

Immunization Requirement Summary for Child Care through 12th Grades Tennessee Department of Health Rule 1200-14-1-.29

Children enrolling in child care facilities, pre-school, pre-Kindergarten:

Infants entering child care must be up to date at the time of enrollment and are required to provide an updated certificate after completing all of the required vaccines due no later than 18 months of age.

- Haemophilus influenzae type B (Hib): if younger than 5 years only
- Pneumococcal conjugate vaccine (PCV): if younger than 5 years only
- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV)
- Hepatitis B (HBV)
- Hepatitis A: 1 dose, required by 18 months of age or older
- Measles, Mumps, Rubella (1 dose of each, normally given together as MMR)
- Varicella (1 dose or credible history of disease)

Children enrolling in Kindergarten:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday required
- Hepatitis B (HBV)
- Hepatitis A: total of 2 doses, spaced at *least* 6 months apart (recommended 6-18 months apart)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Varicella (2 doses or history of disease)

All children entering 7th grade (including currently enrolled students):

- Verification of immunity to varicella: 2 doses or credible history of disease
- Tetanus-diphtheria-pertussis booster ("Tdap"): evidence of one Tdap dose given any time before 7th grade entry is required *regardless* of Td history (2013 update)

Children who are new enrollees in a TN school in grades *other* than Kindergarten:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday required
- Hepatitis B (HBV)
- Measles, Mumps, Rubella (2 doses of each, normally given together as MMR)
- Varicella (2 doses or credible history of disease)
- New students entering grades other than 7th grade are not required to have Tdap

Children with medical or religious exemption to requirements:

- **Medical:** Physician (MD, DO) or Public Health Nurse authorized to indicate specific vaccines medically exempted (because of risk of harm) on the new form. Other vaccines remain required. The medical reason for the exemption does not need to be provided.
- **Religious:** This exemption requires a signed statement by the parent/guardian that vaccination conflicts with their religious tenets or practices. If the child needs documentation of a health examination for the school, it must be noted by the healthcare provider on the immunization certificate. In that case, the provider should check the box that the parent has sought a religious exemption to explain why immunization information is absent or incomplete.

Minimum ages or dose intervals: Tennessee follows published CDC guidelines. For vaccines with critical minimum age requirements or minimum dose intervals, doses are considered valid if given up to 4 days before the minimum age or dose interval. Doses administered more than 4 days early are considered invalid and should be repeated as recommended.

Injectable or nasally administered live vaccines not administered on the same day should be administered at least 4 weeks apart. The 4-day "grace period" should not be applied to the 28-day interval between injectable or nasally administered live vaccines not administered at the same visit. If injectable or nasally administered live vaccines are separated by less than 4 weeks, the second vaccine administered should not be counted as a valid dose and should be repeated. The repeat dose should be administered at least 4 weeks after the last invalid dose.

Alternative proof of immunity for certain diseases: A positive serology (year of test documented) is acceptable as an alternative to immunization for measles, mumps, rubella, hepatitis A, hepatitis B or varicella. For varicella, documentation of provider diagnosed varicella (year) or provider-verified credible history of illness given by a parent or guardian (year) also is acceptable. By documenting a history of disease, the provider is asserting that he or she is convinced that the child has had chickenpox.