



Mississippi Morbidity Report

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School Immunization Requirements, 2010

Introduction: All states have laws requiring vaccinations for school attendance. In Mississippi the law (§41-23-37, Mississippi Code of 1972) requires certain immunizations (Table 1.) unless the child has a medical reason for being exempt from a particular vaccine. Most vaccines provide benefit to both the individual and the community. As a higher percentage of children in a school setting are vaccinated, the risk of vaccine preventable diseases to those children who are unvaccinated, or in whom the vaccine did not provide immunity, is decreased. The percent immunized in a group to provide this “herd immunity” differs by disease, but for measles, for example, a rate of 90% or greater is needed to keep the disease from circulating. In some countries, and in areas in some states where vaccine levels have fallen, vaccine preventable diseases have reappeared. In England, where measles has become endemic again, there were 1370 confirmed cases in 2008, and an immunization rate among 2 year olds of 85% (down from a high of 92% in 1997-1998).

In Mississippi, in order for a child to enroll in any public or private kindergarten, elementary or secondary school, the school must be provided with either a Certificate of Immunization Compliance form or a Certificate of Medical Exemption form. In addition, enrollment in a day care center requires the child to be vaccinated appropriately for age (Table 2.).

Medical Exemption Policy: The child’s pediatrician, family physician or an internist, who must be duly licensed in the state of Mississippi, may submit a letter requesting the medical exemption for their patient to the local public health District Health Officer (http://msdh.ms.gov/msdhsite/_static/19,0,134.html). The exemption will be granted unless there is a local or statewide occurrence of disease which would indicate that the exemption will cause “undue risk to the community.” The exemption expiration date will be based on the circumstances for the exemption and will be for a minimum of one school year.

If any of the vaccine preventable diseases for which the child has not been adequately immunized are occurring in or threatening to occur in the community, the child will, for the safety and benefit of him/herself and other children, be excluded from school until the infectious disease is no longer present, or is no longer a threat to the safety and welfare of the child or other children in the school.

Table 1. School Entry Immunization Requirements: The required vaccines are listed below. All vaccines should be administered according to the Advisory Committee on Immunization Practices (ACIP) recommendations (available on the ACIP website at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>). Please note that the footnotes below are updated from those published in the January 2010 Mississippi Morbidity Report).

MS School Entry Immunization Requirements 2010-2011^a

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

- 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 – 12th grade.**
- 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/pubs/ACIP-list.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.

Table 2. Child Care Immunization Requirements: MSDH regulations governing the licensure of child care facilities mandate that each child in a licensed facility have immunizations according to the table shown below. Children ages 0 – 4 years of age and enrolled in licensed child care facilities are expected to be age appropriately vaccinated^a.

Range of Recommended Ages									
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	#3				
Diphtheria, Tetanus, Pertussis (DTaP)			#1	#2	#3	#4			
Haemophilus Influenzae type b ^c (Hib)			#1	#2	(#3) ^c	#3 or #4 ^c			
Pneumococcal ^d (PCV7)			#1	#2	#3	#4			
Measles, Mumps, Rubella ^e (MMR)						#1			
Varicella ^f (VAR; aka Chickenpox)						#1			

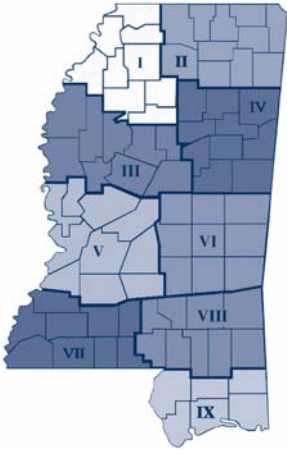
- a. Children who are not up to date for age should be vaccinated following the Advisory Committee on Immunization Practices (ACIP) 2010 catch-up schedule, available at: <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>. Where an age range for a vaccine is shown, the vaccine is NOT required 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 aged 0-4 years 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.

References available on request.

Mississippi

Provisional Reportable Disease Statistics

January 2010



		Public Health District									State Totals*			
		I	II	III	IV	V	VI	VII	VIII	IX	Jan 2010	Jan 2009	YTD 2010	YTD 2009
Sexually Transmitted Diseases	Primary & Secondary Syphilis	1	0	0	0	0	0	0	1	1	3	5	3	5
	Total Early Syphilis	1	0	0	1	0	0	0	1	1	4	19	4	19
	Gonorrhea	37	34	69	32	119	49	27	47	24	438	618	438	618
	Chlamydia	146	88	201	95	371	147	108	152	145	1,453	1,887	1,453	1,887
	HIV Disease	1	2	0	3	7	2	0	4	8	27	50	27	50
Mycobacterial Diseases	Pulmonary Tuberculosis (TB)	0	1	0	0	2	0	0	0	1	4	0	4	0
	Extrapulmonary TB	0	0	0	0	0	0	0	1	0	1	0	1	0
	Mycobacteria Other Than TB	3	2	1	3	9	3	2	1	6	30	23	30	23
Vaccine Preventable Diseases	Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pertussis	1	0	0	0	0	0	0	0	0	1	16	1	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	0	0
	Hepatitis B (acute)	0	0	0	0	0	0	0	1	1	2	2	2	2
	Invasive <i>H. influenzae</i> b disease	0	0	0	0	0	0	0	0	0	0	0	0	0
	Invasive Meningococcal disease	0	0	0	0	0	0	0	0	0	0	0	0	0
Enteric Diseases	Hepatitis A (acute)	0	0	0	0	0	0	0	0	0	0	3	0	3
	Salmonellosis	1	4	0	3	4	3	0	2	2	19	37	19	37
	Shigellosis	0	0	0	0	1	0	0	0	0	1	4	1	4
	Campylobacteriosis	1	1	0	1	2	5	0	1	1	12	13	12	13
	<i>E. coli</i> O157:H7/HUS	1	0	0	0	0	0	0	0	0	1	0	1	0
Zoonotic Diseases	Animal Rabies (bats)	0	0	0	0	0	0	0	0	0	0	0	0	0
	Lyme disease	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rocky Mountain spotted fever	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Nile virus	1	0	0	0	0	0	0	0	0	1	1	1	1

*Totals include reports from Department of Corrections and those not reported from a specific District.

First 2010 Case of West Nile Virus (WNV) Reported in Mississippi

A case of a neuroinvasive West Nile virus (WNV) infection has been reported in an adult woman from Northwest Mississippi, the first in 2010. The onset of this individual's illness was in mid-January 2010, and the patient is currently clinically improving.

Cases of WNV have been reported every year since the first human cases were identified in Mississippi in 2002. In 2009, there were 53* cases of WNV with four deaths; 58% (31/53) of the cases were classified as encephalitis (neuroinvasive). Eighty-nine percent (745/838) of all reported cases from 2002 to January 2010 have occurred in July (185), August (371) and September (189). However, cases do occur year round, with at least two reported cases in January, and several in November and December (Figure).

Clinicians are reminded to keep arboviral disease in the differential diagnosis of any unexplained case of meningitis, encephalitis, or flaccid paralysis (another clinical manifestation of neuroinvasive disease) regardless of the time of year.

*2009 data are provisional

