**Massachusetts School Immunization Survey Step-by-Step Instructions – 2023/2024 Kindergarten**

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| **Before You Start** | |
| **Surveys must be completed no later than January 26, 2024**   * Collect all student immunization records for the grade you are completing the survey for. * Use the MIIS to search for students missing immunization records. * Please fill out the Immunization Survey Worksheet prior to completing the online immunization survey. It will make the process quicker and easier if you use this worksheet to generate the totals for each question. * Note: You can save your progress and return to the survey at a later time. | |
| **Step 1** | |
| * Select the school that you are filling out the survey for. * Depending on the school you select, the bubble-question will automatically populate with either “Kindergarten”, “Grade 7”, or “Grade 12” based on your school profile in MIIS. * If the proper survey grade is selected, click Next. * If the proper survey grade is NOT selected, then click the bubble for the correct grade. A pop-up message will appear, click “OK” and then click “Next” to continue to the survey for the grade you have selected. * If you need to fill out multiple surveys, then select one of the grade options and then repeat this process after you complete the first survey. | |
| **Step 2** | |
| **Question 1** | |
| **How many students are enrolled in Kindergarten?** | * Insert the total number of students enrolled in this grade level. * This should be equal to the number of students listed on the Immunization Survey Worksheet. |
| **Question 2** | |
| **How many students in Kindergarten have no school immunization record? (Exemptions count as a record)** | * Insert the total number of students that have NO RECORD AT ALL. * This DOES NOT include students with exemptions on file or incomplete records. * This should equal the Total of the “No Record” column on the Immunization Survey Worksheet. |
| **Step 3** | |
| **Question 3** | |
| **How many of the students have the required doses of DTaP vaccine?** | * Insert the number of students that have met the requirements for DTaP vaccine:   + 5 doses of DTaP vaccine OR;   + 4 doses of DTaP vaccine if the 4th dose was administered on or after the student’s 4th birthday. * Do not count students who received DT vaccine. * This is the number of students that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). * This should equal the Total of the “C” column under DTaP in the Immunization Survey Worksheet. |
| **Question 4** | |
| **How many of the students have a medical exemption to DTaP vaccine?**  **Medical exemption to DTaP vaccine (cont.)** | * Insert the number of students with a medical exemption to DTaP vaccine on file with your school. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. * If a student has BOTH the required number of doses and an exemption on file, then ONLY count them as vaccinated in Question 3 and disregard the exemption. * This should equal the Total of the “M” column under DTaP in the Immunization Survey Worksheet. |
| **Question 5** | |
| **How many of the students have a religious exemption to DTaP vaccine?** | * Insert the number of students with a religious exemption to DTaP vaccine on file with your school. * A religious exemption is a statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * If a student has BOTH the required number of doses and an exemption on file, then ONLY count them as vaccinated in Question 3 and disregard the exemption. * This should equal to the Total of the “R” column under DTaP in the Immunization Survey Worksheet. |
| **NOTE:** **The total of Questions 3-5 should NOT be more than the Total number of students from Question 1 minus the number of students with no record from Question 2. Each student should only be counted ONCE.** | |
| **Question 6** | |
| **How many of the students have the required doses of Polio vaccine?** | * Insert the number of students that have met the requirement for Polio vaccine:   + 4 doses of Polio vaccine with 4th dose administered on or after the student’s 4th birthday and at least 6 months from the previous dose OR   + 3 doses of Polio vaccine if the 3rd dose was administered on or after the student’s 4th birthday and at least 6 months from the previous dose * This is the number of students that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). * This should equal the Total of the “C” column under Polio in the Immunization Survey Worksheet. |
| **Question 7** | |
| **How many of the students have a medical exemption to Polio vaccine?** | * Insert the number of students with a medical exemption to Polio vaccine on file with your school. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. * If a student has BOTH the required number of doses and an exemption on file, then ONLY count them as vaccinated in Question 6 and disregard the exemption. * This should equal the Total of the “M” column under Polio in the Immunization Survey Worksheet. |
| **Question 8** | |
| **How many of the students have a religious exemption to Polio vaccine?** | * Insert the number of students with a religious exemption to Polio vaccine on file with your school. * A religious exemption is a statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * If a student has BOTH the required number of doses and an exemption on file, then ONLY count them as vaccinated in Question 6 and disregard the exemption. * This should equal to the Total of the “R” column under Polio in the Immunization Survey Worksheet. |
| **NOTE**: **The total of Questions 6-8 should NOT be more than the Total number of students from Question 1 minus the number of students with no record from Question 2. Each student should only be counted ONCE.** | |

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| **Question 9** | |
| **How many of the students have the required doses of MMR vaccine?** | * Insert the number of students that have received 2 or more doses of MMR vaccine, administered on or after the student’s 1st birthday and separated by at least 28 days. * This is the number of students that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). * This should equal the Total of the “C” column under MMR in the Immunization Survey Worksheet. |
