
Rules of
Department of Health
Division 20—Division of Environmental Health
and Communicable Disease Prevention
Chapter 28—Immunization

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**Title 19—DEPARTMENT OF
HEALTH**

**Division 20—Division of Environmental
Health and Communicable Disease
Prevention**

Chapter 28—Immunization

**19 CSR 20-28.010 Immunization Require-
ments for School Children**

PURPOSE: This rule establishes minimum immunization requirements required of all school children according to current recommendations and helps assure that appropriate actions are taken by schools to enforce section 167.181, RSMo.

(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 this report annually to the Department of Health on Form CD 31 no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of children who are in noncompliance. Immunization information is required in eight (8) categories: diphtheria, tetanus, pertussis, polio, measles, rubella, mumps and hepatitis B. Each school superintendent or chief administrator shall submit to the Department of Health a summary report on Form CD 31 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. 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. Homeless children may be enrolled in school for no more than twenty-four (24) hours prior to providing satisfactory evidence of immunization. For the purpose of this paragraph, a homeless child shall be defined as a child 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. The school administration should 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.

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

(C) It is unlawful for any child to attend school unless the child has been immunized according to this rule or unless the parent or guardian has signed and placed on file a statement of medical or religious exemption with the school administrator.

1. Medical exemptions. A child shall be exempted from the immunization requirements of this rule upon certification by a licensed doctor of medicine or doctor of osteopathy that either the immunization would seriously endanger the child's health or life or the child has documentation of laboratory evidence of immunity to the disease. The Department of Health Form Imm.P.12 shall be on file with the school immunization health record for each child with a medical exemption. This need not be renewed annually.

2. Religious exemption. A child 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 child violates his/her religious beliefs. This exemption on Department of Health Form Imm.P.11A shall be placed on file with the school immunization health record.

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 satisfactory progress is being accomplished in the prescribed manner as outlined in the Missouri Immunization Schedules in subsection (3)(B) of this rule. A Department of Health Form Imm.P.14 shall be on file with the school immunization health record of each student with immunization in progress. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and legal action should be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) The schedules in subsection (3)(B) of this rule contain the immunization schedule recommended by the Missouri Department of Health. The Missouri Department of Health recommends that all children be immunized with health care practitioners in accordance with these recommendations. For school attendance, children shall meet the minimum requirements specified in subsections (2)(A)–(H) of this rule or have proper exemption statements on file at school.

(A) Measles. One (1) dose of live measles vaccine received by injection on or after the first birthday shall be required for school attendance for all children who started kindergarten prior to the 1990-91 school year. All children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 1990-91 school year shall be required to have two (2) doses of live measles vaccine received by injection and separated by at least twenty-eight (28) days on or after the first birthday. Measles vaccine may be given alone or in combination with other vaccines. Exemptions shall be permitted upon receipt of notification of exemption on Form Imm.P.11A or Imm.P.12.

(B) Mumps. One (1) dose of live mumps vaccine received by injection on or after the first birthday shall be required for school attendance for all children. Mumps vaccine may be given alone or in combination with other vaccines. Exemptions shall be permitted upon receipt of written notification on Form Imm.P.11A or Imm.P.12.

(C) Rubella. One (1) dose of live rubella vaccine received by injection on or after the first birthday shall be required for school attendance for all children. Rubella vaccine may be given alone or in combination with other vaccines. Exemptions shall be permitted upon receipt of written notification of exemption on Form Imm.P.11A or Imm.P.12.

(D) Polio. Oral Polio Vaccine (OPV) and/or Inactivated Polio Vaccine (IPV) shall be used.

1. Polio vaccine. Three (3) doses of polio vaccine shall be required for all students. Children who started kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 1990-91 school year must have received the last dose at age four (4) years or greater; if not, an additional dose is required unless the student has already received four (4) or more doses of polio vaccine. Exemptions shall be permitted upon receipt of written notification of exemption on Form Imm.P.11A or Imm.P.12.

2. Combination of IPV and OPV. If a combination of IPV and OPV are used, four



(4) doses are required. Exemptions shall be permitted upon receipt of written notification of exemption on Form Imm.P.11A or Imm.P.12.

