

**Department of State Health Services
Council Agenda Memo for State Health Services Council
November 18-19, 2015**

Agenda Item Title: Amendments to rules concerning immunization requirements in Texas elementary and secondary schools and institutions of higher education

Agenda Number: 4.b

Recommended Council Action:

For Discussion Only

For Discussion and Action by the Council

Background:

The Immunization Branch, located in the Infectious Disease Control Unit, in the Infectious Disease Prevention Section within the Division for Disease Control and Prevention Services, promotes public health by providing services to prevent, control, reduce, and eliminate vaccine-preventable diseases in children and adults in Texas. Such services include:

- Managing the Texas Vaccines for Children program to distribute federal and state-funded vaccines to approximately 3,400 clinic sites across the state;
- Administering ImmTrac—the statewide immunization registry;
- Contracting with local health departments to enhance 11 population-based activities in their communities;
- Contracting with Federally Qualified Health Centers to deliver immunization services in the communities they serve;
- Providing public and provider education and promotion of immunizations; and
- Monitoring school and licensed child-care facilities for compliance of immunization requirements.

The program is funded through the Centers for Disease Control & Prevention (CDC) federal funds and by general revenue funds.

Summary:

The purpose of the amendments is to clarify, update, and simplify the rules pertaining to immunization requirements in Texas elementary and secondary schools and institutions of higher education. The amendments will adhere to the Advisory Committee on Immunization Practices (ACIP) recommended immunization schedule. The rules also comply with the four-year review of agency rules required by Government Code, Section 2001.039.

The rule amendment makes the following changes:

- Updates the graded implementation of the measles, mumps, rubella vaccine requirement with one requirement for all students in grades kindergarten through 12 (K-12);
- Updates schedule to continue the two-dose varicella requirement for students K-12 free of time constraints; Adds a requirement for mumps and varicella vaccines for students pursuing health-related or veterinary coursework in institutions of higher education as outlined and recommended by the ACIP;
- Adds a requirement for one dose of a tetanus-diphtheria toxoid (Td) within the last ten years for veterinary students;

The rule amendment makes the following clarifications:

- Clarifies requirements for students K-12 for polio, diphtheria/tetanus/pertussis, and hepatitis B vaccines and remove unnecessary rule language;
- Clarifies that the required meningococcal vaccine for 7th - 12th grade is a quadrivalent meningococcal conjugate vaccine (MCV4) received on or after the student's 11th birthday;

- Clarifies that electronic record systems can be used to maintain immunization records;
- Clarifies which schools must submit the annual report of immunization status of students.

The rules affect students and children in Texas schools and child-care facilities, along with their families, and health and administrative personnel at these facilities. The rules also affect DSHS regional and local health department staff.

The rules are expected to reduce confusion among school health personnel as they review students' immunization records and reduce questions received from the public by clarifying the rules. The rules are expected to provide a higher quality of service, improve satisfaction among the public, and reduce complaints. Currently, many conscientious exemption affidavit requests cannot be fulfilled, as they do not contain the necessary information. In this instance, the rules require a telephone number in the request that would allow Immunization Branch staff to troubleshoot with the client.

The vaccine requirements are in line with the ACIP recommended immunization schedule, which has been optimized for maximum safety and effectiveness in vaccine-preventable disease protection. Compliance with these requirements will reduce the risk of vaccine-preventable disease outbreaks in Texas.

Key Health Measures:

The Immunization Branch conducts annual assessments and surveys, which include the annual report of immunization status and the annual audit of public schools. The current data (baseline) includes assessments that have been conducted in public/private schools and child-care facilities. Surveys/audits will be used to collect information about the implementation of the rules in subsequent years to measure program impact. According to the 2014-15 Annual Report of Immunization Status vaccine coverage levels for kindergarten students in Texas is as follows: DTaP 97.2%, Hepatitis A 97.1%, Hepatitis B 98.0%, MMR 97.4%, Polio 97.3%, Varicella 97.1%. The percent of students in Texas that have a conscientious exemption form on file is 0.79%.

