



KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.



Who We Are



- Nonprofit, nonpartisan educational organization based in Topeka.
- Established in 1995 with a multi-year grant by the Kansas Health Foundation.
- Committed to convening meaningful conversations around tough topics related to health.





Ad Astra ECHO[®] Series

Immunizations in Kansas





KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

Immunizations for Adolescents and Young Adults

May 3, 2024



Today's Agenda

- 10:00 Welcome**
- 10:05 Presentation**
- 10:30 Panel Discussion**
- 11:20 Closing Remarks**
- 11:30 Adjourn**



Hello!

Today's Presenter

Krissi O'Dell, RN, BSN
Immunization Nurse Educator
Infectious Disease Management Section
Bureau of Disease Control and Prevention
Kansas Department of Health and
Environment (KDHE)





Immunizations for Adolescents and Young Adults

Krissi O'Dell, RN BSN | May 2024

Learning Objectives:

- Break down the Advisory Committee on Immunization Practices (ACIP) Immunization Schedule for adolescents and young adults.
- Discuss the 2024-2025 Kansas school immunization requirements.
- Briefly discuss the Kansas Statutes as they relate to school immunizations.
- Identify resources to educate and promote vaccination for adolescents and young adults.

2024 Recommended Immunization Schedule

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES
2024

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus™
Vaccine	Abbreviation(s)	Trade name(s)
COVID-19	1vCOV-mRNA	Comirnaty*/Pfizer-BioNTech COVID-19 Vaccine Spikevax*/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia*
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel* Infanrix*
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHib* Hiberix*
	Hib (PRP-OMP)	PedvaxHib*
Hepatitis A vaccine	HepA	Havrix* Vaqta*
Hepatitis B vaccine	HepB	Engerix-B* Recombivax HB*
Human papillomavirus vaccine	HPV	Gardasil 9*
Influenza vaccine (inactivated)	IIV4	Multiple
Influenza vaccine (live, attenuated)	LAIV4	FluMist* Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R II* Priorix*
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM MenACWY-TT	Menveo* MenQuadfi*
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero* Trumenba*
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya™
Mpox vaccine	Mpox	Jynneos*
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance™ Prevnar 20*
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23*
Poliovirus vaccine (inactivated)	IPV	Ipol*
Respiratory syncytial virus vaccine	RSV	Abrysvo™
Rotavirus vaccine	RV1 RV5	Rotarix* RotaTeq*
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel* Boostrix*
Tetanus and diphtheria vaccine	Td	Tenivac* Tdvax™
Varicella vaccine	VAR	Varivax*
Combination vaccines (use combination vaccines instead of separate injections when appropriate)		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix*
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel*
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix* Quadricel*
DTaP, inactivated poliovirus, Haemophilus influenzae type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis*
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad*

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

11/16/2023

How to use the child and adolescent immunization schedule

- 1** Determine recommended vaccine by age (Table 1)
- 2** Determine recommended interval for catch-up vaccination (Table 2)
- 3** Assess need for additional recommended vaccines by medical condition or other indication (Table 3)
- 4** Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)
- 5** Review contraindications and precautions for vaccine types (Appendix)
- 6** Review new or updated ACIP guidance for vaccine types (Addendum)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American Academy of Pediatrics (www.aap.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Associates (www.aapa.org), and National Association of Pediatric Nurse Practitioners (www.napnap.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays



Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/vaccines/acip/acip-scdm-faqs.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Scan QR code
for access to
online schedule

CS110220-D

2024 Recommended Immunization Schedule

Child and Adolescent Immunization Schedule by Age

Recommendations for Ages 18 Years or Younger, United States, 2024

[Print](#)

Using the schedule

To make vaccination recommendations, healthcare providers should:


1. Determine recommended vaccine by age ([Table 1](#))
2. Determine recommended interval for catch-up vaccination ([Table 2](#))
3. Assess need for additional recommended vaccines by medical condition or other indication ([Table 3](#))
4. Review vaccine types, frequencies, intervals, and considerations for special situations ([Notes](#))
5. Review contraindications and precautions for vaccine types ([Appendix](#))
6. Review new or updated ACIP guidance ([Addendum](#))

For Parents

Parent-friendly schedules

- [Birth to 6 years](#)
- [7 to 18 years](#)

