



**Re: Approved Means of Immunization
Pursuant to Sections 3701.13 and 3313.671 of the Ohio Revised Code
Director's Journal Entry**

I, Bruce Vanderhoff, Director, Ohio Department of Health (ODH), pursuant to Section 3701.13 of the Ohio Revised Code, hereby approve the following methods of immunization against the diseases specified in Section 3313.671 of the Revised Code for the purpose of carrying out the provisions of that section.

- 1) Vaccine doses should be administered according to the most recent version of the "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States," as published by the Advisory Committee on Immunization Practices. Vaccine doses administered four (4) days or less before the minimum interval or age are considered valid. Doses of any vaccine administered five (5) or more days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. Any live virus vaccines (measles, mumps, rubella, and varicella vaccines) not administered on the same day must be separated by at least four (4) weeks (28 days). Unless otherwise exempt, pupils who are enrolled in kindergarten through grade 12 shall have:

Diphtheria, Tetanus, and Pertussis:

Pupils in grades kindergarten (K)-12 are required to have four (4) or more doses of DTaP, DTP or DT (pediatric) vaccine, or any combination. DT was discontinued in the U.S. in 2022. Use of tetanus and diphtheria vaccine (Td) off-label for children aged less than seven (7) years who develop a contraindication to pertussis-containing vaccine is advised. If Td is used, follow the same schedule that would be used for DTaP. Children who received all four (4) doses of DTaP or DT before their fourth birthday are required to receive a fifth (5th) dose of DTaP or DT. This booster fifth (5th) dose of DTaP or DT is not required if the fourth (4th) dose was administered at age four (4) years or older and at least six (6) months after dose three (3).

For seventh (7th) through 12th grade entry, one (1) dose of Tdap vaccine must be administered on or after the 10th birthday. Children age seven (7) through eighteen years who are not fully vaccinated with DTaP should receive one (1) dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap. Refer to CDC guidance for appropriate catch-up vaccination schedule. Children age seven (7) through nine (9) years who have received Tdap as part of a catch-up schedule, should receive an adolescent Tdap booster dose at age 11-12 years. Tdap administered at age ten (10) as part of a catch-up

schedule, does not need to be administered again at 11-12 years.

DTaP inadvertently administered at age seven (7) through nine (9) years may count as part of the child's Tdap/Td schedule. However, for these children, Tdap should be administered at age 11-12 years. DTaP inadvertently administered between ten (10) and 18 years, should be counted as the adolescent Tdap booster dose.

Polio:

Three (3) or four (4) doses of inactivated poliovirus vaccine (IPV) vaccine shall be required for all pupils in grade kindergarten (K)-12. The final dose must be administered on or after age four (4) years and at least six (6) months after the previous dose, regardless of the number of previous doses.

If a series consisting of all oral poliovirus vaccine (OPV) either mixed OPV-IPV or OPV-only, the total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. Doses of OPV administered before April 1, 2016, should be counted (unless specifically noted as administered during a campaign). Doses of OPV administered on or after April 1, 2016, should not be counted.

Pupils who are 18 years of age or older who are known or suspected to be unvaccinated or have not completed the primary series are required to have the remaining IPV doses one (1), two (2), or three (3) to complete the three (3)-dose primary series. Refer to CDC guidance for the appropriate catch-up vaccination schedule

Measles:

Two (2) doses of live virus measles vaccine are required for all pupils in grades kindergarten (K) – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance. If a measles, mumps, rubella and varicella (MMRV) containing combination vaccine is used as a first dose, the required spacing for the second dose is three-months. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A child who had measles disease and presents a signed statement from their parent, guardian, or physician to that effect, is not required to be vaccinated against measles. However, in an outbreak situation, a written statement of previous measles disease is acceptable in lieu of vaccination only if it is signed by a physician and gives the month and year of infection.

For purposes of definition, a single (1) case of measles constitutes a public health priority. In accordance with section 3313.671 of the Revised Code, any child in an affected school who cannot show proof of two (2) properly administered measles vaccinations shall be excluded from school attendance until such proof is provided. Children with written waivers or

exemptions shall be excluded for 21 days after the onset of the last known case in the affected school.

Pupils receiving their second dose and previously unvaccinated persons receiving their first dose before or within 72 hours of exposure may be readmitted to school. However, these individuals should be monitored for signs and symptoms of measles.

Mumps:

Two (2) doses of live virus mumps vaccine are required for all pupils in grades kindergarten (K) – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of twenty-eight (28) days later in order for a child to be in compliance. If a measles, mumps, rubella and varicella (MMRV) containing combination vaccine is used as a first dose, the required spacing for the second dose is three-months. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A child who had mumps disease and presents a signed statement from their parent, guardian, or physician to that effect, is not required to be vaccinated against mumps. However, in an outbreak situation, a written statement of previous mumps disease is acceptable in lieu of vaccination, only if it is signed by a physician and gives the month and year of infection.

