

Guide to Immunization Requirements in Oklahoma: 2023-24 School Year



All children two months of age and older must present an immunization record or file for an exemption before they are allowed to attend child care or school in Oklahoma. Please read the bullets below for essential information.

Age/Grade	Required Immunizations with Cumulative Doses required	Recommended Immunizations
Child Care <i>Up to date for age</i>	4 DTaP (diphtheria, tetanus, pertussis) 1-4 PCV (pneumococcal) 1-4 Hib (<i>Haemophilus influenzae</i> type B) 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
Preschool/Pre-K	4 DTaP (diphtheria, tetanus, pertussis) 1 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	3 IPV (polio) 2 Hep A (hepatitis A) 3 Hep B (hepatitis B)
Kindergarten-6th	5 DTaP (diphtheria, tetanus, pertussis) 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	Seasonal influenza (flu) 2 nd varicella at 4 years old Polio on or after 4 th birthday
7th-12th	1 Tdap (tetanus, diphtheria, pertussis) 5 DTaP (diphtheria, tetanus, pertussis) 2 MMR (measles, mumps, rubella) 1 Varicella (chickenpox)	Seasonal influenza (flu) 2 nd varicella at 4 years old Polio on or after 4 th birthday Seasonal influenza (flu) 2-3 HPV (human papillomavirus) 1-2 MCV4 (meningococcal ACWY) 2-3 Men B (meningococcal serotype B)

The current childhood immunization schedule may be found at <https://www.cdc.gov/vaccines/schedules/index.html>.

- Doses administered 4 days or less before the minimum intervals or ages are counted as valid doses. This does not apply to the 28-day minimum interval between doses of live vaccines not administered on the same day.
- If a parent reports their child had varicella disease (chickenpox), the child is not required to receive varicella vaccine. Record the child's history of varicella.
- The first doses of measles, mumps, and rubella (MMR), varicella, and hepatitis A vaccines must be administered on or after the child's first birthday (or within 4 days before the birthday), or they will not count toward the immunization requirement and must be repeated.
- It is not necessary to restart the series of any vaccine if a dose was given late or if a dose is past due. Additional doses of a vaccine series that are administered after the due date do not affect final immunity.
- Children may be allowed to attend child care and school if they have received at least one dose of all required vaccines due for their age or grade, and the next doses are not yet due. They must complete the remaining doses of vaccine on schedule. These children are in the process of receiving immunizations.
- Hib and PCV vaccines are not required for students in preschool, pre-kindergarten, or kindergarten programs operated by schools, unless the facility is a licensed child care facility. Hib and PCV vaccines are required for children attending licensed child care facilities.
- ☐ If the 4th dose of DTaP is administered on or after the child's 4th birthday, then the 5th dose of DTaP is not required.
- ☐ The number of doses of PCV and/or Hib may range from 1 to 4 depending on the age of the child, when the first dose was given, and type of vaccine used.
- ◀ If the 3rd dose of IPV is administered on or after the child's 4th birthday, and at least six months from the previous dose, then the 4th dose of IPV is not required.
- Students 11 through 15 years of age who have not received Hep B vaccine may receive a 2-dose series of Merck® Adult Hepatitis B vaccine to comply with this requirement. All other children (younger or older) must receive 3 doses of pediatric hepatitis B vaccine.
- The Centers for Disease Control and Prevention (CDC) recommends a dose of Tdap on or after the 10th birthday even if previously received. An inadvertent dose of DTaP on or after the 10th birthday may be accepted for the 7th grade Tdap requirement.

For more information call the Immunization Service at (405) 426-8580 or visit our website at: <https://oklahoma.gov/health/immunizations>.

CERTIFICATE OF EXEMPTION

Please read instructions on the reverse of this certificate before completing.
All entries must be legible or form will be returned. Please print unless signature is required.

Name of Child (Last, First, MI)		Birth Date	Birth Country	Birth State					
Parent or Guardian's Name		Mother's Maiden Name	Parent's Street Address						
County	City	State	Zip Code	Parent Phone Number					
Name of School, Child Care Facility or Head Start		School District	School Year	School Grade	Facility Phone Number				
Race (select up to 3):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethnicity (select 1):	<input type="checkbox"/>	<input type="checkbox"/>	Child's Gender: <input type="checkbox"/> Male
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Female
	Alaskan Native or American Indian	Asian African American	Black or Pacific Islander	Native Hawaiian or	White	Other	Hispanic or Latino	Not Hispanic or Latino	

TYPE OF EXEMPTION

(Complete either section 1, 2 or 3 and sections 4 & 5)

1. MEDICAL CONTRAINDICATION:

I hereby certify that the immunization(s) specified below are medically contraindicated for the above-named child.

