

## Kentucky Immunization Registry Information

The Kentucky Immunization Registry is a confidential, population-based, computerized system for maintaining information regarding patient vaccinations. The state registry is an optional program for providers to use. Not all providers use the registry at this time. School nurses can be setup to access the registry; but if they are not employed by a local health department, they will only be given 'view' access. 'View' access does allow printing of certificates.

For more information about the KY Immunization Registry or how to setup access to the registry, please contact [customersupport@cdpehs.com](mailto:customersupport@cdpehs.com) or call 866-237-4814.

## Individual Immunization Vaccine Data

*All Kentucky schools complete an immunization survey each year for local health departments and the Kentucky Department of Public Health (KRS 158.037 and 902 KAR 2:055). Schools may use the expandable immunization boxes to enter the dates the immunizations were administered to students. This data will not be collected by KDE, but will be useful to districts when completing the immunization survey from the Department for Public Health.*

*To assist with completing this survey, enter the data for the immunizations listed below.*

Immunization requirements for the 2017-18 school year include:

- DTAP Tdap, DT, Td
- IPV (Polio)
- MMR
- Hib
- Hepatitis B
- Varicella
- Meningococcal
- Pneumococcal Conjugate Vaccine (PCV)

Immunization Summary	
Diphtheria-tetanus-pertussis, combined [DTaP, DTP]	Non-compliant
Tetanus-diphtheria [Td]	Non-compliant
Polio [IPV, OPV]	Compliant
Measles-Mumps Rubella [MMR]	Compliant
Hepatitis B [Hep B]	Compliant
Hemophilus influenza, type B [Hib]	Compliant
Varicella	No Requirement

## Entering Immunization Dates

To ensure accuracy of compliance reports for the KY Department for Public Health, schools may use the expandable immunization boxes to enter the dates the immunizations were administered to the student.

**Note:** All combination shots should be entered separately for each required immunization. For example, Pediatrix is a combination shot containing DTaP, Hep B and Polio. If Pediatrix is given, dates should be separately entered for each of three required immunizations.

Diphtheria-tetanus-pertussis, combined [DTaP, DTP]						
Shots	03/06/1992	05/13/1992	07/13/1992	07/13/1993	01/21/1997	
Waiver	<input type="text"/>					
Date:	<input type="text"/>					
Expires:	<input type="text"/>					

### Steps to enter immunization information:

1. Open the section for the immunization by clicking the plus sign in front of the immunization if the shot fields are not visible.
2. Enter the dates the student has received their shots in the Shots fields. These dates can be entered in MM/DD/YYYY or MMDDYY format.
3. When finished entering shot dates, click Save at the top of the tab. This will refresh the Immunization Summary and indicate if the student is compliant or not based upon the logic loaded in Campus.

### Diphtheria, Tetanus, Pertussis (DT, DTaP, DTP)

Diphtheria-tetanus-pertussis, combined [DTaP, DTP]						
Shots	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Waiver	<input type="text"/>					
Date:	<input type="text"/>					
Expires:	<input type="text"/>					

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

**Tdap (Tetanus, Diphtheria and Acellular Pertussis)**

Tetanus, Diphtheria and Acellular Pertussis [Tdap]	
Shots	<input type="text"/> <input type="text"/>
Waiver	<input type="text"/>
Date:	<input type="text"/>
Expires:	<input type="text"/>

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

**TD Booster (Adult Td Vaccine, Boostrix)**

**Note: To be used only if student cannot receive Pertussis vaccine.**

Tetanus-diphtheria [Td]	
Shots	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Waiver	<input type="text"/>
Date:	<input type="text"/>
Expires:	<input type="text"/>

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

**Polio (OPV or IPV)**

Polio [IPV, OPV]	
Shots	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Waiver	<input type="text"/>
Date:	<input type="text"/>
Expires:	<input type="text"/>

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

**Meningococcal (Requirement for 6<sup>th</sup> grade entry)**

Meningococcal	
Shots	<input type="text"/> <input type="text"/>
Waiver	<input type="text"/>
Date:	<input type="text"/>
Expires:	<input type="text"/>

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable

- Medical
- Religious

### Measles, Mumps, Rubella or measles containing vaccine (MMR), Measles, Mumps, Rubella and Varicella (MMRV) or ProQuad

Measles-Mumps Rubella [MMR]		
Shots	<input type="text"/>	<input type="text"/>
Waiver	<input type="text"/>	
Date:	<input type="text"/>	
Expires:	<input type="text"/>	

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

### Hepatitis B

Hepatitis B [Hep B]		
Shots	<input type="text"/>	<input type="text"/>
Waiver	<input type="text"/>	
Date:	<input type="text"/>	
Expires:	<input type="text"/>	

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious

### Varicella (chicken pox vaccine)

Varicella		
Shots	<input type="text"/>	<input type="text"/>
Waiver	<input type="text"/>	
Date:	<input type="text"/>	
Expires:	<input type="text"/>	

**Waiver:** Select from the dropdown menu the type of waiver for this immunization, if applicable.

- Medical
- Religious
- Hx/Dis – Select if student has had the chicken pox – No Vaccine Required  
Note, per 2012 changes to 902 KAR 2:060, Immunization Schedule, students must have medical provider's documentation of having had chicken pox to waive the vaccine.

## BMI Data Entry

Body Mass Index data is not a required data entry (702 KAR 1:160). However, some school districts may wish to enter BMI data as part of their district's wellness program.

To enter BMI data:

Select Screening Tab

- On Screening Detail: Enter Date of screening and select appropriate Type
  - The Height/Weight and Vital Signs section will be activated by selecting Height and Weight, Child & Teen Check-up or Health Appraisal from the Type.
- Enter Date, Height and Weight into the Height/Weight and Vital Signs section.

The screenshot shows the 'Screening Detail' form. The date is set to 09/01/2016. The 'Type' dropdown menu is open, showing a list of screening types. The following types are circled in red: 'Early Childhood', 'Health Appraisal', 'Child & Teen Checkup', and 'Height/Weight'. The 'Height/Weight' type is currently selected. The form also includes a 'Comments' field and a list of screening categories on the left side, such as Sports Physical, Tuberculosis, and Scoliosis.

BMI and BMI Percentile will automatically calculate when height and weight are entered.