



**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 school children in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) 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 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 children who are in noncompliance. This report shall include immunization information by grade or age by vaccine antigen (diphtheria, tetanus, pertussis, polio, measles, rubella, mumps, hepatitis B, and varicella), number of children enrolled, number of children adequately immunized, number of children in progress, and number of children exempt. Each school superintendent or chief administrator 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. 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 and Senior Services 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 exemption. 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 and Senior Services Form Imm.P.12, included herein, 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 and Senior Services Form Imm.P.11A, included herein, 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. A Department of Health and Senior Services Form Imm.P.14, included herein, 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 exclusion should be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) For school attendance, children 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-appropriate vaccine requirements will be according to the attachments listed in section (4), which are included herein.

(A) 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 2005–06 school year through the end of the 2009–2010 school year.

(B) 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.

(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 other recognized health facility or personnel stating that the required immunizations have been given to the person and verifying the type of vaccine. All children shall be required to provide documentation of the month, day, and year of vaccine administration. However, if a child has had varicella (chickenpox) disease, a licensed doctor of medicine or doctor of osteopathy 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 child) had varicella (chickenpox) disease on or about (date) and does not need varicella vaccine."

(4) Immunization schedule requirements for school age children shall be:

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

(B) Missouri School Immunization Requirements 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
SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION
MEDICAL IMMUNIZATION EXEMPTION

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 <input type="checkbox"/> Varicella		
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 (1-02)

Imm.P.12



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION
IMMUNIZATIONS IN PROGRESS

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 <input type="checkbox"/> VARICELLA		
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 (10-01)

Imm.P.14



MISSOURI DEPARTMENT OF HEALTH
SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION
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 (4-00)

Imm.P.11A



Missouri School 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 ¹		Hep B	Hep B	Hep B	See footnote 1	Hep B	Hep B	Hep B	Hep B			
Diphtheria, Tetanus, Pertussis ²				DTaP	DTaP	DTaP	See footnote 2	DTaP	DTaP			DTaP
Inactivated Poliovirus				IPV	IPV	IPV	IPV	IPV	IPV			IPV
Measles, Mumps, Rubella ³							MMR	MMR	MMR			MMR
Varicella ⁴							Varicella	Varicella	Varicella			Varicella

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

At birth:

- Administer monovalent HepB to all newborns prior to 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 the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HbsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered 16 weeks after the first dose but no earlier than 24 weeks of age. Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

Range of recommended ages

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

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

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

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

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

4. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

- 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.
- 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.
- 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 2005-06 school year through the end of the 2009-10 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 2010-11 school year.

Missouri's School Immunization Requirements are 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 indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Schools 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 www.dhss.mo.gov/immunizations or call toll free 800-219-3224.



Missouri School Immunization Requirements Vaccines Received 7 – 18 Years of Age

Vaccine ▼	Age ►	7-10 Years	11-12 YEARS	13-18 YEARS
Diphtheria, Tetanus, Pertussis ¹		See footnote 1	Tdap	Tdap
Hepatitis B ²			Hep B Series	
Inactivated Poliovirus ³			IPV Series	
Measles, Mumps, Rubella ⁴			MMR Series	
Varicella ⁵			Varicella Series	

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™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18 year olds who missed the 11–12 year Tdap or received Td only, are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

2. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

3. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- 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).

- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

5. Varicella vaccine.

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose, if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.

- 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.
- 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.
- 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 2005-06 school year through the end of the 2009-10 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 2010-11 school year.

Missouri's School Immunization Requirements are 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 indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 7 through 18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Schools 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 www.dhss.mo.gov/immunizations or call toll free 800-219-3224.



