



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Vaccine Catch-up Flowcharts & FAQs

For Schools, Child Care, and Preschool Programs

*A Supplemental Resource to the
Guides to Immunizations Required for Entry*

July 2023

Introduction

The Vaccine Catch-up Flowcharts & FAQs is a visual companion piece to the [Arizona Guide to Immunizations Required for Entry for Grades K-12](#) and the [Arizona Guide to Immunizations Required for Entry for Child Care, Preschool, or Head Start facilities](#). The purpose of the flowcharts is to assist school and child care staff working with student immunization records to understand Arizona school immunization requirements and the immunization schedule. The requirements and schedules are based on the Arizona statutes and rules and supplemented by the recommendations of the national [Advisory Committee on Immunization Practices \(ACIP\)](#). These flowcharts have existed in various forms for several years and we have now consolidated them all in one easy-to-find and use format.

Requirements are listed by age group ([Child Care](#), [Schools K-12](#)) and then in alphabetical order by vaccine. Additional flowcharts are available for reviewing records and the disease history review process. Each vaccine catch-up (minimum interval) flowchart shows the routine requirements, and then how to evaluate if a student has the vaccines they need based on age and/or the number of documented doses. In addition, Frequently Asked Questions (FAQs) are addressed at the end. We hope this serves as a one-stop resource for any vaccine minimum interval or catch-up scenarios you may encounter.

The [Bureau of Immunization Services](#) is aware of the problems that can occur when physicians do not immunize according to the Arizona School Immunization Requirements. The goal is to protect students from disease and to preserve the relationships between physicians, parents, and schools. It is our hope that there can be a harmonization of the ACIP and Arizona School Immunization Requirements in the future so that obstacles and conflicts are avoided. The process of changing state rules and statutes is rigorous and any changes to the existing school immunization requirements will take time.

For any questions or comments, please call or contact:

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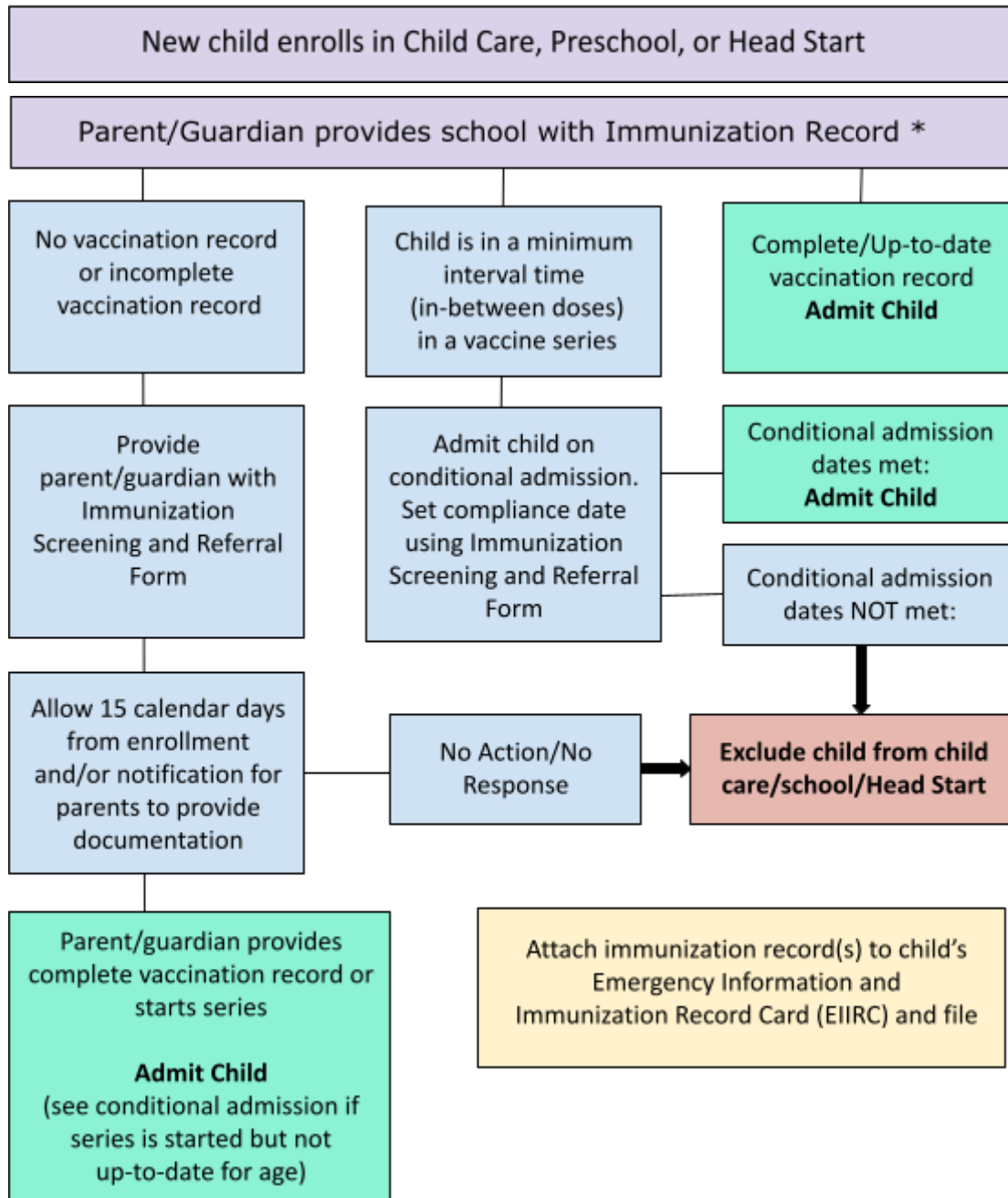
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Child Care, Preschool, and Head Start

Vaccine Flowcharts: Minimum Interval/Catch-Up Guidance

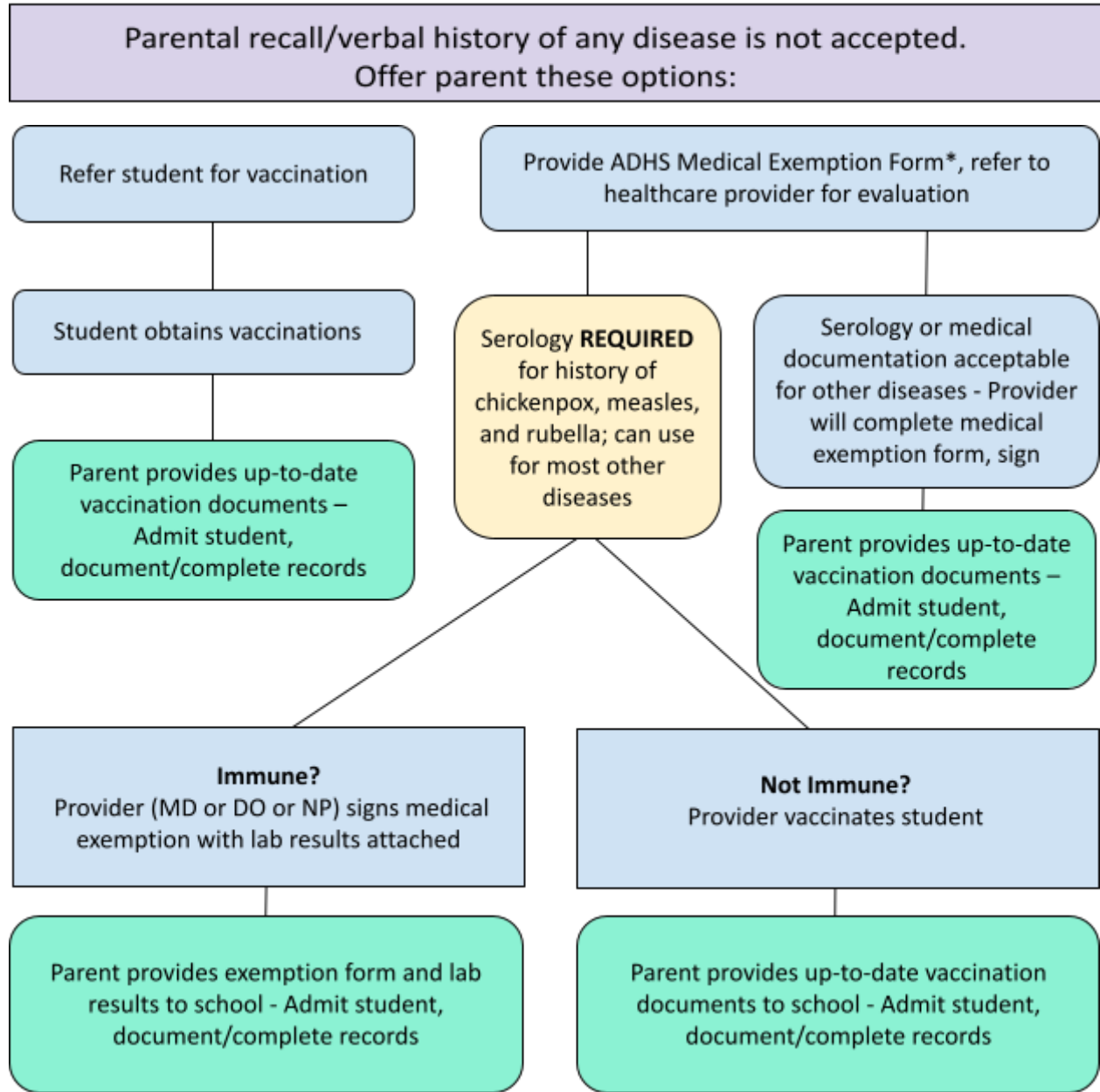
Immunization Record Review Process Child Care, Preschool, Head Start