Vaccines your child may need: Get a personalized list of recommended vaccines


 [Get email updates](#)

The Immunization Schedule

Vaccines in the schedule	Table 1. By age	Table 2. Catch-up schedule
Table 3. By medical indications	Vaccination notes	Appendix
Addendum		

Download the Schedule

[Print the schedule, color](#) 

[Print the schedule, black & white](#) 

[Download the mobile app](#)

More Schedule Resources

[Compliant version of the schedule](#)

[Schedule changes and guidance](#)

[Syndicate the schedules on your website](#)

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind

United States, 2024

[Print](#)

Using the schedule

To make vaccination recommendations, healthcare providers should:


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The Immunization Schedule

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More Schedule Resources

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2024 Recommended Immunization Catch-Up Schedule

The tables below provide catch-up schedules and minimal intervals between doses for children based on age whose vaccinations have been delayed.

Table 1. By age	 Table 2. Catch-up schedule	Table 3. By medical indications
Vaccination notes	Appendix	 Get email updates


Download the Schedule

More Schedule Resources

Print the schedule, color 

Schedule changes and guidance

Vaccines in the schedule









Print the schedule, black & white 

Syndicate the schedules on your website


Download the mobile app


Vaccine Catch-Up Guidance

CDC has developed catch-up guidance job aids to assist healthcare providers in interpreting Table 2 in the child and adolescent immunization schedule.


- 
[Pneumococcal Conjugate Vaccine \(PCV\) Catch-Up Guidance for Children 4 Months through 4 Years of Age](#)  [3 pages]
- [Haemophilus influenzae type b-Containing Vaccines Catch-Up Guidance for Children 4 Months through 4 Years of Age](#)
 - [Hib vaccine products: ActHIB, Hiberix, Pentacel, Vaxelis, or Unknown](#)  [3 pages]
 - [Hib vaccine products: PedvaxHIB only](#)  [2 pages]
- [Diphtheria-, Tetanus-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 4 Months through 6 Years of Age](#)  [2 pages]
- [Inactivated Polio Vaccine \(IPV\)](#)  [2 pages]
- [Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 7 through 9 Years of Age](#)  [2 pages]
- [Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines Catch-Up Guidance for Children 10 through 18 Years of Age](#)  [2 pages]

School Immunization Requirements



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Immunization Requirements

School & Child Care Immunization

Vaccination efforts by school and public health officials, immunization providers, and parents are key to the success of protecting our children and communities from vaccine preventable diseases. Find the resources you need on this page, including information about state regulations, requirements, and consent forms.



BeeWise Immunize

[Forms](#) **[Requirements & Regulations](#)** [Resources](#)

Requirements

- [K-12 School Requirement 24-25 \(PDF\)](#)
- [Kansas School Phase in Approach \(PDF\)](#)
- [School Requirement Memo for Child Care Facilities & Programs Operated by Schools 24-25 \(PDF\)](#)

School Immunization Requirements

Division of Public Health
Curtis State Office Building
1000 SW Jackson St., Suite 300
Topeka, KS 66612-1368



Phone: 785-296-1086
www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

KANSAS SCHOOL KINDERGARTEN THROUGH GRADE 12 IMMUNIZATION REQUIREMENTS FOR 2024-2025 SCHOOL YEAR

Immunization requirements and recommendations for the 2024-2025 school year are based on the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommendations. The current recommended and minimum interval immunization schedules may be found on the [CDC webpage](#). The best disease prevention is achieved by adhering to the recommended schedule. However, if a child falls behind, the [catch-up schedule](#) is implemented. To avoid missed opportunities, immunization providers may use a [4-day grace period](#), in most instances, per age and interval between doses. In such cases, these doses may be counted as valid.

[K.S.A. 72-6261](#) - Kansas Statutes Related to School Immunizations Requirements and [K.A.R. 28-1-20](#), published July 18, 2019 in the [Kansas Register](#), defines the immunizations required for school and early childhood program attendance.

