## Summary of Changes to Wisconsin 2024-2025 School Immunization Requirements for Local Health Departments, Schools, and Health Care Providers

The following information is to assist vaccinators, schools, and health partners with understanding the changes to DHS 144, the state law covering school vaccine entry requirements. The purpose of these changes is to bring Wisconsin closer in line to the <a href="Advisory Committee on Immunization Practices nationwide recommendations">Advisory Committee on Immunization Practices nationwide recommendations</a> and in line with neighboring states' school requirements. Wisconsin state statute continues to permit waivers to vaccination for reasons of health, religious, or personal conviction.

Further information about school reporting requirements can be found on the <u>Wisconsin Department of Health Services</u> website.

## Comparison of Wisconsin school-required vaccines prior to the 2024-2025 school year compared to vaccine requirements starting in the 2024-2025 school year

Quick Guide		
Previous requirements	School requirements starting in the 2024-2025 school year	
For entry to kindergarten through seventh grades students need:  • 4 doses of polio vaccine  • 3 doses of hepatitis B  • 4 doses of DTaP/DTP/DT/TD  • 2 doses of varicella (chicken pox)  • 2 doses of MMR  • 1 dose of Tdap at seventh grade	For entry to kindergarten through seventh grades students need:  • 4 doses of polio vaccine • 3 doses of hepatitis B • 4 doses of DTaP/DTP/DT/TD • 2 doses of varicella (chickenpox)* • 2 doses of MMR • 1 Tdap at seventh grade • 1 MenACWY-containing vaccine at seventh grade  For entry to 12 <sup>th</sup> grade • 1 MenACWY-containing booster (2 <sup>nd</sup> dose in series)	

**Note:** Children must be up to date on all vaccines listed for previous grades. For example, if a seventh grader is missing a dose of hepatitis B, they'll need a catch-up dose of hepatitis B prior to seventh grade matriculation.

<sup>\*</sup>Exceptions to the varicella vaccine requirement will be allowed in both child care centers and schools only if the child has had a case diagnosed by a qualified health care provider.

Detailed Guidance		
Previous requirements	School requirements starting in the 2024-2025 school year	Notes
Meningococcal conjugate vaccine not required.	MenACWY-containing vaccine is required at seventh grade and a booster dose at 12 <sup>th</sup> grade.	Adding to prevent outbreaks of meningitis disease in Wisconsin schools.  Note: A second dose of MenACWY-containing vaccine should be administered between the ages of 16 and 18 years to students who received a first dose of MenACWY-containing vaccine between the ages of 11 and 15 years. A second dose is not required for students who received their first dose of MenACWY-containing vaccine at age 16 years or older.
Parental report of varicella disease as an exception to varicella vaccination is allowed.	Exceptions to the varicella vaccine requirement will be allowed only if the student has had a case diagnosed by a qualified health care provider. This is required for admission to child care centers and entry in schools.	Verification of history or diagnosis of typical disease can be provided by any qualified health care provider (M.D., D.O., N.P, or P.A.). For persons reporting a history of, or reporting with, atypical or mild cases, assessment by a physician or their designee is required for school entry, and one of the following should be sought: 1) an epidemiologic link to a typical varicella case to a laboratory-confirmed case or 2) evidence of laboratory confirmation, if it was performed at the time of acute disease. When such documentation is lacking, persons should not be considered as having a valid history of disease because other diseases might mimic mild atypical varicella.



An outbreak of varicella is defined as the Varicella and meningococcal were Updated definition of an not included in the definition of an outbreak to include varicella occurrence of **five** or more varicella cases that are related in place (school or child care outbreak. (chickenpox) and meningococcal. center) and epidemiologically linked. An organization-based (school or child care center) outbreak of meningococcal disease is defined as the occurrence of three or more confirmed or probable cases of meningococcal disease of the same serogroup in period of three months or less among persons who have a common affiliation but no close contact with each other, resulting in a primary disease attack rate of 10 or more cases per 100,000 persons.