*Valid medical or religious belief exemptions on the ADHS form are acceptable.

Disease History Review Process

Grades K-12, Child Care, Preschool, Head Start



*A valid Personal (K-12) or Religious (Childcare/Preschool) Belief exemption on the ADHS form can be provided by a parent if they choose not to do a medical exemption form.

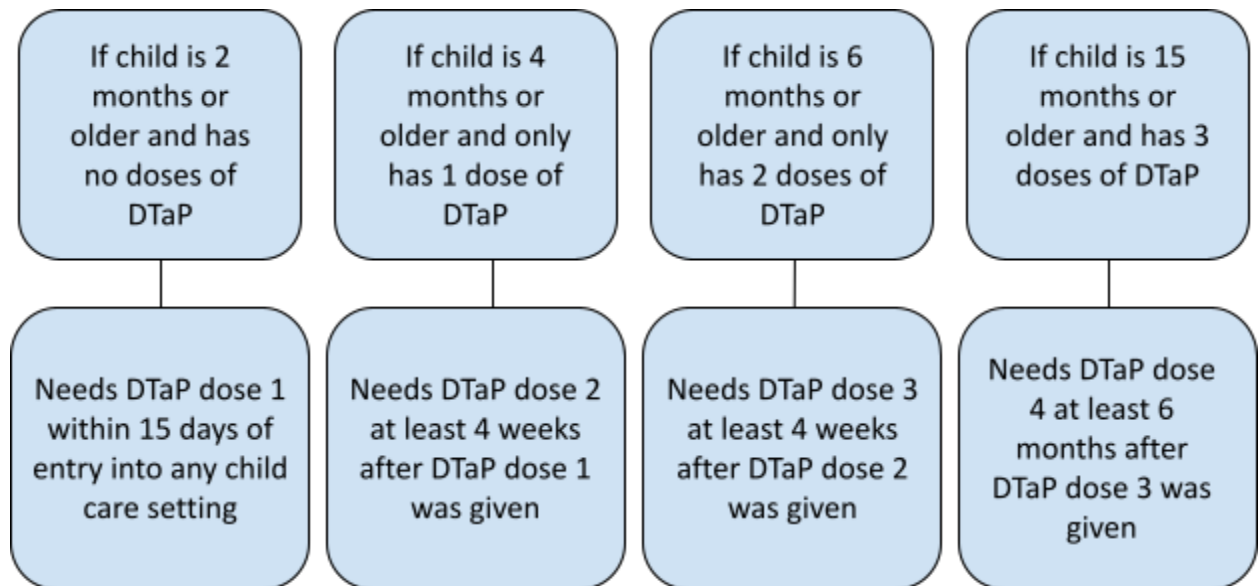
Suggest that parents keep a copy of lab results and medical exemption form for their records.



DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) Child Care, Preschool, Head Start

- DTaP dose 1 is required at 2 months of age
- DTaP dose 2 is required at 4 months of age
- DTaP dose 3 is required at 6 months of age
- DTaP dose 4 is required at 15 months of age

Catch-Up Schedule



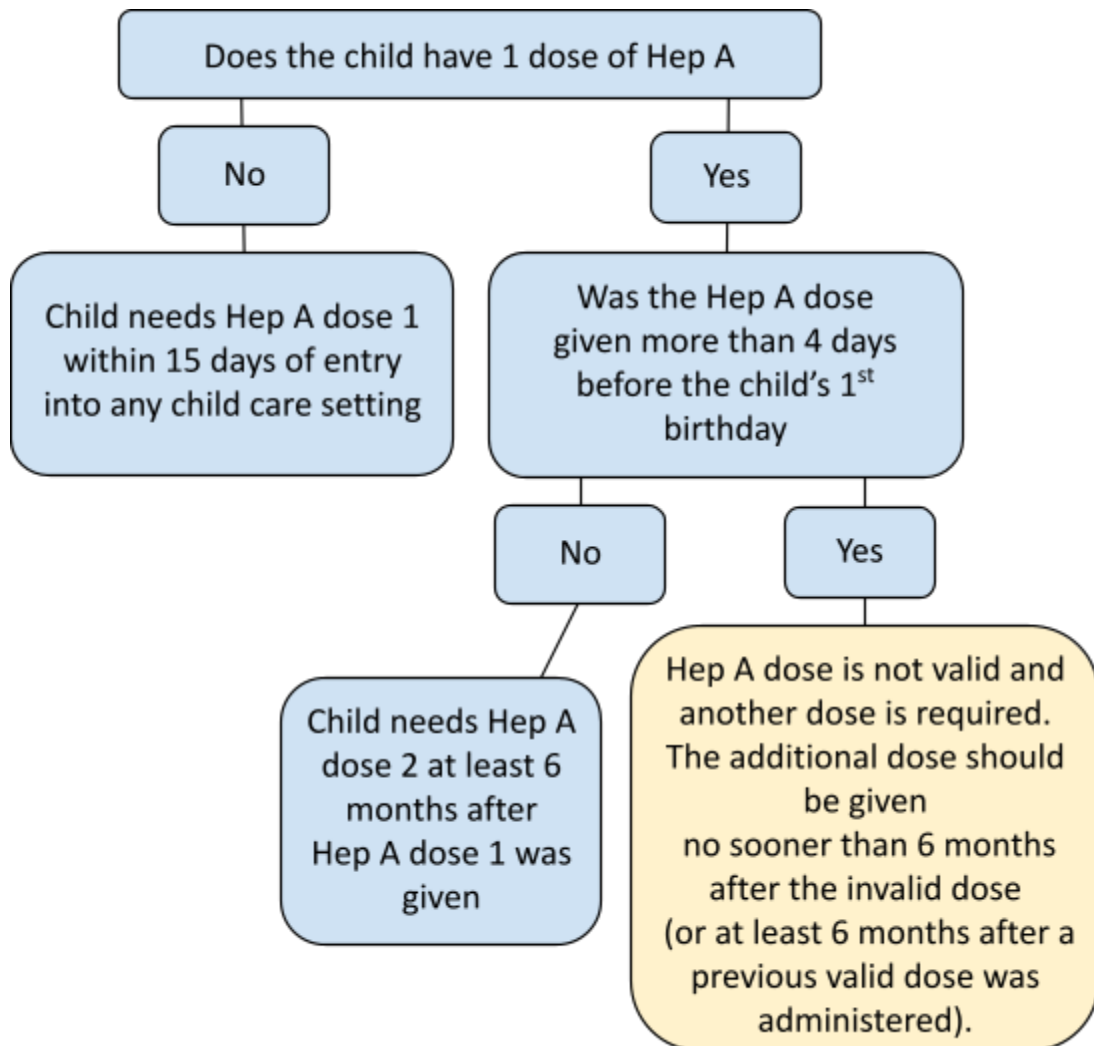
A child may receive a dose of DTaP at/or after 4 years of age; although not required for attendance in child care/preschool, this dose is usually given in preparation for attendance in kindergarten. Minimum age for final dose (# 4 or #5) is 4 years of age and at least 6 months since previous dose.



