Objectives

- Understand Maine’s New Vaccine Law and Its Implications
- Learn what vaccines are and are not covered by the law
- Discuss “Proof of Immunity”
- Medical Exemptions
- Catch Up Immunizations
- Q&A
Religious & Philosophical Then & Now

• Prior to 2021, parents could simply state a philosophical or religious exemption.
  • 48% of kindergartens had vaccine rates below community immunity.
  • Outbreaks of pertussis, chickenpox, mumps and measles
• Maine joined WV, MI, CA in removing these exemptions.
  • NY, CT joined after measles outbreaks in their states.
  • VT banned just philosophical, and saw its religious rates increase by the number of philosophical in previous year.
• Medical exemptions only in Maine starting 9/2021.

Maine’s Vaccine Law

• Previous law allowed religious or philosophical immunization exemptions
  • elementary and secondary schools (private and public)
  • postsecondary schools
  • employees of nursery schools
  • health care facilities
• New Law removes those exemptions.
  • Department of Education (DOE) and the Department of Health and Human Services to remove any immunization exemptions based on religious or philosophical beliefs from their rules.
• Requires the DOE to adopt rules allowing a student who:
  • Is covered by an individualized education plan
  • and has elected a philosophical or religious exemption from immunization requirements to
  • continue to attend school under the existing exemption as long as
  • an appropriate medical professional provides a statement that the medical professional has provided information on the risks and benefits associated with the choice to immunize.
Law Details

• Student Education protected by:
  • Free and Appropriate Public Education (FAPE)
  • Individuals with Disabilities Education Act (IDEA)

• IEPs ensure a child with a disability attending an elementary or secondary educational institution receives specialized instruction and related services.

• A student who qualifies for IEP services does so under IDEA.

• Bills like PL154 may preclude children who receive special education from enrolling in public school, and has been argued (unsuccessfully) in some states as denying their right to FAPE in the least restrictive environment, a potential violation of the IDEA.

Immunization Requirements

• Remove from rules any immunization exemptions based on religious or philosophical beliefs.
  • Rules for the Licensing of Child Care Facilities (OCFS Rule)
  • Family Childcare Provider Licensing Rule (OCFS Rule)
  • Rules for the Licensing of Nursery Schools (OCFS Rule)
  • Immunization Requirements for School Children (DOE and Maine CDC Joint Rule)
  • Rules and Regulations Post-secondary School Immunizations Required (Maine CDC Rule)
  • Requirements for Healthcare Workers (Maine CDC Rule)
What Vaccines?

- Vaccine requirements are different depending on institution.
  - Schools
  - Child Care
  - College/University
  - Health Care settings

What Vaccines Are Needed for School?

**Kindergarten**
- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (if 4th dose given before 4th birthday, an additional age-appropriate IPV should be given on or after the 4th birthday)
- 2 MMR
- 1 Varicella

**7th Grade**
- 1 Tdap
- 1 Meningococcal conjugate (MCV4)

**12th Grade**
- Meningococcal conjugate (MCV4) (only one dose is required if 1st dose is given on or after 16th birthday)

Note 1 Varicella
- Approximately 25% breakthrough
- Less severe disease
- But also contagious…
- 2007 ACIP Recommended 2 doses

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2680555/
What Vaccines? Childcare

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>DTaP</th>
<th>Hib</th>
<th>Polio</th>
<th>MMR</th>
<th>Varicella</th>
<th>Hepatitis B</th>
<th>PVC13</th>
<th>Hepatitis A</th>
<th>Rotavirus*</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 2 months</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
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<td>At 4 months</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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<td>At 6 months</td>
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<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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<td>*3&lt;sup&gt;rd&lt;/sup&gt;</td>
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<tr>
<td>By 15 months</td>
<td>(3)</td>
<td>(3)</td>
<td>(2)</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
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<tr>
<td>At 18 months</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
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<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
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<tr>
<td>By 36 months</td>
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<tr>
<td>By 48 months</td>
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<td>(3)</td>
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<tr>
<td>At age 5</td>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>(1)</td>
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<tr>
<td>Kindergarten entry</td>
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</tbody>
</table>