- **Diphtheria, Tetanus, Pertussis (DTaP/Tdap)**: Five doses required. Doses should be given at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years (prior to kindergarten entry). The 4th dose may be given as early as 12 months of age, if at least 6 months have elapsed since dose 3. The 5th dose is not necessary if the 4th dose was administered at age 4 years or older. A dose of **Tdap** is required at entry to 7th grade (11-12 years).
- **Hepatitis A (Hep A)**: Two doses required. Doses should be given at 12-23 months with a minimum interval of 6 months between the 1st and 2nd dose.
- **Hepatitis B (Hep B)**: Three doses required. Doses should be given at birth, 1-2 months, and 6-18 months. Minimum age for the final dose is 24 weeks.
- **Measles, Mumps, and Rubella (MMR)**: Two doses required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). Minimum age is 12 months and interval between doses may be as short as 28 days.
- **Meningococcal Serogroup A,C,W,Y (MenACWY)**: Two doses required. Doses should be given at entry to 7th grade (11-12 years) and 11th grade (16-18 years). For children 16-18 years, with no previous MenACWY, only one dose is required.
- **Poliomyelitis (IPV/OPV)**: Four doses required. Doses should be given at 2 months, 4 months, 6-18 months, and 4-6 years (prior to kindergarten entry). Three doses are acceptable if 3rd dose was given after 4 years of age and at least 6 months have elapsed since dose 2.
- **Varicella (Chickenpox)**: Two doses are required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). The 2nd dose may be administered as early as 3 months after the 1st dose, however, a dose administered after a 4-week interval is considered valid. No doses are required when student has history of varicella disease documented by a licensed physician.

Legal alternatives to school vaccination requirements are found in [K.S.A. 72-6262](#).

In addition, to the immunizations required for school entry the following vaccines are recommended to protect students:

- **Human Papillomavirus (HPV)**: Two doses *recommended* at 11 years of age or three doses if the series is started after 15 years.
- **Influenza** and **COVID-19**: Annual vaccination *recommended* for all ages ≥ 6 months of age.

Vaccination efforts by school and public health officials, immunization providers, and parents are key to the success of protecting our children and communities from vaccine preventable diseases. Thank you for your dedication.

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Division of Public Health
Curtis State Office Building
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Topeka, KS 66612-1368



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www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

LICENSED CHILD CARE FACILITIES AND EARLY CHILDHOOD PROGRAMS OPERATED BY SCHOOLS IMMUNIZATION REQUIREMENTS FOR 2024-2025 SCHOOL YEAR

Immunization requirements and recommendations for the 2024-2025 school year are based on the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommendations. The current recommended and minimum interval immunization schedules may be found on the [CDC webpage](#). The best disease prevention is achieved by adhering to the recommended schedule. However, if a child falls behind, the [catch-up schedule](#) is implemented. To avoid missed opportunities, immunization providers may use a [4-day grace period](#), in most instances, per age and interval between doses. In such cases, these doses may be counted as valid.

[K.A.R. 28-1-20](#), published July 18, 2019 in the [Kansas Register](#), defines the immunizations required for children attending child care facilities and early childhood programs licensed by the Kansas Department of Health and Environment (KDHE).

- **Diphtheria, Tetanus, Pertussis (DTaP)**: Five doses required. Doses should be given at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years (prior to kindergarten entry). The 4th dose may be given as early as 12 months of age, if at least 6 months have elapsed since dose 3. The 5th dose is not necessary if the 4th dose was administered at age 4 years or older.
- **Haemophilus influenzae type b (Hib)**: Three to four doses required for children less than 5 years of age. Brands of vaccine approved for a three-dose series should be given at 2 months, 4 months, and 12-15 months. Brands of vaccine approved for a four-dose series should be given at 2 months, 4 months, 6 months, and 12-15 months. Total doses needed for series completion is dependent on the type of vaccine administered and the age of the child when doses were given.
- **Hepatitis A (Hep A)**: Two doses required. Doses should be given at 12-23 months with a minimum interval of 6 months between the 1st and 2nd dose.
- **Hepatitis B (Hep B)**: Three doses required. Doses should be given at birth, 1-2 months, and 6-18 months. Minimum age for the final dose is 24 weeks.
- **Measles, Mumps, and Rubella (MMR)**: Two doses required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). Minimum age is 12 months and interval between doses may be as short as 28 days.
- **Pneumococcal conjugate (PCV)**: Four doses required for children less than 5 years of age. Doses should be given at 2 months, 4 months, 6 months, and 12-15 months. Total doses needed for series completion is dependent on the age of the child when doses were given.
- **Poliomyelitis (IPV/OPV)**: Four doses required. Doses should be given at 2 months, 4 months, 6-18 months, and 4-6 years (prior to kindergarten entry). Three doses are acceptable if 3rd dose was given after 4 years of age and at least 6 months have elapsed since dose 2.
- **Varicella (Chickenpox)**: Two doses are required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). The 2nd dose may be administered as early as 3 months after the 1st dose, however, a dose administered after a 4-week interval is considered valid. No doses are required when student has history of varicella disease documented by a licensed physician.