Summary of Input from Stakeholder Groups:

Input was solicited via email from the following internal and external stakeholders: Texas Pediatric Society, Texas Medical Association, Texas School Nurse Organization, Texas School Health Alliance, San Antonio Metropolitan Health District, Houston Department of Health and Human Services, Dallas County Health and Human Services, Texas Higher Education Coordinating Board, Texas Education Agency, Texas Department of Family and Protective Services, DSHS Regional Immunization Program Managers, DSHS School Health, and the DSHS Zoonosis Control Branch.

The Immunization Branch received feedback from the Texas Pediatric Society, the Texas Medical Association, school nurses from both nurse organizations, and Region 2/3 and Region 7. Concerns regarding proposed changes to the alternative polio requirements were addressed and the changes were subsequently removed from the proposed rule packet. Additionally, regional program managers contributed with ideas to streamline the rule language. A formal public hearing will be held during the public comment period in January/February 2016. Additional feedback from external stakeholder groups is expected at that time.

Proposed Motion:

Motion to recommend HHSC approval for publication of rules contained in agenda item #4.b.

Approved by Assistant Commissioner/Director: Janna Zumbrun **Date:** 10/29/2015

Presenter: Imelda Garcia **Program:** Infectious Disease Prevention Section **Phone No.:** (512) 776-7679

Approved by CPEA: Carolyn Bivens **Date:** 10/30/2015

Title 25. HEALTH SERVICES

Part 1. DEPARTMENT OF STATE HEALTH SERVICES

Chapter 97. Communicable Diseases

Subchapter B. Immunization Requirements in Texas Elementary and Secondary Schools and Institutions of Higher Education

Amendments §§97.61 - 97.72

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission, on behalf of the Department of State Health Services (department), proposes amendments to §§97.61 - 97.72, concerning immunization requirements in Texas elementary and secondary schools and institutions of higher education.

BACKGROUND AND PURPOSE

Government Code, §2001.039, requires that each state agency review and consider for readoption each rule adopted by that agency pursuant to the Government Code, Chapter 2001 (Administrative Procedure Act). Sections 97.61 - 97.72 have been reviewed and the department has determined that reasons for adopting the sections continue to exist because rules on this subject are required by statute and provide guidance for the ongoing program. However, revisions to the rules are necessary as outlined in this preamble.

The purpose of the amendments is to clarify and optimize procedures, update language and contact information, simplify the immunization requirements by clarifying the requirement schedules, and remove outdated requirement information. The proposed language concerning vaccination requirements is consistent with the national vaccine schedule recommendations, per the Centers for Disease Control and Prevention current Advisory Council on Immunization Practices (ACIP) recommendations (see <http://www.cdc.gov/vaccines/schedules/>). The amendments are necessary to comply with Health and Safety Code, Chapters 81 and 161; Education Code, Chapters 38 and 51; and Human Resources Code, Chapter 42, which require the department to set immunization requirements.

SECTION-BY-SECTION SUMMARY

The proposed amendment to §97.61 reflects the change in the department name from the Texas Youth Commission to the Texas Juvenile Justice Department.

The proposed amendments to §97.62 clarify, update, and improve readability of the rule. The proposed amendments to §97.62(1) clarify that the medical exemption documents must be dated and signed and be presented to the school or child-care facility. Additionally, language used to describe providers able to write medical exemptions is changed from “the child’s physician” to “a physician” who has examined the child or student. The antiquated phrase “duly registered and licensed to practice medicine in the United States” is updated to read “properly licensed and in good standing in any state in the United States.” The word “student” is added to the section not

only to expand this exclusion method to students 18 years of age or older, but also to clarify that the method is available to child-care participants as well as school-age children.

The proposed amendments to §97.62(2) clarify how to obtain an exclusion for reasons of conscience. The changes specify that an affidavit must be signed and notarized; allow students 18 years of age or older the right to sign the affidavit on their own behalf; and clarify that a completed affidavit is valid for a two-year period from the date of notarization. The amendment also revises the language from the title “commissioner of public health” to “commissioner of the department.”

