ANNE ARUNDEL COUNTY
MARYLAND
DEPARTMENT OF HEALTH

March 25, 2023

Dear Parents and Guardians:

For the 2023-24 school year, the following vaccines are required for children entering kindergarten through ninth grade:

- All students entering kindergarten must have had ***two*** varicella (chickenpox) vaccinations. This also includes first, second, third, fourth, fifth, sixth, seventh, eighth and ninth grade student entries new to the county.
- All students entering seventh grade must have had one Tdap vaccination and one meningococcal vaccination. This also includes eighth, ninth, tenth, eleventh and twelfth grade student entries new to the county.

These new vaccinations are in addition to the current school vaccine requirements.

According to the *Maryland Vaccine Requirements for Children,* students must be vaccinated in order to be allowed in school. You should work with your child's health care provider to get his/her vaccination record and to receive any vaccinations that are missing. Students who are not compliant with immunization records must be excluded from school on the first day of classes unless parents/guardians provide proof of a medical appointment with a health care provider or local health department for vaccinations within the ensuing 20 calendar days (30 days for military families).

If you are unable to get a vaccination appointment with your child's health care provider, please call Anne Arundel County Department of Health's Immunization Services at 410-222-4896.

If you have questions about vaccines that are required for school, please call your child's health care provider or the school nurse. When your child receives the above vaccinations, please provide a copy of the current vaccination record to the school nurse. **If your child has already received the required vaccinations, please provide a copy of your child's current vaccination record to the school nurse as soon as possible so that records are up to date before this school year ends.**

Sincerely,

Karen Siska-Creel, R.N., M.S.N.
Bureau Director, School Health and Support

Anne Arundel County Department of Health

Sarah S. McDonald-Egan
Assistant Superintendent for Student Support Services

Anne Arundel County Public Schools

ANNE ARUNDEL COUNTY
MARYLAND
DEPARTMENT OF HEALTH

Marzo 25, 2023

Estimados Padres y Tutores:

A partir del curso escolar 2023-24 se requerirán nuevas vacunas a los niños/as que entren en kindergarten hasta el noveno grado.

- Todos los estudiantes que entren en kindergarten deben recibir dos dosis de la vacuna de la varicela (*chickenpox*). Esto también incluye a los estudiantes nuevos en el condado en el primer grado, segundo grado, tercer grado, cuarto grado, quinto grado, sexton grado, siete grado, octavo grado y noveno grado.
- Todos los estudiantes que entren en siete grado, deben recibir una vacuna Triple Bacteriana (*Tdap*) y una vacuna meningocócica. Esto también incluye a los estudiantes nuevos en el condado en octavo grado, noveno grado, decimo grado, undécimo grado, y doce grado.

Estas nuevas vacunas se suman a las vacunas requeridas durante el curso escolar actual.

Los estudiantes deben estar vacunados según los *Requisitos de Vacunas de Maryland para Niños* para poder estar en la escuela. Ustedes deben ponerse de acuerdo con su médico para ponerle las vacunas que le faltan a su niño/a y solicitar el registro de vacunas (*record*). Los padres/guardianes disponen de hasta 20 días (30 días para las familias de personal militar) desde el día de inicio de la escuela para proporcionar una prueba escrita de que su niño/a tiene una cita con el médico o con el departamento de salud.

Si no les es posible obtener una cita con su médico, por favor llamen al Servicio de Inmunización del Departamento de Salud del Condado de Anne Arundel en el 410-222-4896.

Si tienen preguntas acerca de las vacunas requerida por las escuelas, por favor llamen a su médico o a la enfermera de su escuela. Cuando su niño/a reciba las vacunas mencionadas arriba, por favor proporcionen una copia del registro de vacunas actualizado a la enfermera de su escuela. **Si su niño/a ya ha recibido las nuevas vacunas requeridas, por favor proporcionen una copia del registro de vacunas a la enfermera de su escuela lo antes posible en este curso escolar. Gracias.**

Atentamente,

Karen Siska-Creel, R.N., M.S.N.
Directora de la Agencia; Salud y Apoyo Escolar
Departamento de Salud del Condado de Anne Arundel

Sarah S. McDonald-Egan
Superintendente Asistente de los Servicios de Apoyo a los Estudiantes
Escuelas Públicas del Condado de Anne Arundel

Do you need your child's *proof of vaccination*?

Now you can view and print your family's official vaccination records from ImmuNet, Maryland's Immunization Registry, by going to MD.MyIR.net.

MD.MyIR.net is great for:

- Proof of vaccinations for **daycare, school or camp**
- Going to a **new doctor**
- **Keeping track of your vaccinations**, including yearly ones like the flu
- Keep record of **foreign travel vaccinations**
- Making sure your family is up to date and **safe from diseases,** such as measles and chickenpox

Follow these steps

to register to get your family's official vaccination records:

1. **Visit MD.MyIR.net** and complete the online form.
2. Fill in the registration fields and select **"Submit."** If your record is found, an access code will be texted to you.
3. **Enter the four-digit code** into MyIR to get your family's vaccination records.
4. Please fill out the vaccination record request form at **health.maryland.gov/FindMyIR** if your record could **not** be found.

It's easy. It's fast. It's secure.

MD.MyIR.net

MARYLAND Department of Health

Necesita la prueba de *vacunación de su hijo*

Ahora puedes ver e imprimir los registros oficiales de vacunación de tu familia desde ImmuNet, el Registro de Vacunaciones de Maryland, yendo a MD.MyIR.net.

MD.MyIR.net es ideal para:

- Pruebas de vacunaciones para **guardería, colegio o campamentos**
- Ir a un **nuevo médico**
- **Haz un seguimiento de tus vacunas,** incluyendo las anuales como la gripe
- Mantén un registro de vacunas **para viajes al extranjero**
- Asegurarse de que tu familia esté al día y **segura ante enfermedades,** como el sarampión y la varicela

Sigue estos pasos

para registrarte y obtener los registros oficiales de vacunación de tu familia:

1. **Visita MD.MyIR.net** y completa el formulario en línea.
2. Rellena los campos de registro y selecciona **"Enviar."** Si tu registro es encontrado, se te enviará un código de acceso por mensaje de texto.
3. **Introduce el código de cuatro dígitos** en MyIR para obtener los registros de vacunación de tu familia.
4. Por favor completa el formulario de solicitud de registro de vacunas en **health.maryland.gov/FindMyIR** si no se pudo encontrar su registro.

Es fácil. Es conveniente. Es seguro.

MD.MyIR.net

MARYLAND Department of Health

ANNE ARUNDEL COUNTY PUBLIC SCHOOLS

IMPORTANT NOTICE ABOUT IMMUNIZATIONS

Dear Parent/Guardian:

According to Maryland (COMAR) regulations for the 2023-2024 school year, all students enrolled in preschool through twelfth grade must be in compliance with minimum vaccine requirements to enter school according to the Vaccine Requirements Chart shown below. **The requirements for kindergarten through twelfth grade are shown below. Ninth grade students have a new requirement noted with an asterisk (*).** Additional immunizations may be recommended by your health care provider for good preventive health.

In order for your child to meet this requirement by the time school opens on August 28, 2023, you must bring to the school nurse a letter, note, shot record, or other written or computer-generated form signed by your physician or school official that shows the dates of the required immunizations (see below). For temporary admission, a parent/guardian must present **written documentation of a medical appointment with a physician or local health department within 20 calendar days (30 calendar days for military) of the student's start date.**

In addition, **foreign-born students and students living outside the U.S. in TB endemic countries for 12 months or more** must present documentation of a QuantiFERON Gold (QFT) or tuberculin skin test (TST) **administered in the U.S. before entering** the Anne Arundel County Public School System; or administered in a U.S. military facility in a foreign country within 12 months of entering the U.S.

PLEASE NOTE! If the school has not received proof of the above requirements, YOUR CHILD WILL NOT BE ALLOWED TO ENTER SCHOOL. Please bring proof to school as soon as possible.

VACCINE REQUIREMENTS FOR CHILDREN ENROLLED IN SCHOOLS

(Per DHMH Code of Maryland Regulations {COMAR} 10.06.04.03)

PRESCHOOL AGE		DtaP/DTP DT/Td	Tdap	Meningo-coccal (MCV4)	Polio	Hib	MMR	Varicella (Chickenpox)	Hepatitis B	PCV
24-59 months		4	0	0	3	1	1	1	3	1
60-71 months		4	0	0	3	0	2	1	3	0
GRADE	(Ungraded)									
Kindergarten, Grades 1 - 6	(5- 11 yrs.)	4 or 3 if 7 yrs. & older	0	0	3	0	2	2	3	0
Grade 7, 8 & 9*	(11-13 yrs.)	4 or 3	1	1	3	0	2	**2***	3	0
Grades 10 – 12	(12-18+ yrs.)	3	1	1	3	0	2	1 or 2 if >13 yrs	3	0

Children 18 years and under who are uninsured, underinsured (insurance does not cover vaccines), Medical Assistance eligible, or American Indian, or Alaska native qualify for the federal Vaccines for Children (VFC) Program. Children who qualify may visit Anne Arundel County Department of Health area health centers offering immunization services by appointment.

Parent/ guardian should bring a copy of the child's shot record.

Glen Burnie Health Center
416 A Street, S.W.
Glen Burnie, MD 21061
By appointment
410-222-6633

Parole Health Center
1950 Drew Street
Annapolis, MD 21401
By appointment
410-222-7247

For more information, please call your child's physician, your school nurse, area health center, School Health Services at 410-222-6838, or the Department of Health Immunization Services at 410-222-4896, or visit www.aahealth.org.

ESCUELAS PÚBLICAS DEL CONDADO DE ANNE ARUNDEL
DEPARTAMENTO DE SALUD DEL CONDADO DE ANNE ARUNDEL

AVISO IMPORTANTE SOBRE LAS VACUNAS

Estimado padre, madre o tutor:

Conforme a los reglamentos de Maryland para el año escolar de **2023-2024**, todos los estudiantes deben cumplir los requisitos de vacunas para ingresar a la escuela de acuerdo con el Cuadro de requisitos de vacunas a continuación..**Los requisitos para el jardín de infantes hasta el duodécimo grado se muestran a continuación. Los estudiantes de noveno grado tienen un nuevo requisito señalado con un asterisco (*).**

Para que su hijo cumpla con este requisito antes de que se reanuden las clases el 28 de agosto de 2023, usted debe traer lo antes posible a la enfermera de la escuela: una carta, registro de vacunas u otro formulario ya sea por escrito o impreso por computadora, el cual debe estar firmado por su médico o funcionario escolar que muestre las fechas de las vacunas requeridas. En el caso de ingreso temporal, el padre/madre/tutor tiene que presentar **documentación por escrito de una cita con el médico o departamento de salud local dentro de 20 días naturales (30 días naturales para familias de militares) a partir de la fecha de comienzo de clases de la escuela de su hijo(a).**

Los estudiantes nacidos en el extranjero y los estudiantes que hayan vivido por 12 meses o más fuera de los Estados Unidos en países donde la tuberculosis (TB) es endémica deben presentar documentación de una prueba con QuantiFERON Gold (QFT) o tuberculina de la piel (TST) administrada en los Estados Unidos antes de ingresar al Sistema Escolar de las Escuelas Públicas del Condado de Anne Arundel; o administrada en una instalación militar de los Estados Unidos en un país extranjero dentro de 12 meses a partir de la entrada a los Estados Unidos.