(E) Diphtheria. Four (4) doses of diphtheria toxoid shall be required for students starting kindergarten as of and after the beginning of the 1999-2000 school year. Three (3) doses of diphtheria toxoid shall be required for all other students. Children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 1990-91 school year must have received the last dose at age four (4) years or greater; if not, an additional dose is required unless the student has already received six (6) or more doses of diphtheria toxoid. A booster dose of diphtheria toxoid is required ten (10) years from the last diphtheria immunization. The diphtheria toxoid may be given alone or in combination with tetanus toxoid and pertussis vaccine. Exemptions shall be permitted upon receipt of a written notification of exemption on Form Imm.P.11A or Imm.P.12.

(F) Tetanus. Four (4) doses of tetanus toxoid shall be required for students starting kindergarten as of and after the beginning of the 1999-2000 school year. Three (3) doses of tetanus toxoid shall be required for all other students. Children starting kindergarten or who were five (5) or six (6) years of age as of and after the beginning of the 1990-91 school year must have received the last dose at age four (4) years or greater; if not, an additional dose is required unless the child has already received six (6) or more doses of tetanus toxoid. The tetanus toxoid may be given alone or in combination with diphtheria toxoid and pertussis vaccine. A booster dose of tetanus toxoid is required ten (10) years from the last tetanus immunization. Exemptions shall be permitted upon receipt of a written notification of exemption on Form Imm.P.11A or Imm.P.12.

(G) Pertussis (acellular or whole cell). Four (4) doses of pertussis vaccine shall be required for students starting kindergarten as of and after the beginning of the 1999-2000 school year. Three (3) doses of pertussis vaccine shall be required for all other students six (6) years of age and younger. The last dose must have been received at age four (4) years or greater; if not, an additional dose is required unless the child has already received six (6) or more doses of pertussis vaccine. Pertussis vaccine is not required for children seven (7) years of age and older. Pertussis vaccine may be given alone or in combination with diphtheria toxoid and tetanus toxoid. Exemptions shall be permitted upon written

notification of exemption on Form Imm.P.11A or Imm.P.12.

(H) Hepatitis B. Three (3) doses of hepatitis B vaccine shall be required for all students entering kindergarten as of and after the beginning of the 1997-98 school year and for all students entering grade seven (7) as of and after the beginning of the 1999-2000 school year. Exemptions shall be permitted upon written notification of exemption on Form Imm. P.11A or Imm.P.12.

(3) The parent or guardian shall furnish the superintendent or school administrator satisfactory evidence of immunization or exemption from immunization against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B.

(A) Satisfactory evidence of immunization means a statement, certificate or record from a physician or other recognized health facility or personnel stating that the required immunizations have been given to the person and verifying the type of vaccine and month and year of administration. All children starting kindergarten as of and after the beginning of the 1990-91 school year shall be required to provide documentation of the month, day and year of vaccine administration.

(B) The following schedule shall determine when the next dose of vaccine is due for a child found to be in noncompliance with the immunization requirements:



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION

MEDICAL IMMUNIZATION EXEMPTION FORM

**FOR DOCTORS OF MEDICINE OR
DOCTORS OF OSTEOPATHY ONLY**

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

THIS IS TO CERTIFY THAT	NAME OF PATIENT (PRINT OR TYPE)
SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:	
<input type="checkbox"/> The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.) <input type="checkbox"/> In my medical judgment, the immunization(s) checked would endanger the child's health or life.	
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Td <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> MMR <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Other	
1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications. 2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.	
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN REGISTRATION NO.
SIGNATURE OF PHYSICIAN	DATE

MO 580-0807 (10-95)