The proposed amendment to §97.62(2)(A) clarifies the method in which a person can request and obtain an exemption affidavit: via online, fax, mail, or hand-delivery to the department. The proposed amendment adds the text “or student,” to include students 18 years of age or older to be consistent with this rule. The changes also contain what information is required in a request for an exemption affidavit to include the full name of the child or student; the child’s or student’s date of birth (month/day/year); complete mailing address, including telephone number; and number of requested forms (not to exceed five forms per child or student).

The proposed amendment to §97.62(2)(B) updates the methods in which requests for affidavit forms can be submitted to the department by including accurate fax number information as well as the corrected Immunization Branch website URL: www.ImmunizeTexas.com.

The proposed amendment to §97.62(2)(C) rearranges the language for improved readability; adds the text "or student" to include students 18 years of age or older to be consistent with this rule; and specifies that the requests will be mailed to the address provided. The proposed amendment to §97.62(2)(D) clarifies the sentence for improved readability.

The proposed amendment to §97.63(2)(B)(i)(I), revises the Poliomyelitis (Polio) vaccine requirements from kindergarten entry to kindergarten through 12th grade to clarify that students must show proof of polio vaccination upon entry to grades kindergarten through 12.

The proposed amendment to §97.63(2)(B)(ii)(I) expands the Diphtheria/Tetanus/Pertussis vaccine requirement from kindergarten entry to kindergarten through 6th grade in order to clarify that students must show proof of the vaccination upon entry to grades kindergarten through 6.

The amendment to §97.63(2)(B)(ii)(III) for Tdap removes the existing verbiage “Beginning SY 2009 - 2010” in items (-a-) and (-b-) to streamline the rules for improved readability.

The proposed amendment to §97.63(2)(B)(iii) removes the Measles/Mumps/Rubella (MMR) vaccination schedule organized by individual school years and grades and creates a blanket MMR requirement for students in grades kindergarten through 12, with considerations to grandfather in students meeting previous requirements. Students enrolling in grades kindergarten through 12 will be required to have two doses of MMR vaccine or two doses of measles and one dose each of mumps and rubella if vaccinated prior to 2009. Removing the schedules for the specific school years and grades prevents the requirements from expiring in the years to come.

The proposed amendment to §97.63(2)(B)(iv)(I) specifies that the Hepatitis B vaccine requirement applies to all students enrolling in grades kindergarten through 12 and removes the redundant phrase “no later than entry into kindergarten.”

The proposed amendment to §97.63(2)(B)(v) deletes the schedules for outdated school years and specific grades for the Varicella requirements and establishes a two-dose varicella requirement for students enrolling in grades kindergarten through 12 beginning with the 2016 - 2017 school year. The proposed amendment is necessary to ensure the existence of a varicella vaccine requirement after the 2015 - 2016 school year. In addition, the proposed amendment streamlines the rule and reflects ACIP varicella recommendations.

The proposed amendment to §97.63(2)(B)(vi), which establishes the Hepatitis A vaccine requirements, simplifies the rule language by removing the schedules for the previous school years and grades.

The proposed amendment to the meningococcal vaccine requirements in §97.63(2)(B)(vii) clarifies that one dose of quadrivalent meningococcal conjugate vaccine (MCV4) is required on or after the student’s 11th birthday to be effective for the 2016 - 2017 school year. The amendment also deletes the schedules for the previous school years and grades.

The proposed amendment to §97.64(b) identifies vaccinations required prior to engaging in health-related course activities, simplifies the language, and identifies additional doses for mumps and varicella vaccines as outlined and recommended by the ACIP. The requirement for the mumps vaccine in §97.64(b)(2)(B) is changed from “one dose” to “two doses,” as recommended by the ACIP.

The proposed amendment to the hepatitis B vaccine requirements in §97.64(b)(3) deletes language referring to serologic confirmation of immunity to hepatitis B virus to clarify the section and allow §97.64(c)(3) to be a stand-alone authority on serologic confirmation of immunity.

The proposed amendment to §97.64(b)(4) changes the varicella vaccine age requirement schedule from "one dose on or after the first birthday, or if the first dose was administered on or after the student’s thirteenth birthday" to “two doses are required,” as recommended by the ACIP.