Hepatitis A Flowchart Child Care, Preschool, Head Start

- Hep A dose 1 is required at 12 months of age
- Hep A dose 2 is required at 18 months of age
- Required in Maricopa County but recommended for all counties

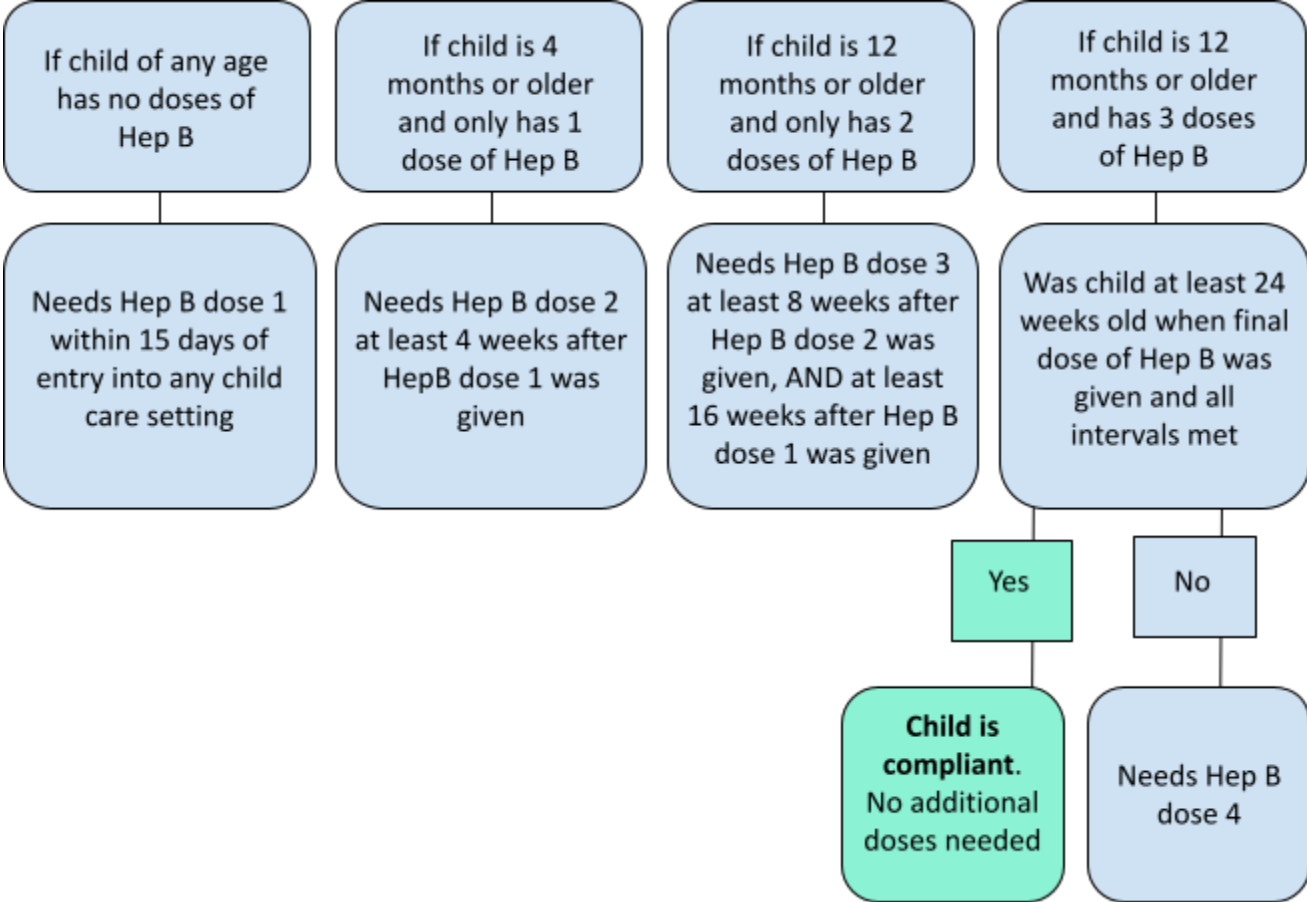
Catch-up Schedule for Children Who Lack Required Doses



Hepatitis B Flowchart Child Care, Preschool, Head Start

- Hep B dose 1 is required at 2 months of age
- Hep B dose 2 is required at 4 months of age
- Hep B dose 3 is required by 12 months of age

Catch-up Schedule for Children Who Lack Required Doses



Hepatitis B Minimum Intervals:

At least 4 weeks between dose 1 & 2
 At least 8 weeks between dose 2 & 3 (or final)
 At least 16 weeks between dose 1 & 3 (or final)
 AND final dose given at/after 24 weeks of age



Hib (Haemophilus influenzae type b) Child Care, Preschool, Head Start

- Hib dose 1 is required at 2 months of age
- Hib dose 2 is required at 4 months of age
- Hib dose 3 is required at 6 months of age*
- Hib dose 4 is required at 12-15 months of age
- A Hib dose at/after 12 months of age is required for all children under 5 years of age

*If PedvaxHib is used for both dose 1 and 2, then dose 3 is due at 12-15 months of age and completes the series.

Children 7-11 months of age should have received at least 2 doses. If no Hib doses have been received they need 2 Doses at Least 8 weeks apart.

Children 12-14 Months of age should have received at least 2-3 doses.

# Doses at <12 months	# Doses at 12 – 14 months	Status and Catch-up schedule
2 or more	1	Complete - No additional doses needed
2 or more	0	Needs 1 dose at least 8 weeks after previous dose
1	1	Needs dose 3 at least 8 weeks after dose 2
1	0	Needs dose 2 at least 4 weeks after dose 1 and dose 3 at least 8 weeks after dose 2
0	2	Complete if there are at least 8 weeks between doses
0	1	Needs dose 2 at least 8 weeks after previous dose
0	0	Needs dose 1 now and dose 2 at least 8 weeks later

Status and Catch-up for age 15 months and older on next page



Hib (Haemophilus influenzae type b) Child Care, Preschool, Head Start (Continued)

Children **15-59 months** of age should have received at least 3-4 doses.

- If no Hib doses have been received, 1 dose is required at/after 15 months of age for the first/only dose.