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 ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose but not less than 24 wks of age)		
Diphtheria, Tetanus, Pertussis ²	6 wks	4 weeks	4 weeks	6 months	6 months ²
Inactivated Poliovirus ³	6 wks	4 weeks	4 weeks	4 weeks ³	
Measles, Mumps, Rubella ⁴	12 mos	4 weeks			
Varicella ⁵	12 mos	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			
Tetanus, Diphtheria/Tetanus, Diphtheria, Pertussis ⁶	7 yrs ⁶	4 weeks	8 weeks if first dose administered at younger than 12 months of age 6 months if first dose administered at age 12 months or older	6 months if first dose administered at younger than 12 months of age	

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 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.
- DTaP is not indicated for persons aged 7 years or older.

3. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- 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.
- IPV is not routinely recommended for persons aged 18 years and older.

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

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.

5. Varicella vaccine.

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.

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

- Tdap should be substituted for a single dose of Td in the primary catch-up series for children 10-18 or as a booster if age appropriate; use Td for other doses.
- A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at younger than 12 months of age. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).

- 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.
- 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.
- 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 2005-06 school year through the end of the 2009-10 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 2010-11 school year.

Missouri's School Immunization Requirements are 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 indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 4 months through 18 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Schools 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 www.dhss.mo.gov/immunizations or call toll free 800-219-3224.

School

Rev 5-13-08



AUTHORITY: sections 167.181 and 192.020, RSMo Supp. 2008 and section 192.006, RSMo 2000.* 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.

*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 chil-

dren 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. The administrator shall also make an annual summary report to the Department of Health and Senior Services on form Imm.P.32, included herein, no later than January 15 of each year.

(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 the immunization process is being accomplished according to the Department of Health and Senior Services' recommended schedule. 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 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 and Senior

Services' form Imm.P.12, included herein, shall be 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 on file with the immunization record of each child with a parental exemption. The parental exemption form 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 other recognized health facility stating that the required immunizations have been given to the person and verifying type of vaccine and the dates, including the month, day, and year of each immunization. However, if a child has had varicella (chickenpox) disease, a licensed doctor of medicine or doctor of osteopathy 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.



FOR OFFICE USE ONLY
DATE ENTERED _____ VALIDATION _____

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY
(Current Year) CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT**

This report must be sent to the Missouri Department of Health and Senior Services, Disease Control and Environmental Epidemiology, P.O. Box 570, Jefferson City, MO 65102, by January 15 of each year.

As mandated by Missouri State Law, Section 210.003 RSMo, each administrator of a public, private, 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 his/her jurisdiction. The childcare administrator shall make this report annually to the Department of Health and Senior Services, no later than January 15 of each year.

Immunization information is required in ten (10) diseases: diphtheria, tetanus, pertussis (DTaP/DT); polio (OPV or IPV); hepatitis B (HB); Haemophilus influenzae b (Hib); measles, mumps, rubella (MMR), and varicella (VZV).

Section I.

NAME OF FACILITY _____ INDICATE IF NAME CHANGE YES NO

ADDRESS (STREET, CITY, STATE, ZIP) _____

COUNTY _____ FACILITY E-MAIL ADDRESS _____

ADMINISTRATOR/OWNER _____ FACILITY TELEPHONE NUMBER () _____

INDICATE IF ADDRESS CHANGE YES NO

THIS REPORT MUST BE RETURNED REGARDLESS OF THE NUMBER OF CHILDREN ENROLLED. Please check appropriate box and complete report accordingly.

If 10 or more children (birth to school entry age) are enrolled, please complete Sections I, II, III and IV.

If less than 10 children (birth to school entry age) are enrolled, please complete Sections I, II and IV only.

Section II.

PRE-SCHOOL AGE GROUPS	DTaP/DT	Polio (OPV/IPV)	Hib	MMR	Hepatitis B (HB)	Varicella (VZV)	NUMBER OF DOSES			Series Complete or Adequately Protected
							1	2	3	
0 thru 2 months										DTaP/DT, 3 Doses, 1+ HB, 1 MMR, 3 HB, 1 Varicella (Chickenpox)
3 thru 4 months										
5 thru 6 months										
7 thru 18 months										
19 months to kindergarten entry										
TOTAL										

Section III.