Imm.P 12



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION

IMMUNIZATIONS IN PROGRESS FORM

**FOR PHYSICIANS AND
PUBLIC HEALTH NURSES ONLY**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum Supp 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
received the following immunization(s) on _____ as required by State Immunization Laws	
MONTH/DAY/YEAR	
<input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> TETANUS <input type="checkbox"/> PERTUSSIS <input type="checkbox"/> Td <input type="checkbox"/> POLIO <input type="checkbox"/> Hib <input type="checkbox"/> MMR <input type="checkbox"/> MR <input type="checkbox"/> MEASLES <input type="checkbox"/> MUMPS <input type="checkbox"/> RUBELLA <input type="checkbox"/> Hepatitis B	
and is scheduled to return on _____ for the following immunization(s)	
MONTH/DAY/YEAR	
NOTE: 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 Missouri Department of Health Immunization Schedule	
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN SIGNATURE
PUBLIC HEALTH NURSE NAME	DATE
	CITY OR COUNTY OF ASSIGNMENT

MO 580-0828 (7-95)

Imm.P 14



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION

RELIGIOUS IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAW (Section 167.181, RSMo) FOR SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)
SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATION VIOLATES MY RELIGIOUS BELIEFS:	
<input type="checkbox"/> Diphtheria <input type="checkbox"/> Tetanus <input type="checkbox"/> Pertussis <input type="checkbox"/> Td <input type="checkbox"/> Polio <input type="checkbox"/> Other <input type="checkbox"/> MMR <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B	
1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications. 2. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.	
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE
	DATE

MO 580-1723 (4-97)

Imm.P.11A

**MISSOURI DEPARTMENT OF HEALTH
IMMUNIZATION SCHEDULE**

TABLE 1

Recommended schedule for children beginning immunization in infancy

Recommended Age	Immunization(s) ^{1,2}	Comments
Birth-2 mo	HB ³	Preferably before hospital discharge.
2 mo	DTaP or DTP ⁴ , Polio ⁵ , Hib ⁶	The ACIP recommends 2 doses of IPV at 2 and 4 months of age followed by 2 doses of OPV at 12-18 months and 4-6 years of age.
2-4 mo	HB	
4 mo	DTaP or DTP, Polio, Hib	
6 mo	DTaP or DTP, Hib	
6-18 mo	HB, Polio	
12-15 mo	Hib, MMR ⁷	
12-18 mo	Var ⁸	
15-18 mo	DTaP or DTP	The fourth dose of DTaP may be administered as early as 12 months of age, provided at least 6 months have elapsed since the third DTaP, and if the child is considered unlikely to return at 15-18 months.
4-6 yr	DTaP or DTP, Polio, MMR	Second dose measles-containing vaccine is required for school attendance.
11-12 yr	Var	
11-12 yr or 14-16 yr	Td ⁹	Repeat every 10 years throughout life.

¹ Do NOT restart any series, no matter how long since previous doses.

² All recommended vaccines can be administered simultaneously. For all products used, consult manufacturer's package insert for instructions for storage, handling, and administration.

³ Hepatitis B vaccine, recombinant. Infants born to HBsAg-positive mothers should receive immunoprophylaxis for hepatitis B with 0.5 ml Hepatitis B Immune Globulin (HBIG) and 5 mcg/0.5 ml Merck, Sharp and Dohme (Recombivax HB) or 10 mcg/0.5 ml SmithKline Beecham (Engerix-B) at separate sites within 12 hours of birth. In these infants, the second dose of high-risk vaccine is recommended at 1 month of age and the third dose of high-risk at 6 months of age.

⁴ Diphtheria and Tetanus toxoids and acellular Pertussis vaccine (preferred vaccine), or Diphtheria and Tetanus toxoids and Pertussis vaccine.

⁵ Polio. The following schedules are all acceptable by the ACIP, the AAP, and the AAFP:

- A. 2 doses of IPV followed by 2 doses of OPV (**PREFERRED SCHEDULE; a total of four doses of polio vaccine is required to complete the series**)
- B. 4 doses of IPV
- C. 4 doses of OPV

⁶ Haemophilus influenzae type b.

⁷ Measles, Mumps and Rubella.

⁸ Varicella. Susceptible children may receive varicella during any visit after the first birthday, and unvaccinated persons who lack a history of chickenpox should be vaccinated during the 11-12 year old visit. Susceptible persons ≥13 years of age should receive 2 doses, at least one month apart.

