

**LEXINGTON PUBLIC SCHOOLS
LEXINGTON, MA**

Immunization Law (K)

Massachusetts General Law 105 CMR 220.000 requires school children be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella (German measles), hepatitis B, and varicella (chicken pox).

In order to enter Kindergarten in August 2010, the following immunizations are required:

DTP or DTaP	A series of 5 doses
POLIO	A series of 4 doses
MMR	(Measles, Mumps, Rubella) – Two doses required First dose must be after 12 months of age Disease – must submit laboratory evidence of immunity
HEPATITIS B	A series of 3 doses required
VARIVAX	One dose required after age 1, or documentation of disease
LEAD SCREENING	Although not an immunization, date and result are required to enter kindergarten

There may be a small group of children exempted from the law because of medical or religious reasons. A statement from the child's physician is required indicating the medical reason why one or more of the immunizations is contraindicated. A parent or guardian may submit a statement indicating that immunization conflicts with his/her religious belief. Please note: When a case of a vaccine-preventable disease emerges, susceptible individuals (including those with medical or religious exemptions) who are not vaccinated will need to be excluded for the appropriate time periods as outlined in *Reportable Diseases, Surveillance and Isolation & Quarantine Requirements* (105 CMR 300.000).

Tuberculosis Policy for New Entrees

The case rate of tuberculosis in Massachusetts has declined by 25% since 1992. Based upon the guidelines established by the Massachusetts Department of Public Health, the following policy has been approved by the School Committee (7/97) for entering students.

Only students entering from Latin America (which includes all countries and islands south of the United States), Africa, Asia (except Japan), Eastern Europe and the former Soviet Union, and the Middle East are required to submit a baseline intradermal (Mantoux) test prior to entrance into the Lexington Public Schools. If the Mantoux is positive as stated in a physician's letter, then a negative chest X-ray report is required. BCG vaccine cannot be used in place of Mantoux screening because its protection rate is unreliable and TB may occur after vaccination.

All students should have a TB risk assessment by their primary care provider at the time of scheduled physicals and upon entry to school.

It is the responsibility of the primary care provider to evaluate the child to determine the risk of exposure to TB, the necessity for a TB (Mantoux) test, follow-up on positive reactors, or children placed on isoniazid (INH) preventive therapy.