The proposed amendment to §97.64(c)(1) deletes all the listed regulatory agencies except the ACIP in order to clarify vaccination requirements and prevent differing vaccination schedule recommendations. In addition the amendment updates language to require students to complete their missing doses as rapid as medically feasible instead of “on schedule.” These changes reduce confusion and ensure that students become completely immunized as quickly as possible.

The proposed amendment to §97.64(c)(3) adds language allowing students to show proof of immunity through laboratory confirmation of immunity or disease and removes the limitation of serologic confirmation to better reflect current immunology technologies and tests.

The proposed amendment to §97.64(d) addresses changes in rabies immunity technology by adding §97.64(d)(3), which requires veterinary students to have had one dose of a tetanus-diphtheria toxoid (Td) within the last ten years during enrollment in veterinary school. This added requirement will better protect veterinary students from tetanus infection in the field.

The proposed amendment to §97.65(b) adds the word “student’s” to the phrase “...attesting to a child’s/student’s positive history of varicella disease (chickenpox)” to provide consistency throughout the subchapter.

In accordance with the federal McKinney-Vento Act, which affords homeless students a 30-day provisional enrollment period and a referral to public health programs for the appropriate vaccinations, the proposed amendment to §97.66(b) removes the phrase “public health programs” and replaces it with “health provider” to allow schools to refer homeless students directly to an appropriate provider since not all public health programs are Texas Vaccines for Children providers.

The proposed amendment to §97.67 adds the manner in which immunization records may be maintained by school and child-care facilities (i.e. in paper and/or electronic form), and legitimizes electronic record systems that are already in use throughout Texas. Similarly, the proposed amendment to §97.68 adds electronic health record immunization records as acceptable documented evidence of vaccination if it contains clinic contact information and the physician’s signature/stamp.

The proposed amendment to §97.69 removes gendered pronouns and replaces “he/she” with “the student” to reflect proper rule-writing guidelines.

The proposed amendment to §97.70 adds language to clarify that the department and local health authorities may advise or assist schools in meeting the requirements in Subchapter B.

The proposed amendment to §97.71 removes the word “schools” and replaces it with the phrase “all public school districts and accredited private schools” to ensure equitable compliance standards for differing educational facilities.

The proposed amendment to §97.72 adds language to clarify the purpose of control measures under Texas Health and Safety Code, Chapter 81, Subchapter E, to prevent the spread of disease.

FISCAL NOTE

Imelda Garcia, Director, Infectious Disease Prevention Section, has determined that for each year of the first five years that the sections will be in effect, there will be no fiscal implications to state or local governments as a result of enforcing and administering the sections as proposed.

SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Ms. Garcia has also determined that there will be no adverse impact on small businesses or micro-businesses required to comply with the sections as proposed. This was determined by

interpretation of the rules that small businesses and micro-businesses will not be required to alter their business practices in order to comply with the sections. Therefore, an economic impact statement and regulatory flexibility analysis for small and micro-businesses are not required.

ECONOMIC COSTS TO PERSONS AND IMPACT ON LOCAL EMPLOYMENT

There are no anticipated economic costs to persons who are required to comply with the sections as proposed. There is no anticipated negative impact on local employment.

PUBLIC BENEFIT

In addition, Ms. Garcia has also determined that for each year of the first five years the sections are in effect, the public will benefit from adoption of the sections. The public benefit anticipated as a result of enforcing or administering the sections will be an improvement the health and wellbeing of Texas children and students as they will be more fully protected against vaccine-preventable diseases. Vaccinations are a major part of Texas public health efforts to prevent and control communicable diseases.

REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

TAKINGS IMPACT ASSESSMENT

The department has determined that the proposal does not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, does not constitute a taking under Government Code, §2007.043.

PUBLIC COMMENT

Comments on the proposal may be submitted to Margaret Horton, Department of State Health Services, Infectious Disease Prevention Section, Immunization Branch, Mail Code 1946, P.O. Box 149347, Austin, Texas, 78714-9347, or by email to margaret.horton@dshs.texas.gov. Comments will be accepted for 30 days following publication of the proposal in the *Texas Register*.