| **Question 10** | |
| **How many of the students have laboratory evidence of immunity to measles, mumps, and rubella? (Do not count students who have 2 doses of MMR vaccine.)** | * Insert the number of students that have laboratory evidence of immunity to measles, mumps, AND rubella on file with your school. * If a student has BOTH the required 2 doses of MMR and laboratory evidence, then disregard the laboratory evidence and ONLY count them as vaccinated in Question 9. * If a student has BOTH laboratory evidence of immunity and only 1 dose of vaccine, then disregard the vaccine and ONLY count them as laboratory evidence in Question 10. * This should equal the Total of the “L” column under MMR in the Immunization Survey Worksheet. |
| **Question 11** | |
| **How many of the students have a medical exemption to MMR vaccine?** | * Insert the number of students with a medical exemption to MMR vaccine on file with your school. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. * If a student has BOTH the required 2 doses and an exemption on file, then ONLY count them as vaccinated in Question 9 and disregard the exemption. * If a student has BOTH an exemption and laboratory evidence, then ONLY count them as laboratory evidence in Question 10 and disregard the exemption. * This should equal the Total of the “M” column under MMR in the Immunization Survey Worksheet. |
| **Question 12** | |
| **How many of the students have a religious exemption to MMR vaccine?** | * Insert the number of students with a religious exemption to MMR vaccine on file with your school. * A religious exemption is a statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * If a student has BOTH the required 2 doses and an exemption on file, then ONLY count them as vaccinated in Question 9 and disregard the exemption. * If a student has BOTH an exemption and laboratory evidence, then ONLY count them as laboratory evidence in Question 10 and disregard the exemption. * This should equal to the Total of the “R” column under MMR in the Immunization Survey Worksheet. |
| **NOTE: The total of Questions 9-12 should NOT be more than the Total number of students from Question 1 minus the number of students with no record from Question 2. Each student should only be counted ONCE.** | |
| **Question 13** | |
| **How many of the students have the required doses of Hepatitis B vaccine?** | * Insert the number of students that have received 3 or more doses of Hepatitis B vaccine. * This is the number of students that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). * This should equal the Total of the “C” column under Hepatitis B in the Immunization Survey Worksheet. |
| **Question 14** | |
| **How many of the students have laboratory evidence of immunity to Hepatitis B?**  **(Do not count students who have 3 doses of Hepatitis B vaccine.)** | * Insert the number of students that have laboratory evidence of immunity to Hepatitis B on file with your school. * If a student has BOTH the required 3 doses of Hepatitis B and laboratory evidence, then disregard the laboratory evidence and ONLY count them as vaccinated in Question 13. * If a student has BOTH laboratory evidence of immunity and less than 3 doses of vaccine, then disregard the vaccine and ONLY count them as laboratory evidence in Question 14. * This should equal the Total of the “L” column under Hepatitis B in the Immunization Survey Worksheet. |
| **Question 15** | |
| **How many of the students have a medical exemption to Hepatitis B vaccine?** | * Insert the number of students with a medical exemption to Hepatitis B vaccine on file with your school. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. * If a student has BOTH the required 3 doses and an exemption on file, then ONLY count them as vaccinated in Question 13 and disregard the exemption. * If a student has BOTH an exemption and laboratory evidence, then ONLY count them as laboratory evidence in Question 14 and disregard the exemption. * This should equal the Total of the “M” column under Hepatitis B in the Immunization Survey Worksheet. |
| **Question 16** | |
| **How many of the students have a religious exemption to Hepatitis B vaccine?** | * Insert the number of students with a religious exemption to Hepatitis B vaccine on file with your school. * A religious exemption is a statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * If a student has BOTH the required 3 doses and an exemption on file, then ONLY count them as vaccinated in Question 13 and disregard the exemption. * If a student has BOTH an exemption and laboratory evidence, then ONLY count them as laboratory evidence in Question 14 and disregard the exemption. * This should equal to the Total of the “R” column under Hepatitis B in the Immunization Survey Worksheet. |
| **NOTE: The total of Questions 13-16 should NOT be more than the Total number of students from Question 1 minus the number of students with no record from Question 2. Each student should only be counted ONCE.** | |
| **Question 17** | |
| **How many of the students have the required doses of Varicella vaccine?** | * Insert the number of students that have received 2 doses of Varicella vaccine, administered on or after the student’s 1st birthday and separated by at least 28 days. * This is the number of students that are compliant with the requirement, NOT the total number of doses. This number should NOT be greater than the total number of students minus the number of students with no records (Question 1 minus Question 2). * This should equal the Total of the “C” column under Varicella in the Immunization Survey Worksheet. |
| **Question 18** | |
| **How many of the students have a physician-certified history of chickenpox disease? (Do not count students who have 2 doses of Varicella vaccine.)**  **History of chickenpox disease (cont.)** | * Insert the number of students that have a physician-certified history of chickenpox disease on file with your school. * A reliable history of chickenpox disease requires a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant or designee. * If a student has BOTH a history of disease and the required 2 doses, then disregard the history of disease and count them ONLY as vaccinated in Question 17. * If a student has BOTH a history of disease and only 1 dose of vaccine, then disregard the vaccine and count them ONLY as history of disease in Question 18. * If a student has BOTH a history of disease and laboratory evidence of immunity, then disregard the laboratory evidence and ONLY count them as history of disease in Question 18. * This should equal the Total of the “D” column under Varicella in the Immunization Survey Worksheet. |