⁹ Td (tetanus and diphtheria toxoids for persons ≥7 years of age) is recommended at 11-12 years of age, provided at least 5 years have elapsed since the last dose of DTaP, DTP or DT.

**MISSOURI DEPARTMENT OF HEALTH
IMMUNIZATION SCHEDULE**

TABLE 2

Recommended schedule for infants and children up to the 7th birthday not immunized at the recommended time in early infancy

Timing	Immunization(s)	Comments
First Visit	DTaP or DTP ¹ , Polio ² , Hib ³ , HB ⁴ , MMR	MMR should be given as soon as a child is age 12-15 months.
Second visit (4 wk to 2 mo after first visit)	DTaP or DTP, Polio, Hib, HB, Var	Hib must be given at least 2 months after the previous dose. Varicella (Var) may be given to susceptible children during any visit after the first birthday.
Third visit (4 wk to 2 mo after second visit)	DTaP or DTP, Polio, Hib	
Fourth visit (≥6 mo after third visit)	DTaP or DTP, Hib, HB	If dose 4 of DTaP or DTP is given before the fourth birthday, wait at least 6 months before giving dose 5.
4-6 yr	DTaP or DTP, Polio, MMR	Second dose measles-containing vaccine is required for school attendance.
11-12 yr	Var ⁵	
11-12 yr or 14-16 yr	Td	Repeat every 10 years throughout life.

¹ DTaP is recommended for all doses of the series. DTaP **SHOULD NOT** be used on or after the seventh birthday. If dose 4 is given after the fourth birthday, then dose 5 is not needed.

² *IPV and OPV*: The first and second dose of polio (IPV or OPV) should be separated by at least 4 weeks. If the third dose is given at ≥4 years of age, a fourth dose is not needed.

All IPV: In children under 4 years of age, the third dose may be given as early as 4 weeks after the second, but a 6 month interval is preferred for best results.

All OPV: A minimum of 4 weeks should separate the first, second and third doses, and a supplemental dose should be given at 4-6 years of age.

³ The recommended schedule varies by vaccine manufacturer (Table 3). For information specific to the vaccine being used, consult the package insert and the U.S. Recommended Schedule. Children beginning the Hib vaccine series at age 2-6 months should receive a primary series of three doses of HbOC (HibTITER), PRP-T (ActHIB, OmniHIB), or two doses of PRP-OMP (PedvaxHIB). An additional booster dose of any licensed Hib conjugate vaccine should be administered at 12-15 months of age and at least 2 months after the previous dose. Children beginning the Hib vaccine series at 7-11 months of age should receive a primary series of two doses of an HbOC- or PRP-T-containing vaccine. An additional booster dose of any licensed Hib conjugate vaccine should be administered at 12-15 months of age and at least 2 months after the previous dose. Children beginning the Hib vaccine series at ages 12-14 months should receive a primary series of one dose of an HbOC-, PRP-T- or PRP-OMP-containing vaccine. An additional booster dose of any licensed Hib conjugate vaccine should be administered 2 months after the previous dose. Children beginning the Hib vaccine series at ages 15-59 months should receive one dose of any licensed Hib vaccine. Hib vaccine should not be administered after the fifth birthday except for special circumstances as noted in the specific ACIP recommendations for the use of Hib vaccine.

⁴ Commonly used spacing option for older children and teens is 0, 1, 6 months or 0, 2, 4 months or 0, 1, 4 months. The minimum spacing for children and teens is one month between doses 1 and 2, and two months between doses 2 and 3. **OVERALL, THERE MUST BE 4 MONTHS BETWEEN DOSES 1 AND 3.**

⁵ Varicella should be given to unvaccinated persons who lack a history of chickenpox during the 11-12 year old visit. Susceptible persons ≥13 years of age should receive 2 doses, at least one month apart.

