



Mississippi Morbidity Report

Vaccination Requirements for Daycare and School Attendance

Daycare Immunization Requirements

Table I indicates the age appropriate vaccines required for daycare enrollment and attendance. The following paragraphs outline recent changes.

Table I. Daycare Immunization Requirements

Vaccine	Birth	1 Mo	2 Mos	4 Mos	6 Mos	12 Mos	15 Mos	18 Mos	24 Mos
Hepatitis B (HepB) ^b		#1		#2		#3			
Inactivated Polio (IPV)			#1	#2		#3			
Diphtheria, Tetanus, Pertussis (DTaP)			#1	#2	#3	#4			
Haemophilus Influenzae type b ^c (Hib)			#1	#2	(#3) ^c	#3 or #4 ^c			
Pneumococcal ^d (PCV7)			#1	#2	#3	#4			
Measles, Mumps, Rubella (MMR)						#1			
Varicella ^e (VAR; aka Chickenpox)						#1			

Range of Recommended Ages^a

- a -Children who are not age appropriately vaccinated should follow the catch-up schedule. (See the catch-up schedule in the Pink Book of ACIP, Red Book of AAP or CDC/AAP/AAFP websites). Where there is an age range for a vaccine, the vaccine is NOT required until the END of the age range.
- b -An infant between birth and 2 months of age may receive one or more doses of Hep B vaccine.
- c -The number of recommended doses of Hib vaccine will vary according to the age at which a child receives the 1st dose of Hib and the type of Hib vaccine administered.
- d -Pneumococcal Conjugate Vaccine (PCV7) is required for all children entering a child care facility for the first time, effective January 1, 2008. Children age 5 years and above, entering daycare, child care/after school care will not be required to receive PCV7.
- e -If there is a history of chickenpox, the vaccine is not required.

Pneumococcal Conjugate Vaccine (PCV7, Prevnar[®]): Pneumococcal conjugate vaccine became a requirement for all daycare attendees effective in January 1, 2008. It has been estimated by CDC that between 2001 and 2005, 60,000 cases of invasive pneumococcal disease in children, ages <5 years have been prevented nationwide, in those vaccinated and those protected by indirect benefit (herd immunity). In addition, otitis media (ear infections - pneumococcus is a primary cause) and PET placement have declined with use of PCV7 in young children. These findings once again demonstrate the importance of

widespread usage of a vaccine and the need to limit vaccine exemptions to benefit those who medically cannot be vaccinated. Detailed age specific pneumococcal vaccine requirements can be found on our website at www.msdh.state.ms.us.

***Haemophilus Influenzae* type b (Hib) vaccine:** In December 2007, Hib vaccine became in short supply with decreased availability of PedvaxHIB[®] and Comvax[®]. The CDC and MSDH recommendations were to focus on the primary series (first year of life) with available Hib vaccine, deferring the booster Hib dose in the second year of life. The exceptions to the recommendations were that American Indian and Alaska Native children should not have the booster dose deferred.

TriHIBit[®] is a combination of Tripedia[®] (DTaP) and ActHIB[®] (Hib) by Sanofi Pasteur. It is only used in the second year of life as the 4th DTaP and Hib booster. At times during the shortage, TriHIBit[®] will be available at MSDH clinics, to VFC providers and to the private sector through their regular suppliers. When TriHIBit[®] is available in a clinic it should be used as the DTaP/Hib booster even during the shortage, as it cannot be used for the primary series.

Booster Doses: The daycare requirements indicate that at age 4-6 years a child needs their 5th DTaP, 4th IPV, 2nd MMR and 2nd Varicella (in the absence of a history of chickenpox) vaccines. These vaccines may be given at any time during this interval as long as it is prior to entry into the school system. There are no requirements that they be given at a particular time during this interval unless they have entered the school system. For example a 5 year old child who is enrolled in daycare but not yet enrolled in school, is **NOT** required to have 4-6 year old immunizations. Furthermore, due to shortage of varicella vaccine (and ProQuad[®], the combination of MMR and Varicella vaccines) the 4-6 year old school requirement for a second dose Varicella vaccine is deferred at least for the 2008-2009 school year.

School Entrance Immunization Requirements

Table II indicates the vaccine requirements for all children entering a Mississippi school, public or private (any grade) for the first time. A child transferring from one Mississippi school to another, public or private, should have a record indicating they have already met the immunization requirements.

Varicella Vaccine: Due to a shortage of varicella vaccine (either as VARIVAX[®] or ProQuad[®]), the requirements for a second dose of varicella vaccine for school entry is waived until further notice. Varicella vaccine is not required for a child with a history of chickenpox. There are no other changes to school entrance immunization requirements.