Section IV.

PREPARED BY (PLEASE PRINT) _____ TITLE _____

DATE _____





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION
MEDICAL IMMUNIZATION EXEMPTION

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

NAME OF PATIENT (PRINT OR TYPE)

THIS IS TO CERTIFY THAT

SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:

The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.)

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 |
| <input type="checkbox"/> Varicella | | | | | |

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 (1-02)

Imm.P.12



SECTION FOR COMMUNICABLE DISEASE PREVENTION
PARENT/GUARDIAN IMMUNIZATION EXEMPTION

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

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF

NAME OF CHILD (PRINT OR TYPE)

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

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis	<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"/> Varicella				

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.

PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE
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MO 580-0959 (6-03)

Imm.P.11



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 ¹		Hep B	Hep B		See footnote 1			Hep B				
Diphtheria, Tetanus, Pertussis ²				DTaP	DTaP	DTaP	See footnote 2		DTaP			DTaP
Inactivated Poliovirus				IPV	IPV			IPV				IPV
Measles, Mumps, Rubella ³								MMR				MMR
Varicella ⁴								Varicella				Varicella
Pneumococcal ⁵				PCV	PCV	PCV		PCV				
Haemophilus influenzae type b ⁶				Hib	Hib	Hib ⁶	Hib					

Range of recommended ages

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

At birth:

- Administer monovalent HepB to all newborns prior to 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 the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed, in rare cases, with a provider's order and a copy of the mother's negative HbsAg laboratory report in the infant's medical record.

After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered 16 weeks after the first dose but no earlier than age 24 weeks of age. Infants born to HBsAg-positive mothers should be tested for HbsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

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

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

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

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

4. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.

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

- If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHIBit® (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

- 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.
- 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 School Immunization Requirements are 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 indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Schools 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 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 ¹	Birth	4 weeks	8 weeks (and 16 weeks after first dose but not earlier than 24 wks of age)		
Diphtheria, Tetanus, Pertussis ²	6 wks	4 weeks	4 weeks	6 months	6 months ²
Inactivated Poliovirus ³	6 wks	4 weeks	4 weeks	4 weeks ³	
Measles, Mumps, Rubella ⁴	12 mos	4 weeks			
Varicella ⁵	12 mos	4 weeks if first dose administered at age 13 years or older 3 months if first dose administered at younger than 13 years of age			
Pneumococcal ⁶	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12 months or older or current age 24-59 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) 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 – 5 years who received 3 doses before age 12 months	
Haemophilus influenzae type b ⁷	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at 15 months of age or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose) ⁷ if current age is 12 months or older and second dose administered at younger than 15 months of age 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 – 5 years who received 3 doses before age 12 months	

1. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 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.
- DTaP is not indicated for persons aged 7 years or older.

3. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- 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.
- IPV is not routinely recommended for persons aged 18 years and older.

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

- The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
- If not previously vaccinated, administer 2 doses of MMR during any visit with 4 or more weeks between the doses.

5. Varicella vaccine.

- The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
- Do not repeat the second dose in persons younger than 13 years of age if administered 28 or more days after the first dose.

6. Pneumococcal conjugate vaccine (PCV).

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- For children with underlying medical conditions administer 2 doses of PCV at least 8 weeks apart if previously received less than 3 doses or 1 dose of PCV if previously received 3 doses.

7. Haemophilus influenzae type b conjugate vaccine (Hib).

- Vaccine is not generally recommended for children aged 5 years or older.
- If current age is younger than 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.

- 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.
- 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 School Immunization Requirements are 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 indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 4 months through 6 years. Additional information is available at www.cdc.gov/vaccines/recs/schedules. Schools should consult the respective ACIP statement for detailed recommendations, including for high risk conditions: <http://www.cdc.gov/vaccines/pubs/ACIP-1st.htm>. For additional information please visit the Missouri Immunization Program's website at 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.*

**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.*

**Original authority: 376.215, RSMo 1996.*