



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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RE: Required Immunizations for the 2012-2013 School Year

Dear Parents of Students in Texas Schools, Kindergarten through 12th Grades:


Immunizations are an important part of protecting your child's, your family's, and your community's health, and state law requires students in Texas schools to be immunized against certain vaccine-preventable diseases. The Department of State Health Services (DSHS) understands that it can be difficult to get your children vaccinated before the school year begins. We would like to stress the importance of getting these required vaccines at the earliest possible time, to avoid the back-to-school immunization rush.

Due to a recent policy change, effective January 1, 2012 local health departments and health service regional clinics may not vaccinate insured children using TVFC vaccine. This means that a person with health insurance who has previously been vaccinated in a local health department or health service regional clinic may be referred back to his or her doctor, if the public health clinic does not carry private stock vaccine. Please call your doctor now to set up an appointment if needed. **Please be aware that students without the proper documentation of the required vaccinations or a valid exemption will not be allowed to attend school.**

To determine the specific vaccines that will be required for your child, please read the document included with this letter. This document and more information about required vaccines for school are available on the DSHS Immunization Branch website at www.ImmunizeTexas.com. If you need help determining your child's vaccine requirements for the 2012-2013 school year, please contact your child's doctor.

If you have questions or need additional information, you may call the Immunization Branch Customer Service number (800) 252-9152.

Sincerely,


Adolfo M Valadez, M.D., M.P.H.
Assistant Commissioner
Division for Prevention and Preparedness Services

Enclosure

2012-2013 Texas Minimum State Vaccine Requirements for Students Grades K-12



This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, Sections 97.61 to 97.72. This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. [Click here for complete TAC language.](#)
 The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38, Health & Safety, Subchapter A, General Provisions.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a child-care facility or public or private elementary or secondary school in Texas.

Vaccine Required (Attention to notes and footnotes)	Minimum Number of Doses Required by Grade Level					NOTES
	K - 3rd	4th - 6th	7th	8th - 10th	11th - 12th	
Diphtheria/Tetanus/Pertussis (DTaP/DTP/DT/TTd/TTdap) ¹	5 doses or 4 doses	5 doses or 4 doses	3 dose primary series and 1 Tdap/Td booster <i>within last 5 years</i>	3 dose primary series and 1 Tdap/Td booster <i>within last 10 years</i>		5 doses of diphtheria-tetanus-pertussis vaccine; one dose must have been received on or after the 4 th birthday. However, 4 doses meet the requirement if the 4 th dose was received on or after the 4 th birthday. For students aged 7 years and older, 3 doses meet the requirement if one dose was received on or after the 4 th birthday. For 7 th grade: 1 dose of Tdap is required if at least 5 years have passed since the last dose of tetanus-containing vaccine. For 8 th - 12 th grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine. Td is acceptable in place of Tdap if a medical contraindication to pertussis exists.
Polio ¹	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses	4 doses or 3 doses		4 doses of polio; one dose must be received on or after the 4 th birthday. However, 3 doses meet the requirement if the 3 rd dose was received on or after the 4 th birthday.
Measles, Mumps, and Rubella ^{1,2} (MMR)	2 doses	2 doses	2 doses	2 doses		The first dose of MMR must be received on or after the 1 st birthday. For K - 3rd grade, 2 doses of MMR are required. For 4th - 12 th grade, 2 doses of a measles-containing vaccine, and one dose each of rubella and mumps vaccine is required.
Hepatitis B ²	3 doses	3 doses	3 doses	3 doses	3 doses	For students aged 11-15 years, 2 doses meet the requirement if adult hepatitis B vaccine (Recombivax) was received. Dosage and type of vaccine must be clearly documented. (Two 10 mcg/1.0 ml of Recombivax).
Varicella ^{1,2,3}	2 doses	1 dose	2 doses	1 dose		The first dose of varicella must be received on or after the first birthday. For grades K - 3 rd and 7 th - 10 th 2 doses are required. 1 dose is required for all other grade levels. For any student who receives the first dose on or after 13 years of age, 2 doses are required.
Meningococcal			1 dose			
Hepatitis A ^{1,2}	2 doses					The first dose of hepatitis A must be received on or after the first birthday.

¹ Receipt of the dose up to (and including) 4 days before the birthday will satisfy the school entry immunization requirement.

