

Louisiana School Immunization Entry Requirements <sup>1</sup>	
Vaccine type	Doses required for entry into Kindergarten <sup>2</sup> - 12 <sup>th</sup> grade
Diphtheria Tetanus Acellular Pertussis vaccine (DTaP)	5 doses in student record at kindergarten entry and for entry into all subsequent grades thereafter <sup>3</sup>
Poliovirus vaccine (IPV)	4 doses in student record at kindergarten entry and for entry into all subsequent grades thereafter <sup>4</sup>
Measles, Mumps, Rubella vaccine (MMR)	2 doses in student record at kindergarten entry and for entry into all subsequent grades thereafter
Hepatitis B vaccine (HepB)	3 doses in student record at kindergarten entry and for entry into all subsequent grades thereafter
Varicella vaccine (VAR)	2 doses in student record at kindergarten entry and for entry into all subsequent grades thereafter
Tetanus Diphtheria Acellular Pertussis vaccine (Tdap)	1 dose in student record at <u>6<sup>th</sup> grade entry</u> and for entry into all subsequent grades thereafter; or starting with any student 11 years of age in any grade
Meningococcal vaccine (MenACWY)	1 dose in student record at <u>6<sup>th</sup> grade entry</u> and for entry into all subsequent grades thereafter, through the 10 <sup>th</sup> grade; or starting with any student 11 years of age in any grade  2 doses in student record at <u>11<sup>th</sup> grade entry</u> and for entry into all subsequent grades thereafter; or starting with any student 16 years of age in any grade (NEW FOR 2019)

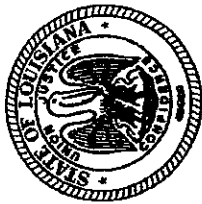
<sup>1</sup> Requirements are in accordance with Louisiana Revised Statute 17:170 and Louisiana Administrative Code, Title 51, Section I-701.

<sup>2</sup> Entry requirement exception for students who are four years of age when entering kindergarten at start of school year: To attend kindergarten in Louisiana, students must be five years old by September 30 each school year. Therefore, there are instances where a student is still four years old when entering kindergarten. In these instances, the four-year-old student may be admitted into kindergarten so long as a parent/guardian presents a record indicating that the student is in progress of receiving the required vaccinations. In these instances, follow-up from school staff must be provided for compliance with the above requirements.

<sup>3</sup> Those students who received their fourth dose of DTaP at age four or older do not need a fifth dose on record.

<sup>4</sup> Those students who received their third dose of IPV at age 4 or older do not need a fourth dose on record.

**Note: Students can participate in school without the required immunizations listed above if either of the following are presented: 1) a written statement from a physician stating that the procedure is contraindicated for medical reasons; or 2) written dissent from the parent/guardian.**



LOUISIANA DEPARTMENT OF HEALTH  
OFFICE OF PUBLIC HEALTH  
**IMMUNIZATION SCHEDULE**  
2019

Depending on the child's age, choose the appropriate initial set of immunizations. High-risk children may require additional vaccines. Individuals with an altered immune system, due to disease or medication must be evaluated by a physician prior to vaccination. Routine annual influenza vaccination is recommended for all persons aged ≥6 months that do not have contraindications.

**RECOMMENDED SCHEDULE FOR IMMUNIZATION OF INFANTS AND CHILDREN**

**ACCELERATED SCHEDULE FOR CHILDREN STARTING IMMUNIZATIONS LATE**

AGE	CHILDREN 4 MONTHS TO 7 YEARS OF AGE	CHILDREN 7 TO 18 YEARS OF AGE
Birth	HepB	1st Visit Tdap, IPV, HepA, HepB, MMR, VAR
2 Months <sup>†</sup>	DTaP, Hib, IPV, HepB, PCV, RV	2nd Visit (4 weeks after the 1st visit) Td, IPV, HepB, MMR
4 Months	DTaP, Hib, IPV, PCV, RV	3rd Visit (6 months after the 2nd visit)
6 Months	DTaP, Hib, IPV, HepB, PCV, RV, Flu	11-12 Years Tdap, MenACWY, HPV (IPV, VAR, MMR, HepB if needed)
12-15 Months	DTaP, Hib, MMR, VAR, PCV, HepA	16 Years MenACWY, provider-patient discussion for MenB
18-23 Months	HepA	
4 Years of Age OR at School Entry	DTaP, IPV, MMR, VAR	
11-12 Years	Tdap, MenACWY, HPV (VAR, MMR, HepA, HepB if needed)	
16 Years	MenACWY, provider-patient discussion for MenB (IPV, VAR, MMR, HepA, HepB if needed)	

**VACCINE ABBREVIATIONS**

**DTaP** DIPHTHERIA - TETANUS - ACCELLULAR PERTUSSIS VACCINE, **Tdap** TETANUS AND DIPHTHERIA TOXOIDS AND ACCELLULAR PERTUSSIS VACCINE, **Td** ADULT TYPE TETANUS AND DIPHTHERIA VACCINE, **Flu** INFLUENZA VACCINE, **HepA** HEPATITIS A VACCINE, **HepB** HEPATITIS B VACCINE, **Hib** HAEMOPHILUS INFLUENZA TYPE B VACCINE, **HPV** HUMAN PAPILLOMAVIRUS VACCINE, **IPV** INACTIVATED POLIOVIRUS VACCINE, **MMR** MEASLES - MUMPS - RUBELLA VACCINE, **MenACWY** MENINGOCOCCAL CONJUGATE VACCINE, **MenB** MENINGOCOCCAL VACCINE, **PCV** PNEUMOCOCCAL CONJUGATE VACCINE, **RV** ROTAVIRUS VACCINE, **VAR** VARICELLA VACCINE.

THE SCHEDULE ABOVE AND THE FOLLOWING GUIDELINES ARE SUMMARIES, FOR MORE DETAILED INFORMATION ON EACH VACCINE, REFER TO THE MANUFACTURERS' PRODUCT INSERT OR VISIT THE NATIONAL IMMUNIZATION PROGRAM WEB SITE AT [WWW.CDC.GOV/VACCINES](http://WWW.CDC.GOV/VACCINES) OR CALL THE NATIONAL IMMUNIZATION HOTLINE AT 800-232-2522 (ENGLISH) OR 800-232-0233 (SPANISH).