Si la escuela no ha recibido comprobante de los requisitos antedichos, NO SE PERMITIRÁ A SU HIJO(A) QUE ENTRE AL PLANTEL.

REQUISITOS DE VACUNAS PARA NIÑOS MATRICULADOS EN LAS ESCUELAS

(Según el Código de Reglamentos de Maryland DHMH {COMAR} 10.06.04.03)

EDAD PRE-ESCOLAR		DtaP/DTP DT/Td	Tdap	Meningococo	Polio	Hib	MMR	Varicela	Hepatitis B	PCV
24-59 meses		4	0	0	3	1	1	1	3	1
60-71 meses		4	0	0	3	0	2	1	3	0
GRADO	(Sin grado)									
Jardín de Niños-Grados 1-6	(5-11 años)	4 o 3 si >7 años	0	0	3	0	2	2	3	0
Grados 7, 8 & 9*	(11-13 años)	4 or 3	1	1	3	0	2	**2***	3	0
Grados 10-12*	(13-18+ años)	3	**1**	**1**	3	0	2	1 o 2 >13 años	3	0

Los niños menores de 18 años que no tienen seguro, con seguro insuficiente (que no cubra vacunas), que cumplan los requisitos para recibir Asistencia Médica, indios americanos o nativos de Alaska, pueden participar en el Programa de vacunas para niños (VFC por sus siglas en inglés) del gobierno federal Los niños que reúnen los requisitos pueden comparecer a los centros de salud del Departamento de Salud del Condado de Anne Arundel para servicios de vacunas previa cita.

El padre, madre o tutor debe traer una copia del registro de vacuna del niño(a).

Glen Burnie Health Center
416 A Street, S.W.
Glen Burnie, MD 21061
Previa cita
410-222-6633

Parole Health Center
1950 Drew Street
Annapolis, MD 21401
Previa cita
410-222-7247

Para más información, llame al médico de su hijo, la enfermera de su escuela, centro de salud del área, Servicios de Salud Escolar al 410-222-6838, o a los Servicios de Vacunas del Departamento de Salud al 410-222-4896, o visite www.aasalud.org.

Anne Arundel County Public Schools
Notice of Required Immunizations
for the 2023-2024 School Year

Date: _____

Dear Parent/Guardian:

We have reviewed _____'s immunization record and we **do not** have a record that he/she has received the following required immunization(s):

_____ 1st, 2nd (circle) ____Measles vaccine ____ Mumps vaccine ____Rubella vaccine

_____ 1st, 2nd (circle) Pneumococcal (PCV) vaccine

_____ Haemophilus influenzae type b vaccine (Hib)

_____ 1st, 2nd, 3rd (circle) Polio vaccine

_____ 1st, 2nd, 3rd, 4th (circle) Diphtheria-Tetanus-acellular Pertussis (DTaP) vaccine

_____ 1st, 2nd, 3rd (circle) Tetanus-Diphtheria vaccine (Td)

_____ Tetanus-Diphtheria-acellular Pertussis vaccine (Tdap)

_____ 1st, 2nd, 3rd, (circle) Hepatitis B vaccine

_____ 1st, 2nd (circle) Varicella (Chickenpox) vaccine

_____ Meningococcal (conjugate) vaccine (MCV)

_____ Complete immunization record

_____ QuantiFERON Gold (QFT) or TST (Tuberculin Skin Test) - administered in the U.S. for foreign born students and students living outside the U.S for 12 months or more from TB endemic countries.

IN ORDER TO ATTEND SCHOOL, YOUR CHILD MUST SHOW PROOF THAT HE/SHE HAS RECEIVED THESE REQUIRED IMMUNIZATIONS. HOWEVER, ADDITIONAL IMMUNIZATIONS MAY BE RECOMMENDED BY YOUR HEALTH CARE PROVIDER FOR GOOD HEALTH.

Please contact your health care provider or the Anne Arundel County Department of Health, **if VFC eligible**, to obtain required immunizations. **Remember to bring this letter and the child's vaccine record(s) to your provider or clinic for review of past immunizations. Please bring proof to your school nurse.**

PLEASE NOTE! If the school has not received proof of the required immunizations on or before **MONDAY, AUGUST 28, 2023 or_____, HE/SHE WILL NOT BE ALLOWED TO ATTEND CLASSES.** If you have any questions regarding immunizations, please call the school nurse or the School Health Services office at 410-222-6838.

Sincerely,

Principal

The State of Maryland Immunization Regulation (COMAR 10.06.04.03) requires children enrolling in school to show proof of immunizations. The immunization record must list all immunizations as required by the regulation. Additionally, each immunization must indicate the date of each vaccination, be signed by a physician, health or school official, and be approved by the admitting school. (Exceptions to the immunization regulation include a medical contraindication signed by a physician or a religious exemption signed by the parent/guardian).

Escuelas Públicas del Condado de Anne Arundel
Aviso de vacunas requeridas para el Año Escolar 2023-2024

Fecha: _____

Estimados padres de familia:

Hemos revisado el registro de vacunas de _____y hemos encontrado que no tenemos el registro que él/ella haya recibido las siguientes vacunas:

_____ 1ro, 2do (circule) __vacuna contra Sarampión __ vacuna contra Parotiditis __vacuna contra Rubéola

_____ 1ro, 2do (circule) vacuna Neumocócica PCV

_____ vacuna contra la Haemophilus influenza tipo b (Hib)

_____ 1ro, 2do, 3ro (circule) vacuna contra la Poliomielitis.

_____ 1ro, 2do, 3ro, 4to (circule) vacuna contra la Difteria, Tétano, Pertussis/Tos Ferina (DTaP)

_____ vacuna contra el Tétano, difteria, pertussis/tos ferina (Tdap)

_____ 1ro, 2do, 3ro (circule) vacuna contra el Tétano-Difteria (TD)

_____ 1ro, 2do 3ro (circule) vacuna contra la Hepatitis B

_____ 1ro, 2do (circule) vacuna contra la Varicela

_____ vacuna contra el Meningococo (MCV)

_____ registro completo de vacunas

_____ QuantiFeron Gold (QFT) or TST (Prueba de Piel de la Tuberculina) administrado en los Estados Unidos a los estudiantes nacidos fuera o a los que viven en países con tuberculosis endémica por un periodo de 12 meses o más.

CON EL FIN DE PODER ASISTIR A LA ESCUELA EL, SU HIJO DEBERÁ PROBAR QUE ÉL/ELLA HA RECIBIDO LAS VACUNAS REQUERIDAS. SIN EMBARGO, VACUNAS ADICIONALES PUEDEN SER RECOMENDADAS POR EL MÉDICO PARA SU BUENA SALUD.

Por favor, póngase en contacto con su proveedor de cuidado médico o al Departamento de Salud del Condado de Anne Arundel, si es elegible para el Programa de Vacunas para Niños (VFC), para que pueda obtener las vacunas requeridas. **Recuerde de llevar esta carta y el registro(s) de vacunas a su médico o clínica para la revisión de vacunas anteriores. Por favor llevar prueba a la enfermera de su escuela.**

POR FAVOR TENGA EN CUENTA! Si la escuela no ha recibido la prueba de las vacunas requeridas en o antes del **MIERCOLES 28 DE AGOSTO 2023 o _____, NO LE SERÁ PERMITIDO ASISTIR A CLASES**. Si usted tiene alguna pregunta en relación con las vacunas, por favor llame a la enfermera de la escuela o la Oficina de Servicios Escolares de Salud al 410-222-6838.

Atentamente,

Director

Una copia del registro de vacunas, si está disponible, debería acompañar este formulario

Las Regulaciones de Vacunas del Estado de Maryland requieren que los niños matriculados en la escuela demuestren prueba de sus vacunas. El registro de las vacunas debe tener la lista de todas las vacunas requeridas por las Regulaciones. Adicionalmente, cada vacuna debe indicar la fecha de la vacuna, estar firmada por el doctor o el oficial del departamento de salud o el oficial de la escuela y aprobada por la escuela que lo admite. (Excepciones a la regulación de la inmunización incluyen una contraindicación médica firmada por un médico o una excepción religiosa firmada por el padre/guardián)

NOTICE TO PARENTS/GUARDIANS

BLOOD LEAD TESTING REQUIREMENT
FOR NEW STUDENTS ENTERING
PRE-K, K, FIRST GRADE

In 2016, the Maryland legislature updated the blood testing requirements for children born on or after January 1, 2015. All children living in Maryland are at-risk for lead exposure resulting in childhood poisoning.

For fall enrollment 2023:

- All prekindergarten, kindergarten, and first grade students enrolled in Anne Arundel County Schools must show proof of blood lead testing.

To comply with the law, all parents/guardians must complete the **DHMH Blood Lead Testing Certificate**.

If you have any questions about this requirement, please call the school office or school nurse.

AVISO PARA PADRES Y GUARDIANES

REQUISITO DE EXAMEN DE PLOMO EN LA SANGRE PARA NUEVOS ESTUDIANTES QUE ENTRAN A PREKÍNDER, KÍNDER Y PRIMER GRADO

En 2016, el poder legislativo de Maryland actualizó los el requisitos de exámenes de sangre para niños nacidos el, o después del, 1 de enero de 2015. Todos los niños que viven en Maryland corren el riesgo de exposición al plomo que puede provocar envenenamiento en los niños.

Para las inscripciones de otoño 2023:

- Todos los estudiantes de prekinder, kinder y primer grado inscritos en las escuelas del Condado de Anne Arundel deben mostrar una prueba de que se realizaron un examen de plomo en la sangre.

Para cumplir la ley, todos los padres y guardianes deben completar el **Certificado de examen de plomo en la sangre DHMH**.

Si tiene cualquier pregunta sobre este requisito, por favor llame a la oficina o a la enfermera de la escuela.

Lead Poisoning Prevention in Maryland: What's New?

In March 2016, Maryland implemented the Lead-Free Maryland Kids campaign and the updated clinical requirements for blood lead testing of children. The entire state of Maryland is now considered "at risk" for lead exposure, for children born on or after 1/1/15. As a result, all children born **on or after 1/1/15** must be tested for lead at ages 12 and 24 months. Children born **before** 1/1/15 should continue to be managed according to the 2004 Lead Targeting Plan (which defines specific areas of the State as "at risk").