What Vaccines? Postsecondary

- 2 MMR after first birthday
- 1 Td or Tdap given within the last 10 years
## Summary on Maine AAP

### Maine's Vaccine Quick Sheet

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Kindergarten</th>
<th>7th grade</th>
<th>12th grade</th>
<th>Post HS</th>
<th>Childcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTAP</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
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<tr>
<td>IPV</td>
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<tr>
<td>MMR</td>
<td>x</td>
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<td>x</td>
<td>x</td>
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<td>VZV</td>
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<td>x</td>
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<tr>
<td>Meningococcal</td>
<td></td>
<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>HiB</td>
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<td></td>
<td>x</td>
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<tr>
<td>PCV13</td>
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<td>x</td>
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<tr>
<td>Hep A</td>
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<td>x</td>
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<tr>
<td>Hep B</td>
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<td>x</td>
</tr>
</tbody>
</table>

**What Vaccines NOT included for K-12 Schools?**

- Hepatitis A
- Hepatitis B
- Pneumococcal
- Human Papilloma Virus (HPV)
- H. Flu B (HiB)
- Rotavirus
- Influenza
- COVID-19

https://www.maineaap.org
Certification or Proof of Immunity

• **Certificate of Immunization**
  • Physician, nurse, public health official, or school health provider who has administered the immunizing agent(s) to the student.
  • The certificate shall specify the immunizing agent, and the date(s) on which it was administered.
• **Proof of Immunity** = Laboratory evidence demonstrating immunity.

Why 1 dose isn’t

• **Not enough immunity generated.**
  • For some vaccines (primarily inactivated vaccines), maximum immunity, 2nd dose required for complete immunity. The HiB vaccine is a good example.
  • This is especially true for live vaccines (e.g. MMR)
• **Immunity Wanes.**
  • For some vaccines immunity wears off & ‘boosters’ are needed. Tdap is a good example.
• **New Variants Require New Vaccine**
  • Flu and COVID-19

What other vaccines are live?
- MMR
- VZV (and Zostavax)
- Influenza internasal
- Yellow Fever
- Rotavirus

Proof of Immunity

• Just because there are antibodies present doesn’t mean a person is immune or will stay immune.
• Vaccine dosage is based on evidence:
  • If a shot could be given as a one time shot and generate adequate immunity, it would have been approved that way.
• Not all testing laboratories are of equal validity.

“Private medical laboratories can perform the blood titer test and measure the level of antibodies and provide you with a report that you can submit with the request for an exemption if the antibody titers are high enough according to accepted standards. A blood titer test that measures antibody levels can cost $55 or more, depending on the disease.”

ACCESA LABS

Our guaranteed titer test price includes the following:

✔ A doctor’s lab order
✔ Access to 1000+ lab locations
✔ All lab fees
✔ A PDF copy of your results
✔ Help with interpretation if needed

All of our common vaccine titers have numerical, or quantitative, results which is what is required by most schools and workplaces (check the sample reports) and, for most people, the titer testing can be performed at a local lab.

<table>
<thead>
<tr>
<th>Popular Credentialing &amp; Titer Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B Titer</strong></td>
</tr>
<tr>
<td>The hepatitis B titer checks the hepatitis B surface antibody blood level to determine hep B immunity.</td>
</tr>
<tr>
<td><strong>Immunization Titer Package</strong></td>
</tr>
<tr>
<td>The immunization titer panel checks five common immunity titers - hepatitis B, MMR &amp; varicella.</td>
</tr>
</tbody>
</table>
Medical Exemptions Then & Now

THEN
• Medical contraindications were listed in State Rules

NOW
• DO, MD, NP, PA
• “in their professional judgment, immunization against one or more of the diseases may be medically inadvisable.

