Mississippi State Department of Health



Mississippi Morbidity Report

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Mississippi Childcare and School Immunization Requirements, 2011

Introduction: Mississippi received the award for the highest estimated vaccine coverage for children aged 19-35 months based on a recent National Immunization Survey (NIS) sponsored by the Centers for Disease Control and Prevention (CDC). The NIS is a telephone survey that began data collection in April 1994 to monitor childhood immunization coverage. In the most recent survey from July 2009 to June 2010, Mississippi had an estimated vaccine coverage rate of 81.1% (compared to the national average of 71.5%) for the 4:3:1:0:3:1:4 series (*Haemophilus influenzae* type b (Hib) vaccine is excluded from the estimate due to a recent shortage). The 4:3:1:0:3:1:4 series includes: four or more doses of DTaP vaccine, three or more doses of poliovirus vaccine, one or more doses of MMR, three or more doses of hepatitis B vaccine, one or more doses of varicella vaccine, and four or more doses of pneumococcal vaccine. Mississippi was also recognized as being the state with the most improved vaccine rates. In the NIS for the same time period in 2008-2009, Mississippi ranked 18th with an estimated rate of 72.5% (compared to the national average of 70.9%). The full 2009-2010 survey is expected to be posted on the NIS website this month at: http://www.cdc.gov/vaccines/stats-surv/nis/default.htm#nis. Previous surveys dating back to 1994 are also available at the same website.

Private providers share in the credit for Mississippi's improved vaccination rates, giving about 60% of all childhood vaccinations in the state. Over the last several years, the Mississippi State Department of Health (MSDH) has implemented a number of measures aimed at improving vaccination rates. Immunization plans were developed by each Public Health District to identify incompletely vaccinated children and work with their parents and providers to bring them up to date. MSDH also has a new web based electronic immunization registry, the Mississippi Immunization Information eXchange (MIIX). The electronic registry allows providers to quickly review a child's most current vaccination record and provides a forecast for scheduling future vaccine doses. Information about MIIX is available on the MSDH website at: http://msdh.ms.gov/msdhsite/_static/31,0,136.html.

Higher rates of vaccination are especially important to provide protection not only for the vaccinated child, but also for those children who are unvaccinated due to medical reasons or who do not respond to the vaccine, by decreasing their risk of exposure. Outbreaks of vaccine preventable diseases have been reported in several US states over the last several years. In 2010, California had a significant pertussis outbreak, with more than 9,000 cases and ten deaths, nine in infants <two months of age, and one in a two month old child who had only received one dose of DTaP. Measles continues to be endemic in Europe and Africa and imported cases have been reported in several areas of the US over the last several years. Recently, an outbreak of measles occurred in Minnesota. In the outbreak, the index case was a nine month old with recent travel to Africa. A total of 13 epidemiologically linked cases were identified. Vaccine status was known for 11 of the cases: five were too young to have been vaccinated, and six had not been vaccinated because of parental concerns about the safety of MMR vaccine.

<u>Medical Exemptions:</u> For a child to enroll in any public or private kindergarten, elementary or secondary school in Mississippi, the school must be provided with either a Certificate of Immunization Compliance form or a Certificate of Medical Exemption form. In Mississippi, only medical exemptions are allowed for children who have a condition that puts them at risk from vaccine (medical contraindications and precautions to vaccines can be accessed on the Advisory Committee on Immunizations Practices [ACIP] website at http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm). A request for a medical exemption should be submitted by the child's pediatrician, family physician or internist to the local

District Health Officer for review. The exemption will be granted unless there is an occurrence of disease which would place "undue risk on the community". The MSDH medical exemption policy can be accessed on the MSDH website at: http://msdh.ms.gov/msdhsite/static/41,9332,71,303.html.

<u>Vaccine Requirements:</u> The list of immunizations required for school entry or child care entry is specified by the State Health Officer and is promulgated at least annually as directed by state statute (§41-23-37, Mississippi Code of 1972). All vaccines are to be given at the appropriate age and intervals according to ACIP recommendations (available on the ACIP website at: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm).

<u>Child Care Immunizations</u>: The required vaccines are listed below and are available on the MSDH website at: http://msdh.ms.gov/msdhsite/_static/resources/2030.pdf. Children ages 0-4 years of age and enrolled in licensed child care facilities are expected to be age appropriately immunized^a.