Regulations On Lead Testing (Code of Maryland Regulations10.11.04 (Effective 3/28/2016)

Effective March 28, 2016, Maryland has changed its rules and clinical guidance for providers related to lead and lead testing for children. The essential elements of the change are as follows:

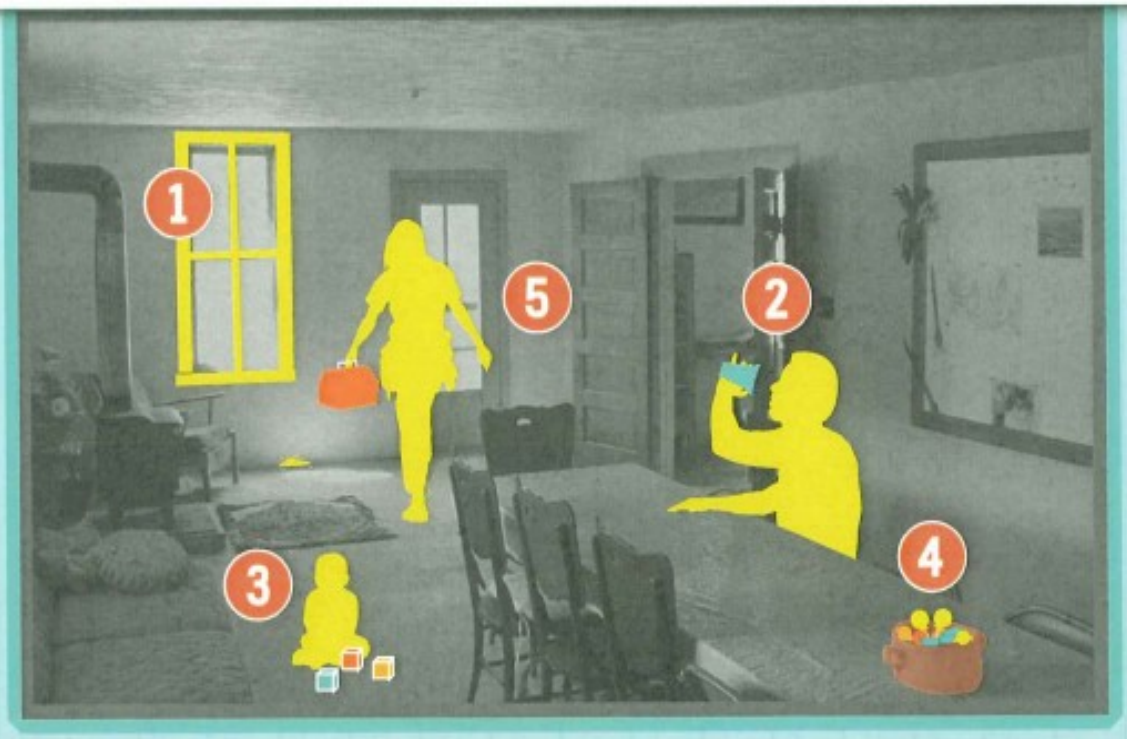
- The new (October, 2015) **Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning** defines the entire state as "at risk" for lead exposure, for children born on or after 1/1/15. As a result, all children born **on or after 1/1/15** must be tested for lead at 12 and 24 months.
- After three years, DHMH will reassess the new Targeting Plan in light of new test data across the State.
- New changes in DHMH regulations make it easier for clinical practices to incorporate Point of Care testing.

While the revised targeting plan changes who must get tested in 2016, it does **not** change:

- Children born before January 1, 2015 will continue to follow the 2004 Targeting Plan (see specific zip codes for testing here).
- Children on Medicaid EPSDT are required to have testing at 12 and 24 months (see 2004 Targeting Plan).

The 2015 Targeting Plan, "Maryland Targeting Plan for Areas at Risk for Childhood Lead Poisoning - October 2015" can be found here.

Lead can be found throughout a child's environment.



1. Homes built before 1978 (when lead-based paints were banned) probably contain lead-based paint.

When the paint peels and cracks, it makes lead dust. Children can be poisoned when they swallow or breathe in lead dust.

2. Certain water pipes may contain lead.

3. Lead can be found in some products such as toys and toy jewelry.

4. Lead is sometimes in candies imported from other countries or traditional home remedies.

5. Certain jobs and hobbies involve working with lead-based products, like stain glass work, and may cause parents to bring lead into the home.

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____ _____ _____
LAST FIRST MIDDLE

CHILD'S ADDRESS _____ _____ _____ _____
STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX: ○ Male ○ Female BIRTHDATE _____ PHONE _____

PARENT OR GUARDIAN _____ _____ _____
LAST FIRST MIDDLE

BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ○ YES ○ NO
Has this child ever lived in one of the areas listed on the back of this form? ○ YES ○ NO
Does this child have any known risks for lead exposure (see questions on reverse of form and talk with your child's health care provider if you are unsure)? ○ YES ○ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature**: _____ **Date**: _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments
	Make a selection:		
	Make a selection:		
	Make a selection:		

Comments:

Person completing form: ○ Health Care Provider/Designee OR ○ School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

****

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ○YES ○NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

Allegany
ALL

Anne Arundel
20711
20714
20764
20779
21060
21061
21225
21226
21402

Baltimore Co.
21027
21052
21071
21082
21085
21093
21111
21133
21155
21161
21204
21206
21207
21208
21209
21210

Baltimore Co. (Continued)
21212
21215
21219
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21282
21286

Baltimore City
ALL

Calvert
20615
20714

Caroline
ALL

Carroll
21155
21757
21776
21787
21791

Cecil
21913

Charles
20640
20658
20662

Dorchester
ALL

Frederick
20842
21701
21703
21704
21716
21718
21719
21727
21757
21758
21762
21769

Frederick (Continued)
21776
21778
21780
21783
21787
21791
21798

Garrett
ALL

Harford
21001
21010
21034
21040
21078
21082
21085
21130
21111
21160
21161

Howard
20763

Kent
21610
21620
21645
21650
21651
21661
21667

Montgomery
20783
20787
20812

Prince George's
20703
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20712
20722
20731

Prince George's (Continued)
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20781
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20783
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20791
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20912
20913

Queen Anne's
21607
21617
21620
21623
21628

Queen Anne's (Continued)
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21644
21649
21651
21657
21668
21670

Somerset
ALL

St. Mary's
20606
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20628
20674
20687

Talbot
21612
21654
21657
21665
21671
21673
21676

Washington
ALL

Wicomico
ALL

Worcester
ALL

Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.

CERTIFICADO DE PRUEBA DE PLOMO EN SANGRE DEL DEPARTAMENTO DE SALUD MENTAL E HIGIENE MENTAL DE MARYLAND

Instrucciones: Use este formulario al momento de inscribir a un niño en la guardería, prekínder, kínder o primer grado. **El RECUADRO A** lo tiene que completar uno de los padres o tutor. **El RECUADRO B**, también a completar por uno de los padres o tutor, es para un niño nacido antes del 1 de enero de 2015 que no necesita una prueba de plomo (los niños deben cumplir con todas las condiciones del Recuadro B). **El RECUADRO C** debe ser completado por el proveedor de salud para todos los niños nacidos a partir del 1 enero de 2015, y para cualquier niño nacido antes del 1 de enero de 2015 que no cumpla con todas las condiciones del Recuadro B. El **RECUADRO D** es para los niños a los que no se les ha hecho la prueba debido a objeción religiosa (debe ser completado por el proveedor de atención médica).

RECUADRO A-El padre/tutor lo completa para inscribir a un niño en la guardería, prekínder, kínder o primer grado

NOMBRE DEL NIÑO _____ / _____ / _____
APELLIDOS NOMBRE 2.° NOMBRE

DIRECCIÓN DEL NIÑO _____ / _____ / _____ / _____
DIRECCIÓN (con número de apartamento) CIUDAD ESTADO CÓDIGO POSTAL

SEXO: ❑Masculino ❑Femenino FECHA DE NACIMIENTO ____/____/____ TELÉFONO _____

PADRE O TUTOR _____ / _____ / _____
APELLIDOS 1.er NOMBRE 2.° NOMBRE

RECUADRO B – Para un niño que no necesita una prueba de plomo (Completar y firmar si el niño NO está inscrito en Medicaid Y la respuesta a CADA pregunta a continuación es NO):

¿Nació este niño el 1 de enero de 2015 o después? ❑ SÍ ❑ NO
¿Ha vivido este niño alguna vez en una de las áreas listadas al dorso de este formulario? ❑ SÍ ❑ NO
¿Corre este niño riesgos conocidos de la exposición al plomo (ver las preguntas en el reverso del formulario, y hable con el proveedor de atención médica de su hijo si no está seguro)? ❑ SÍ ❑ NO

Si todas las respuestas son NO, firme abajo y devuelva este formulario al proveedor de cuidado infantil o escuela.

Nombre del padre o tutor (Escribir en letras de molde): _____ **Firma**: _____ **Fecha**: _____

Si la respuesta a cualquiera de estas preguntas es SÍ, O si el niño está inscrito en Medicaid, no firme el Recuadro B. En vez de ello, haga que el proveedor de atención médica completa el Recuadro C o el Recuadro D.

RECUADRO C – Documentación y Certificación de los Resultados de Pruebas de Plomo por el Proveedor de atención médica

Fecha de la prueba	Tipo (V=venoso, C=capilar)	Resultado (mcg/dL)	Comentarios

Comentarios:
Persona que completa el formulario: ❑Proveedor de atención médica/Designado O ❑Profesional de Salud/Designado de la Escuela
Nombre del proveedor: _____ Firma: _____
Fecha _____ Teléfono: _____
Dirección del consultorio: _____

RECUADRO D – Creencias Religiosas de Buena Fe

Soy el padre/tutor del niño identificado en el Recuadro A, arriba. Debido a mis creencias religiosas y prácticas de buena fe, me opongo a cualquier prueba de plomo en la sangre de mi hijo.
Nombre del padre o tutor (Escribir en letras de molde): _____ Firma: _____ Fecha: _____

****

Esta parte del RECUADRO D debe ser completada por el proveedor de atención médica del niño: Cuestionario de evaluación de riesgos de envenenamiento por plomo completado: ❑ SÍ ❑ NO
Nombre del proveedor: _____ Firma: _____
Fecha _____ Teléfono: _____
Dirección del consultorio: _____

CÓMO USAR ESTE FORMULARIO

Las pruebas documentadas deben ser las pruebas de plomo en sangre a los 12 meses y 24 meses de edad. Se requieren dos fechas de pruebas y resultados si la primera prueba se hizo antes de los 24 meses de edad. Si la primera prueba se realiza después de 24 meses de edad, se requiere una fecha de prueba con el resultado. El proveedor de atención médica del niño puede registrar las fechas de las pruebas y los resultados directamente en este formulario y certificarlos mediante firma o sello en la sección de la firma. Un profesional de salud escolar o la persona designada puede transcribir la información a este formulario y certificar las fechas de la pruebas de cualquier otro informe que tenga la autenticación de un proveedor médico, departamento de salud o escuela. Todos los formularios se conservan en los archivos con el historial médico escolar del niño.