Legal alternatives to school vaccination requirements are found at [K.S.A. 72-6262](#). In addition to the immunizations required for children attending child care facilities licensed by KDHE and early childhood programs operated by schools, other vaccine recommendations are:

- **Rotavirus**: Two or three doses are *recommended* for < 8 months of age. Total doses needed for series completion is dependent on the type of vaccine administered and the age of the child when doses were given.
- **Influenza** and **COVID-19**: Annual vaccination *recommended* for all ages ≥ 6 months of age. Number of doses is dependent on age and number of doses given in previous years.

Vaccination efforts by school and public health officials, immunization providers and parents are key to the success of protecting our children and communities from vaccine preventable disease. Thank you for your dedication.

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kdhe.ks.gov/DocumentCenter/View/21272/2024-2025-School-Requirement-K-12-PDF?bidId=

kdhe.ks.gov/DocumentCenter/View/21275/2024-2025-School-Requirement-Memo-Child-Care-Facilities-and-Programs-Operated-by-Schools-PDF?bidId=

To protect and improve the health and environment of all Kansans

Meningococcal A, C, W, Y Schedule and Catch-Up

Two Doses are required

Dose 1 – Given at age 11 years (at entry to 7th grade)

Dose 2 - Given at age 16 years (at entry to 11th grade)

Catch-Up

If the first dose is received at 16 years or older, only 1 dose is required.

Other considerations

If the first dose is administered at age 10 years, the dose can be counted as a valid dose.

Available vaccines

Menveo, MenQuadfi

Meningococcal serogroup A,C,W,Y vaccination
(minimum age: 2 months [MenACWY-CRM, Menveo],
2 years [MenACWY-TT, MenQuadfi], 10 years
[MenACWY-TT/MenB-FHbp, Penbraya])

Routine vaccination

- 2-dose series at age 11–12 years; 16 years

Catch-up vaccination

- Age 13–15 years: 1 dose now and booster at age 16–18 years (minimum interval: 8 weeks)
- Age 16–18 years: 1 dose

First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) or military recruits:

- 1 dose **Menveo**** or **MenQuadfi***

Bexsero

2 dose series at least 1 month apart

Trumenba

2 dose series at least 6 months apart

Meningococcal serogroup B vaccination
(minimum age: 10 years [MenB-4C, Bexsero[®];
MenB-FHbp, Trumenba[®]; MenACWY-TT/MenB-FHbp,
Penbraya[™]])

Shared clinical decision-making

- **Adolescents not at increased risk** age 16–23 years (preferred age 16–18 years) based on shared clinical decision-making:
 - **Bexsero[®]**: 2-dose series at least 1 month apart
 - **Trumenba[®]**: 2-dose series at least 6 months apart (if dose 2 is administered earlier than 6 months, administer a 3rd dose at least 4 months after dose 2)

For additional information on shared clinical decision-making for MenB, see www.cdc.gov/vaccines/hcp/admin/downloads/isd-job-aid-scdm-mening-b-shared-clinical-decision-making.pdf

Penbraya - Meningococcal A, B, C, W, Y Vaccine

Pfizer's MenABCWY vaccine may be used when both MenACWY and MenB are indicated at the same visit.*

*1) Healthy individuals aged 16–23 years (routine schedule) when shared clinical decision-making favors administration of MenB vaccination

2) individuals aged 10 years and older at increased risk of meningococcal disease (For example: due to persistent complement deficiencies, complement inhibitor use, or functional or anatomic asplenia) due for both vaccines.