PUBLIC HEARING

A public hearing to receive comments on the proposal will be scheduled after publication in the *Texas Register* and will be held at the Department of State Health Services, 1100 West 49th

Street, Austin, Texas, 78756. The meeting date will be posted on the Immunization Branch website at www.ImmunizeTexas.com. Please contact Margaret Horton by phone at (512) 776-6427 or email at margaret.horton@dshs.texas.gov, or Debbie Meischen by phone (512) 776-6319 or email at deborah.meischen@dshs.texas.gov for additional information.

LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

STATUTORY AUTHORITY

The amendments are authorized by Health and Safety Code, §81.023, which provides the department the authority to develop immunization requirements for children; Health and Safety Code, §81.081, which grants the department the authority to impose control measures to prevent the spread of disease and protect the public health; Health and Safety Code, §161.004, which allows the department to develop and implement immunization requirements for vaccine-preventable diseases and provides avenues for exemptions from immunization requirements; Health and Safety Code, §161.0041, which delineates requirements for the Immunization Exemption Affidavit Form; Education Code §38.001, which grants the department the authority to require immunizations for school entry; Education Code, §38.002, which requires the department to develop and administer the Annual Report of Immunization Status of Students in conjunction with the Texas Education Agency (TEA); and Government Code, §531.0055, and Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Health and Safety Code, Chapter 1001. Review of the rules implements Government Code, §2001.039.

The amendments affect Education Code, Chapter 38; Health and Safety Code, Chapters 81; 161 and 1001; and Government Code, Chapters 531 and 2001.

Legend: Proposed Amendments

Single Underline = Proposed new language

[Bold, Print, and Brackets] = Current language proposed for deletion

Regular Print = Current language

(No change.) = No changes are being considered for the designated subdivision

§97.61. Children and Students Included in Vaccine Requirements.

(a) (No change.)

(b) The vaccines required in this section are also required for all children in the State of Texas, including children admitted, detained, or committed in Texas Department of Criminal Justice, Department of State Health Services, and the Texas Juvenile Justice Department (TJJD) **[Texas Youth Commission]** facilities.

(c) (No change.)

§97.62. Exclusions from Compliance.

Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States. Children and students in these categories must submit evidence for exclusion from compliance as specified in the Health and Safety Code, §161.004(d), Health and Safety Code, §161.0041, Education Code, Chapter 38, Education Code, Chapter 51, and the Human Resources Code, Chapter 42.

(1) To claim an exclusion for medical reasons, the child or student must present an exemption [a] statement to the school or child-care facility, dated and signed by a [the child's] physician (M.D. or D.O.), properly licensed and in good standing in any state in the United States [duly registered and licensed to practice medicine in the United States] who has examined the child or student. The statement must state [, in which it is stated] that, in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or student or any member of the child's or student's household. Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

(2) To claim an exclusion for reasons of conscience, including a religious belief, the child's parent, legal guardian, or a student 18 years of age or older must present to the school or child-care facility a completed, signed and notarized affidavit on a form provided by the department [must be presented by the child's parent or legal guardian,] stating that the child's parent, [or] legal guardian, or the student declines vaccinations for reasons of conscience, including because of the person's religious beliefs. The affidavit will be valid for a two-year period from the date of notarization. A [The] child or student, who has not received the required immunizations for reasons of conscience, including religious beliefs, may be excluded from school in times of emergency or epidemic declared by the commissioner of the department [public health].

(A) A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a **[written]** request (via online, fax, mail, or hand-delivery) to the department. The request must include the following information:

- (i) full name of child or student; and
- (ii) child's or student's date of birth (month/day/year);
- (iii) complete mailing address, including telephone number; and
- (iv) number of requested affidavit forms (not to exceed 5).

(B) Requests for affidavit forms must be submitted to the department through one of the following methods:

- (i) (No change.)
- (ii) by facsimile to (512) 776-7544 [**at (512) 458-7544**];
- (iii) by hand-delivery to [at] the department's physical address at 1100 West 49th Street, Austin, Texas 78756; or
- (iv) via the department's Immunization program **[Internet]** website (at www.ImmunizeTexas.com [go to **www.ImmunizeTexas.org**]).