Zonas de Riesgo por Código Postal del Plan de Focalización 2004 (para niños nacidos ANTES del 1 de enero de 2015)

Allegany
TODOS

Anne Arundel
20711
20714
20764
20779
21060
21061
21225
21226
21402

Condado de Baltimore
21027
21052
21071
21082
21085
21093
21111
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21155
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21204
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21210

Condado de Baltimore (Continuación)
21212
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21251
21282
21286

Ciudad de Baltimore
TODOS

Calvert
20615
20714

Caroline
TODOS

Carroll
21155
21757
21776
21787
21791

Cecil
21913

Charles
20640
20658
20662

Dorchester
TODOS

Frederick
20842
21701
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Frederick (Continuación)
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21787
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21798

Garrett
TODOS

Harford
21001
21010
21034
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21111
21160
21161

Howard
20763

Kent
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21667

Montgomery
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Prince George
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Prince George (Continuación)
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Queen Anne
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Queen Anne (Continuación)
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21670

Somerset
TODOS

St. Mary
20606
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20628
20674
20687

Talbot
21612
21654
21657
21665
21671
21673
21676

Washington
TODOS

Wicomico
TODOS

Worcester
TODOS

Preguntas de Verificación del Cuestionario de Evaluación del Riesgo de Plomo:

1. ¿Vive en, o visita con regularidad una casa/edificio construido antes de 1978 con pintura descascarada o con renovación o remodelación reciente/en curso?
2. ¿Ha vivido alguna vez fuera de los Estados Unidos o acaba de llegar de un país extranjero?
3. ¿Tiene un hermano, compañero de hogar/compañero de juegos que esté bajo observación o reciba tratamiento por envenenamiento con plomo?
4. Si nació antes del 1/1/2015, ¿vive en un código postal "de riesgo" de 2004?
5. ¿Se mete con frecuencia cosas en la boca, tales como juguetes, joyas, llaves o come artículos no alimentarios (pica)?
6. ¿Tiene contacto con un adulto cuyo trabajo o pasatiempo implique la exposición al plomo?
7. ¿Vive cerca de una fundición de plomo activa, planta de reciclaje de baterías, otras industrias relacionadas con el plomo o carretera donde el suelo y el polvo puedan estar contaminados con plomo?
8. Usa productos de otros países, tales como remedios para la salud, especias, o alimentos, o conserva o sirve alimentos en vidrio emplomado, cerámica o peltre.

VACCINES FOR CHILDREN PROGRAM (VFC)

IF YOUR CHILDREN QUALIFY FOR VFC

Contact your local health care provider to see if they participate in the VFC program. If not, visit the Anne Arundel County Department of Health area health centers that offer immunization services.

PLEASE CALL EITHER OF OUR TWO LOCATIONS TO SCHEDULE AN APPOINTMENT AND TO DETERMINE VFC ELIGIBILITY

PAROLE HEALTH CENTER

1950 DREW ST
ANNAPOLIS, MD 21401
MONDAY- FRIDAY 8:00 A.M.- 4:00 P.M.
410-222-7247
FAX: 410-222-4323

GLEN BURNIE HEALTH CENTER

416 A ST SW
GLEN BURNIE, MD 21061
MONDAY – FRIDAY 8:00 A.M. – 4:00 P.M.
410-222-6633
FAX: 410-222-6077

For more information, visit the Department of Health's website at www.aahealth.org

Anne Arundel County Department of Health

WHAT IS VFC?

VFC is a federal program that provides all ACIP/CDC approved* vaccines to eligible children from birth up to age 19

WHO IS ELIGIBLE?

Children and adolescents are eligible prior to age 19 if they meet any of the following criteria:

- Medical Assistance (Medicaid or M.A.) eligible
- Uninsured
- American Indian or Alaska Native
- Underinsured

WHAT IS UNDERINSURED?

Underinsured means the insurance plan does not cover any vaccines or certain vaccines, or the plan has fixed dollar limit or cap for vaccines. Once that amount has been met, children are eligible for VFC vaccines as "underinsured."

*ACIP/CDC –Advisory Committee of Immunization Practices/Centers for Disease Control and Prevention

PROGRAMA DE VACUNAS DE NIÑOS (VFC)

SI SU NIÑO CALIFICA PARA EL PROGRAMA VFC

Contacte a su proveedor de cuidados de salud local para ver si participa en el programa de VFC. Si es que no participa, visite los centros de salud del área del Departamento de Salud del condado de Anne Arundel que ofrecen los servicios de vacunas.

LLAME A UNO DE NUESTROS CENTROS DE SALUD PARA PROGRAMAR UNA CITA Y PARA DETERMINAR SI SU NIÑO ES ELEGIBLE PARA VFC

PAROLE HEALTH CENTER

1950 DREW ST
ANNAPOLIS, MD 21401
MONDAY- FRIDAY 8:00 A.M.- 4:00 P.M.
410-222-7247
FAX: 410-222-4323

GLEN BURNIE HEALTH CENTER

416 A ST SW
GLEN BURNIE, MD 21061
MONDAY – FRDAY 8:00 A.M. – 4:00 P.M.
410-222-6633
FAX: 410-222-6077

Para más información, visítenos en la página de web del Departamento de Salud al www.aasalud.org

Anne Arundel County
Departamento de Salud
410-222-7095

¿QUÉ ES EL PROGRAMA VFC?

El VFC es un programa federal que proporciona todas las vacunas aprobadas por ACIP/CDC* a todos los niños desde recién nacidos hasta la edad de 18 años.

¿QUIÉNES CALIFICAN PARA EL PROGRAMA?

Califican esos niños y adolescentes que tienen 19 años o menos y que cumpla con alguno de los siguientes criterios:

- Asistencia Médica (Medicaid o M.A.)
- No tiene seguro medico
- Si es Indio Americano o Nativo de Alaska
- "Seguro insuficiente"

QUÉ SIGNIFICA "SEGURO INSUFICIENTE"

Seguro insuficiente significa que no cubre ninguna vacuna o solo ciertas vacunas, o tiene un límite fijo de dinero o un tope para vacunas. Una vez que esa cantidad ha sido alcanzada, los niños califican para este programa como niños con "seguro insuficiente"

*ACIP/CDC – Comité de Consulta en la Practicas de Vacunas/Centros para el Control y Prevención de Enfermedades

Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools — Per DHMH COMAR 10.06.04.03
Maryland School Year 2023 - 2024 (Valid 9/1/23 - 8/31/24)

Required cumulative number of doses for each vaccine for PRESCHOOL aged children enrolled in educational programs

Vaccine / Child's Current Age	DTaP/DTP/DT[1]	Polio[2]	Hib[3]	Measles,[2,4] Mumps, Rubella	Varicella[2,4,5] (Chickenpox)	Hepatitis B[2]	PCV[3] (Prevnar™)
Less than 2 months	0	0	0	0	0	1	0
2 - 3 months	1	1	1	0	0	1	1
4 - 5 months	2	2	2	0	0	2	2
6 - 11 months	3	3	2	0	0	3	2
12 - 14 months	3	3	At least 1 dose given after 12 months of age	1	1	3	2
15 - 23 months	4	3	At least 1 dose given after 12 months of age	1	1	3	2
24—59 months	4	3	At least 1 dose given after 12 months of age	1	1	3	1
60 - 71 months	4	3	0	2	1	3	0

Required cumulative number of doses for each vaccine for children enrolled in KINDERGARTEN - 12th grade

Grade Level Grade	(Ungraded)	DTaP/DTP/Tdap/ DT/Td[1,6]	Tdap[6]	Polio[2]	Measles,[2,4] Mumps, Rubella	Varicella[2,4,5] (Chickenpox)	Hepatitis B[2]	Meningococcal (MCV4)
Kindergarten, Grade 1, 2, 3, 4 5 & 6	(5 –11 yrs)	3 or 4	0	3	2	2	3	0
Grades 7, 8 & 9	(11 -13 yrs)	3 or 4	1	3	2	2	3	1
Grades 10, 11 & 12	(13 - 18yrs)	3 or 4	1	3	2	1 or 2	3	1

* See footnotes on back for 2023-24 school immunization requirements.

Vaccine Requirements For Children
Enrolled in Preschool Programs and in Schools
Maryland School Year 2023 – 2024 (Valid 9/1/23 - 8/31/24)

FOOTNOTES

Requirements for the 2023-24 school year are:

- **2 doses of Varicella vaccine for entry into Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th AND 9th grades**

Instructions: On the chart locate the student's age or grade and read from left to right on the chart to determine the NUMBER of required vaccinations by age or grade. Dosing or spacing intervals should not be considered when determining if the requirement is met, only count the number of doses needed. MMR and Varicella vaccination dates should be evaluated (See footnote #4).

1. If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.
2. Proof of immunity by positive blood test is acceptable in lieu of vaccine history for hepatitis B, polio and measles, mumps, rubella and varicella, **but revaccination may be more expedient.**
3. Hib and PCV (Prevnar™) are not required for children older than 59 months (5 years) of age.
4. All doses of measles, mumps, rubella and varicella vaccines should be given on or after the first birthday. However, upon record review for students in preschool through 12th grade, a preschool or school may count as valid vaccine doses administered less than or equal to four (4) days before the first birthday.
5. Two doses of varicella vaccine are required for students entering Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th and 9th grades and for previously unvaccinated students 13 years of age or older. Medical diagnosis of varicella disease is acceptable in lieu of vaccination. Medical diagnosis is documented history of disease provided by a health care provider. Documentation must include month and year.
6. Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccine (any combination of the following — DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older. One dose of Tdap vaccine received prior to entering 7th grade is acceptable and should be counted as a dose that fulfills the Tdap requirement.
7. Polio vaccine is not required for persons 18 years of age and older.

MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
LAST FIRST MI

SEX: MALE ☐ FEMALE ☐ BIRTHDATE _____/_____/_____

COUNTY _____ SCHOOL _____ GRADE _____

PARENT OR GUARDIAN NAME _____ PHONE NO. _____

ADDRESS _____ CITY _____ ZIP _____

Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	Varicella Disease Mo / Yr	COVID-19 Mo/Day/Yr
1													
2													
3									Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr	
4													
5													

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

1. _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)

2. _____
Signature Title Date

3. _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: ☐ Permanent condition OR ☐ Temporary condition until _____/_____/_____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign 'Record of Immunization' section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**

2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.

3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).

4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.

5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

"A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:
(1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
(2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
(3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine."

Please refer to the "**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**" to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the **"Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs"** guideline chart are available at www.health.maryland.gov. (Choose Immunization in the A-Z Index)

Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2023

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Children age 4 months through 6 years

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose** minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	**4 weeks**	**4 weeks** maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	**4 weeks**	**4 weeks**	**6 months**	**6 months**
Haemophilus influenzae type b	6 weeks	**No further doses needed** if first dose was administered at age 15 months or older. **4 weeks** if first dose was administered before the 1st birthday. **8 weeks (as final dose)** if first dose was administered at age 12 through 14 months.	**No further doses needed** if previous dose was administered at age 15 months or older **4 weeks** if current age is younger than 12 months ***and*** first dose was administered at younger than age 7 months ***and*** at least 1 previous dose was PRP-T (ActHib®, Pentacel®, Hiberix®), Vaxelis® or unknown **8 weeks *and* age 12 through 59 months (as final dose)** if current age is younger than 12 months ***and*** first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months ***and*** first dose was administered before the 1st birthday ***and*** second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB® and were administered before the 1st birthday	**8 weeks (as final dose)** This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	**No further doses needed** for healthy children if first dose was administered at age 24 months or older **4 weeks** if first dose was administered before the 1st birthday **8 weeks (as final dose for healthy children)** if first dose was administered at the 1st birthday or after	**No further doses needed** for healthy children if previous dose was administered at age 24 months or older **4 weeks** if current age is younger than 12 months and previous dose was administered at <7 months old **8 weeks (as final dose for healthy children)** if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	**8 weeks (as final dose)** this dose is only necessary for children aged 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	**4 weeks**	**4 weeks** if current age is <4 years **6 months (as final dose)** if current age is 4 years or older	**6 months (minimum age 4 years for final dose)**	
Measles, mumps, rubella	12 months	**4 weeks**			
Varicella	12 months	**3 months**			
Hepatitis A	12 months	**6 months**			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D 2 years MenACWY-TT	**8 weeks**	See Notes	See Notes	

