

# Memo



**Date:** April 11, 2012

**To:** K-12 Superintendents

**From:** Kristen Ehresmann, Director,  
Infectious Disease Epidemiology, Prevention and Control Division

A handwritten signature in cursive script that reads "K Ehresmann".

**Subject:** Updating the School Immunization Law

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I am writing to inform you that the **Minnesota Department of Health (MDH) is beginning the rulemaking process to update the School Immunization Law.** I want make sure you aware of the steps in this process and provide you with the rationale that supports the need for this change. The health of students affects the ability of schools to provide a quality education; schools cannot educate students who are absent because of a vaccine- preventable disease (VPD).

**Vaccine-preventable diseases continue to occur and can quickly spread.** In the spring of 2011, a measles outbreak began with an unvaccinated child who had travelled to Kenya. Before the outbreak was over, 23 people contracted the disease and 14 were hospitalized. It was the largest measles outbreak in Minnesota since 1995. In addition to measles, other VPDs continue to occur. In 2010, Minnesota had 1,143, reported cases of pertussis (whooping cough) with outbreaks taking place in schools statewide. In fact, Minnesota had the second highest pertussis incidence rate in U.S. that year. Not only do VPDs affect a child's health, but they put other students at risk. Vaccine-preventable disease can cause a child to miss 1 to 21 days of school depending on the situation. As you may be well aware, research has shown that there is a high correlation between school attendance and academic performance and success.

The School Immunization Law consists of both statute (M.S. 121A.15) and rules (Minn. R. Ch. 4604). In 2002, MDH was given the authority to initiate rulemaking to update the law; it was last updated in 2003-2004. At this time, we have not identified the specific changes that will be proposed. Not every vaccine that is recommended is appropriate for inclusion in the school law. **The rulemaking process allows time for public comment** on the proposed changes. We will be providing you with information so that you will have the opportunity to make comments.

Attached is a chart comparing the current Minnesota School Immunization Law to the federal Centers for Disease Control and Prevention (CDC) immunization recommendations. **The Minnesota School Immunization Law has not kept pace with the national recommendations--**the current standard of care, leaving school children vulnerable to VPDs.

I will give a brief presentation on April 18, 2012 during your conference call with the Minnesota Department of Education. **If you have any questions** about the updates or the rulemaking process, you can ask me during that call or contact our rule writer, Patti Freeman. She can be reached at 651-202-5520. We look forward to your partnership on this important issue.

<b>CDC Recommendation vs. Law</b>	
<b>Centers For Disease Control</b>	<b>MN School Immunization Law</b>
Recommends Tdap at age 11-12 years, catch-up for all adolescents	Requires Td only in 7th grade, allows Tdap
Recommends 1 dose of PCV 13 after 15 months to 5 years; recommends booster dose of PCV 13 after 15 months and up to 5 years; recommends supplemental PCV13 dose to all children through age 4 who previously completed PCV7	Requires PCV in children ages 2 months to 24 months in licensed child care settings
Recommends hepatitis B for all children beginning at birth	Requires hepatitis B in kindergarten and 7th grade only. No requirement for child care or other grades
Recommends MMR for all ages – 1st dose at age 12-15 months, 2nd dose at 4-6 years	Requires 1 dose for children in child care and two doses for those in kindergarten
Recommends Varicella for all ages – 1st dose at age 12 – 15 months, 2nd dose at 4-6 years	Requires 1 dose for children in child care after 18 months and two doses for those in kindergarten and seventh grade
Recommends 3-4 doses of Hib vaccine with the final dose at 12 -15 months (product dependent) Only 1 dose is necessary if child is incompletely vaccinated and 15-59 months of age	Requires age-appropriate doses of Hib vaccine for children 2 - 15 months in child care; for children 15-59 months, one dose given after 12 months is required.
Recommends last dose of polio be given on or after 4th birthday at age 4-6 years	Requires 4 doses of polio for kindergarten entry, unless 3rd dose given after age 4 years; but no requirement that last dose be given after 4 years
Recommends last dose of Dtap be given after 4-6 years	Requires 5 doses of DTaP unless 4th doses given after age 4 years; but no requirement that last dose be given after 4 years
Recommends Meningitis vaccine at age 11 – 12 years	No Requirement
Recommends HPV vaccine at age 11 – 12 years	No Requirement
Recommends Rotovirus vaccine for infants	No child care requirement
Recommends hepatitis A series begin at 1 year of age and completed as soon as feasible	No child care requirement
Recommends influenza vaccine for all children over 6 months old	No Requirement