Catch-up Schedule for Children 15 Months or Older

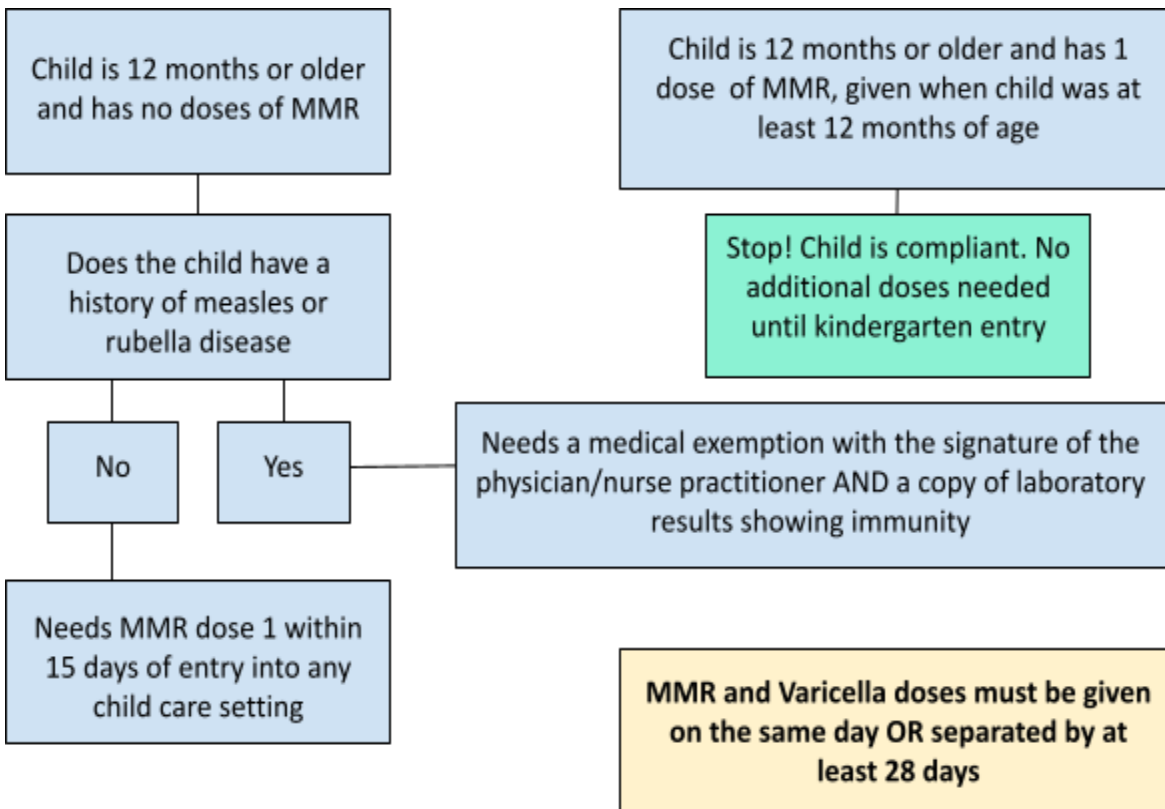
# Doses at <12 months	# Doses at 12–14 months	# Doses at 15-59 months	Status
2 or more	1	1	Complete - No additional doses needed
2 or more	1	0	Complete - No additional doses needed
2 or more	0	1	Complete - No additional doses needed
2 or more	0	0	Needs 1 dose, then complete
1	1	1	Complete - No additional doses needed
1	0	1	Complete - No additional doses needed
1	1	0	Needs 1 dose at least 8 weeks after previous dose, then complete
1	0	0	Needs 1 dose at least 8 weeks after previous dose, then complete
0	2	0	Complete if there are at least 8 weeks between doses
0	1	1	Complete - No additional doses needed
0	1	0	Needs 1 dose at least 8 weeks after previous dose, then complete
0	0	1	Complete - No additional doses needed
0	0	0	Needs 1 dose, then complete



MMR (Measles, Mumps, Rubella) Flowchart Child Care, Preschool, Head Start

- MMR dose 1 is required at 12 months of age
- MMR dose given more than 4 days before the child's 1st birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-up Schedule for Children Who Lack Required Doses





Polio Flowchart Child Care, Preschool, Head Start

- Polio dose 1 is required at 2 months of age
- Polio dose 2 is required at 4 months of age
- Polio dose 3 is required at 12 months of age

Catch-up Schedule for Children Who Lack Required Doses

If child is 2 months or older and has no doses of polio

Needs polio dose 1 within 15 days of entry into any child care setting

If child is 4 months or older and only has 1 dose of polio

Needs polio dose 2 at least 4 weeks after polio dose 1 was given

If child is 12 months or older and only has 2 doses of polio

Needs polio dose 3 at least 4 weeks after polio dose 2 was given

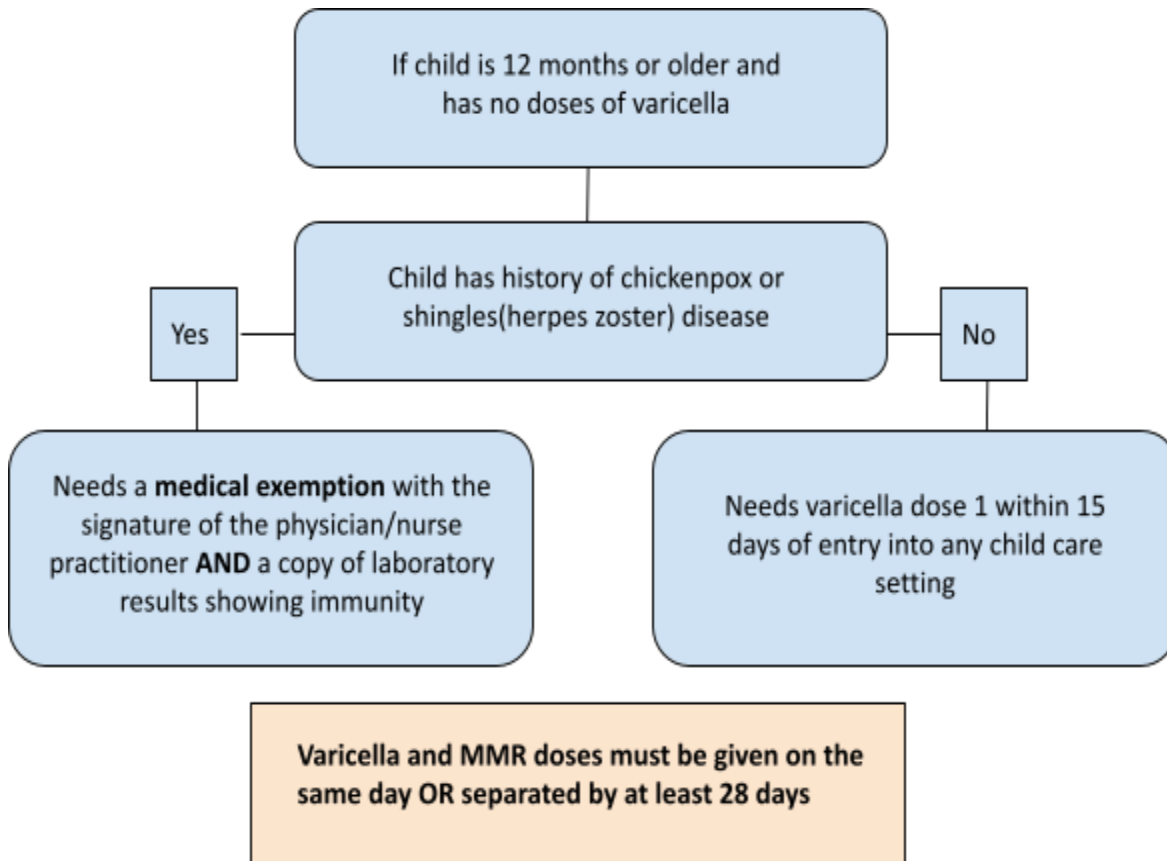
*Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. Any oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and will satisfy immunization requirements.



Varicella (Chickenpox) Flowchart Child Care, Preschool, and Head Start

- Varicella dose 1 is required at 12 months of age
- Varicella dose given more than 4 days before the child's 1st birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-up Schedule for Children Who Lack Required Doses