Children and adolescents age 7 through 18 years

Meningococcal ACWY	Not applicable (N/A)	**8 weeks**			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	**4 weeks**	**4 weeks** if first dose of DTaP/DT was administered before the 1st birthday **6 months (as final dose)** if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	**6 months** if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	**Routine dosing intervals are recommended.**			
Hepatitis A	N/A	**6 months**			
Hepatitis B	N/A	**4 weeks**	**8 weeks *and* at least 16 weeks after first dose**		
Inactivated poliovirus	N/A	**4 weeks**	**6 months** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	**4 weeks**			
Varicella	N/A	**3 months** if younger than age 13 years. **4 weeks** if age 13 years or older			
Dengue	9 years	**6 months**	6 months		

Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages

Eastern European Languages								
English	**Bosnian**	**Croatian**	**Polish**	**Romanian**	**Russian**	**Serbian**	**Slovak**	**Ukrainian**
DTP (DTaP)	Detepe	Detepe	DTaP	Di-Te-Per	АКДС	Detepe	DiTePe	
Diphtheria	Difterija	Difterije	Błonica	Difterisi	Дифтерия	Дифтерије	Záškrt; záškrt	Дифтерії
Haemophilus influenzae type b	Hemofilična influenca tipa B	Haemophilus influenzae tipa b	Haemophilus influenzae typu b	Haemophilus influenza tip b boala	Гемофильноя инфекция типа B	Хаемопхилус инфлуензае тип Б болести	Haemophilus influenza typ b; ochorenia	Гемофільної інфекції типу B захворювань
Hepatitis A	Žutica A, Hepatitis A	Žutica A, hepatitisa A	Wirusowe zapalenie wątroby typu A	Hepatita A	Гепатит A	Хепатитиса A	Hepatitída A	Гепатиту S
Hepatitis B	Žutica B, Hepatitis B	Žutica B, hepatitisa B	Wirusowe zapalenie wątroby typu B	Hepatita B	Гепатит B	Хепатитиса B	Hepatitída B	Гепатиту B
Human papillomavirus	Ljudski papiloma virus	Papilomavirusi čovjeka	Wirus brodawczaka ludzkiego	Papilomavirus uman	вирус папилломы человека	Људски папилома вирус	Ľudský papillomavírus	вірус папіломи людини
Influenza	Gripa	Gripe	Grypa	Gripa	Грипп	Грип	Chrípka	Грипу
MMR	MMR					MMR		КПК
Measles	Rubeola	Ospice	Odra	Pojarul	корь	Мале богиње	Morbilli; Osýpky	інФорМаціЯ про Кір
Meningococcal ACWY	Meningokokal ACWY	Meningokoknog ACWY	Meningokoki ACWY	Meningococice ACWY	менингококковая ACWY	Менингококне ACWY	Meningokokové ACWY	Менінгококова Сполучених
Mumps	Zauške	Zaušnjaci	Świnka	Oreionul, Oreion	Свинка, паротит	Заушке	Príušnica	Кір
Pertussis	Veliki kašalj	Kašalj hripavac	Krztusiec	Tusei convulsive	Коклюша	Пертусис	Čierny kašeľ	Кашлюку
Poliomyelitis	Dječja paraliza	Dječje paralize	Paraliż dziecięcy	Poliomielita	Полиомиелит	Полизомиелит	Detská obrna	Поліомієліту
Pneumococcal conjugate	Upala pluča	Pneumokoka konjugirano	Pneumokoki	Pneumococic conjugat	Конъюгированная пневмококковоя	Пнеумоцоццал коњунговане	Konjugovaná pneumokoková	Пневмококковой конъюгированной
Rotavirus	Rotavirus	Rotawirus	Rotawirus	Rotavirus	Ротавирус	Ротавирусна инфекција	Ротавирус	Ротавірусної
Rubella	Male boginje	Rubeola	Różyczka	Pojar German	Краснуха	Рубеола	Rubeola	Краснуха
Shingles (Herpes zoster)	Herpes zoster	Šindra	Półpasiec	Herpes zoster (zona zoster)	Опоясывающий лишай	Херпес зостер (појасни херпес)	Pásového oparu; Pásový opar	Оперізуючий герпес (Оперізуючий лишай)
Smallpox	Veliki boginje	Veliki boginje	Ospa	Variola, variolei	Оспа	Велики богиње	Kiahne	Віспа
Tetanus	Tetanus	Tetanusa	Tężec	Tetanosului	столбняк	Тетануса	Tetanus	Правця
Tuberculosis	Tuberkuloza	Tuberkuloza	Gruźlica	Tuberculozei	Туберкулёз	Tuberkuloza	Tuberkulóza	Туберкульоз
Varicella (chickenpox)	Ospice	Vodene kozice	Ospa wietrzna	Varicelă	ветряная оспа (ветряная)	Варицелла (цхицкен богиње)	Ovčím kiahňam; Ovčie kiahne	Вітряної віспи (Вітрянка)

Quick Chart of Vaccine-Preventable Disease Terms in Multiple Languages

Western European Languages								
English	**Dutch**	**French**	**German**	**Italian**	**Norwegian**	**Portuguese**	**Spanish**	**Swedish**
DTP	DKTP	DT Coq, DTC				Tríplice		DTP
Diphtheria	Difterie	Diphtérie	Diphtherie	Difterite	Difteri	Difteria	Difteria	Difteri
Haemophilus influenzae type b	Haemophilus influenzae b	Haemophilus influenzae de type b	Haemophilus influenzae type b	Haemophilus influenzae b	Haemophilus influenzae tipe b	Doença Haemophilus influenzae tipo b	Hemófilo tipo b, Haemophilus influenzae tipo b	Haemophilus influenzae typ b
Hepatitis A	Hepatitis A	Hepatite A	Hepatitis A	Epatite A	Hepatitt A	Hepatite A	hepatitis A	Hepatit A
Hepatitis B	Hepatitis B	Hepatite B	Hepatitis B	Epatite B	Hepatitt B	Hepatite B	hepatitis B	Hepatit B
Human papillomavirus	Humaan papillovirus	Papillovirus humaines	Humanen papillovirus	Il papillovirus umano	Humant papillomavirus	Virus do papiloma humano	Virus del papiloma humano	Humant papillovirus
Influenza ("flu")	Griep	Grippe	Grippe	L'nfluenzae	Influensa	Gripe	Gripe	Influensa
MMR	BMR	ROR	MMR	MPR		VASPR	SRP	MPR
Measles	Mazelen	Rougeole	Masern	Morbillo	Meslinger	Sarampo	Sarampión, Sarampión comun	Mässling
Meningococcal ACWY	Meningokokken ACWY	Antiméningo-coque ACWY	Meningokokken ACWY	Meningococcico ACWY	Meningokokksyk-dom ACWY	Meningocóccica ACWY	Meningococo ACWY	Meningokockinfek-tion ACWY
Mumps	Bof	Oreillons	Ziegenpeter	Parotite	Kusma	Caçhumba	Paperas, Parotiditis	Pássjuka
Pertussis (Whooping cough)	Kinkhoest	Coqueluche	Keuchhusten	Pertosse (tosse asinina)	Kikhoste	Coqueluche	Coqueluche (Tos ferina)	Kikhosta
Poliomyelitis	Kinderverlamming	Poliomyélite	Kinderlähmung	Poliomielite	Poliomyelitt	Poliomielite, paralisia Infantil	Poliomielitis	Polioyelit
Pneumococcal conjugate	Pneumokokken conjugaat	Antipneumococ-cique conjugué	Pneumokokken konjugat	Pneumococcico coniugato	Pneumokokk konjugatvaksine	Pneumocócica conjugada	Antineumocócica conjugada	Pneumokockkonjugat
Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavírus	Rotavirus	Rotavirus
Rubella	Rode hond	Rubéole	Röteln	Rosolia	Røde hunder	Rubéola (sarampo alamão)	Rubéola, Sarampión aleman	Röda hund
Shingles (Herpes zoster)	Gordelroos (herpes zoster)	Zona (l'herpès zoster)	Gürtelrose (herpes zoster)	Fuoco di Sant'Antonion (Therpes zoster)	Helvetesild (herpes zoster)	Zona (herpes zoster)	Zona de matojos (herpes)	Bältros (herpes zoster)
Smallpox	Pokken	Variole	Pocken	Vaioloso	Kopper	Variola	Viruela	Smittkoppor
Tetanus	Stijfkramp	Tétanos	Wundstarrkrampf	Tetano	Stivkrampe	Tétano, Tetânica	Tétanos, Tetánica, Tétano	Stelkramp
Tuberculosis	Tering	Tuberculose	Tuberkulose	Tubercolosi	Tuberkulose	Tuberculose	Tuberculinica	Tuberkulos
Varicella (chickenpox)	Varicella (waterpekkea)	Varicelle	Varizellen (windpocken)	Varicella	Vannkopper	Varicella (catapora)	Varicela	Vattkoppor

United States Vaccine Names

United States Vaccines

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
Adenovirus	Adenovirus Type 4 & Type 7	N/A	Teva Pharmaceutical Industries Ltd.	Oral (2 Tablets)	1	17-50 years	Live: Approved for military populations; not approved for pregnant women
Anthrax	BioThrax®	AVA	Emergent BioSolutions	IM	3	18-65 years	Cell-free filtrate from avirulent strain, Adj.
Cholera	Vaxchora™	N/A	Emergent BioSolutions	Oral (Liquid)	1	18-64 years	Live Attenuated
DTaP	Daptacel®	DTaP	Sanofi	IM	5	6 weeks-6 years	Inactivated, Adj.
	Infanrix™	DTaP	GlaxoSmithKline	IM	5	6 weeks-6 years	Inactivated, Adj.
DT	N/A (Generic)	DT	Sanofi	IM	5	6 weeks-6 years	Inactivated, Adj.: Use when pertussis is contraindicated
Haemophilus influenzae type b (Hib)	ActHIB®	Hib (PRP-T)	Sanofi	IM	4	2 months-5 years	Inactivated (Tetanus toxoid conjugate)
	Hiberix™	Hib (PRP-T)	GlaxoSmithKline	IM	4	6 weeks- 4 years	Inactivated (Tetanus toxoid conjugate)
	PedvaxHIB®	Hib (PRP-OMP)	Merck	IM	3	2-71 months	Inactivated, Adj. (Meningococcal conjugate)
Hepatitis A	Havrix™	HepA	GlaxoSmithKline	IM	2	Pediatric: 12 months-18 years; Adult: ≥19 years	Inactivated, Adj.
	Vaqta®	HepA	Merck	IM	2	Pediatric: 12 months-18 years; Adult: ≥19 years	Inactivated, Adj.
Hepatitis B	Engerix-B™	HepB	GlaxoSmithKline	IM	3	Pediatric: Birth-19 years Adult: ≥20 years	Recombinant, Adj.
	Recombivax HB®	HepB	Merck	IM	3	Pediatric: Birth-19 years Adult: ≥20 years	Recombinant, Adj.
	Heplisav-B®	HepB	Dynavax Technologies	IM	2	≥18 years	Recombinant, Adj.
Herpes Zoster (Shingles)	Shingrix™	RZV	GlaxoSmithKline	IM	2	≥50 years	Recombinant, Adj.