² Serologic confirmation of immunity to measles, mumps, rubella, hepatitis B, hepatitis A, or varicella or serologic evidence of infection is acceptable in place of vaccine.

³ Previous illness may be documented with a written statement from a physician, school nurse, or the child's parent or guardian containing wording such as: "this is to verify that (name of student) had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine." This written statement will be acceptable in place of any and all varicella vaccine doses required.

Exemptions

The law allows (a) physicians to write a statement stating that the vaccine(s) required would be medically harmful or injurious to the health and well-being of the child or household member, and (b) parents/guardians to choose an exemption from immunization requirements for reasons of conscience, including a religious belief. The law does not allow parents/guardians to elect an exemption simply because of inconvenience (for example, a record is lost or incomplete and it is too much trouble to go to a physician or clinic to correct the problem). Schools and child-care facilities should maintain an up-to-date list of students with exemptions, so they may be excluded in times of emergency or epidemic declared by the commissioner of public health.

Instructions for requesting the official exemption affidavit that must be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief, can be found at www.ImmunizeTexas.com. Original Exemption Affidavit must be completed and submitted to the school or child-care facility.

For children claiming medical exemptions, a written statement by the physician must be submitted to the school or child-care facility.

Provisional Enrollment

All immunizations should be completed by the first date of attendance. The law requires that students be fully vaccinated against the specified diseases. A student may be enrolled provisionally if the student has an immunization record that indicates the student has received at least one dose of each specified age-appropriate vaccine required by this rule. To remain enrolled, the student must complete the required subsequent doses in each vaccine series on schedule and as rapidly as is medically feasible and provide acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

Documentation

Since many types of personal immunization records are in use, any document will be acceptable provided a physician or public health personnel has validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.





2012-2013 Texas Minimum State Vaccine Requirements for Child-Care Facilities

This chart summarizes the vaccine requirements incorporated in Title 25 Health Services, §§97.61-97.72 of the Texas Administrative Code (TAC). This chart is not intended as a substitute for consulting the TAC, which has other provisions and details. The Department of State Health Services is granted authority to set immunization requirements by the Human Resources Code, Chapter 42.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine									
	DTaP	Polio	Hep B	Hib	PCV	MMR	Varicella	Hep A		
0 through 2 months	None	None	None	None	None	None	None	None	None	None
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose	None	None	None	None	None
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses	None	None	None	None	None
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses**	3 Doses***	None	None	None	None	None
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	None	None	None
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	None	None	None
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	1 Dose*	1 Dose*	None
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses**	4 Doses***	1 Dose*	1 Dose*	1 Dose*	1 Dose*	2 Doses*

- * For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday.
- ** A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12-14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 months of age is in compliance with these specified vaccine requirements.



2012-2013 Texas Minimum State Vaccine Requirements for Child-Care Facilities

*** If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required.

Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12-23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, one additional dose is required.

Vaccines:

DTaP: Diphtheria, tetanus, and pertussis (whooping cough); record may show DT or DTP

IPV: Inactivated Polio virus

Hib: *Haemophilus influenzae* type b vaccine

MMR: Measles, mumps, and rubella vaccines combined

Hep B: Hepatitis B vaccine

Hep A: Hepatitis A vaccine

Varicella: Chickenpox vaccine

PCV: Pneumococcal conjugate vaccine



Requisitos de Vacunación Mínimos Estatales de Texas de 2011-2012 Para Estudiantes de Kinder-12.º Grado

Este gráfico resume los requisitos de vacunación incorporados en el Código Administrativo de Texas (TAC), título 25, Servicios de salud, secciones 97.61 a 97.72. El gráfico no tiene como propósito sustituir las consultas al TAC, el cual contempla otras disposiciones y detalles. Haga clic aquí para obtener el texto completo del TAC. El Código Educativo de Texas, capítulo 38, Salud y Seguridad, subcapítulo A, Disposiciones Generales, concede la autoridad de establecer requisitos de vacunación al Departamento Estatal de Servicios de Salud de Texas (DSHS).

REQUISITOS DE VACUNACIÓN

Los estudiantes deberán mostrar prueba aceptable de vacunación antes de entrar, asistir o ser transferidos a una guardería o escuela primaria o secundaria pública o privada de Texas.