[cdc.gov/vaccines/acip/recommendations.html](https://www.cdc.gov/vaccines/acip/recommendations.html)

[cdc.gov/mmwr/volumes/73/wr/mm7315a4.htm](https://www.cdc.gov/mmwr/volumes/73/wr/mm7315a4.htm)

[cdc.gov/vaccines/vpd/mening/hcp/adolescent-vaccine.html](https://www.cdc.gov/vaccines/vpd/mening/hcp/adolescent-vaccine.html)

[cdc.gov/vaccines/vpd/mening/index.html](https://www.cdc.gov/vaccines/vpd/mening/index.html)

Tdap and Td Schedule and Catch-Up

1 Dose required for entry to 7th grade (11-12 years)

Other considerations

If a dose is given at age 10 years of age, the dose will count for the 7th grade (11–12-year-old) dose

If a dose is given between ages 7-9 years, the routine 11-year-old dose should be given.

Available vaccines

Tdap - Adacel, Boostrix

Td - Tenivac, Tdvax

Tetanus, diphtheria, and pertussis (Tdap) vaccination
(minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Age 11–12 years:** 1 dose Tdap (adolescent booster)
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

Note: Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Age 13–18 years who have not received Tdap:**
1 dose Tdap (adolescent booster)
- **Age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at age 7–10 years:**
 - **Age 7–9 years** who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years.
 - **Age 10 years** who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years.
- **DTaP inadvertently administered on or after age 7 years:**
 - **Age 7–9 years:** DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years.
 - **Age 10–18 years:** Count dose of DTaP as the adolescent Tdap booster dose.

Tdap Td

Tetanus, diphtheria, and pertussis (Tdap) vaccination

(minimum age: 11 years for routine vaccination, 7 years for catch-up vaccination)

Routine vaccination

- **Age 11–12 years:** 1 dose Tdap (adolescent booster)
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36.

Note: Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination

- **Age 13–18 years who have not received Tdap:** 1 dose Tdap (adolescent booster)
- **Age 7–18 years not fully vaccinated* with DTaP:** 1 dose Tdap as part of the catch-up series (preferably the first dose); if additional doses are needed, use Td or Tdap.
- **Tdap administered at age 7–10 years:**
 - **Age 7–9 years** who receive Tdap should receive the adolescent Tdap booster dose at age 11–12 years.
 - **Age 10 years** who receive Tdap do not need the adolescent Tdap booster dose at age 11–12 years.
- **DTaP inadvertently administered on or after age 7 years:**
 - **Age 7–9 years:** DTaP may count as part of catch-up series. Administer adolescent Tdap booster dose at age 11–12 years.
 - **Age 10–18 years:** Count dose of DTaP as the adolescent Tdap booster dose.

Catch-Up Guidance for Children 10 through 18 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td

children whose vaccinations have been delayed. Start with the child's (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Immunization Schedule for Ages 18 Years or Younger, found at [/child-adolescent.html](#).

Catch-Up Guidance for Children 7 through 9 Years of Age

Tetanus-, Diphtheria-, and Pertussis-Containing vaccines: Tdap/Td¹

The table below provides guidance for children whose vaccinations have been delayed. Start with the child's age and information on previous doses (previous doses must be documented and must meet minimum age requirements and minimum intervals between doses). Use this table in conjunction with table 2 of the Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, found at [www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](#).

IF current age is	AND # of previous doses of DTaP, DT, Td, or Tdap is	AND	AND	AND	THEN	Next dose due
7 through 9 years ¹	Unknown or 0	→	→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	1	Dose 1 was given before 12 months of age	→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
		Dose 1 was given at 12 months of age or older	It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
			It has not been at least 4 weeks since Dose 1	Dose 1 was not Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	2	Dose 1 was given before 12 months of age	It has been at least 4 weeks since Dose 2	Dose 2 was Tdap	Give Dose 3 (Td or Tdap) today	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
			It has not been at least 4 weeks since Dose 2	No dose was Tdap	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
			It has been at least 6 calendar months since Dose 2	Any dose was Tdap ²	Give Dose 3 (Td or Tdap) today	Give Tdap at 11–12 years of age ²
		Dose 1 was given at 12 months of age or older	It has not been at least 6 calendar months since Dose 2	No dose was Tdap	Give Dose 3 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 ²
			It has not been at least 6 calendar months since Dose 2	Any dose was Tdap ²	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
				No dose was Tdap	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

¹ For persons 7–9 years of age who receive a dose of Tdap, the routine adolescent Tdap dose should be administered at age 11–12 years.
² Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.
 Reference: Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger—United States, 2023.
[www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf](#)



