



Polk County Health Department Immunization Q & A



Question:

We have a couple of students that had the chickenpox disease (Varicella) when they were small children, do they need medical exemptions or is self-reporting by a parent or guardian considered sufficient evidence of immunity.

Answer:

Iowa Code states that the student must be immunized “unless the applicant has had a reliable history of natural disease” The following are all considered reliable:

- *Self reporting by a parent /guardian: an approximate date of disease is best to have, on the provider end we are able to put that date into IRIS and Varicella will stop coming up in the Vaccine Recommendation section as needed. If the parent/guardian are not sure if they had the disease or not, or they state they think it was chickenpox, but are not sure, this is not consider reliable and the student should be vaccinated.
- *Documentation found on immigration/refugee/medical paperwork
- *Documentation on immunization records
- ***Immune: Varicella Disease** prints on Immunization Certificate from IRIS-this means that someone at some point has determined this student to be immune and has entered the information into IRIS

Question:

If the MMR vaccine was given prior to the age of 12 months, does it count as a valid dose of MMR? Is this because immunity at this age may not develop?

Answer:

Studies indicate that about 86% of children vaccinated at 9 months of age respond to the vaccine while the estimate is about 97% for children vaccinated at 12 months or older. Maternal antibodies against measles virus may persist up to 11 months. For these reasons children vaccinated between 6 and 11 months of age should receive two more doses of MMR using the appropriate spacing intervals.

Question:

If an immigrant/refugee infant has documentation of OPV doses in their country of origin how many more doses of IPV should be given?

Answer:

OPV is not available in the United States. Children who initiated the polio vaccination series with one or more doses of OPV should receive IPV to complete the series. ACIP recommends that when both OPV and IPV are used, four doses of OPV/IPV in any combination is considered a complete series. As with an all-IPV series the final dose should be given on or after the age of 4 and with a minimum of 6 months between the final 2 doses. When the type of Polio vaccine is unknown, then a 4 dose series with at least one dose of IPV on or after the age of 4 and at least 6 months between final doses is needed.

Question:

The recommended age for the last dose of hepatitis B vaccine in an infant is 6 months. What is the earliest age the last dose can be given to an infant?

Answer:

The minimum age for the last dose of hepatitis B vaccine is age 24 weeks (the minimum age is the youngest age that is acceptable for giving a vaccine and having it "count" as a valid dose.) This allows healthcare providers more flexibility in administering hepatitis B vaccine should a parent bring an infant in for a well-baby check before the infant reaches a full 6 months of age. If the third dose is given prior age 24 weeks the dose should not be counted

as valid. Poorer response rates are seen in infants who complete the vaccination series prior to age 24 weeks. An additional dose of Hepatitis B should be administered when the infant is at least age 24 weeks.

Question:

Who has to have a Tdap to meet Iowa Code for school requirements?

Answer:

For the 2013-2014 school year, and all future school years, all students entering, advancing or transferring into 7th grade and born on or after September 15, 2000, will need proof of an adolescent tetanus, diphtheria, and pertussis (whooping cough) booster immunization (called "Tdap") for school in the fall. Each school year we build on who needs a Tdap, until every grade 7-12 is phased in. The current school year 2015-16 - 7th, 8th and 9th graders born on or after Sept 15, 2000 by law should have a Tdap booster.

A dose of Td, does not count as a Tdap, it is missing the Pertussis component.