Vacuna requerida (Vea las notas y las notas de pie de página)	Número mínimo de dosis requeridas por nivel de grado				NOTAS
	Kinder-2.º	3 - 6.º	7.º	8 - 9.º 10 - 12.º	
Difteria, tétanos y pertussis ¹ (DTaP/DTp/DT/Tdap)	5 dosis o 4 dosis	5 dosis o 4 dosis	Serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap o Td en los últimos 5 años	Serie primaria de 3 dosis y 1 dosis de refuerzo de la vacuna Tdap o Td en los últimos 10 años	5 dosis de la vacuna contra la difteria, el tétanos y la pertussis; debe haberse recibido una dosis en o después del 4.º cumpleaños. Sin embargo, con 4 dosis se cumple con el requisito si la 4.ª dosis se recibió en o después del 4.º cumpleaños. Los estudiantes de 7 años de edad o más, con 3 dosis cumplen con el requisito si recibieron una dosis en o después del 4.º cumpleaños. Para el 7.º grado: se requiere 1 dosis de la vacuna Tdap si han pasado al menos 5 años desde la última dosis de una vacuna que contenga tétanos. Para los grados de 8.º-12.º: se requiere 1 dosis de la vacuna Tdap si han pasado 10 años desde la última dosis de una vacuna que contenga tétanos y difteria. La vacuna Td es aceptable en lugar de la vacuna Tdap si existe una contraindicación médica con respecto a la vacuna contra la pertussis.
Polio ¹	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis o 3 dosis	4 dosis de la vacuna contra la polio; debe recibirse una dosis en o después del 4.º cumpleaños. Sin embargo, con 3 dosis se cumple con el requisito si la 3.ª dosis se recibió en o después del 4.º cumpleaños.
Sarampión, paperas y rubéola ^{1,2} (MMR)	2 dosis	2 dosis	2 dosis	2 dosis	La primera dosis de la vacuna MMR debe recibirse en o después del 1.º cumpleaños. Para el Kinder-2.º grado, se requieren 2 dosis de la vacuna MMR. Para los grados de 3-12.º, se requieren 2 dosis de una vacuna que contenga sarampión, y una dosis de la vacuna contra la rubéola y una de la vacuna contra las paperas.
Hepatitis B ²	3 dosis	3 dosis	3 dosis	3 dosis	Los estudiantes de 11-15 años de edad, con 2 dosis cumplen con el requisito si recibieron la vacuna contra la hepatitis B para adultos (Recombivax). Deben documentarse claramente la dosis y el tipo de vacuna. (Dos dosis de 10 mcg/1.0 ml de Recombivax).
Varicela ^{1,2,3}	2 dosis	1 dosis	2 dosis	1 dosis	La primera dosis de la vacuna contra la varicela debe recibirse en o después del 1.º cumpleaños. Para el Kinder-2.º y 7.º-9.º grado, se requieren 2 dosis. Se requiere 1 dosis para todos los demás niveles de grado. Se requieren 2 dosis para todos los estudiantes que reciban la primera dosis en o después de los 13 años de edad.
Meningocócica			1 dosis		
Hepatitis A ^{1,2}	2 dosis				La primera dosis de la vacuna contra la hepatitis A debe recibirse en o después del 1.º cumpleaños.

¹ Recibir la dosis hasta (e inclusive) 4 días antes del cumpleaños satisfará el requisito de vacunación para entrar a la escuela.

² La confirmación serológica de la inmunidad al sarampión, las paperas, la rubéola, la hepatitis B, la hepatitis A o la varicela o la evidencia serológica de infección son aceptables en lugar de la vacuna.

³ La enfermedad previa puede documentarse con una declaración escrita de un médico, una enfermera escolar o el padre o tutor del niño que diga algo como: "Esto es para verificar que (nombre del estudiante) tuvo varicela el (fecha) o por esa fecha y no necesita la vacuna contra la varicela". Dicha declaración escrita será aceptable en lugar de todas las dosis requeridas de la vacuna contra la varicela.