AND	AND	THEN	Next dose due
→	→	Give Dose 1 (Tdap) today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
→	→	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2
It has been at least 4 weeks since Dose 1	Dose 1 was Tdap	Give Dose 2 (Td or Tdap) today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2
	Dose 1 was not Tdap	Give Dose 2 (Tdap) today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 1
It has not been 4 weeks since Dose 1	Dose 1 was Tdap	No dose today	Give Dose 2 (Td or Tdap) at least 4 weeks after Dose 1
	Dose 1 was not Tdap	No dose today	Give Dose 2 (Tdap) at least 4 weeks after Dose 1
It has been at least 4 weeks since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td or Tdap) today ²	Give Dose 4 (Td or Tdap) at least 6 calendar months after Dose 3
	No dose was Tdap ¹	Give Dose 3 (Tdap) today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
It has not been 4 weeks since Dose 2	Any dose was Tdap ¹	No dose today	Give Dose 3 (Td or Tdap) at least 4 weeks after Dose 2 ²
	No dose was Tdap ¹	No dose today	Give Dose 3 (Tdap) at least 4 weeks after Dose 2
It has been at least 6 calendar months since Dose 2	Any dose was Tdap ¹	Give Dose 3 (Td or Tdap) today ²	Give Td or Tdap 10 years after Dose 3
	No dose was Tdap ¹	Give Dose 3 (Tdap) today	Give Td or Tdap 10 years after Dose 3
It has not been 6 calendar months since Dose 2	Any dose was Tdap ¹	No dose today	Give Dose 3 (Td or Tdap) at least 6 calendar months after Dose 2 ²
	No dose was Tdap ¹	No dose today	Give Dose 3 (Tdap) at least 6 calendar months after Dose 2

before the 10th birthday, then a dose of Tdap is recommended now.

Immunization Schedule for Ages 18 Years or Younger.

[/0-18yrs-child-combined-](#)



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Schedule

9-14 years old: 2-dose series at 0, 6-12 months

15 years old: 3-dose series at 0, 1-2 months, 6 months

Catch-Up

If the first dose is received at 16 years or older, only 1 dose is required.

Other considerations

Recommended to start at age 11 years of age but can start as early as 9 years of age.

Available vaccines

Gardasil 9

Human papillomavirus vaccination (minimum age: 9 years)

Routine and catch-up vaccination

- HPV vaccination routinely recommended at **age 11–12 years (can start at age 9 years)** and catch-up HPV vaccination recommended for all persons through age 18 years if not adequately vaccinated
- 2- or 3-dose series depending on age at initial vaccination:
 - **Age 9–14 years at initial vaccination:** 2-dose series at 0, 6–12 months (minimum interval: 5 months; repeat dose if administered too soon)
 - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2 months, 6 months (minimum intervals: dose 1 to dose 2: 4 weeks / dose 2 to dose 3: 12 weeks / dose 1 to dose 3: 5 months; repeat dose if administered too soon)
- No additional dose recommended when any HPV vaccine series **of any valency** has been completed using recommended dosing intervals.



Kansas Statutes related to Immunizations

K.S.A. 72-6262

Before admission to school or a daycare program operated by a school:

- Students must have proof that they have received immunizations or documented proof of disease
- Students may continue to attend school while completing the immunization catch-up schedule
- If immunizations are not complete, the student is deemed non-compliant with this statute

Alternatives

- Medical Exemption
- Religious Exemption

K.S.A. 72-6262

On or before May 15 of each school year parents or guardians need to be notified of immunization requirements and/or changes for the following school year.

K.S.A. 72-6263

Local Health Departments

- Local Health Departments (LHD) will make available needed immunizations.
- Immunizations may be provided on a sliding fee scale for administration fees.
- No child can be denied immunizations based on the parent or guardian's inability to pay.