For purposes of definition, three (3) or more cases of mumps constitute an outbreak. In accordance with section 3313.671 of the Revised Code, any child who cannot show proof of mumps vaccination at age one (1) or above shall be excluded from school until such proof is provided. Any child with a written waiver shall be excluded for at least 25 days after parotitis onset in the last person with mumps at the affected school during the outbreak period.

Pupils receiving their second dose and previously unvaccinated persons receiving their first dose may be readmitted to school. While mumps vaccine is not known to prevent infection or decrease severity of symptoms if administered after exposure, vaccination will provide protection against subsequent exposure. All individuals readmitted should be closely monitored for signs and symptoms of mumps.

Rubella:

Two (2) doses of rubella vaccine are required for all pupils in grades kindergarten (K) – 12. The first dose must have been administered on or after a child's first (1st) birthday and the second (2nd) dose a minimum of 4 weeks (28 days) later in order for a child to be in compliance. If a measles, mumps, rubella and varicella (MMRV) containing combination vaccine is used as a first dose, the required spacing for the second dose is three-months.

A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement.

A history of rubella disease may never be substituted for rubella vaccine. Additionally, post-pubescent females are not exempt from this requirement.

For purposes of definition, a single (1) case of rubella constitutes a public health priority. In accordance with section 3313.671 of the Revised Code, any child in an affected school who cannot show proof of two (2) properly administered rubella vaccinations shall be excluded from school attendance until such proof is provided. Children with written waivers or exemptions shall be excluded for 23 days after the onset of the last known case in the affected school.

Pupils receiving their second dose and previously unvaccinated persons receiving their first dose may be readmitted to school provided all persons without documentation of immunity have been excluded. However, these individuals should be monitored for signs and symptoms of rubella.

Hepatitis B:

All children in grades kindergarten (K) – 12 are required to provide evidence of having received a three-dose (3) series of hepatitis B vaccine. The second (2nd) dose must be administered at least twenty-eight (28) days after the first (1st) dose. The third (3rd) dose must be administered at least two (2) months after the second (2nd) dose and at least four (4) months after the first (1st) dose and greater than or equal to twenty-four (24) weeks of age.

Varicella (Chickenpox):

Two (2) doses of varicella vaccine are required for all pupils in grades kindergarten (K) – 12. The first (1st) dose of vaccine administered on or after the child's first (1st) birthday, and the second (2nd) dose at least three (3) months following the first dose. However, if the second dose is inadvertently administered at least twenty-eight days following the first (1st) dose, it is considered valid.

A pupil who has had natural chickenpox, and presents a signed statement from the pupil's parent, guardian, or physician to that effect, is not required to be immunized against chickenpox.

For purposes of definition, three (3) or more cases of chickenpox in a specific setting (e.g., school) constitutes an outbreak. In accordance with section 3313.671 of the Revised Code, any child who cannot show proof of age-appropriate chickenpox (varicella) vaccination should be excluded from school until such proof is provided or until the child is vaccinated with the appropriate dose. Children with written waivers or exemptions should be excluded for 21 days after the onset of the last identified case in the affected school.

Meningococcal:

One (1) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required for all pupils in

grades seven (7) - 11. Meningococcal vaccine given before 10 years of age should not be counted as part of the adolescent MenACWY series. If a child received a dose of either MPSV4 or MenACWY before age 10 years, they should receive a dose of MenACWY at 11 or 12 years and a booster dose at age 16.

A second (2nd) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 12th grade. The second (2nd) dose must be administered on or after the 16th birthday with at least eight (8) weeks between the first (1st) and second (2nd) dose. If the first (1st) dose of meningococcal (serogroups A, C, W, and Y) vaccine was administered after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade but is 15 years of age or younger, only one (1) dose is required. The pupil should then receive a second (2nd) dose when they turn 16 years.

2) Additional Immunizations:

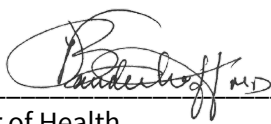
The requirements set forth in part one (1) above are the minimum requirements. They may not constitute the full complement of immunizations that are recommended for pupils enrolled in kindergarten through grade 12 or that may be recommended by a child's medical provider due to specific medical conditions.

3) This order shall supersede any previous approvals of means of immunization by the Ohio Department of Health under Section 3701.13 of the Revised Code which are inconsistent with this order.

4) This order shall be transmitted to the Ohio Department of Education, to local health departments, and to other interested parties as appropriate.

This Journal Entry shall be effective on December 6, 2024, and shall remain in full force and effect until further notice.


12/6/2024
Date



Director of Health

I hereby certify this to be a true and correct copy of the Journal Entry of the Director of the Ohio Department of Health.

12-6-24
Date



Custodian of the Director's Journals
Ohio Department of Health