B. Medical Exemptions

The following are medical contraindications for which medical exemptions may be certified by a physician for immunizations required by 20-A.M.R.S. §§ 6532-6539.

Pertussis vaccine: 1) fever greater than or equal to 40.5°C (104°F), collapse or shock-like state (hypotonic-hyporesponsive episode), or persistent, inconsolable crying lasting three or more hours within 48 hours of receiving a prior dose of the pertussis vaccine; 2) seizures occurring within three days of receiving a prior dose of pertussis vaccine; 3) encephalopathy within seven days of administration of a previous dose of pertussis vaccine; or 4) amphotericin reaction to pertussis vaccine or a vaccine constituent.

Diphtheria or tetanus toxoids: 1) amphotericin reaction to diphtheria or tetanus toxoids or a tetradic constituent.

Measles or mumps vaccine: 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) amphotericin reactions to egg ingestion or to neomycin; 4) amphotericin reaction to measles or mumps vaccine or a vaccine constituent.

Rubella vaccine: 1) pregnancy; 2) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; and long-term immunosuppressive therapy); 3) amphotericin reactions to neomycin; 4) amphotericin reaction to rubella vaccine or a vaccine constituent.

Live polio vaccine: 1) known altered immunodeficiency (hematologic and solid tumors; congenital immunodeficiency; long-term immunosuppressive therapy); other immunodeficient conditions; 2) immunodeficient household contact; 3) amphotericin reaction to polio vaccine or a vaccine constituent.

Inactivated polio vaccine: 1) amphotericin reactions to neomycin or streptomycin; 2) amphotericin reaction to polio vaccine or a vaccine constituent.

Varicella: 1) pregnancy; 2) immunosuppression; 3) amphotericin reaction to a vaccine component; 4) recent recipient of antibody-containing blood product.

Quadrivalent meningococcal conjugate vaccine: 1) pregnancy; or 2) amphotericin reaction to meningococcal vaccine or a vaccine constituent.

Contraindications
• Conditions in a recipient that increases the risk for serious adverse reaction to vaccinations
• Majority of contraindications are temporary, vaccinations often can be administered later when the condition no longer exists.

Examples
• Severely immunocompromises persons should generally not receive live vaccines.
• Live attenuated virus vaccines, because of a theoretical risk to the fetus, should generally not be given to pregnant women.
• Persons who experienced encephalopathy within seven days after administration of a previous dose of pertussis containing vaccine (not attributable to other identifiable causes) should not receive additional doses of the vaccine that contains pertussis.
• Severe combined immunodeficiency disease (SCID) and a history of intussusception are both contraindications to run a virus vaccines.

Medical Exemptions: Contraindications

https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html
Medical Exemptions: Precautions

Precautions
- Conditions that might increase the risk for serious adverse reaction, my caused diagnostic confusion, or might compromise the ability of the vaccine to produce immunity.
- Vaccine might be indicated even in the presence of a precaution if the benefit outweighs the risk.

Examples
- Moderate or severe acute illness with or without a fever.

THE SAFETY AND EFFICACY OF VACCINATION IN MILD ILLNESSES HAS BEEN ESTABLISHED.
- Administering measles vaccine to a person with passive immunity to measles from a blood transfusion administered up to seven months prior.
- Current, recent or upcoming anesthesia/surgery/hospitalization is not necessarily a contraindication to vaccination.
- A personal or family history of seizures is a precaution for MMR vaccination.

STUDY FINDING INCREASED RISK OF FEBRILE SEIZURES IN CHILDREN 12-23 MONTHS WHO RECEIVED MMRV COMPARED WITH MMR AND VARICELLA SEPARATELY.