Vaccines for Children Program (VFC)

Vaccines for Children Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2021 will:

prevent **472 million** illnesses
(29.8 million hospitalizations)




more than the current
population of the entire U.S.A.

help avoid
1,052,000
deaths




greater than the
population of Seattle, WA

save nearly **\$2.2 trillion** in total
societal costs
(that includes \$479 billion in direct costs)




more than \$5,000 for each American

Updated 2021 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994–2021"



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/vaccines/vfcprogram/

HCRODWTLC | 10/28/22

- Created in 1993 in response to the 1989-1991 measles outbreak in the U.S.
- Is an entitlement program (a right granted by law) for eligible children, ages 18 and younger.
- Provides vaccines at no cost to children who might not otherwise be vaccinated due to inability to pay.

kdhe.ks.gov/215/Vaccines-for-Children-Program

cdc.gov/vaccines/programs/vfc/index.html

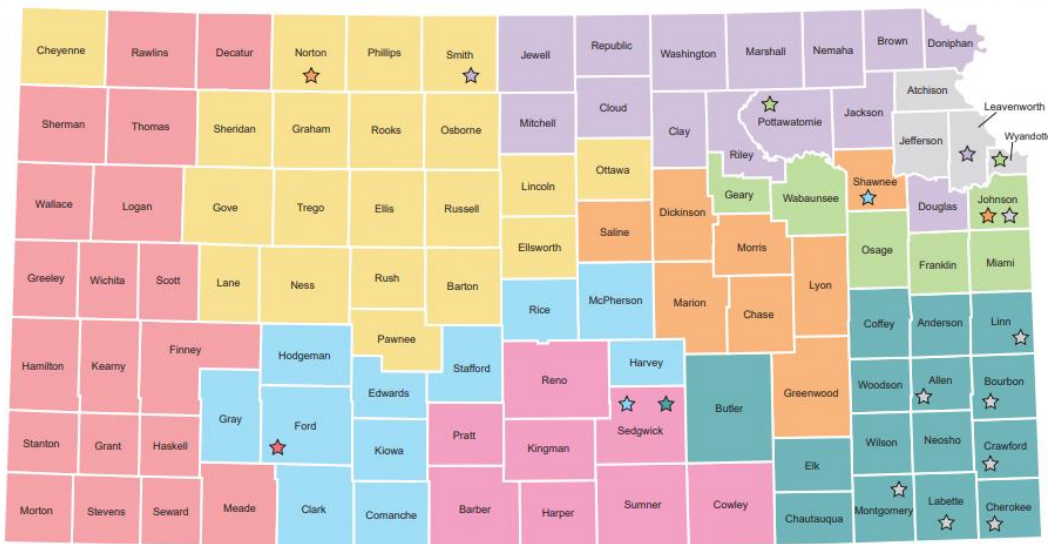
VFC Patient Eligibility

VFC-eligible children through the age of 18 years old that meet the definition of at least one of the following criteria:

- Uninsured
- Medicaid-eligible or Medicaid-enrolled
- American Indian or Alaska Native
- Underinsured
 - Who has health insurance, but the coverage does not include vaccines;
 - Whose health insurance covers only selected vaccines (VFC Program-eligible for non-covered vaccines only);
 - Whose health insurance has a fixed dollar limit or cap for vaccines (VFC Program-eligible once fixed dollar amount or cap is reached)

Contact Information

Kansas Immunization Program - Regional Immunization Nurse Assignments 2024



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Monday - Friday
 8 a.m. - 5 p.m.

877-296-0464

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[Preteen and Teen Immunization Resources | CDC](#)

[Vaccinations for Preteens and Teens \(immunize.org\)](#)

[Fact Sheets to Promote Vaccination of Preteens and Teens | CDC](#)

[You're 16 ... We Recommend These Vaccines For You! \(immunize.org\)](#)

[Human Papillomavirus -- A Parent's Guide to Preteen and Teen HPV Vaccination \(immunize.org\)](#)

[Older children and teens need vaccines too! 2024 Recommended Immunizations for Children 7–18 Years Old \(cdc.gov\)](#)

[HPV Vaccine Toolkit | IKC \(immunizekansascoalition.org\)](#)

[Meningococcal Vaccine Toolkit | IKC \(immunizekansascoalition.org\)](#)

[Tdap Toolkit | IKC \(immunizekansascoalition.org\)](#)

You're 16... We Recommend These Vaccines For You!



You have the rest of your life in front of you. Be sure you're protected against these serious diseases!