Exenciones

La ley permite que (a) los médicos redacten una declaración en la que expongan que la vacuna o vacunas requeridas serían médicamente dañinas o perjudiciales para la salud y el bienestar del niño y que (b) los padres o tutores elijan una exención de los requisitos de vacunación por razones de conciencia, incluso creencias religiosas. La ley no permite que los padres o tutores elijan una exención simplemente por inconveniencia (por ejemplo, si se pierde un expediente o éste está incompleto y sería mucha molestia ir con un médico o clínica para corregir el problema). Las escuelas y las guarderías deben mantener una lista actualizada de los estudiantes con exenciones, de forma que se les pueda excluir durante emergencias o epidemias declaradas por el comisionado de salud pública.

Encontrará instrucciones para solicitar la declaración jurada de exención oficial que debe ser firmada por los padres o tutores que elijan la exención por razones de conciencia, incluso creencias religiosas, en www.ImmunizeTexas.com. La Declaración Jurada de Exención original debe rellenarse y presentarse a la escuela o guardería.

En el caso de los niños que soliciten exenciones médicas, deben presentar una declaración escrita del médico a la escuela o guardería.

Inscripción provisional

Todas las vacunaciones se deben finalizar antes de la primera fecha de asistencia. La ley exige que los estudiantes estén completamente vacunados contra las enfermedades señaladas. Un estudiante se puede inscribir provisionalmente si el estudiante cuenta con expediente de vacunación que indique que el estudiante ha recibido al menos una dosis de cada vacuna apropiada para la edad específica que esta regla exige. Para seguir inscrito, el estudiante debe completar las dosis posteriores requeridas de cada serie de vacunas conforme al calendario y tan rápidamente como sea médicamente posible y proveer comprobante suficiente de la vacunación a la escuela. Una enfermera escolar o un administrador escolar revisará el estado de vacunación de un estudiante inscrito provisionalmente cada 30 días para asegurar el cumplimiento interrumpido en la finalización de las dosis de vacunas requeridas. Si, al final del periodo de 30 días, un estudiante no ha recibido una dosis posterior de la vacuna, el estudiante no está cumpliendo y la escuela excluirá al estudiante para que no asista a la escuela hasta que se administre la dosis requerida.

Documentación

Dado que se usan muchos tipos de expedientes de vacunación personales, cualquier documento es aceptable si un médico o el personal de salud pública lo ha validado. Debe registrarse el mes, día y año en que se recibió la vacuna en todos los expedientes de vacunación escolares creados o actualizados después del 1 de septiembre de 1991.



FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule [Figure 3])

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B ¹	Hep B		HepB					HepB						Range of recommended ages for all children
Rotavirus ²				RV	RV	RV ²								
Diphtheria, tetanus, pertussis ³				DTaP	DTaP	DTaP	see footnote ⁴		DTaP				DTaP	
Haemophilus influenzae type b ⁴				Hib	Hib	Hib ⁴			Hib					Range of recommended ages for certain high-risk groups
Pneumococcal ⁵				PCV	PCV	PCV			PCV			PPSV		
Inactivated poliovirus ⁶				IPV	IPV				IPV				IPV	
Influenza ⁷									Influenza (Yearly)					
Measles, mumps, rubella ⁸								MMR		see footnote ⁴			MMR	Range of recommended ages for all children and certain high-risk groups
Varicella ⁹								Varicella		see footnote ⁴			Varicella	
Hepatitis A ¹⁰									Dose 1 ¹¹			/HepA Series/		
Meningococcal ¹¹								MCV4 — see footnote ¹¹						

This schedule includes recommendations in effect as of December 23, 2011. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967).