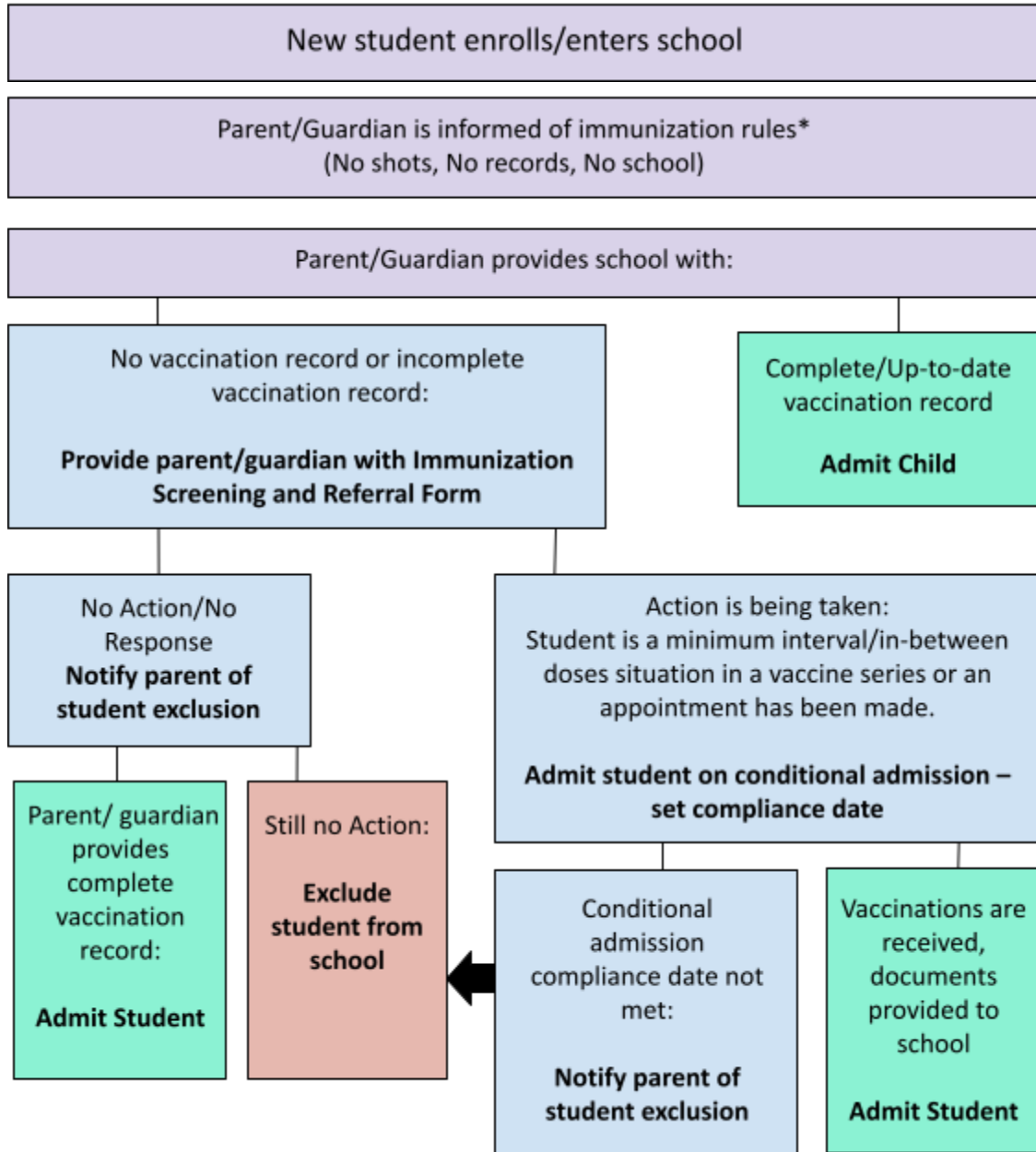


Schools K-12

Vaccine Flowcharts: Minimum Interval/Catch-Up Guidance



Immunization Record Review Process Grades K-12

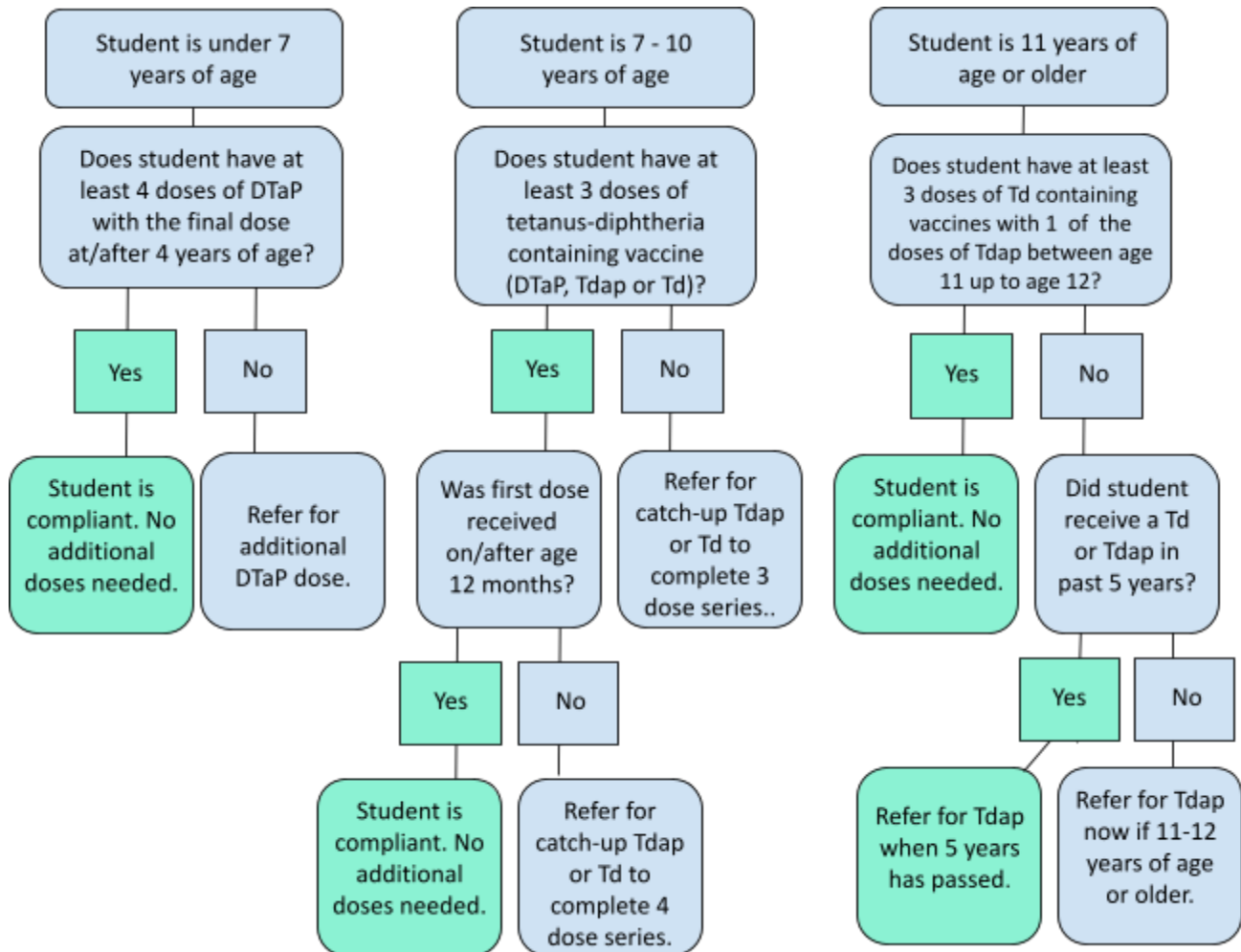




DTaP, Tdap, Td (Diphtheria, Tetanus, Pertussis) Grades K-12

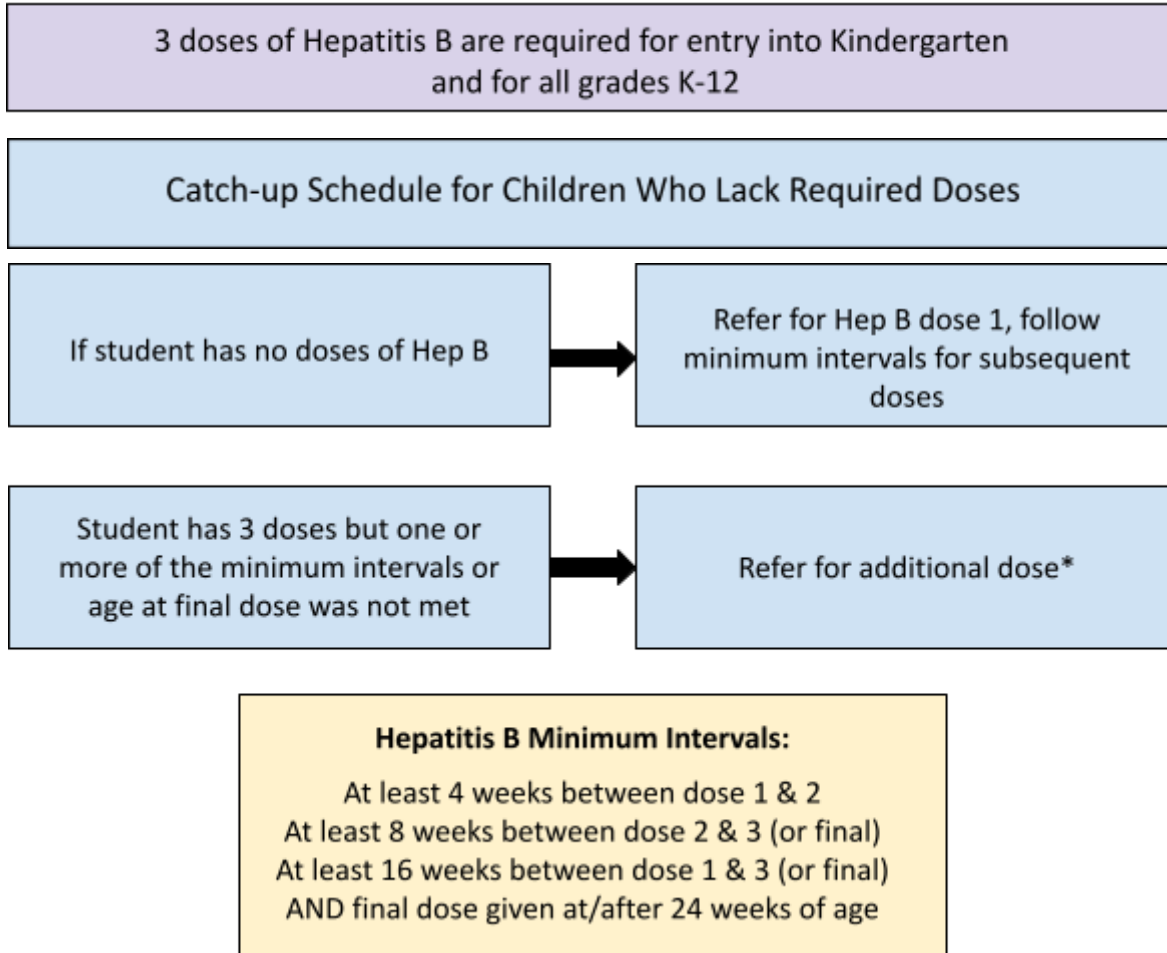
- For students under 7 years of age, 4 to 5 doses of DTaP are required for entry into kindergarten.
- For students 7 through 10 years of age, 3 to 4 doses of tetanus-diphtheria-pertussis containing vaccines are needed for the minimum series.
- Students 11 and older are to receive 1 dose of Tdap before the age 12.

Catch-Up Schedule