		Rai	nge of Re						
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		† <i>‡</i>	‡3		
Diphtheria, Tetanus, Pertussis (DTaP)			#1	#2	#3		#4		
Haemophilus influenzae type b ^c (Hib)			#1	#2	(#3) ^e		#3 or #4	1 ^c	
Pneumococcal ^d (PCV)			#1	#2	#3	#	4		
Measles, Mumps, Rubella ^e (MMR)						#	1		
Varicella ^f (VAR; aka Chickenpox)						#	1		

- a. Children who are not up to date for age should be vaccinated following the Advisory Committee on Immunization Practices (ACIP) 2010 catch-up schedule, available at: http://www.cdc.gov/vaccines/pubs/ACIP-list.htm. Where an age range for a vaccine is shown, 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 and the type of Hib vaccine administered.
- d. Pneumococcal Conjugate Vaccine (PCV) is required for all children entering a child care facility, effective January 1, 2008. Children ≥5 years of age entering daycare, child care or after school care will not be required to receive PCV.
- e. MMR vaccine will only be waived if there is a documented physician's diagnosis of previous infection with measles, mumps and rubella disease or serological confirmation of immunity to measles, mumps and rubella.
- f. Varicella vaccine will be waived for evidence of past infection, including a past history of chickenpox or serologic confirmation of immunity to chickenpox.



Mississippi Provisional Reportable Disease Statistics

March 2011

		Public Health District							State Totals*					
_		I	II	III	IV	V	VI	VII	VIII	IX	March 2011	March 2010	YTD 2011	YTD 2010
Sexually Transmitted Diseases	Primary & Secondary Syphilis	1	0	0	2	5	1	1	3	5	18	20	33	39
	Total Early Syphilis	4	1	4	3	24	2	1	4	17	60	68	109	114
	Gonorrhea	63	43	84	57	209	40	32	46	42	616	590	1,400	1,453
	Chlamydia	282	213	293	285	544	195	123	179	238	2,352	2,103	5,305	5,213
	HIV Disease	11	8	7	2	13	6	4	7	12	70	43	167	129
al es	Pulmonary Tuberculosis (TB)	1	1	0	0	5	1	0	1	0	9	8	21	15
Myco- bacterial Diseases	Extrapulmonary TB	0	0	0	0	0	0	0	0	0	0	2	1	3
	Mycobacteria Other Than TB	1	6	2	2	11	0	3	1	8	34	69	93	131
	Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
Vaccine Preventable Diseases	Pertussis	0	0	0	0	0	0	0	0	0	0	5	3	16
	Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0
	Poliomyelitis	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	2	0
	Hepatitis B (acute)	1	1	0	0	0	0	0	0	0	2	1	5	5
	Invasive H. influenzae b disease	0	0	0	0	1	0	0	0	0	1	0	1	0
	Invasive Meningococcal disease	0	0	0	0	1	0	0	0	0	1	1	1	2
	Hepatitis A (acute)	0	0	0	1	0	0	0	0	0	1	0	2	0
s s	Salmonellosis	6	5	2	1	3	3	1	3	4	29	18	84	56
Enteric Diseases	Shigellosis	0	1	0	0	0	8	0	1	0	10	7	22	8
ПД	Campylobacteriosis	0	2	1	0	0	1	0	0	0	4	11	13	26
	E. coli O157:H7/HUS	0	0	0	0	1	0	0	0	0	1	2	1	3
ases	Animal Rabies (bats)	0	0	0	0	0	0	0	0	0	0	0	0	0
Zoonotic Diseases	Lyme disease	0	0	0	0	0	0	0	0	0	0	0	0	0
onotic	Rocky Mountain spotted fever	0	0	0	0	0	0	0	0	0	0	0	0	0
Zoc	West Nile virus	0	0	0	0	0	0	0	0	0	0	0	0	1
*Totals include reports from Department of Corrections and those not reported from a specific District.														



<u>School Entry Immunization Requirements</u>: The required vaccines are listed below and are available on the MSDH website at: http://msdh.ms.gov/msdhsite/_static/resources/2029.pdf.

MS School Entry Immunization Requirements 2010-2011^a

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

- a. All children entering a Mississippi school (any grade) for the first time will be required to have the above listed immunizations. **This includes Pre-K 4 year olds** -12^{th} **grade.**
- b. Children entering a Mississippi school after their 7th birthday, who do not meet 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. Refer to the Advisory Committee on Immunizations Practices (ACIP) catch up schedule at: http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm.
- c. If the 4th dose is received on or after the 4th birthday, a 5th dose is not required.
- d. The final dose in the series should be administered at ≥ 4 years of age, regardless of number of previous doses.
- e. MMR vaccine may only be waived if there is a documented physician's diagnosis of previous infection with measles, mumps and rubella disease or serologic confirmation of immunity to measles, mumps and rubella.
- f. Varicella vaccine will be waived for evidence of past infection, including a past history of chickenpox or serologic confirmation of immunity to chickenpox.

References on request.