- Hepatitis B (HepB) vaccine.** (Minimum age: birth)
 - At birth:**
 - Administer monovalent HepB vaccine to all newborns before hospital discharge.
 - For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
 - If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine for infants weighing ≥2,000 grams, and HepB vaccine plus HBIG for infants weighing <2,000 grams. Determine mother's HBsAg status as soon as possible and, if she is HBsAg-positive, administer HBIG for infants weighing ≥2,000 grams (no later than age 1 week).
 - Doses after the birth dose:**
 - The second dose should be administered at age 1 to 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
 - Administration of a total of 4 doses of HepB vaccine is permissible when a combination vaccine containing HepB is administered after the birth dose.
 - Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine starting as soon as feasible (Figure 3).
 - The minimum interval between dose 1 and dose 2 is 4 weeks, and between dose 2 and 3 is 8 weeks. The final (third or fourth) dose in the HepB vaccine series should be administered no earlier than age 24 weeks and at least 16 weeks after the first dose.
- Rotavirus (RV) vaccines.** (Minimum age: 6 weeks for both RV-1 [Rotarix] and RV-5 [Rota Teq])
 - The maximum age for the first dose in the series is 14 weeks, 6 days; and 8 months, 0 days for the final dose in the series. Vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
 - If RV-1 (Rotarix) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** (Minimum age: 6 weeks)
 - The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Haemophilus influenzae type b (Hib) conjugate vaccine.** (Minimum age: 6 weeks)
 - If PRP-OMP (Pedvax-Hib or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
 - Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years.
- Pneumococcal vaccines.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])
 - Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
 - For children who have received an age-appropriate series of 7-valent PCV (PCV7), a single supplemental dose of 13-valent PCV (PCV13) is recommended for:
 - All children aged 14 through 59 months
 - Children aged 60 through 71 months with underlying medical conditions.
 - Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant. See *MMWR* 2010;59(No. RR-11), available at <http://www.cdc.gov/mmwr/pdf/mm5911.pdf>.
- Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
 - If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
 - The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.
- Influenza vaccines.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])
 - For most healthy children aged 2 years and older, either LAIV or TIV may be used. However, LAIV should not be administered to some children, including 1) children with asthma, 2) children 2 through 4 years who had wheezing in the past 12 months, or 3) children who have any other underlying medical conditions that predispose them to influenza complications. For all other contraindications to use of LAIV, see *MMWR* 2010;59(No. RR-8), available at <http://www.cdc.gov/mmwr/pdf/mm5908.pdf>.
 - For children aged 6 months through 8 years:
 - For the 2011–12 season, administer 2 doses (separated by at least 4 weeks) to those who did not receive at least 1 dose of the 2010–11 vaccine. Those who received at least 1 dose of the 2010–11 vaccine require 1 dose for the 2011–12 season.
 - For the 2012–13 season, follow dosing guidelines in the 2012 ACIP influenza vaccine recommendations.
- Measles, mumps, and rubella (MMR) vaccine.** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.
 - Administer MMR vaccine to infants aged 6 through 11 months who are traveling internationally. These children should be revaccinated with 2 doses of MMR vaccine, the first at ages 12 through 15 months and at least 4 weeks after the previous dose, and the second at ages 4 through 6 years.
- Varicella (VAR) vaccine.** (Minimum age: 12 months)
 - The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
 - For children aged 12 months through 12 years, the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.
- Hepatitis A (HepA) vaccine.** (Minimum age: 12 months)
 - Administer the second (final) dose 6 to 18 months after the first.
 - Unvaccinated children 24 months and older at high risk should be vaccinated. See *MMWR* 2006;55(No. RR-7), available at <http://www.cdc.gov/mmwr/pdf/mm5507.pdf>.
 - A 2-dose HepA vaccine series is recommended for anyone aged 24 months and older, previously unvaccinated, for whom immunity against hepatitis A virus infection is desired.
- Meningococcal conjugate vaccines, quadrivalent (MCV4).** (Minimum age: 9 months for Menactra [MCV4-D]; 2 years for Menveo [MCV4-CRM])
 - For children aged 9 through 23 months 1) with persistent complement component deficiency; 2) who are residents of or travelers to countries with hyperendemic or epidemic disease; or 3) who are present during outbreaks caused by a vaccine serogroup, administer 2 primary doses of MCV4-D, ideally at ages 9 months and 12 months or at least 8 weeks apart.
 - For children aged 24 months and older with 1) persistent complement component deficiency who have not been previously vaccinated; or 2) anatomic/functional asplenia, administer 2 primary doses of either MCV4 at least 8 weeks apart.
 - For children with anatomic/functional asplenia, if MCV4-D (Menactra) is used, administer at a minimum age of 2 years and at least 4 weeks after completion of all PCV doses.
 - See *MMWR* 2011;60:72–6, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6003.pdf>, and Vaccines for Children Program resolution No. 6/11-1, available at <http://www.cdc.gov/vaccines/programs/vfc/downloads/resolutions/06-11mening-mcv.pdf>, and *MMWR* 2011;60:1391–2, available at <http://www.cdc.gov/mmwr/pdf/wk/mm6040.pdf>, for further guidance, including revaccination guidelines.