Hepatitis B Flowchart Grades K-12

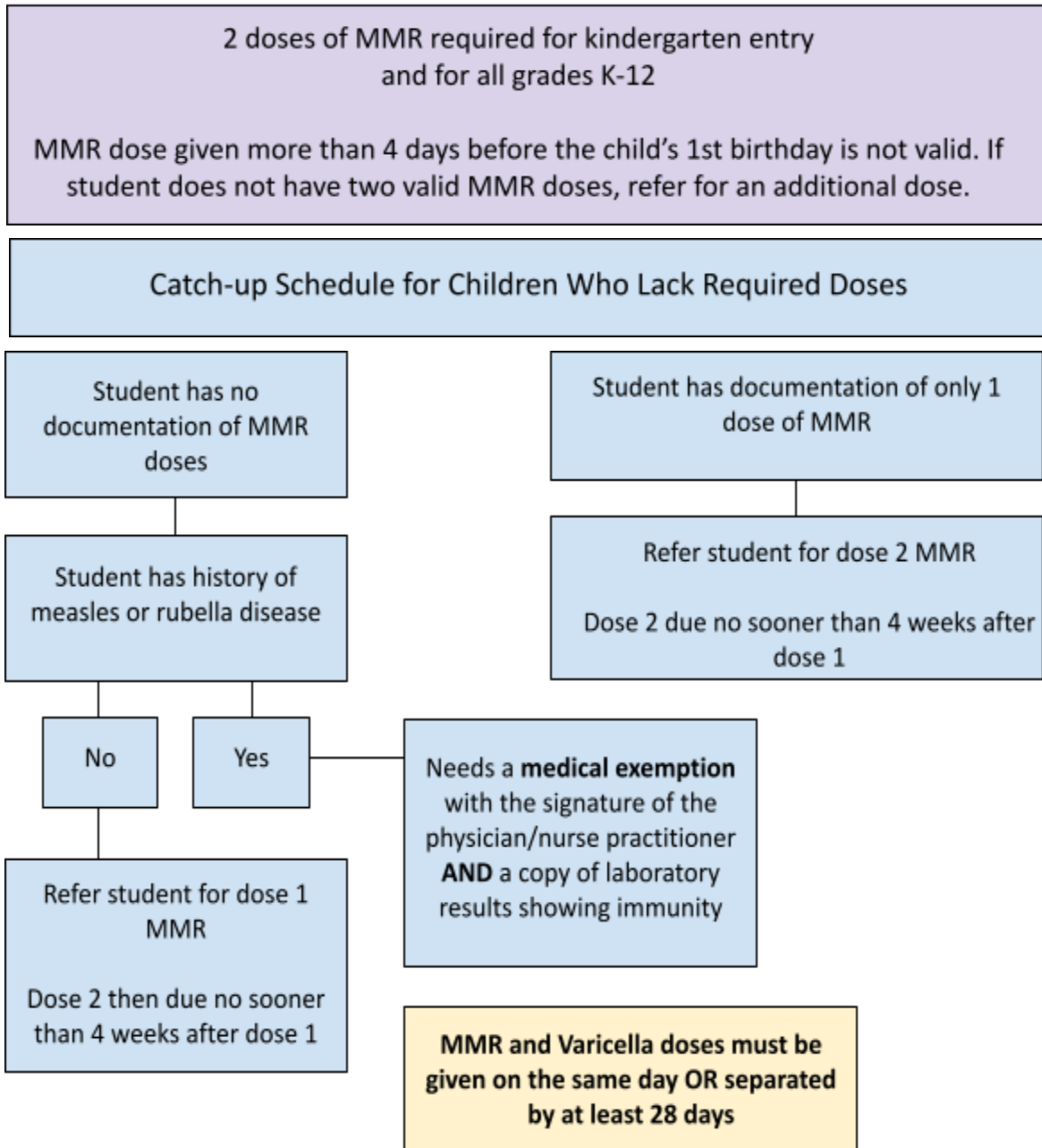


*If you need to refer a student for an additional dose, providers may say the student is “clinically” immune and not give the additional dose. These are the options in these cases:

- Request provider to obtain serology titer to prove immunity, complete Medical Exemption form, attach lab results to form for parent to return to school
- Refer parent to county health department for vaccination
- Parent may elect to sign Personal Beliefs Exemption form for Hepatitis B



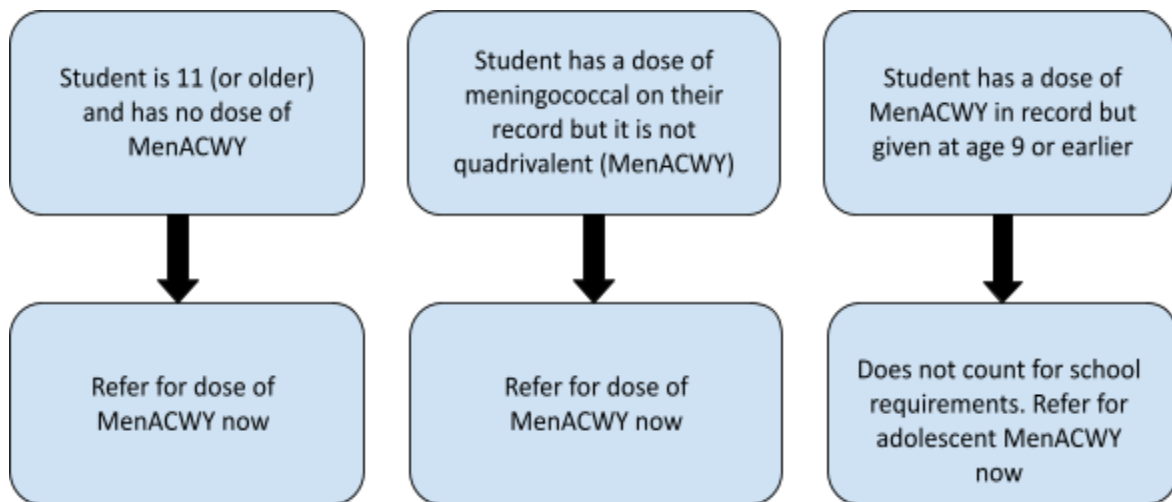
MMR (Measles, Mumps, Rubella) Flowchart Grades K-12