Appendix B

B

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
Human Papillomavirus (HPV)	Gardasil® 9	9vHPV	Merck	IM	2 or 3	9-45 years	Recombinant, Adj. ACIP recommends 9-26 years
Influenza*	Afluria Quadrivalent*	IIV4	Seqirus	IM	1 or 2	≥6 months	Inactivated
	Fluad® Quadrivalent	aIIV4	Seqirus	IM	1	≥65 years	Inactivated, Adj.
	Fluarix™ Quadrivalent	IIV4	GlaxoSmithKline	IM	1 or 2	≥6 months	Inactivated
	Flublok® Quadrivalent	RIV4	Sanofi	IM	1	≥18 years	Recombinant, Egg-Free
	Flucelvax® Quadrivalent	ccIIV4	Seqirus	IM	1 or 2	≥2 years	Cell-culture, Egg-free
	FluLaval™ Quadrivalent	IIV4	GlaxoSmithKline	IM	1 or 2	≥6 months	Inactivated
	FluMist® Quadrivalent	LAIV4	AstraZeneca	Intranasal	1 or 2	2-49 years	Live Attenuated
	Fluzone® Quadrivalent	IIV4	Sanofi	IM	1 or 2	≥6 months	Inactivated
	Fluzone® High-Dose Quadrivalent	HD-IIV4	Sanofi	IM	1	≥65 years	Inactivated
Japanese encephalitis	Ixiaro®	JE	Valneva	IM	2	≥2 months	Inactivated, Adj.
Measles, Mumps, Rubella	M-M-R® II	MMR	Merck	SC	2	≥12 months	Live Attenuated
Meningococcal (serogroups A, C, W, and Y)	Menactra®	MenACWY-D	Sanofi	IM	2	9 months-55 years	Inactivated (Polysaccharide diphtheria toxoid conjugate)
	Menquadfi™	MenACWY-TT	Sanofi	IM	2	≥2 years	Inactivated (Polysaccharide tetanus toxoid conjugate)
	Menveo™	MenACWY-CRM	GlaxoSmithKline	IM	2	2 months-55 years	Inactivated (Polysaccharide CRM_{197} conjugate)
Meningococcal (serogroup B)	Trumenba®	MenB-FHbp	Pfizer	IM	2 or 3	10-25 years	Recombinant, Adj.
	Bexsero™	MenB-4C	GlaxoSmithKline	IM	2	10-25 years	Recombinant, Adj.

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
Pneumococcal	Pneumovax® 23	PPSV23	Merck	IM or SC	1	≥2 years	Inactivated Polysaccharide
	Prevnar 13®	PCV13	Pfizer	IM	4 (pediatric) 1 (adult)	Pediatric: ≥6 weeks Adult: >65 years	Inactivated, Adj. (CRM_{197} conjugate)
Polio	Ipol®	IPV	Sanofi	IM or SC	4	≥6 weeks	Inactivated
Rabies	Imovax®	N/A	Sanofi	IM	2-3 (pre-exposure) 4 (post-exposure)	All ages	Inactivated
	RabAvert®	N/A	Bavarian Nordic	IM	2-3 (pre-exposure) 4 (post-exposure)	All ages	Inactivated
Rotavirus	RotaTeq®	RV5	Merck	Oral (Liquid)	3	6-32 weeks	Live, Pentavalent
	Rotarix™	RV1	GlaxoSmithKline	Oral (Liquid)	2	6-24 weeks	Live, Monovalent
Tetanus, (reduced) Diphtheria	Tenivac®	Td	Sanofi	IM	1 (Every 10 years)	≥7 years	Inactivated, Adj.
	TdVax™	Td	Massachusetts Biological Labs	IM	1 (Every 10 years)	≥7 years	Inactivated, Adj.
Tetanus, (reduced) Diphtheria, (reduced) Pertussis	Boostrix™	Tdap	GlaxoSmithKline	IM	1	≥10 years	Inactivated, Adj.
	Adacel®	Tdap	Sanofi	IM	1	10-64 years	Inactivated, Adj.
Typhoid	Typhim Vi®	N/A	Sanofi	IM	1	≥2 years	Inactivated Polysaccharide
	Vivotif®	N/A	Emergent BioSolutions	Oral (Capsules)	4	≥6 years	Live Attenuated
Varicella	Varivax®	VAR	Merck	SC	2	≥12 months	Live Attenuated
Smallpox (Vaccinia)	ACAM2000®	—	Emergent BioSolutions	Percutaneous	1	All ages	Live Attenuated
Smallpox and Monkeypox	JYNNEOS®	—	Bavarian Nordic	SC	2	≥18 years	Live, Non-replicating
Yellow Fever	YF-Vax®	YF	Sanofi	SC	1	≥9 months	Live Attenuated

The abbreviations on this table (Column 3) were standardized jointly by staff of the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (ACIP) Work Groups, the editor of the Morbidity and Mortality Weekly Report (MMWR), the editor of Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book), ACIP members, and liaison organizations to the ACIP. These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP Recommendations and Policy Notes published in the MMWR, the Pink Book, and the American Academy of Pediatrics Red Book, and in the U.S. immunization schedules for children, adolescents, and adults. In descriptions of combination vaccines, a hyphen (-) indicates products in which the active components are supplied in their final (combined) form by the manufacturer; a slash (/) indicates products in which active components must be mixed by the user.

"Doses in a Routine Series" (Column 6) reflects doses administered to a healthy patient at the recommended ages. It does not necessarily reflect schedules for patients with health conditions or other high-risk factors, alternative schedules, catch-up schedules, or booster doses not part of an initial series. For some combination vaccines, this column represents the routine number of doses for that product, and not necessarily the total number of doses in a complete series for the components. (For example, Kinrix or Quadracel may be used for only 1 dose of multi-dose DTaP and IPV series.)

"Adj." in the "Comments" column indicates that the vaccine contains an adjuvant.

A hyphen in an age range means "through" (i.e., "6 weeks-6 years" means 6 weeks through 6 years [to the 7th birthday]).

*All influenza vaccines in this table are 2021-2022 northern hemisphere formulations. For the most current recommendations on influenza, see: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html

†May be limited in supply as manufacturer has temporarily stopped production

United States Combination Vaccines

Vaccine	Trade Name	Abbreviation	Manufacturer	Route	Doses in Routine Series	Approved Ages	Comments
DTaP, Polio	Kinrix™	DTaP-IPV	GlaxoSmithKline	IM	1	4-6 years	Inactivated, Adj.: Approved as 5th DTaP and 4th IPV.
	Quadracel®	DTaP-IPV	Sanofi	IM	1	4-6 years	Inactivated, Adj.: Approved as 5th DTaP and 4th IPV.
DTaP, hepatitis B, Polio	Pediarix™	DTaP-HepB-IPV	GlaxoSmithKline	IM	3	6 weeks-6 years	Inactivated, Adj.: Approved for 2, 4, 6 month doses.
DTaP, Polio, *Haemophilus* influenzae type b	Pentacel®	DTaP-IPV/Hib	Sanofi	IM	4	6 weeks-4 years	4 Inactivated, Adj.: Approved for 2, 4, 6, 15-18 month doses.
DTaP, Polio, *Haemophilus influenzae* type b, hepatitis B	Vaxelis™	DTaP-IPV-Hib-HepB	Sanofi	IM	3	6 weeks-4 years	Inactivated, Adj.: Approved for 2, 4, 6 month doses.
Hepatitis A, Hepatitis B	Twinrix™	HepA-HepB	GlaxoSmithKline	IM	3	≥18 years	Inactivated/Recombinant, Adj. Pediatric HepA + Adult HepB
Measles, Mumps, Rubella, Varicella	ProQuad®	MMRV	Merck	SC	2	12 months-12 years	Live Attenuated

The abbreviations on this table (Column 3) were standardized jointly by staff of the Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (ACIP) Work Groups, the editor of the Morbidity and Mortality Weekly Report (MMWR), the editor of Epidemiology and Prevention of Vaccine-Preventable Diseases (the Pink Book), ACIP members, and liaison organizations to the ACIP. These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP Recommendations and Policy Notes published in the MMWR, the Pink Book, and the American Academy of Pediatrics Red Book, and in the U.S. immunization schedules for children, adolescents, and adults. In descriptions of combination vaccines, a hyphen (-) indicates products in which the active components are supplied in their final (combined) form by the manufacturer; a slash (/) indicates products in which active components must be mixed by the user.

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"Adj." in the "Comments" column indicates that the vaccine contains an adjuvant.

A hyphen in an age range means "through" (i.e., "6 weeks-6 years" means 6 weeks through 6 years (to the 7th birthday)).

November 2021

Vaccine Acronyms & Abbreviations*

*Abbreviations used on U.S. immunization records.

This vaccine abbreviations page lists abbreviations used for vaccines, including some "old" or non-standard abbreviations used on immunization records.

AVA	Anthrax Vaccine Adsorbed
BCG	Bacille Calmette-Guérin (Tuberculosis) Vaccine
ccIIV3	Cell-Culture Inactivated Influenza Vaccine, Trivalent (Flucelvax®)
DPT	Replaced by the term DTP (see *DTP* for description)
DT	Diphtheria and tetanus toxoids, pediatric formulation
DTaP	Diphtheria and tetanus toxoids and acellular pertussis vaccine, pediatric formulation *(replaced DTP)*
DTP or (DTwP)	Diphtheria and tetanus toxoids and whole-cell pertussis vaccine, pediatric formulation *(no longer available)*
eIPV	Enhanced inactivated polio vaccine
HAV	Hepatitis A Virus
HbOC	Haemophilus b Oligosaccharide Conjugate (Hib) Vaccine *(no longer available)*
HBV	Hepatitis B Virus
HepA	Hepatitis A Vaccine
HepB	Hepatitis B Vaccine
Hib	*Haemophilus influenzae* type b
Hib-MenCY-TT	Hib-Meningococcal (Bivalent) Conjugate Vaccine (MenHibrix®)
HPV	Human Papillomavirus
HPV2	Human Papillomavirus vaccine, bivalent (Cervarix®)
2vHPV	Bivalent HPV vaccine (Cervarix®)
HPV4	Human Papillomavirus vaccine, quadrivalent (Gardasil®)
4vHPV	Quadrivalent HPV vaccine (Gardasil®)
9vHPV	9-valent HPV vaccine (Gardasil®)
IPV	Inactivated Poliovirus Vaccine
IIV	Inactivated Influenza Vaccine *(formerly called TIV)*
IIV3	Inactivated Influenza Vaccine, Trivalent
IIV4	Inactivated Influenza Vaccine, Quadrivalent
JE	Japanese Encephalitis
JE-MB	Inactivated, mouse brain-derived Japanese encephalitis vaccine (JE-Vax®) *(no longer available)*
JE-VC	Inactivated, Vero cell culture-derived Japanese encephalitis vaccine (Ixiaro®)
LAIV	Live, Attenuated Influenza Vaccine (Nasal Spray)
LAIV4	Live, Attenuated Influenza Vaccine (Quadrivalent)
MCV	Measles antigen-containing vaccines
MCV4	Meningococcal Conjugate Vaccine (Quadravalent)
MenACWY-CRM	Meningococcal Conjugate Vaccine, Quadrivalent (Menveo®)
MenACWY-D	Meningococcal Conjugate Vaccine, Quadrivalent (Menactra®)
MenB	Serogroup B meningococcal vaccine
MenB-FHbp	Serogroup B meningococcal vaccine (Trumenba®)
MenB-4C	Serogroup B meningococcal vaccine (Bexsero®)
MMR	Measles, Mumps & Rubella Vaccine
MMRV	Measles, Mumps, Rubella & Varicella Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine (Quadravalent)
MR	Measles-rubella Vaccine
OPV	Oral Polio Vaccine *(no longer available)*
PCV7 (or PCV)	Pneumococcal Conjugate Vaccine (7-valent) *(no longer available)*