Conditions incorrectly perceived as Precaution or Contraindication

All Vaccines
- Mild acute illness with or without fever
- Current antimicrobial therapy
- Preterm birth
- Recent exposure to infectious disease
- Receiving allergen immunotherapy
- History of penicillin allergy
- History of Guillane-Barre Syndrome
- Stable neurologic condition (e.g. cerebral palsy, well-controlled seizures, developmental delay)

Flu
- Non-severe allergy to latex or egg

MMR
- Positive TB skin test
- Breast-feeding
- Immunodeficient family member in the household
- Asymptomatic or mildly symptomatic HIV infection

DTaP
- Fever after a prior vaccination
- Seizure less than three days after previous DTP/DTaP dose
- Family history of seizures or SIDS
- Stable neurologic condition (e.g. cerebral palsy, well-controlled seizures, developmental delay)
IEP Exemption Process

- Student with IEP on September 1, 2021
- Must obtain statement of counseling from
  - DO, MD, PA, NP
- Staying provider made parent or guardian aware of the risks and benefits associated with the choice to immunize.

Resources to Assist Providers

- Refusal To Vaccinate Form provided by the AAP as documentation of counseling.
- Maine DOE Immunization Exemption Form
Communication with Schools

• COVID-19 has strengthened communication pathways between school health staff and providers.
• Providers will need to be in contact with schools about temporary or permanent medical exemptions for students.
• MeAAP is working closely with DOE to ensure appropriate lines of communications.

Catch Up Schedules

• Divided into 4mo-6years and 7-19 years
• Some vaccines are ’aged out of’
  • i.e. Rotavirus, HiB, Pneumococcal
• Some vaccines have different number of doses at older ages
Catch Up Schedules

K-12
• 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
• 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
• 2 MMR
• 1 Varicella

Total Catchup Time:
• <3yr 4mo = 8 months
• >4yr = 7 months

Catch Up Schedules

K-12
• 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
• 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
• 2 MMR
• 1 Varicella

Total Catchup Time:
• 13 months
Catch Up Schedules

**K-12**
- 5 DTaP (4 DTaP if 4th is given on or after 4th birthday)
- 4 Polio (if 4th dose given before 4th birthday, an additional age appropriate IPV should be given on or after the 4th birthday)
- 2 MMR
- 1 Varicella

Total Catchup Time: 1 month

**Catch Up Schedule 7-18 years**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Time</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal ACWY</td>
<td>Not applicable (N/A)</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis</td>
<td>7 years</td>
<td>4 weeks if first dose of DTaP/DTP was administered before the 1st birthday. 6 months if third dose was administered at or after the 1st birthday.</td>
</tr>
<tr>
<td>Human papillomavirus</td>
<td>9 years</td>
<td>Routine dosing intervals are recommended.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>N/A</td>
<td>6 months</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Inactivated poliovirus</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>N/A</td>
<td>3 months if younger than age 15 years. 4 weeks if age 15 years or older.</td>
</tr>
<tr>
<td>Varicella</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

A fourth dose of IPV is indicated if all previous doses were administered at age 6 years or if the third dose was administered 6 months after the second dose.
## TDAP HELP!