Meningococcal (MenACWY) Flowchart Grades K-12

1 dose of quadrivalent meningococcal vaccine is required for all students when they turn 11 years of age

Catch-up Schedule for Children Who Lack Required Doses

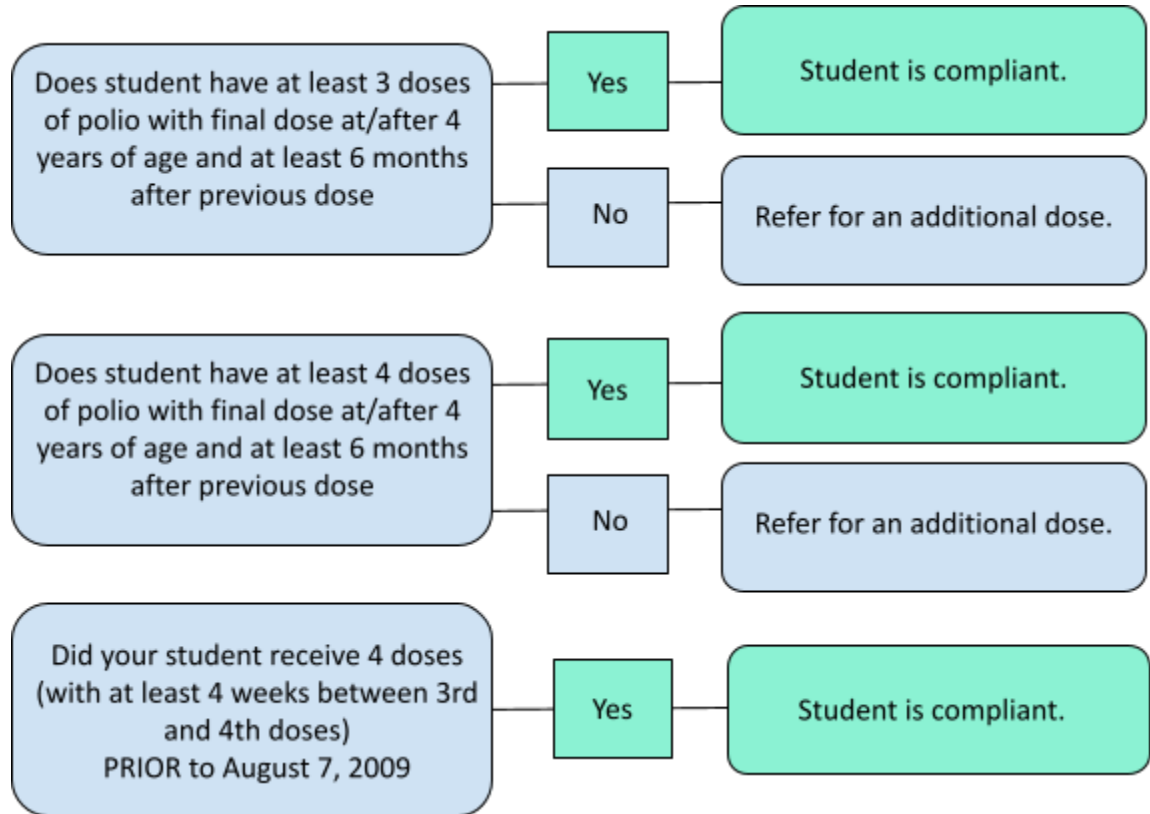


- A dose of MenACWY administered at age 10 will count for school requirements. No additional dose needed for school entry.
- A meningococcal dose of Men A, B, C, or Men C/Y is not acceptable. Refer for MenACWY.

Polio Flowchart Grades K-12

- 3-4 doses of polio required for entry into Kindergarten and for all grades K-12
- Final dose must be at/after 4 years of age and at least 6 months after previous dose

Catch-up Schedule for Children Who Lack Required Doses



Parents who do not want their child to receive an additional dose may consider verifying immunity by serology (medical exemption form required)

Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be a trivalent oral poliomyelitis vaccine, unless otherwise specified, and does satisfy immunization requirements.

*Poliomyelitis vaccine is **not** required for individuals 18 years of age or older.*
[Arizona Administrative Code, Title 9, Article 7.](#)

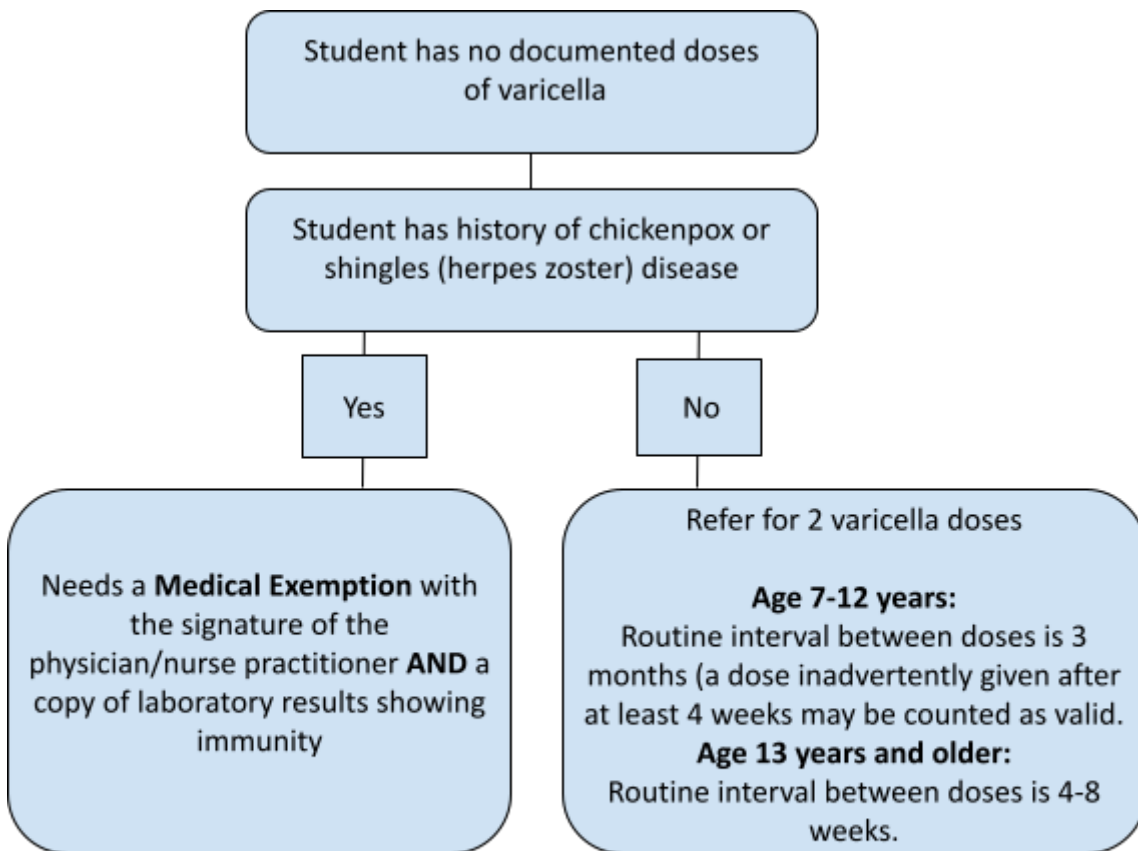


Varicella (Chickenpox) Flowchart Grades K-12

1 dose of Varicella is required for entry into Kindergarten and all grades K-12

Varicella dose given more than 4 days before the child's 1st birthday is not valid and must be repeated at least 4 weeks after invalid dose was given

Catch-up Schedule for Children Who Lack Required Doses



Varicella and MMR doses must be given on the same day OR separated by at least 28 days



Frequently Asked Questions (FAQs)



Frequently Asked Questions

School and Child Care Immunization Requirements

Please see our [Arizona Immunization Handbook for Schools and Child Care Programs](#) and our Guides to Immunizations Required for School Entry ([K-12](#) or [Child Care](#)) for more detailed information.