Immunization(s) _____ State the condition that would endanger the life or health of the child. _____

Printed name of Physician _____ Signature of Physician _____

Address of Physician _____ Phone number of Physician _____

2. RELIGIOUS OBJECTION:

I hereby certify that immunization is contrary to the teachings of the above-named child's religion.

Printed name of Religious Leader or Parent/Guardian _____ Signature of Religious Leader or Parent/Guardian _____

3. PERSONAL OBJECTION:

I hereby certify that immunization is contrary to my beliefs. As the parent or legal guardian of the above-named child, I request an exemption to the immunization requirements for School, Child Care Facility or Head Start attendance. I have written a brief summary of my objections in the space provided below. **I understand that lost records are not grounds for an exemption.**

REQUIRED: Summary of Objections: (Limited to 600 characters.)

4. Please check which immunizations this exemption applies to:

- | | | |
|--|---|---|
| <input type="checkbox"/> DTaP/Td/Tdap
(Diphtheria, Tetanus & Pertussis) | <input type="checkbox"/> Hib
(Haemophilus Influenzae type B) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> MMR
(Measles, Mumps and Rubella) | <input type="checkbox"/> Varicella (Chickenpox) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> All |

5. Acknowledgement

I understand that in the event of a disease outbreak in the School, Child Care Facility or Head Start, my child may be excluded for his/her protection and for the protection of other children in the School, Child Care Facility or Head Start.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

ATTENTION: Please submit this completed form to the Immunization Service.

Oklahoma State Department of Health
Immunization Service
123 Robert S Kerr, Suite 1702
Oklahoma City, Oklahoma 73102-6406

This section reserved for use by OSDH.

ODH Form 216-A (Revised 03/23)

For Questions Call: 405-426-8580

Oklahoma State Department of Health

For forms, visit: <http://imm.health.ok.gov>

INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF EXEMPTION

Oklahoma law requires that parents of all children attending School, Child Care Facilities, and Head Start in this state submit documentation of immunization. This documentation is required before the child is allowed to enter or attend School, Child Care or Head Start. Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the School, Child Care Facility or Head Start. Children whose parents have objections to immunizations based on religious teachings or personal beliefs may seek an exemption.

Copies of immunization records and any Certificate of Exemption must be on file with the School, Child Care Facility or Head Start, and available for review.

FORM REQUIRED: Children enrolled in School, Child Care or Head Start.

FORM NOT REQUIRED: Children *not* enrolled in School, Child Care or Head Start.

- **This form must be fully completed and signed.**
- **This form must be submitted to Immunization Service.**
- **The School, Child Care Facility or Head Start will keep a copy of the completed form.**
- **Parent understands that lost records are not grounds for an exemption.**

LOST IMMUNIZATION RECORDS

Lost immunizations records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the School, Child Care Facility or Head Start and transcribed for the student's record.

EXCLUSION DURING A DISEASE OUTBREAK

A disease outbreak in a School, Child Care Facility or Head Start may result in exposure of children attending on the basis of an exemption. These children may be susceptible to the diseases, and therefore may be excluded for the duration of any outbreak for their own health and for the health of other children. Parents should be informed of this possibility before signing a Certificate of Exemption.

A completed copy of the Certificate of Exemption may be submitted to the Oklahoma State Department of Health Immunization Service either directly or through the local school.

Revised Jan 2024.



Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a disease caused by the bacteria *Neisseria meningitidis*, also called meningococcus. This bacteria can infect the blood, causing septicemia. It can also infect the covering of the brain and spinal cord, causing meningitis.

How is this disease spread?

Meningococcal disease spreads by direct contact with the saliva or with respiratory droplets from the nose and throat of an infected person.

Who is at risk of getting this disease?

Some groups of people have a higher risk of meningococcal disease, such as first year college students living in dormitories or new military recruits living in barracks. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, people without a spleen, and people traveling to parts of the world where meningococcal disease is more common. Exposure to tobacco smoke and having a concurrent upper respiratory infection also increase the risk of meningococcal disease. Infants are at highest risk, but rates decrease after infancy and then increase in adolescence and young adulthood.

What are the symptoms?

Ten percent or more of people are thought to be carrying *Neisseria meningitidis* in their nose and throat without being ill, which is called "asymptomatic carriage". Of these people, about 1% can develop illness, which may be meningitis or a bloodstream infection called septicemia or meningococcemia. As described above, some people can carry the bacteria in their nose and throat without ever becoming ill. Signs of illness may include fever, severe headache, nausea, vomiting, and a rash. People who develop meningitis can have fever, intense headache, nausea, vomiting, stiff neck, and extreme sensitivity to light. It is important to seek care from a healthcare provider as soon as possible if these symptoms appear. Meningococcal disease has a 15% risk of death if it is not treated promptly.

How soon do the symptoms appear?

The symptoms may appear two to ten days after infection, but usually within three to four days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin or a cephalosporin such as ceftriaxone, are used to treat meningococcal disease.