<table>
<thead>
<tr>
<th>IF current age is</th>
<th>AND</th>
<th>AND</th>
<th>AND</th>
<th>THEN</th>
<th>Next dose due</th>
</tr>
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<tbody>
<tr>
<td>Unknown or 0</td>
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<td></td>
<td></td>
<td>Give Dose 1 (Tdap) today</td>
<td>Give Dose 2 (Tdap) at least 4 weeks after Dose 1</td>
</tr>
<tr>
<td>1</td>
<td>Dose 1 was given before 12 months of age</td>
<td></td>
<td></td>
<td>Give Dose 2 (Tdap) today</td>
<td>Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 1</td>
<td>Dose 1 was Tdap</td>
<td>Dose 1 was not Tdap</td>
<td>Give Dose 2 (Td or Tdap) today</td>
<td>Give Dose 2 (Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 1</td>
<td>Dose 1 was Tdap</td>
<td>No dose today</td>
<td>Give Dose 2 (Td or Tdap) today</td>
<td>Give Dose 2 (Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>Dose 1 was not Tdap</td>
<td>No dose today</td>
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<td></td>
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</tr>
<tr>
<td>7 through 9 years</td>
<td>Dose 1 was given at 12 months of age or older</td>
<td></td>
<td></td>
<td>Give Dose 2 (Td or Tdap) today</td>
<td>Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has been at least 4 weeks since Dose 2</td>
<td>Dose 2 was Tdap</td>
<td>No dose was Tdap</td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 3</td>
</tr>
<tr>
<td></td>
<td>It has not been 4 weeks since Dose 2</td>
<td>Dose 2 was Tdap</td>
<td>No dose today</td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 3 (Tdap) at least 4 weeks after Dose 2</td>
</tr>
<tr>
<td></td>
<td>No dose was Tdap</td>
<td>No dose today</td>
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<tr>
<td>2</td>
<td>Dose 1 was given at 12 months of age or older</td>
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<td></td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2</td>
</tr>
<tr>
<td></td>
<td>It has been at least 6 calendar months since Dose 2</td>
<td>Any dose was Tdap</td>
<td>Any dose was Tdap</td>
<td>Give Dose 3 (Td or Tdap) today</td>
<td>Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2</td>
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<tr>
<td></td>
<td>Any dose was Tdap</td>
<td>No dose was Tdap</td>
<td>No dose today</td>
<td></td>
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</tbody>
</table>
**True or False**

Naturopaths can give medical exemptions.

The law does not apply to private schools.

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False. Under Maine’s vaccine laws, only licensed medical providers who hold an MD/DO, NP or PA can write medical exemptions.

False. The law applies to all institutions that previously allowed attendance with philosophical or religious exemptions, including private schools.

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**True or False?**

HPV is a requirement for school entry.

A patient of mine with a current IEP for the 2021 school year from 2019 can be exempt from vaccines for any reason as long as I provide a statement that I counseled them.

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True. MD/DO, NP/PAs may be asked by parents to provide a counseling note for a patient of yours that had an IEP previously.

False, Students are not required to be protected against Hepatitis A, Hepatitis B, Human Papilloma Virus (HPV), Haemophilus Influenza B (HiB), Rotavirus, Tuberculosis (TB) Influenza (Flu), or COVID-19 though these immunizations are recommended by the CDC.
True or False?
Titers will be an acceptable alternative to vaccination as a proof of immunity.

True. Physicians are urged to reach out to all patients who will not meet their vaccine requirements for the school and get them caught up immediately. The availability and blackout period of the COVID-19 vaccine will further complicate getting students up-to-date.

Laboratory results or medical records demonstrating immunity will be considered acceptable evidence of meeting the immunity requirement.

My patients need a medical exemption from an MD/DO, NP/PA or they will not be allowed to attend in person school.

Question
“For kids over 7 years of age – do they just need to be caught up per CDC guidelines for required vaccines? For instance, entering K they need 4 IPV. If they start after they are 7 however, they only need 3 IPV’s to be compliant with CDC/ACIP?”

- Vaccination should be up-to-date for age based on CDC/ACIP guidelines.
Question

My patient got her first COVID-19 vaccine 1 week before she was to start a catchup schedule for kindergarten. Can I still start the catchup schedule?

- Yes.
- AAP approved coadministration of COVID Vaccine and other vaccines.
  - https://pediatrics.aappublications.org/content/pediatrics/early/2021/05/11/peds.2021-052336.full.pdf

Question

My patient is a 7th grader and has no vaccines. Do I need to vaccinate them for kindergarten and 7th grade vaccines or just 7th grade vaccines (Tdap & MCV)

- Children need to be up-to-date on vaccines required for their grade/age as well as up-to-date on previously required vaccines.
THANK YOU!