[DTaP/Tdap/Td](#)

1. **Question:** At what age is a **Tdap** (tetanus/diphtheria/pertussis) vaccine required to attend school?

Answer: One dose of Tdap is required for all students 11 years and older, regardless of grade, unless they have received a dose of Td, Tdap, or DTaP in the last 5 years. The requirement applies from age 11 to age 12. At 12 years old, students should be excluded if the student has not met the requirement.

2. **Question:** Why do some 7-10-year-old students already have a **Tdap** vaccine?

Answer: The Advisory Committee on Immunization Practice (ACIP) recommends that a person aged 7 years and older who was not fully immunized with (3-4 doses) of DTaP vaccine (before age 7) should receive Tdap as one of the doses (preferably the first) in the catch-up series. The use of DTaP in children over age 7 is not licensed, so when students are referred for an appropriate catch-up dose at an older age, the provider should give them a Tdap or Td vaccine. For school purposes, a student who receives a Tdap or Td between ages 7-9 should receive a Tdap dose when 5 years have passed. A student receiving a Tdap at age 8 would not need to be vaccinated again until 13 to be compliant. You use the most recent vaccination and date as a reference point.

3. **Question:** Should I refer a student between the ages of 7 and 10 years of age to get a **Tdap** to meet the 11-year-old requirement?

Answer: No. For school purposes, you should only refer a 7-10-year-old for this vaccine if they need a dose to catch up with the diphtheria, tetanus, and pertussis series. Students younger than 11 should not be referred for their 11-year-old Tdap. When notifying parents of students who will turn 11 soon, make sure to indicate that they are required to get the vaccine by their 12th birthday.

4. **Question:** If a student receives an inadvertent dose of **DTaP** after age 7, how should we count that?



Answer: There are times when DTaP may have been mistakenly administered to a child 7 years or older (remember that DTaP is only licensed for children through 6 years of age), but the dose is considered valid according to ACIP. Arizona school rules state that if Tdap has not been previously given, 1 dose of Tdap is required when at least 5 years have passed since the student's last tetanus-containing vaccine was given. For example: the child received a DTaP when they were 8 years of age. They should be referred for a Tdap when they reach 13 years of age (if they have not already received an adolescent Tdap dose at age 11 from their provider).

5. **Question:** Sometimes I get a record that states the child received a Td instead, but was the right age for a Tdap. What can I do to verify which vaccine was actually given?

Answer: If possible, contact the provider's office to verify which vaccine was given. Very often, a Tdap is actually given, but the provider writes Td or puts it in a space that only has Td identified on the form. If necessary, ask the provider if they could send you an updated copy of the immunization record with the corrected information. You may also be able to identify what was actually given through the [ASIIS record](#), or contact your county health department's Immunization Program or the [Arizona Department of Health Services Bureau of Immunization Services](#) and ask to speak to a clinical nurse who can help you decipher which vaccine was actually administered.

6. **Question:** If the student did indeed receive a Td instead of a Tdap, do they need the Tdap?

Answer: According to school rules, since the child has now received a Td, they are compliant with the school requirement of having had a dose of tetanus-diphtheria containing vaccine **within the past 5 years**. However, since Td **does not** contain the pertussis component, it provides no protection against whooping cough disease. School health staff can recommend that the child return to the provider and receive the Tdap vaccine, which can be given at any time as there is no minimum interval requirement. If the parent chooses not to do this, then the student should be referred to receive a Tdap when 5 years has passed since the Td dose.

Hepatitis B

7. **Question:** Sometimes, I see records where a child has received 4 doses of hepatitis B. Why does this happen and how do I interpret the doses/dates?

Answer: Some children who are vaccinated with a combination vaccine (DTaP, IPV, HepB) may receive a hepatitis B dose at 4 months of age. This dose does not complete the hepatitis B series but is considered a valid, but inadvertent dose. A dose at 24 weeks or older and which meets all minimum intervals is still required.



Meningococcal

8. **Question:** What type of meningococcal vaccine is required for school?

Answer: All students 11 years or older must have proof of one dose of quadrivalent meningococcal ACWY vaccine, regardless of grade. Students have the entirety of age 11 to get the vaccine and should not be removed until age 12. A booster dose of MenACWY is recommended at 16 years of age. Common brands or abbreviations you may see on a vaccination record include [Menveo](#), [Menactra](#), [MenQuadfi](#), MCV, MCV4, and MenACWY.

Some older records may show that a student received [Menomune](#). This meningococcal polysaccharide vaccine is a quadrivalent vaccine but production of this vaccine was discontinued in February 2017. Students who have documentation of receiving this vaccine will meet the school requirements.

9. **Question:** Sometimes an immunization record will show that the student received a different meningococcal vaccine such as MenC, MenA/C, or MenB. Would any of these vaccines count for school requirements?

Answer: No. Arizona school requirements state that the meningococcal vaccine must be a quadrivalent MenACWY vaccine. In the U.S. only the quadrivalent vaccine is routinely administered, but in some other countries (Canada, Great Britain, Australia, etc.) children receive single-antigen meningococcal vaccines when young. The quadrivalent MenACWY vaccine provides protection from the A, C, W and Y serotypes (strains) of meningococcal disease. If a student record shows prior vaccination with a single or bivalent meningococcal vaccine, refer them for the required MenACWY vaccine.

MMR

10. **Question:** Sometimes I see a student record where they have received a dose of MMR earlier than 1 year of age. How do I interpret these records?

Answer: In time of a measles outbreak or if a child/family is traveling to a country where there is endemic measles, MMR may be given as early as 6 months of age to provide some protection against the disease, but it is not a valid dose.

All Arizona K-12 students are required to have 2 valid doses of MMR (measles, mumps, and rubella) and the earliest valid dose is at 12 months of age. In the event that you see a record with a dose administered prior to 1 year of age (and beyond the 4-day grace period), that dose is not a valid dose. The student needs to have a valid dose at or after 1 year of age. The next dose is normally given when a child turns 4 years of age but may be given as soon as 28 days after the first valid dose.

11. **Question:** Sometimes records from other countries will show 1 MMR and a separate measles, or mumps, or rubella vaccine. What do I do in these cases?

Answer: There are no single antigen vaccines for measles, mumps, and rubella available in the U.S. Only MMR and MMRV vaccines are available. Students from other countries may receive single antigen measles, mumps, or rubella or a combination of 1 MMR and then a single dose of one of the single antigens. These students will require an additional dose(s) of MMR to meet Arizona school requirements.

Polio

12. **Question:** What is the polio requirement for Arizona school students?

Answer: Four doses meet the requirement for school entry if the final dose is given at 4 years of age or older and at least 6 months after dose 3. Three doses meet the requirement if the 3rd dose was received at 4 years of age or older and at least 6 months after the 2nd dose.

13. **Question:** Sometimes I find a record, usually in an older child, where they received 4 polio doses before their 4th birthday. What do I do in these cases?

Answer: The [Advisory Committee on Immunization Practices](#) updated [polio recommendations](#) on August 7, 2009. Students who received 4 doses before the 4th birthday (with at least 4 weeks minimum intervals between doses) PRIOR to August 7, 2009 meet the requirement and do not need to be referred for an additional dose. These types of records usually occur with older students and will eventually phase out as students matriculate and graduate. Schools are NOT required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student does not meet the school requirements, follow-up with the family to get additional IPV doses if needed.

14. **Question:** Sometimes I see IPV and OPV marked on records. What is the difference and which ones are valid?

Answer:

IPV stands for Inactivated Polio Vaccine (non-live) and OPV stands for Oral Polio Vaccine (which is live). The United States only uses IPV for polio vaccination. Students coming from a country outside the United States may have gotten OPV. Only OPV (trivalent) administered before April 1, 2016 can be counted as a valid dose in the series. Schools are NOT required to do a retrospective review of all students currently enrolled. If schools find a currently enrolled student with an invalid OPV follow-up with the family to get additional IPV doses if needed.