(C) The department will mail the requested affidavit form(s) [Upon request, one affidavit form for each child will be mailed unless otherwise specified (shall) (not to exceed [a maximum of] five forms per child or student) to the specified mailing address.

(D) The department shall not maintain a record of the names of individuals who request an affidavit and shall return the original documents (when [request (where) applicable) with the requested affidavit forms [forms requested].

(3) (No change.)

§97.63. Immunization Requirements in Child-care Facilities, Pre-Kindergarten, Early Childhood Programs, and Texas Elementary and Secondary Schools.

Every child in the state shall be vaccinated against vaccine-preventable diseases caused by infectious agents, in accordance with the following immunization schedule. While the department recommends that providers immunize children according to the recommendations found on the department's website at www.ImmunizeTexas.com, this section sets out minimum immunization requirements for school entry for the child. The child must have the indicated vaccinations by the grade level indicated. The vaccination schedule also indicates the grade

before which the child should not obtain the specific vaccination. A copy of the current recommended schedule is available at www.ImmunizeTexas.com, or by mail by writing the Department of State Health Services, Mail Code 1946, P. O. Box 149347, Austin, Texas 78714-9347.

(1) (No change.)

(2) For diseases listed below, a child or 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.

(A) (No change.)

Figure: 25 TAC §97.63(2)(A) (No change.)

(B) Students in kindergarten through twelfth grade shall have the following vaccines, according to the schedule listed.

(i) Poliomyelitis.

(I) Kindergarten through twelfth grade [entry]. Students are required to have four doses of polio vaccine--one of which must have been received on or after the fourth birthday. Or, if the third dose was administered on or after the fourth birthday, only three doses are required. Four doses of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) in any combination by age four to six years old is considered a complete series, regardless of age at the time of the third dose.

(II) (No change.)

(ii) Diphtheria/Tetanus/Pertussis.

(I) Kindergarten through sixth grade [entry]. Students are required to have five doses of a diphtheria/tetanus/pertussis-containing vaccine --[-]one of which must have been received on or after the fourth birthday. Or, if the fourth dose was administered on or after the fourth birthday, only four doses are required.

(II) (No change.)

(III) Tdap.

(-a-) Seventh grade. Students are [Beginning SY 2009 - 2010, students will be] required to have one booster dose of a tetanus/diphtheria/pertussis-containing vaccine for entry into the 7th grade, if at least five years have passed since the last dose of a tetanus-containing vaccine. If five years have not elapsed since the last dose of a tetanus-containing vaccine at entry into the 7th grade, then this dose will

become due as soon as the five-year interval has passed. Td vaccine is an acceptable substitute, if Tdap vaccine is medically contraindicated.

(-b-) Grades 8 - 12. Students [Beginning SY 2009 - 2010, students] who have not already received Tdap vaccine are required to receive one booster dose of Tdap when ten years have passed since the last dose of a tetanus-diphtheria-containing vaccine.

(IV) (No change.)

(iii) MMR. Beginning SY 2016 - 2017 [2009 - 2010], students enrolling in kindergarten through 12th grade are required to have two doses of MMR vaccine with the first dose received on or after the first birthday. Students vaccinated prior to 2009 with two doses of measles and one dose each of rubella and mumps satisfy this requirement. **[for the following grades and school years:]**

[(I) SY 2009 - 2010: K;]

[(II) SY 2010 - 2011: K - 1;]

[(III) SY 2011 - 2012: K - 2;]

[(IV) SY 2012 - 2013: K - 3;]

[(V) SY 2013 - 2014: K - 4;]

[(VI) SY 2014 - 2015: K - 5;]

[(VII) SY 2015 - 2016: K - 6;]

[(VIII) SY 2016 - 2017: K - 7;]

[(IX) SY 2017 - 2018: K - 8;]

[(X) SY 2018 - 2019: K - 9;]

[(XI) SY 2019 - 2020: K - 10;]

[(XII) SY 2020 - 2021: K - 11; and]

[(XIII) SY 2021 - 2022: K - 12.]

(iv) Hepatitis B.