Vaccine Acronyms & Abbreviations*

PCV13	Pneumococcal Conjugate Vaccine (13-valent) *(replaced PCV7)*
PPV23 (or PPV)	Pneumococcal Polysaccharide Vaccine (23-valent) *(replaced by the term PPSV23)*
PPSV23	Pneumococcal Polysaccharide Vaccine (23-valent) *(formerly called PPV or PPV23)*
PRP	Polyribosylribitol Phosphate Polysaccharide (Hib) Vaccine *(no longer available)*
PRP-D	Polyribosylribitol Phosphate-Diphtheria Conjugate (Hib) Vaccine *(no longer available)*
PRP-OMP	Polyribosylribitol Phosphate-Outer Membrane Protein Conjugate (Hib) Vaccine
PRP-T	Polyribosylribitol Phosphate-Tetanus Conjugate (Hib) Vaccine
PRV	Pentavalent Rotavirus Vaccine (i.e., RotaTeq®) *(replaced by the term ROTA, then by RV5)*
RIV3	Recombinant Influenza Vaccine, Trivalent (Flublok®)
ROTA	Rotavirus Vaccine *(replaced by the terms RV1 and RV5)*
RRV-TV	Live, tetravalent rotavirus vaccine (RotaShield™) *(no longer available)*
RV1	Rotavirus Vaccine, monovalent (Rotarix®) *(formerly called ROTA)*
RV5	Rotavirus Vaccine, pentavalent (RotaTeq®) *(formerly called ROTA)*
RZV	Recombinant Zoster Vaccine
Td	Tetanus & diphtheria Vaccine, adult/adolescent formulation
Tdap	Tetanus, diphtheria & acellular pertussis vaccine, adult/adolescent formulation
TIV	Trivalent (Inactivated) Influenza Vaccine *(replaced by the term IIV)*
TT	Tetanus Toxoid *(no longer available)*
Ty21a	Live Oral Typhoid Vaccine
VAR	Varicella Vaccine
ViCPS	Vi Capsular Polysaccharide (Inactivated Typhoid) Vaccine
VZV	Varicella Zoster Virus
YF	Yellow Fever

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GET THE FACTS ABOUT THE COVID-19 VACCINES

- ☑ COVID-19 vaccines are extremely effective at preventing serious illness and death.
- ☑ The vaccines cannot give you COVID-19.
- ☑ Getting vaccinated is free and does not require health insurance.
- ☑ The vaccine is available to anyone, regardless of immigration status.

GETTING BACK TO THE MOMENTS WE MISS STARTS WITH **GETTING VACCINATED.**

Visit aacounty.org/covidvax to schedule an appointment to get vaccinated. Walk-up vaccinations are now welcome at all clinics during operating hours. Evening and weekend hours are available at select clinics.

Anne Arundel County Executive Steuart Pittman
Anne Arundel County Department of Health

Help scheduling a vaccine appointment is just a phone call away. Contact (410) 222-7256.

CONOCER LOS HECHOS ACERCA DE VACUNAS PARA COVID-19

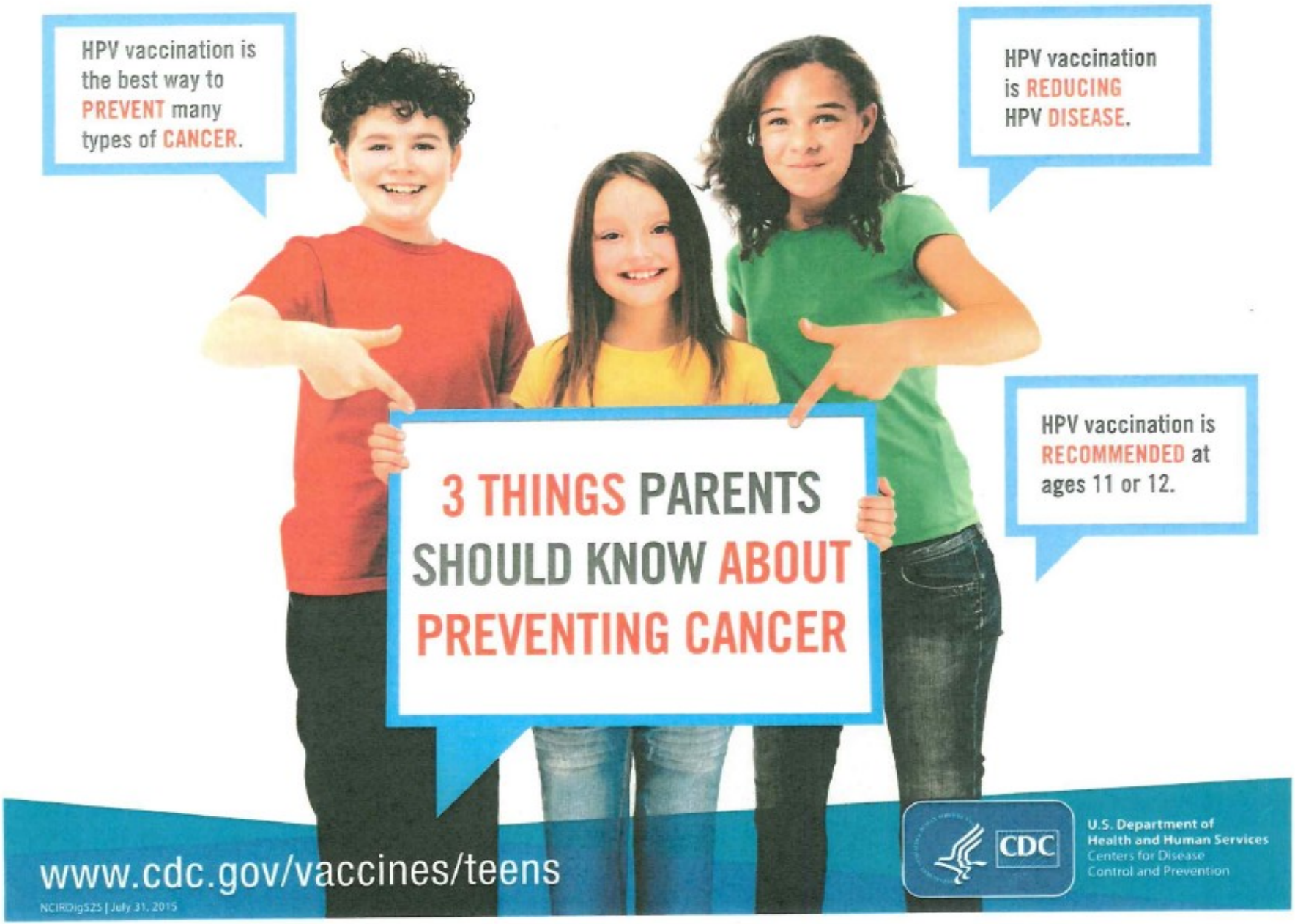
- ☑ Vacunas contra el COVID-19 son sumamente efectivas para prevenir enfermedades graves y la muerte.
- ☑ Las vacunas no pueden darle COVID-19.
- ☑ Vacunarse es gratis y no requiere seguro.
- ☑ La vacuna está disponible para cualquier persona, no se importa su situación migratoria.

