input type="checkbox"/> TETANUS |
| <input type="checkbox"/> VARICELLA  | <input type="checkbox"/> OTHER _____  |                                |                                  |

<b>PARENT/GUARDIAN NAME (PRINT OR TYPE)</b>	<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
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**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
MEDICAL IMMUNIZATION EXEMPTION**

**FOR LICENSED DOCTOR OF  
MEDICINE OR DOCTOR OF  
OSTEOPATHY ONLY**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL AND PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL CARING FOR TEN OR MORE CHILDREN

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

<b>THIS IS TO CERTIFY THAT</b>	NAME OF CHILD (PRINT OR TYPE)
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IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:

- The child has documentation of disease or laboratory evidence of immunity to the disease. \_\_\_\_\_ (month/year)
- The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.
  - DIPHTHERIA                       HEPATITIS B                       HIB                       MMR
  - PERTUSSIS                       PNEUMOCOCCAL                       POLIO                       TETANUS
  - VARICELLA                       OTHER \_\_\_\_\_

PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)

PHYSICIAN SIGNATURE	DATE
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MO 580-0807 (11-10)

Imm.P 12



## Missouri Day Care Immunization Requirements Vaccines Received 0 – 6 Years of Age

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>	Hep B		Hep B			Hep B						
Diphtheria, Tetanus, Pertussis <sup>2</sup>				DTaP	DTaP	DTaP	See Footnote <sup>2</sup>	DTaP				DTaP
Haemophilus influenzae type b <sup>3</sup>				Hib	Hib	Hib <sup>3</sup>	Hib					
Pneumococcal <sup>4</sup>				PCV	PCV	PCV	PCV					
Inactivated Poliovirus <sup>5</sup>				IPV	IPV		IPV					IPV
Measles, Mumps, Rubella <sup>6</sup>							MMR			See footnote <sup>6</sup>		MMR
Varicella <sup>7</sup>							Varicella			See footnote <sup>7</sup>		Varicella

### Range of recommended ages

**1. Hepatitis B vaccine (HepB).** (Minimum age: birth)

**At birth:**

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

**Doses following the birth dose:**

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

**2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).**

(Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

**3. Haemophilus influenzae type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or ComVax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hiberix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

**4. Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.
- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7.
- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

**5. Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

**6. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

**7. Varicella vaccine.** (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

- For those children who fall behind or start late, see the catch-up schedule for the doses required and minimum intervals between doses.
- ACIP recommends that vaccine doses administered  $\leq 4$  days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's Day Care Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 0 through 6 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Child care facilities should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.



## Catch-up Immunization Schedule for Persons Aged 4 Months – 6 Years Who Start Late or Who Are More Than 1 Month Behind

### CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS – 6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and at least 16 weeks after first dose)		
Diphtheria, Tetanus, Pertussis <sup>2</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
<i>Haemophilus influenzae</i> type b <sup>3</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at age 15 months or older	4 weeks <sup>3</sup> if current age is younger than 12 months 8 weeks (as final dose) <sup>3</sup> if current age is 12 months or older and first dose administered at younger than age 12 months and second dose administered at younger than 15 months No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months	
Pneumococcal <sup>4</sup>	6 wks	4 weeks if first dose administered at younger than age 12 months 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for children at high-risk who received 3 doses at any age	
Inactivated Poliovirus <sup>5</sup>	6 wks	4 weeks	4 weeks	6 months	
Measles, Mumps, Rubella <sup>6</sup>	12 mos	4 weeks			
Varicella <sup>7</sup>	12 mos	3 months			

#### 1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those not previously vaccinated.
- The minimum age for the third dose of HepB is 24 weeks.
- A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

#### 2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

#### 3. *Haemophilus influenzae* type b conjugate vaccine (Hib).

- 1 dose of Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy.
- If the first 2 doses were PRP-OMP (PedvaxHIB or ComVax), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a final dose at age 12 through 15 months.

#### 4. Pneumococcal vaccine.

- Administer 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13) to all healthy children aged 24 through 59 months with any incomplete PCV schedule (PCV7 or PCV13).
- For children aged 24 through 71 months with underlying medical conditions, administer 1 dose of PCV13 if 3 doses of PCV were received previously or administer 2 doses of PCV13 at least 8 weeks apart if fewer than 3 doses of PCV were received previously.

- A single dose of PCV13 is recommended for certain children with underlying medical conditions through 18 years of age. See age-specific schedules for details.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant, at least 8 weeks after the last dose of PCV. A single revaccination should be administered after 5 years to children with functional or anatomic asplenia or an immunocompromising condition.

#### 5. Inactivated poliovirus vaccine (IPV).

- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).

#### 6. Measles, mumps, and rubella vaccine (MMR).

- Administer the second dose routinely at age 4 through 6 years. The minimum interval between the 2 doses of MMR is 4 weeks.

#### 7. Varicella vaccine.

- Administer the second dose routinely at age 4 through 6 years.
- If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

- ACIP recommends that vaccine doses administered  $\leq 4$  days before the minimum interval or age be counted as valid, therefore the Missouri Department of Health and Senior Services will allow for the 4 day grace period.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series.

Missouri's Day Care Immunization Schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule includes recommendations in effect as of December 21, 2010, for children aged 4 months through 6 years. Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules>. Child care facilities should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. For additional information please visit the Missouri Immunization Program's website at <http://www.dhss.mo.gov/immunizations> or call toll free 800-219-3224.



*AUTHORITY: sections 192.006 and 210.003, RSMo 2000.\* Emergency rule filed Aug. 1, 1995, effective Aug. 11, 1995, expired Dec. 8, 1995. Original rule filed April 17, 1995, effective Nov. 30, 1995. Emergency amendment filed June 14, 2000, effective June 24, 2000, expired Feb. 22, 2001. Amended: Filed June 14, 2000, effective Nov. 30, 2000. Amended: Filed Jan. 3, 2001, effective July 30, 2001. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012.*

*\*Original authority: 376.215, RSMo 1996.*

*\*Original authority: 192.006, RSMo 1993, amended 1995; 210.003, RSMo 1988.*

**19 CSR 20-28.060 Minimum Immunization Coverage to Be Provided by Individual and Group Health Insurance Policies**

*PURPOSE: This rule identifies the immunizations which individual and group health insurance policies, as enumerated in H.B. 904, must provide for children from birth to five years of age.*

(1) This rule requires that all individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity-type contracts issued by a health services corporation, individual and group service contracts issued by a health maintenance organization and all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description shall provide coverage for immunizations for children, birth to five (5) years of age, for all immunizations listed in section (2) of this rule.

(2) All immunization within the latest Recommended Childhood Immunization Schedule—United States, approved by the Advisory Committee on Immunization Practices (ACIP), shall be required under this rule. As the schedule is updated, it will be available from and distributed by the Department of Health. The immunizations required under this rule and manner and frequency of their administration shall conform to recognized standards of medical practice.

*AUTHORITY: section 376.1215, RSMo Supp. 1998.\* Emergency rule filed Aug. 16, 1996, effective Aug. 29, 1996, expired Feb. 24, 1997. Original rule filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed May 14, 1999, effective Nov. 30, 1999.*