**MISSOURI DEPARTMENT OF HEALTH
IMMUNIZATION SCHEDULE**

TABLE 3

Recommended schedule for *Haemophilus influenzae* type b (Hib)

Table 3A. Recommended Hib Immunization Schedule for Infants

Vaccine	2 mo	4 mo	6 mo	12-15 mo
HbOC (HibTITER) PRP-T (ActHIB, OmniHIB)	dose 1	dose 2	dose 3	booster
PRP-OMP (Pedvax HIB)	dose 1	dose 2		booster

Table 3B. Recommended Hib Schedule for Children, Including Those not Immunized on Schedule

Vaccine	Age at 1st dose (mo)	Primary Series	Booster
HbOC (HibTITER)	2-6	3 doses, 2 mo apart	12-15 mo ¹
PRP-T (ActHIB, OmniHIB)	7-11	2 doses, 2 mo apart	12-15 mo ¹
	12-14	1 dose	2 mo later ¹
	15-59	1 dose	—
PRP-OMP (Pedvax HIB)	2-11	2 doses, 2 mo apart	12-15 mo ¹
	12-14	1 dose	2 mo later ¹
	15-59	1 dose	—

¹ At least two months after previous dose.

The primary vaccine series should preferably be completed with the same Hib conjugate vaccine. If, however, different vaccines are administered, a total of three doses of Hib conjugate vaccine is adequate.

**MISSOURI DEPARTMENT OF HEALTH
IMMUNIZATION SCHEDULE**

TABLE 4

Recommended schedule for persons 7 years of age or older

Timing	Immunization(s)	Comments
First Visit	Td ¹ , Polio ² , MMR ³ , HB ⁴	
Second visit 2 mo after first visit	Td, Polio, MMR ⁵ , HB	The second MMR may be administered as soon as 28 days after the first dose.
Third visit 6 mo after second visit	Td, Polio, HB	The third polio may be given as soon as 4 weeks after the second dose.
Additional visits	Td, Var ⁶	Repeat Td every 10 years throughout life.

¹ Tetanus and Diphtheria toxoids (adult type) are used after the seventh birthday. The DTP or DTaP doses given to children under 7 who remain incompletely immunized at age 7 and older should be counted as a prior exposure to tetanus and diphtheria toxoids (e.g., a child who previously received 2 doses of DTP or DTaP, only needs 1 dose of Td to complete a primary series).

² IPV should be used when an adult in the household or other close contact has never been vaccinated against polio, in persons ≥ 18 , and for persons with immunodeficiency disorders or in contact with an immunodeficient person.

³ Live Measles, Mumps and Rubella virus vaccines combined. Persons born before 1957 can generally be considered immune to measles and mumps and need not be immunized. Rubella vaccine may be given to persons 12 months of age and older, particularly women of childbearing age. Prior to administering rubella vaccine to females past menarche, the patient and/or her guardian must be asked if she is pregnant. Pregnant patients should not be given rubella vaccine (or other live virus vaccines) due to theoretical risks to the fetus. Females receiving vaccine should be informed of the importance of not becoming pregnant for three months following vaccination.

⁴ Hepatitis B vaccine, recombinant. Selected high-risk groups for whom vaccination is recommended include persons with occupational risk, such as health-care and public-safety workers who have occupational exposure to blood, clients and staff of institutions for the developmentally disabled, hemodialysis patients, recipients of certain blood products (e.g., clotting factor concentrates), household contacts and sex partners of hepatitis B virus carriers, injecting drug users, sexually active homosexual and bisexual men, certain sexually active heterosexual men and women, inmates of long-term correctional facilities, certain international travelers, and families of HBsAg-positive adoptees from countries where HBV infection is endemic. Because risk factors are often not identified directly among adolescents, universal hepatitis B vaccination of teenagers should be implemented in communities where injecting drug use, pregnancy among teenagers, and/or sexually transmitted diseases are common.

⁵ A second dose of MMR is required for students entering kindergarten as of or after the 1990-91 school year.

⁶ Varicella should be given to unvaccinated persons who lack a history of chickenpox during the 11-12 year old visit. Susceptible persons ≥ 13 years of age should receive 2 doses, at least one month apart.