Should people who have been around a person infected with meningococcal disease receive treatment?

When meningococcal disease occurs in one person, only the people who have had recent close contact with that person's respiratory secretions are recommended to receive antibiotics. These include household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc. Such people are usually advised to obtain a prescription for a specific antibiotic (rifampin, ciprofloxacin, ceftriaxone, or azithromycin) from their physician. The health department will contact the individuals who are recommended to receive antibiotics, and advise them of options to obtain antibiotics. Casual contacts including classmates, co-workers, or those in a factory setting are not at increased risk of disease when a single person has meningococcal illness. When clusters or outbreaks occur, the health department may expand the recommendations for which groups need to receive antibiotics to prevent possible spread. Antibiotics do not protect people from future exposure to *Neisseria meningitidis*.

Is there a vaccine to prevent meningococcal disease?

Three types of meningococcal vaccines are available in the United States. They are effective against four of the five most common disease-causing types of meningococcal disease: A, C, Y, and W-135. An additional vaccine is now available that protects against serogroup B, but is currently only licensed for high-risk children over ten years of age. Consult with your healthcare provider or the local health department about receiving the vaccine.

Meningococcal Disease Facts

What is meningococcal disease?

- Meningococcal disease is a rare, serious illness caused by a bacteria (*Neisseria meningitidis*). It can cause meningitis, which is an infection of the brain and spinal cord, and it can also cause blood infections.
- Up to one out of seven (10-14 percent) of those who get the disease die.
- Of those who survive, up to one out of five have permanent disabilities, such as deafness, brain damage, loss of limbs, or seizures.

What are the symptoms of meningitis?

Symptoms can include:

- High fever
- Headache
- Very stiff neck
- Confusion
- Nausea
- Sensitivity to light
- Vomiting
- Exhaustion

If a person has a blood infection, a rash may also develop.

Early symptoms can easily be mistaken for influenza or other illnesses.

When symptoms start, they come on quickly and the person may get very sick very fast. Contact your health care provider immediately if you have symptoms.

How does meningococcal disease spread?

- Meningococcal disease is spread by contact with secretions (saliva or spit) from the nose and throat.
- It can be spread through kissing, sharing silverware, drinking directly from the same container, sharing a cigarette or lipstick, and having close social contact (living in the same household).
- It is not spread through casual contact, such as being in the same room or touching the same object.

Who is at risk?

- In general, the risk of becoming infected with meningococcal disease is low, but anyone can get it. However, some people are at increased risk, such as:
 - First year college students who live in residential housing.
 - People who have an immune disorder called complement component deficiency or who take Solaris (eculizumab).
 - People with a damaged spleen or whose spleen has been removed.
 - Lab personnel who work with the meningococcal bacteria.
 - People who travel to areas of the world where meningococcal disease is common.
 - U.S. military recruits.
 - Household and other contacts of a meningococcal case.

How can you prevent meningococcal disease?

- Get vaccinated!
- Avoid sharing anything that goes into your mouth like silverware, drinking containers, lipstick, cigarettes, etc.

What are the options for meningococcal vaccine?

Meningococcal vaccine (MenACWY) is highly effective at protecting against four strains of the meningococcal bacteria. Three strains are common in the United States and the fourth strain protects travelers to certain countries where the disease is more common.

The MenACWY vaccine does not contain the meningococcal B strain that may cause some cases in adolescents/young adults. The meningococcal B vaccine (MenB) can be given to people age 16-23 years. MenB vaccine is also recommended for people over age 10 years with certain high-risk conditions. If your clinic does not carry the MenB vaccine, you can ask them to order it for you, or to refer you to another clinic that has the vaccine. Talk to your health care provider about this additional vaccine.

Who should get the meningococcal vaccines?

- All children should get a dose of MenACWY at 11-12 years and a booster dose at 16 years of age.
- First year college students up to age 21 years who live in residential housing should also get a dose of MenACYW if they have not had a dose since they turned 16.
- Adolescents and young adults age 16 through 23 years may choose to receive the meningococcal B vaccine. They should discuss this with their health care provider.
- Both MenACYW and MenB are recommended for certain children and adults at risk for meningococcal disease depending on their age. Talk to your health care provider about the need for one or both of these vaccines.

Are free or low-cost meningococcal shots available?

Yes, if you don't have insurance or your insurance does not cover the cost of the meningococcal vaccines, you may be able to find free or low-cost meningococcal shots.

- Talk to your doctor or clinic to see if they participate in the Minnesota Vaccines for Children Program. If the person in need of vaccination is 18 years old or younger, they may be eligible for no-cost vaccines. However, there may be an administration fee of up to \$21.22 per shot.
- Talk to your city or county health department. They may be able to provide low-cost meningococcal shots.

Vaccine Preventable Disease Section
PO Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize

To obtain this information in a different format, call: 651-201-5414.