(I) Students enrolling in kindergarten through 12th grade are required to have three doses of hepatitis B vaccine **[no later than entry into kindergarten].**

(II) (No change.)

(v) Varicella. Beginning SY 2016 - 2017 [**2009 – 2010**], students enrolling in kindergarten through 12th grade are required to have two doses of varicella vaccine received on or after the first birthday. [**for the following grades and school years (Two doses are required if the child was thirteen years old or older at the time the first dose of varicella vaccine was received):**]

[(I) SY 2009 - 2010: K, 7;]

[(II) SY 2010 - 2011: K - 1, 7 - 8;]

[(III) SY 2011 - 2012: K - 2, 7 - 9;]

[(IV) SY 2012 - 2013: K - 3, 7 - 10;]

[(V) SY 2013 - 2014: K - 4, 7 - 11;]

[(VI) SY 2014 - 2015: K - 5, 7 - 12; and]

[(VII) SY 2015 - 2016: K - 12.]

(vi) Hepatitis A. For SY 2016 - 2017 [**2009 - 2010**], students are required to have two doses of hepatitis A vaccine with the first dose received on or after the first birthday for the following grades and school years:

[(I) SY 2009 - 2010: K;]

[(II) SY 2010 - 2011: K - 1;]

[(III) SY 2011 - 2012: K - 2;]

[(IV) SY 2012 - 2013: K - 3;]

[(V) SY 2013 - 2014: K - 4;]

[(VI) SY 2014 - 2015: K - 5;]

[(VII) SY 2015 - 2016: K - 6;]

(I) [(VIII)] SY 2016 - 2017: K - 7;

(II) [(IX)] SY 2017 - 2018: K - 8;

(III) [(X)] SY 2018 - 2019: K - 9;

(IV) [(**XI**)] SY 2019 - 2020: K - 10;

(V) [(**XII**)] SY 2020 - 2021: K - 11; and

(VI) [(**XIII**)] SY 2021 - 2022: K - 12.

(vii) Meningococcal.

[(I) Students are required to have one dose of meningococcal vaccine for the following grades and school years:]

[(-a-) SY 2009 - 2010: 7;]

[(-b-) SY 2010 - 2011: 7 - 8;]

[(-c-) SY 2011 - 2012: 7 - 9;]

[(-d-) SY 2012 - 2013: 7 - 10;]

[(-e-) SY 2013 - 2014: 7 - 11; and]

[(-f-) SY 2014 - 2015: 7 - 12.]

[(II)] Effective SY 2016 - 2017 [2015 - 2016], students **[aged 11 - 12 years or]** enrolling in 7th - 12th grades are required to have one dose of quadrivalent meningococcal conjugate vaccine (MCV4) on or after the student's 11th birthday.

§97.64. Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education.

(a) (No change.)

(b) Vaccines Required. Students must have **[the]** all of the following vaccinations before they may engage in the course activities described in subsection (a) of this section:

(1) Tetanus-Diphtheria Vaccine [Tetanus-diphtheria]. One dose of a tetanus-diphtheria toxoid (Td) is required within the last ten years. The booster dose may be in the form of a tetanus-diphtheria-pertussis containing vaccine (Tdap).

(2) Measles, Mumps, and Rubella Vaccines.

(A) (No change.)

(B) Students born on or after January 1, 1957, must show, prior to patient contact, acceptable evidence of vaccination of two doses **[one dose]** of a mumps vaccine.

(C) (No change.)

(3) Hepatitis B Vaccine. Students are required to receive a complete series of hepatitis B vaccine prior to the start of direct patient care **[or show serologic confirmation of immunity to hepatitis B virus]**.

(4) Varicella Vaccine. Students are required to have received two doses **[one dose]** of varicella (chickenpox) vaccine **[on or after the student's first birthday or, if the first dose was administered on or after the student's thirteenth birthday, two doses of varicella (chickenpox) vaccine are required]**.