MISSOURI DEPARTMENT OF HEALTH
Bureau of Immunization
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Jefferson City, MO 65102-0570
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Imm.P. 19 - Rev. 1/98



MISSOURI DEPARTMENT OF HEALTH



SUMMARY REPORT OF THE IMMUNIZATION STATUS OF MISSOURI PUBLIC, PRIVATE, OR PAROCHIAL SCHOOL CHILDREN

OFFICE USE ONLY

INSTRUCTIONS: As mandated by Missouri State Law, Section 167.181, RSMo (Cum Supp. 1990), 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 this report annually to the Department of Health, no later than October 15. Immunization information is required in seven categories: diphtheria, tetanus, pertussis, polio, measles, rubella and mumps. Each

school superintendent or chief administrator is requested to submit a single (summary) report using form CD 31 for all schools under the administrator's jurisdiction. DO NOT submit separate reports for each building, although separate lists must be maintained in each school building for auditing purposes. The CD 31 form must be forwarded to the Missouri Department of Health, Bureau of Immunization, P.O. Box 570, Jefferson City, MO 65102 by October 15.

OFFICE USE ONLY
P-S-D TR-F-D N-CL COMP

Table with columns for immunization categories (Diphtheria, Tetanus, Pertussis, Polio, Measles, Rubella, Mumps) and rows for school years (1994-95) and grades (K-12). Includes summary rows for 'TOTAL' and 'REMARKS'.

NAME OF SCHOOL OR SCHOOL SYSTEM STREET OR R.F.D. CITY OR TOWN COUNTY ZIP CODE
PREPARED BY TITLE
APPROVED BY (SUPERINTENDENT OR SCHOOL ADMINISTRATOR)
TELEPHONE NUMBER DATE
MO 580-0823 (7-94) CD 31 (RT-94)

AUTHORITY: sections 167.181 and 192.006, RSMo Supp. 1998 and 192.020, RSMo 1994. 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.*

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

19 CSR 20-28.030 Distribution of Childhood Vaccines

PURPOSE: This rule establishes uniform methods and requirements for the distribution of childhood vaccines to local health departments, other public clinics and private health care providers.

(1) The following definitions shall apply in the interpretation and the enforcement of this rule:

(A) Administration of vaccine is the use of vaccine by a health care provider, including all activities by the provider associated with giving vaccine to patients and vaccine accounting, reporting and billing;

(B) Allocation is a formula-based estimation of the share of the total state vaccine supply which is set aside for each county or entity served by a local public health department;

(C) Authorization to release vaccine is the written statement permitting employees of a

local health department or the Department of Health to distribute public vaccine to a private health care provider or a provider's designated representative; and

(D) Distribution of vaccine is the physical transfer of vaccine from a local health department or the Department of Health to a private health care provider or a provider's designated representative.

(2) Pursuant to section 192.020, RSMo, the state Department of Health shall act to safeguard the health of the people of the state against vaccine-preventable childhood diseases by providing vaccines to meet the needs of local health departments and other public health care providers throughout Missouri.

(A) The Department of Health shall allocate appropriate childhood vaccines to all local health departments based on the proportion of the state population under the age of fifteen (15) years within the jurisdiction of each local health department. These allocations may be adjusted systematically by the Department of Health to ensure that each local health department is allocated, at a minimum, as much vaccine as was provided to public health care providers within its jurisdiction during the preceding twelve (12) months and to permit larger allocations in economically depressed areas.

(B) The Department of Health shall identify the amount of each vaccine distributed to public health care providers during the preceding twelve (12) months within the jurisdiction of each local health department. The portion of each allocation in excess of the amount which was distributed to public providers during the preceding twelve (12) months, if any, shall be considered surplus vaccine available for use by private health care providers.

(C) Semiannually the Department of Health shall notify each local health department of its vaccine allocation and surplus.

(D) The Department of Health shall consider all vaccine provided to a local health department—whether for administration by the health department itself or by private or other public health care provider within the jurisdiction of the health department—as part of the allocation of that health department. Vaccines provided to a local health department for administration by health care providers outside its jurisdiction, in accordance with subsection (3)(E) of this rule, shall be considered as part of the allocation of the county in which the administering provider is located.

