

## Indiana 2022-2023 Required and Recommended School Immunizations

Grade	Required		Recommended
<b>Pre-K</b>	3 Hepatitis B 4 DTaP (Diphtheria, Tetanus & Pertussis) 3 Polio	1 Varicella (Chickenpox) 1 MMR (Measles, Mumps & Rubella) 2 Hepatitis A	Annual influenza COVID-19
<b>K-5<sup>th</sup> grade</b>	3 Hepatitis B 5 DTaP 4 Polio	2 Varicella 2 MMR 2 Hepatitis A	Annual influenza COVID-19
<b>6<sup>th</sup>-11<sup>th</sup> grade</b>	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 1 MCV4 (Meningococcal) 1 Tdap (Tetanus, Diphtheria & Pertussis)	Annual influenza 2/3 HPV (Human papillomavirus) COVID-19
<b>12<sup>th</sup> grade</b>	3 Hepatitis B 5 DTaP 4 Polio 2 Varicella	2 MMR 2 Hepatitis A 2 MCV4 1 Tdap	Annual influenza 2/3 HPV 2 MenB (Meningococcal) COVID-19

**HepB:** The minimum age for the 3<sup>rd</sup> dose of Hepatitis B is 24 weeks of age.

**DTaP:** 4 doses of DTaP/DTP/DT are acceptable if 4<sup>th</sup> dose was administered on or after child's 4<sup>th</sup> birthday.

**Polio\*:** 3 doses of Polio are acceptable for all grade levels if the 3<sup>rd</sup> dose was given on or after the 4<sup>th</sup> birthday and at least 6 months after the previous dose.

\*For students in all grades K-12, the final dose must be administered on or after the 4<sup>th</sup> birthday and be administered at least 6 months after the previous dose.

**Varicella:** Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12<sup>th</sup> grade. Parent report of disease history is not acceptable.

**Tdap:** There is no minimum interval from the last Td dose.

**MCV4:** Individuals who receive dose 1 on or after the 16<sup>th</sup> birthday only need 1 dose of MCV4.

**Hepatitis A:** The minimum interval between 1<sup>st</sup> and 2<sup>nd</sup> dose is 6 calendar months. 2 doses are required for all grades Pre-K through 12.

**COVID-19:** COVID-19 vaccine is recommended for all students five years of age and older per CDC and FDA's Emergency Use Authorization. **Review required after FDA full approval.**