This vaccine	helps protect you from...	Dose(s) you need at this age
Meningitis vaccine against types A, C, W, and Y (MenACWY)	the most serious types of meningitis that can cause: <ul style="list-style-type: none"> Dangerous infections of the brain and spinal cord Blood infections that can lead to death within 24 hours Brain injury, limb amputations, deafness, skin grafts, and kidney damage 	MenACWY vaccine <ul style="list-style-type: none"> Dose #1 at age 11-12 Dose #2 at age 16
Meningitis vaccine against type B (MenB)		MenB vaccine (talk with your provider about this vaccine) <ul style="list-style-type: none"> Dose #1 preferred at age 16-18 years Dose #2 is given 1 or 6 months after dose #1, depending on the vaccine brand used
Human Papillomavirus (HPV) vaccine	viruses that can cause: <ul style="list-style-type: none"> Cancers of the <ul style="list-style-type: none"> - anus - tonsils - throat - penis - cervix - vagina - vulva Genital warts 	HPV vaccine <ul style="list-style-type: none"> Two doses at age 11-12 (or can be started at age 9 or 10) Three doses if the first dose is on or after the 15th birthday Ask your provider if you're up to date with this vaccine
Flu vaccine (influenza)	a virus that can cause: <ul style="list-style-type: none"> High fevers Severe body aches everywhere Serious complications, including pneumonia, hospitalization, and death 	Influenza vaccine <ul style="list-style-type: none"> 1 dose every year

If you're behind on your shots, you may need these vaccines, too. Check with your provider.

- Chickenpox (varicella)
 - COVID-19
 - Hepatitis A
 - Hepatitis B
 - MMR (measles, mumps, rubella)
 - Tdap (tetanus, diphtheria, pertussis/whooping cough)
- If you're pregnant, you'll need an additional dose.*

Remember: Getting shots is better than getting these diseases. Get protected!



FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4022.pdf
Item #P4022 (9/2022)



Scan for PDF

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Panelists

Building Confidence and Addressing Concerns for Adolescents and Young Adults



**Amanda Applegate,
PharmD, BCACP**

*Director of Practice
Development, KPA*



**Janvi Aggarwal,
MS Student**

Kansas State University



Amanda Olinger, DO

*University of Kansas
Medical Center*



**Linda Redding, MPH,
RN, NCSN**

*Health Services
Coordinator, USD 497*



Case Scenario #1

Patient Profile: Lucas, grade 7

Scenario Description: Emily, the mother, has concerns about vaccines due to negative experiences in her extended family and general skepticism about pharmaceutical interventions. She believes in natural health remedies and wants to avoid vaccinating her son against meningitis. Lucas, her son, is a 7th grader who has learned about the dangers of meningococcal disease in his biology class. He wants to get vaccinated. He does have some hesitations, and Lucas doesn't like needles. In Kansas, MenACWY vaccine is required in the beginning of 7th grade.

Discussion: Let's start with Lucas' concerns and discuss some of the practical considerations for administration of vaccine among teenagers.



Case Scenario #2

Entity: Community Health Task Force

Scenario Description: You are all members of a community health task force convened to address low vaccination rates among adolescents and young adults in your region of Kansas. Despite efforts to promote vaccination, there is still a significant portion of the population hesitant or resistant to immunizations. The task force has been tasked with developing a targeted intervention strategy to improve vaccine uptake in this demographic.

Discussion: Let's talk about some resource, tools and other considerations.



Case Scenario #3

Patient Profile: Angel, middle school student

Scenario Description: Shortly after being born in Mexico, Angel and his family came to the U.S. and are living in Kansas without residency status. Angel is now a middle school student in Lawrence, Kansas. During the school's hearing screening, the school nurse discovered significant hearing loss in Angel's left ear. When working on a follow-up for the hearing loss, the nurse also noted Angel needed his adolescent immunizations, Tdap and Meningococcal. When trying to find resources for Angel, the nurse discovered that his mother does not speak English and cannot read or write in any language. Angel's mother also has reservations about completing any paperwork that might complicate their residency status. How can we help the family?

Discussion: Let's talk about some resource, tools and other considerations.



Closing Remarks

Geovannie Gone, LMAC, MPH

- **Executive Director,
Immunize Kansas
Coalition**
- **Governor's Council of
Wellness**



Announcements

Thank you for participating!

Visit our webpage for a video and resources of the past sessions:

[Ad Astra ECHO Series: Immunizations in Kansas](#)



Acknowledgments



We Value Your Feedback

- Thank you for providing feedback before you leave today. A survey link is in your email inbox.
- This data is very important for the evaluation process and so we can continue to improve future ECHO sessions.

THANK YOU!





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