(E) The Department of Health shall reserve the right to adjust or terminate vaccine allocations to health departments for public or private use, as necessary, to accommodate changes in vaccine supply and demand and to prevent or eliminate disease outbreaks.

(3) Within thirty (30) days after receipt of vaccine allocation information, it shall be the responsibility of each local health department to notify the Department of Health of its policy regarding authorization of release of vaccines. If a local health department declines to specify a vaccine authorization policy, no vaccine shall be released to private providers within that local health department's jurisdiction. Local health department policies regarding vaccine authorization shall be formulated in accordance with the following provisions:

(A) Local health departments may authorize private health care providers within their jurisdiction to receive vaccines defined as surplus by subsection (2)(B) of this rule. Each local health department shall ensure that the vaccine needs of all public health care providers within its jurisdiction, including the health department itself, are being met before authorizing release of vaccine to private health care providers;

(B) No local health department shall be obligated to authorize the release of vaccine to private providers;

(C) In counties where no local health department exists, the Department of Health may authorize the release of vaccine to private providers;

(D) Any health department—be it state or local—authorizing the release of vaccine to private providers shall establish reasonable limits on the amount of vaccine, if any, to be released to each private provider. All vaccine shall be provided in a manner which best meets the immunization needs of local communities; and

(E) Local health departments shall not authorize the release of vaccine to any public or private health care provider whose office exists outside its jurisdiction unless no health department exists in that county and written consent has been obtained from the Department of Health.

(4) Local health departments and the Department of Health shall distribute vaccines to other health care providers in accordance with the following requirements:

(A) All providers shall complete a standard vaccine requisition form (Imm.P.23) prior to receiving public vaccine;

(B) In counties with no health department, private providers shall be responsible for obtaining the vaccine at the nearest district health office or at the health department in a contiguous county. In counties where the health department has authorized release of vaccines but declined to distribute vaccines, authorized private providers shall be responsible for obtaining the vaccine at the nearest district health office;

(C) All vaccine shall be transported in insulated containers in a manner which ensures the uninterrupted maintenance of the proper storage temperature specified by the manufacturer;

(D) Each time a private health care provider receives public vaccine s/he shall sign a Physician Certification Form (Imm.P.9) agreeing to abide by the requirements stated in subsections (5)(B)–(F) of this rule; and

(E) Local health departments and the Department of Health shall terminate distribution of vaccine to any private provider who fails to comply with the provisions of section (4) or subsections (5)(B)–(F) of this rule. Notice of termination shall be provided by means of certified mail delivered a minimum of seven (7) days prior to the effective day of termination.

(5) All vaccines supplied by the Department of Health shall be administered in accordance with the following requirements:

(A) By the twelfth of each month, local health departments shall submit to the Department of Health a summary monthly vaccine report (Imm.P.2) which describes the use and inventory of all public vaccines for which it is responsible, used within its jurisdiction. A separate monthly vaccine report (Imm.P.2) shall be attached from all health care providers to whom a health department distributes public vaccine;

(B) By the fifth of each month, private providers shall provide to the agency distributing the vaccine, numerical information on vaccine usage on section B and on vaccine inventory on section F of Form Imm.P.2. The combined total of all wasted, unaccounted for and outdated vaccine shall be maintained at less than five percent (5%) of the sum of each physician's total beginning vaccine inventory and all vaccine received each month;

(C) Private providers shall administer public vaccine only to needy, but not Medicaid-eligible, patients;

(D) An Important Information Form shall be provided to each patient, parent or

guardian. No private provider shall administer public vaccine to any patient without having first obtained a signed Important Information Form from that patient or his/her parent or guardian;

(E) The signed Important Information Form shall be retained by the provider for a minimum of ten (10) years following the end of the calendar year in which the form was signed. Important Information Forms for minors shall be retained until two (2) years after the child reaches maturity or for a minimum of ten (10) years, whichever is greater. Upon request, copies shall be furnished to the Department of Health; and

(F) No charge may be made for the vaccine itself; charges for the administration of public vaccine by private health care providers shall not exceed three dollars (\$3) per dose.

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**Original authority 1939, amended 1945, 1951.*