ProQuad[®]: Recently the CDC reported that the febrile seizure rate in children aged 12-23 months and receiving ProQuad[®] is 9/10,000 vaccines given, more than 2 times the rate for separate MMR and Varicella vaccines in the same age group (MMWR, 2008, 57:258 [3/14/08]). The febrile seizure rate in 4-6 year olds receiving ProaQuad[®] has not been established. MSDH clinics will not use ProQuad[®] for either the 1st or 2nd doses of MMR and Varicella vaccines. ProQuad[®] remains licensed by Merck and is available through VFC and to private providers through their Merck representatives.

Vaccine Exemptions: Exemptions from some or all immunization requirements are **only issued** by the District Health Officer, State Health Officer, and/or a State Epidemiologist, and then, by law, only for medical reasons. Licensed physicians (M.D. or D.O.) may request a medical exemption for their patient through their District Health Officer. MSDH uses medical contraindications and precautions recommended by the ACIP (CDC), AAP and/or AAFP as a guide for acceptable medical reasons to temporarily or permanently defer a vaccine.

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References available on request.



Mississippi

Provisional Reportable Disease Statistics

March 2008

		Public Health District									State Totals*			
		I	II	III	IV	V	VI	VII	VIII	IX	Mar 2008	Mar 2007	YTD 2008	YTD 2007
Sexually Transmitted Diseases	Primary & Secondary Syphilis	2	1	1	0	1	0	0	3	2	10	9	25	26
	Total Early Syphilis	4	1	4	0	8	0	0	4	3	24	45	64	116
	Gonorrhea	34	23	64	40	148	65	27	51	47	499	664	1648	2108
	Chlamydia	116	88	149	100	339	132	83	129	107	1243	2050	4212	6032
	HIV Disease	5	4	3	2	14	2	3	1	5	39	52	149	170
Mycobacterial Diseases	Pulmonary Tuberculosis (TB)	0	1	0	3	1	0	0	2	0	7	11	13	20
	Extrapulmonary TB	0	1	0	0	0	0	0	0	0	1	1	4	2
	Mycobacteria Other Than TB	1	2	0	1	3	2	2	1	5	17	30	56	61
Vaccine Preventable Diseases	Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pertussis	0	0	0	0	0	0	0	0	0	0	3	19	10
	Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0
	Polio	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0
Viral Hepatitis	Hepatitis A (acute)	0	0	0	0	0	0	0	0	0	0	3	0	4
	Hepatitis B (acute)	0	1	1	1	1	0	0	0	1	5	2	11	5
	Hepatitis C infection	48	23	14	18	259	27	10	28	54	481	NA	1181	NA
Enteric Diseases	Salmonellosis	0	3	5	2	6	2	0	3	4	25	20	84	74
	Shigellosis	2	1	1	2	21	2	2	3	6	40	19	131	47
	Campylobacter Disease	1	0	1	0	2	2	0	1	0	7	3	21	15
	E. coli O157:H7/HUS	0	1	0	0	0	0	0	0	0	1	0	2	1
Other Conditions of Public Health Significance	Invasive Meningococcal Disease	0	0	0	0	1	0	0	0	1	2	1	5	5
	Invasive <i>H. influenzae</i> b Disease	0	0	0	0	1	0	0	0	0	1	0	1	0
	RMSF	0	0	0	0	0	0	0	1	0	1	0	1	0
	West Nile Virus	0	0	0	0	0	0	1	0	0	1	3	1	3
	Lyme Disease	0	0	0	0	0	0	0	0	0	0	0	0	0
	Animal Rabies (bats)	0	0	0	0	0	0	0	0	0	0	0	1	0

*Totals include reports from Department of Corrections and those not reported from a specific District.

Table II. Mississippi Immunization Requirements for School Entry^a: 2008-2009

	No. of doses
Diphtheria, Tetanus, Pertussis (DTaP) ^b	5 ^c
Polio (IPV)	4 ^d
Hepatitis B	3
Measles, Mumps, Rubella (MMR)	2
Varicella (chickenpox)	2 ^e

a- All children entering a Mississippi school (any grade) for the first time will be required to have the above listed immunizations.

b- Children entering a Mississippi school after their 7th birthday, not meeting the above DTaP requirements will need at least 3 total doses of diphtheria/tetanus containing vaccine (Td). Tdap should be used as one of the three diphtheria/tetanus containing vaccines (preferably as the first of the 3 doses) for children age 10 years and older.

c- If the 4th dose is received on or after the 4th birthday, a 5th dose is not required.

d- If the 3rd dose is given on or after the 4th birthday, a 4th dose is not required.

e- If there is a history of chickenpox, the vaccine is not required. NOTE- the second dose of varicella vaccine is waived for the school year to due shortages