| **Question 19** | |
| **How many of the students have laboratory evidence of immunity to Varicella?**  **(Do not count students who have 2 doses of Varicella vaccine or history of chickenpox disease.)** | * Insert the number of students that have laboratory evidence of immunity to Varicella on file with your school. * If a student has BOTH laboratory evidence of immunity and the required 2 doses, then disregard the laboratory evidence and ONLY count them as vaccinated in Question 17. * If a student has BOTH laboratory evidence of immunity and only 1 dose of vaccine, then disregard the vaccine and ONLY count them as laboratory evidence in Question 19. * If a student has BOTH laboratory evidence of immunity and a history of disease, then disregard the laboratory evidence and ONLY count them as history of disease in Question 18. * This should equal the Total of the “L” column under Varicella in the Immunization Survey Worksheet. |
| **Question 20** | |
| **How many of the students have a medical exemption to Varicella vaccine?** | * Insert the number of students with a medical exemption to Varicella vaccine on file with your school. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. * If a student has BOTH the required 2 doses and an exemption on file, then ONLY count them as vaccinated in Question 17 and disregard the exemption. * If a student has BOTH an exemption and history of disease, then ONLY count them as history of disease in Question 18 and disregard the exemption. * If a student has BOTH an exemption and laboratory evidence, then ONLY count them as having laboratory evidence in Question 19 and disregard the exemption. * This should equal the Total of the “M” column under Varicella in the Immunization Survey Worksheet. |
| **Question 21** | |
| **How many of the students have a religious exemption to Varicella vaccine?** | * Insert the number of students with a religious exemption to Varicella vaccine on file with your school. * A religious exemption is a statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * If a student has BOTH the required 2 doses and an exemption on file, then ONLY count them as vaccinated in Question 17 and disregard the exemption. * If a student has BOTH an exemption and history of disease, then ONLY count them as history of disease in Question 18 and disregard the exemption. * If a student has BOTH an exemption and laboratory evidence, then ONLY count them as having laboratory evidence in Question 19 and disregard the exemption. * This should equal to the Total of the “R” column under Varicella in the Immunization Survey Worksheet. |
| **NOTE**: **The total of Questions 17-21 should NOT be more than the Total number of students from Question 1 minus the number of students with no record from Question 2. Each student should only be counted ONCE.** | |
| **Question 22** | |
| **How many of the students have had all of the required vaccines for school entry?** | * Insert the number of students who have all required doses of vaccine (or laboratory evidence/disease):   + 5 doses of DTaP vaccine or 4 doses of DTaP vaccine if the 4th dose was administered on or after the student's 4th birthday   + 4 doses of Polio vaccine with 4th dose administered on or after the student’s 4th birthday and at least 6 months from the previous dose or 3 doses of Polio vaccine if the 3rd dose was administered on or after the student's 4th birthday and at least 6 months after the previous dose   + 2 MMR, 3 Hep B and 2 Varicella * Students with an exemption should NOT be counted here. * This should equal the Total of the “Complete series” column in the Immunization Survey Worksheet. |
| **Question 23** | |
| **How many of the students have a medical exemption to one or more required vaccines?** | * Insert the number of students who have a medical exemption to one or more required vaccines on file with your school. * A medical exemption is a statement from a physician stating that a vaccine is medically contraindicated for a student and must be renewed annually at the start of the school year. * NOTE: This question is asking for the number of students, not the total number of medical exemptions. If a student has medical exemptions to multiple vaccines, this only counts as 1. |
| **Question 24** | |
| **How many of the students have a religious exemption to one or more required vaccines?** | * Insert the number of students who have a religious exemption to one or more required vaccines on file with your school. * A religious exemptions is a statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs and should be renewed annually at the start of the school year. * NOTE: This question is asking for the number of students, not the total number of religious exemptions. If a student has religious exemptions to multiple vaccines, this only counts as 1. |
| **Question 25** | |
| **Does your school ask for an annual renewal of religious exemptions?** | * This question is asking if the school staff/nurse collects religious exemptions EACH YEAR for students admitted to the school with religious exemptions. * This is an MDPH recommendation. |
| **Question 26** | |
| **How many of the students with a medical exemption have no vaccines at all?** | * Out of the total number of students with a medical exemption, how many have no vaccines at all (i.e. are completely unimmunized)? * Do not count students with no record here. |
| **Question 27** | |
| **How many of the students with a religious exemption have no vaccines at all?** | * Out of the total number students with a religious exemption, how many have no vaccines at all (i.e. are completely unimmunized)? * Do not count students with no record here. |
| **Step 4** | |
| * Review/update your contact information and school address and supply your school principal’s name. * Once you have reviewed this information, click **“Submit Survey”** | |