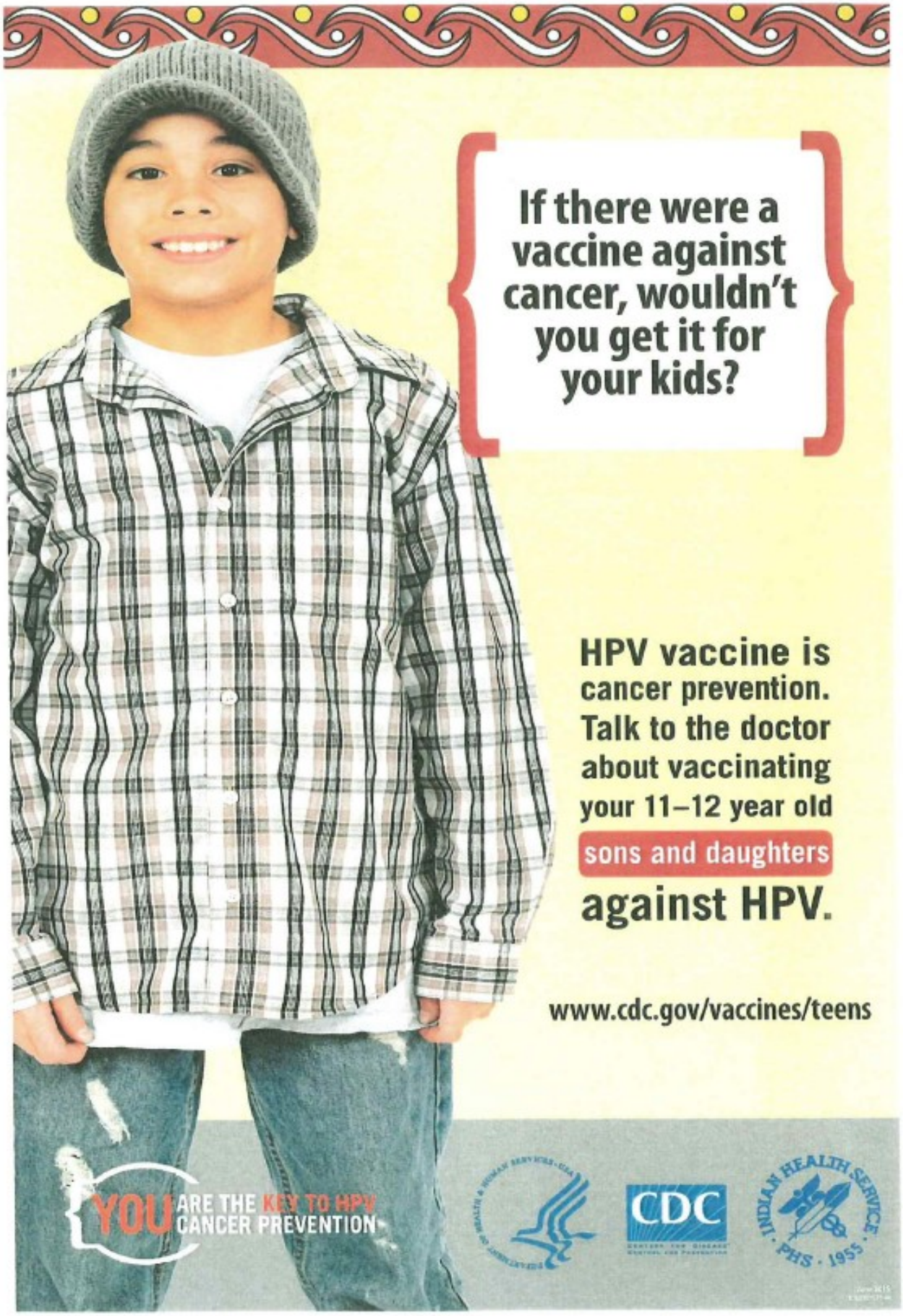
VOLVER A LOS MOMENTOS QUE EXTRAÑAMOS COMIENZA CON **LA VACUNACIÓN.**

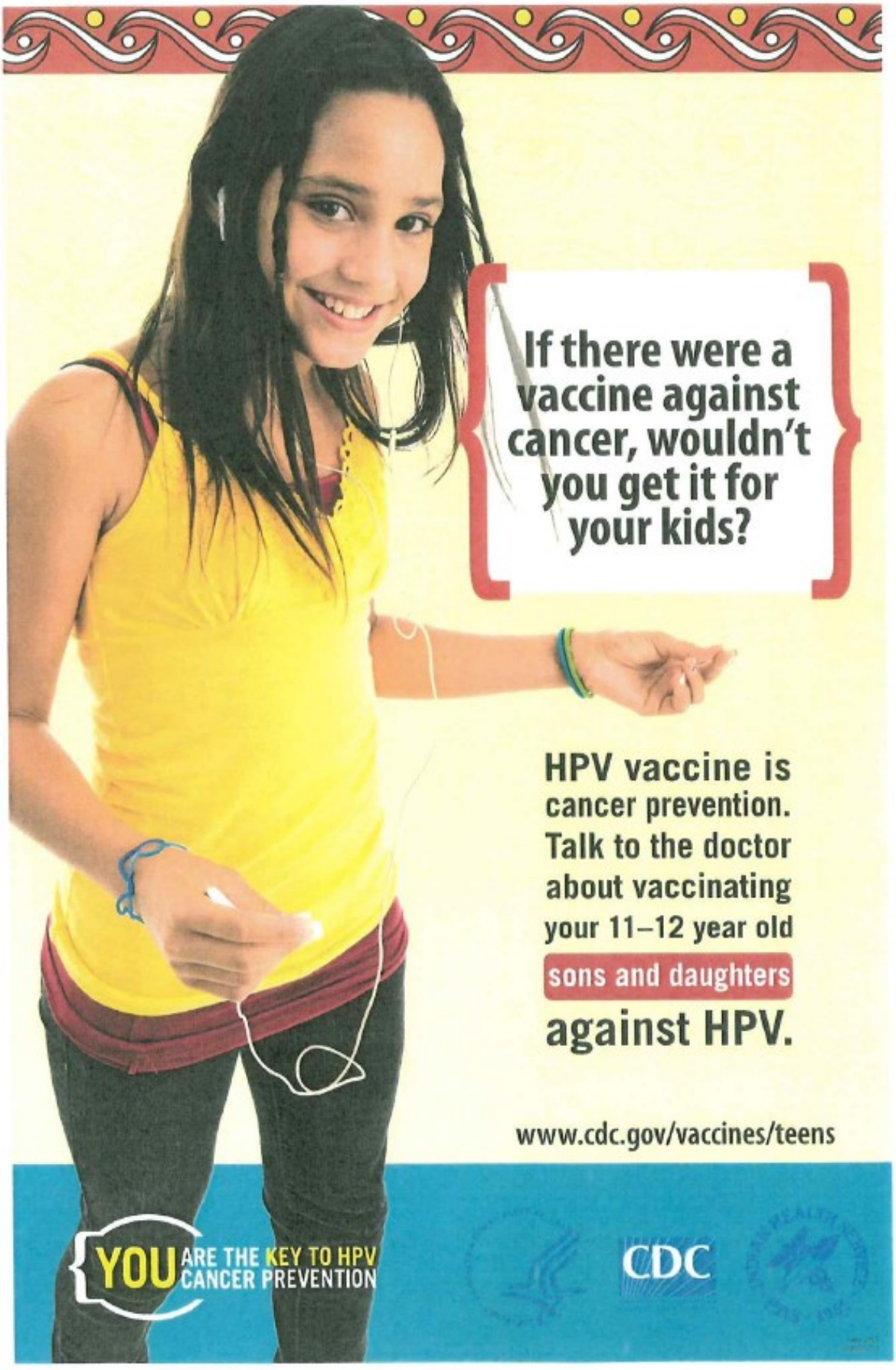
Programe su cita en aacounty.org/covidvax. Las personas que lleguen sin cita ahora son bienvenidas en las clínicas en el horario de la vacunación. Horas por la tarde y los fines de semanas están disponibles en clínicas seleccionadas.

Anne Arundel County Executive Steuart Pittman
Anne Arundel County Department of Health

Hay ayuda para **programar** una cita de vacunación, llame al (410) 222-7256.


HPV vaccination is the best way to PREVENT many types of CANCER.
HPV vaccination is REDUCING HPV DISEASE.
HPV vaccination is RECOMMENDED at ages 11 or 12.
3 THINGS PARENTS SHOULD KNOW ABOUT PREVENTING CANCER
www.cdc.gov/vaccines/teens
NCIRDig525 | July 31, 2015
CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention


If there were a vaccine against cancer, wouldn't you get it for your kids?
HPV vaccine is cancer prevention. Talk to the doctor about vaccinating your 11–12 year old sons and daughters against HPV.
www.cdc.gov/vaccines/teens
YOU ARE THE KEY TO HPV CANCER PREVENTION
CDC
INDIAN HEALTH SERVICE
PHS · 1955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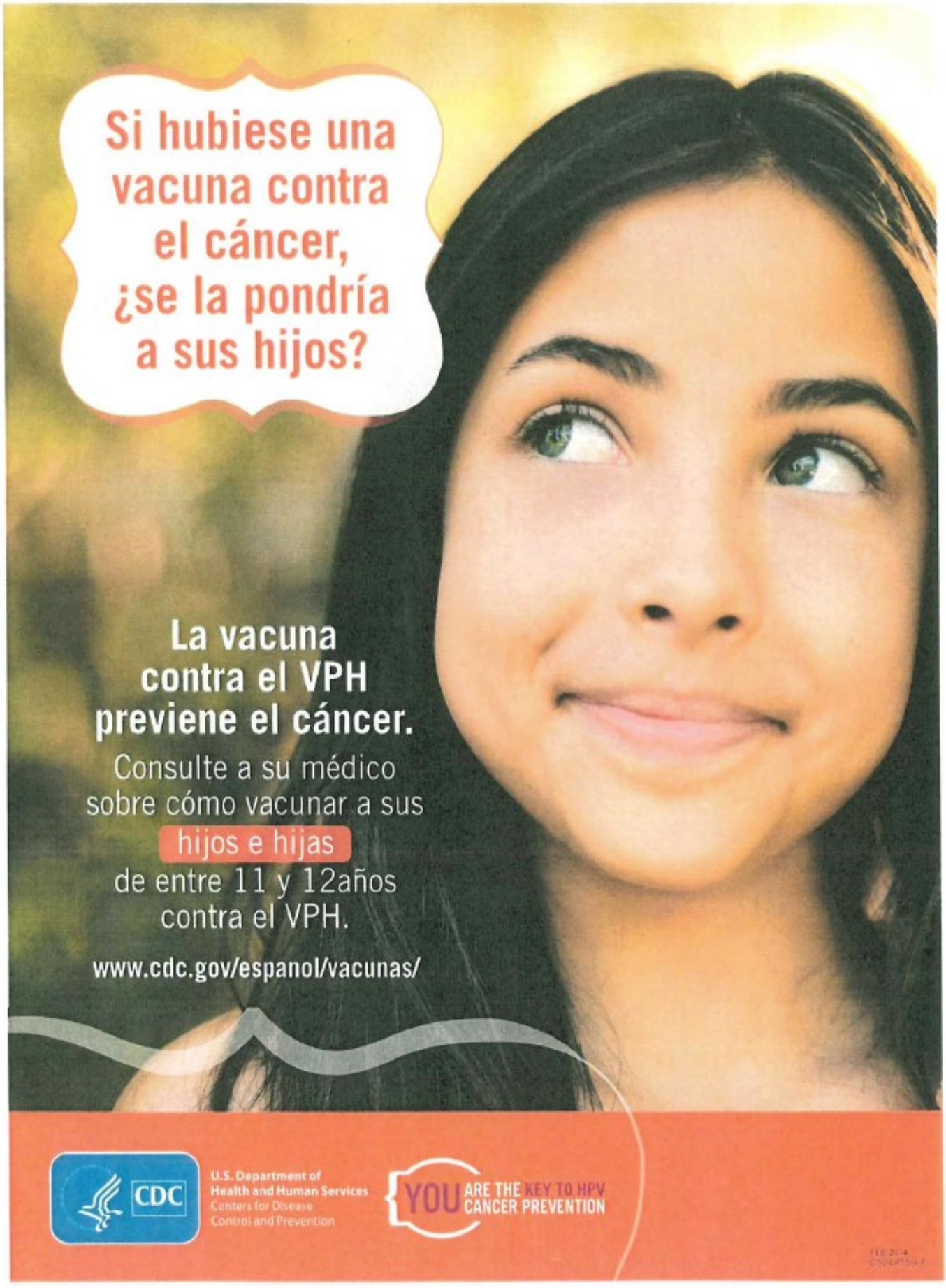
CDC


Si hubiese una vacuna contra el cáncer, ¿se la pondría a sus hijos?
La vacuna contra el VPH previene el cáncer.
Consulte a su médico sobre cómo vacunar a sus hijos e hijas de entre 11 y 12años contra el VPH.
www.cdc.gov/espanol/vacunas/
CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
YOU ARE THE KEY TO HPV CANCER PREVENTION

Anne Arundel County Department of Health
www.aahealth.org

Attention All Parents
School Year 2023-2024

NO SHOTS

NO SCHOOL

Visit your health care provider or area health center (if you qualify) *.

PARENT MUST BRING SHOT RECORD!

Glen Burnie Health Center
416 A Street, S.W.
Glen Burnie, MD 21061

Call for an appointment
410-222-6633

Parole Health Center
1950 Drew Street
Annapolis, MD 21401

Call for an appointment
410-222-7247

***Due to federal requirements, the Anne Arundel County Department of Health can only provide immunizations for students who are uninsured, underinsured (insurance doesn't cover vaccines), or on Medical Assistance.**

Departamento de Salud del Condado de Anne Arundel
www.aasalud.org

Atención a todos los Padres de Familia
Año escolar 2023-2024

NO VACUNAS

NO ESCUELA

Visite a su proveedor de cuidado médico o al Centro de Salud de su área (si usted califica) *.

LOS PADRES DEBEN DE TRAER CONSIGO
EL REGISTRO DE VACUNAS (SHOT RECORD)

Centro de Salud de Glen Burnie

Llame para una cita

416 A Street, S.W.
Glen Burnie, MD 21061
410-222-6633
FAX 410-222-6077

Centro de Salud de Parole

Llame para una cita

1950 Drew Street
Annapolis, MD 21401
410-222-7247
FAX 410-222-4323

***El Departamento de Salud del Condado de Anne Arundel debido a requisitos federales sólo puede proporcionar vacunas a los estudiantes que no tengan seguro, o que su seguro no cubra las vacunas o a los que tienen asistencia médica.**