(c) Limited Exceptions:

(1) Notwithstanding the other requirements in this section, a student may be provisionally enrolled in these courses if the student has received at least one dose of each specified vaccine prior to enrollment and goes on to complete each vaccination series as rapid as medically feasible **[on schedule]** in accordance with the Centers for Disease Control and Prevention's Recommended Adult Immunization Schedule as approved by the Advisory Committee on Immunization Practices (ACIP) **[, American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), and the American College of Physicians]**. However, the provisionally enrolled student may not participate in coursework activities involving the contact described in subsections (a) and/or (d) of this section until the full vaccination series has been administered.

(2) (No change.)

(3) The immunization requirements in subsections (b) and (d) of this section are not applicable to individuals who can properly demonstrate proof of laboratory **[serological]** confirmation of immunity or laboratory confirmation of disease. Vaccines for which this may be potentially demonstrated, and acceptable methods for demonstration, are found in §97.65 of this title (relating to Exceptions to Immunization Requirements (Verification of Immunity/History of Illness)). Such a student cannot participate in coursework activities involving the contact described in subsection (a) of this section until such time as proper documentation has been submitted and accepted.

(d) Students enrolled in schools of veterinary medicine.

(1) Rabies Vaccine. Students enrolled in schools of veterinary medicine whose coursework involves direct contact with animals or animal remains shall receive a complete primary series of rabies vaccine prior to such contact. Serum antibody levels must be checked every two years, with a booster dose of rabies vaccine administered if the rabies virus-neutralizing antibody response **[titer]** is inadequate according to current Centers for Disease Control and Prevention guidelines **[guidance]**.

(2) (No change.)

(3) Tetanus-Diphtheria Vaccine. One dose of a tetanus-diphtheria toxoid (Td) is required within the last ten years. The booster dose may be in the form of a tetanus-diphtheria-pertussis containing vaccine (Tdap).

(e) (No change.)

§97.65. Exceptions to Immunization Requirements (Verification of Immunity/History of Illness).

(a) (No change.)

(b) A written statement from a parent (or legal guardian or managing conservator), school nurse, or physician attesting to a child's/student's **[child's]** positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease (see form at <http://www.dshs.state.tx.us/immunize/docs/c-9.pdf>).

§97.66. Provisional Enrollment for (Non-Higher Education; Non-Veterinary) Students.

(a) (No change.)

(b) A student who is homeless, as defined by §103 of the McKinney Act, 42 USC §11302, shall be admitted temporarily for 30 days if acceptable evidence of vaccination is not available. The school shall promptly refer the student to an appropriate health provider **[public health programs]** to obtain the required vaccinations.

§97.67. School Records.

All schools and child-care facilities are required to maintain immunization records sufficient for a valid audit or other assessment to be completed by federal, state and/or local public health officials. Immunization records may be maintained in paper and/or electronic form.

§97.68. Acceptable Evidence of Vaccination(s).

(a) (No change.)

(b) Documentation of vaccines administered that include the signature or stamp of the physician or physician's **[his/her]** designee, or public health personnel, is acceptable. Immunization records generated from electronic health record systems must include clinic contact information and the provider's signature/stamp.

(c) - (d) (No change.)

§97.69. Transfer of Immunization Records.

(a) A student can be enrolled provisionally for no more than 30 days if the student [he/she] transfers from one Texas school to another, and is awaiting the transfer of the immunization record.

(b) A dependent of a person who is on active duty with the armed forces of the United States can be enrolled provisionally for no more than 30 days if the student [he/she] transfers from one school to another and is awaiting the transfer of the immunization record.

§97.70. Review of Records and Providing Assistance.

Representatives of the department and local health authorities may advise and assist schools in meeting the [these] requirements delineated in this subchapter. The department shall conduct periodic review of school immunization records in order to determine compliance with this subchapter.

§97.71. Annual Report of Immunization Status of Students.

All public school districts and accredited private schools [Schools] shall submit annual reports of the immunization status of students, in a format prescribed by the department, to monitor compliance with the immunization [these] requirements.

§97.72. Additional Vaccination Requirements.

Under Texas Health and Safety Code, Chapter 81, Subchapter E, additional vaccinations may be required by the department and/or the local health authority in specific situations under the mechanism of a control order containing control measures to prevent the spread of disease.