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**ATTENTION:** As of January 2020, the School Action Report currently displays students with vaccination status that are “Not yet due” along with the ones that are “Past due”. We are working with the vendor to exclude "Not yet due", however we currently don't have a timeline for this. Please see “CHIRP and Reporting Requirements” #31 for additional details. We sincerely apologize for the inconvenience.

Please note that students with "Past Due" vaccines will need to get caught up with the appropriate vaccinations.

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## New Requirements

1. Are there any new required immunizations for the 2020-2021 school year?
  - **Hepatitis A.** Two (2) valid doses of Hepatitis A vaccine (Hep A) are required for students in **all grades**, including schools with **pre-kindergarten programs**, beginning in the fall of the 2020-2021 school year.
  - **Varicella.** Physician documentation of disease history, including month and year, is proof of immunity for students in preschool through 12th grade. Parental report of disease history is not acceptable
  - **Polio vaccine.** For students in grades K-10, the final dose must be administered on or after the 4th birthday and administered at least 6 months after the previous dose.

All other requirements from the 2019-2020 School year will remain unchanged.

2. Are there any recommended immunizations that are not required for school entry for the 2020-2021 school year?

Yes. There are several immunizations included on the routine immunization schedules that are not required for school entry this year. These include two to three doses of Human Papillomavirus (HPV) vaccine for grade 6-12, and two doses of Meningococcal Serogroup B (MenB) vaccine for grade 12. The influenza vaccine is also recommended annually for all students and staff.

## School Immunization Requirements and Exclusion

3. Are immunizations required for all children enrolled in school?

Yes. Students in all grades are required to meet the minimum immunization requirements. Immunization requirements extend to children attending special education programs, child care, or preschool within the school building.

4. If a child does not present an immunization record or is not up to date with his/her immunizations, may he/she enroll in school?

Yes, but [Indiana Code \(IC 20-34-4-5\)](#) states that a child is not permitted to attend school beyond the first day without furnishing a written record, unless:

- The school gives a waiver (for a period not to exceed 20 days); or
- The local health department or a physician determines that the child's immunizations have been delayed due to extreme circumstances and that the required immunizations will not be completed by the first day of school. The parent

must furnish a written statement and a time schedule approved by a physician or health department; or

- A valid medical exemption or religious objection is on file.

5. Does ISDH determine if a child is excluded from school for incomplete immunizations? No. School exclusion is determined by the school corporation according to IC 20-34-4-5.
6. What immunization education materials must be provided to the parents of enrolled students?

Hepatitis A requirement letter to parents for PK-12 (new 2020)

[Meningococcal disease – All students \(IC 20-30-5-18\)](#)

[Human Papillomavirus \(HPV\) infection](#)— All 6th grade students (IC 20-34-4-3).

This may be sent to parents or posted on the school's website.

All educational materials can be found on the ISDH website under "Letters:"

<https://www.in.gov/isdh/27937.htm>

## Accepting Immunization Records and Laboratory Evidence of Immunity

7. What information must be included on the physician's statement to document immunization?  
The statement must include the student's name and date of birth, the vaccine given, and date (month/day/year) of each immunization.
8. What is considered adequate documentation of an immunization history? Adequate documentation is as follows: documentation from a healthcare provider, an immunization record from another school corporation, an immunization record in CHIRP, or a printed record from another state registry. This documentation must include the date (month/day/year) for each dose of vaccine administered.
9. How do I know if a dose of vaccine is valid?  
The best resource to use when evaluating immunization records is the minimum ages and intervals table. This table can be found online in Appendix A of the Centers for Disease Control and Prevention (CDC)'s Pink Book or at this link:  
<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-intervaltable.pdf>

All invalid doses of vaccine will be marked with a red "X" in CHIRP.

10. If there is an extended interval between doses of vaccines, does the student need to start the series over?

No. The vaccines required for school do not need to be restarted (or additional doses given) due to an extended interval between doses. The student should just complete the series with the remaining dose(s) due.

11. What is “laboratory evidence of immunity”?

Laboratory evidence of immunity is a blood test for disease-specific immune globulin that measures immunity to disease. This can be used to confirm immunity when immunization records are not available, or a parent reports a history of disease (i.e. varicella).

12. Who should interpret lab results for evidence of immunity?

Laboratory results for evidence of disease immunity must be ordered by a physician. The ordering physician is responsible for interpreting the results and determining adequate evidence of immunity based on current medical guidelines. These results should be faxed to the CHIRP Help Desk at (317) 233-8827 or emailed to [immunize@isdh.in.gov](mailto:immunize@isdh.in.gov).

13. Is lab evidence of immunity acceptable for ALL school required immunizations? No. Lab evidence is NOT acceptable for diphtheria, tetanus, pertussis, polio, or meningococcal.

Laboratory evidence of immunity may be used in place of immunization requirements for the following school required immunizations: Measles, Mumps, Rubella, Varicella (chickenpox), Hepatitis A & B, and Polio

Please note: Negative or equivocal results do not meet school requirements.

14. How do I enter laboratory evidence of immunity (i.e. varicella) into a student’s CHIRP record?

- a. On the left menu click on Vaccinations.
- b. On the left menu under Vaccinations click on View/Add.
- c. Scroll to the bottom of the screen until you see any listed contraindications.
- d. Click the “Special Considerations” button on the screen.
- e. The Add Special Consideration screen will appear.
- f. Select the name of the school from the drop-down list for the “Facility Where Documented.”
- g. Select the appropriate disease from the drop-down list for the “Vaccine” field.
- h. Select “Laboratory Evidence of Immunity” from the drop-down list.
- i. Click the permanent box.
- j. Click Save.
- k. The vaccine will be removed from the forecast.

## Vaccine Schedules

15. What is the four-day grace period and when can it be used?

The CDC and ACIP allow a 4-day grace period. If a vaccine is given up to 4 days before the minimum recommended age or interval for administration of the vaccine, it can be counted as valid. This does not change the recommended schedule for routine vaccine administration.

Please note: The 4-day grace period does not apply to the minimum 28-day interval between two live virus vaccines (MMR, LAIV, and varicella). For MMR to be counted as valid, it must have been given on or after the first birthday. (The 4-day grace period is applicable).

16. If a student received a dose of vaccine before the recommended minimum interval or age, can I accept a physician note stating there is no need to repeat the dose as a medical exemption?

No. School immunization requirements in the state of Indiana follow the recommendations made by the ACIP and are adopted by the CDC. Invalid doses will be marked in CHIRP with a red "X", and the parent/guardian will need to provide evidence of immunity in order to meet school entry requirements. Evidence of immunity includes documentation of a valid dose(s) of vaccine, a positive IgG titer (if acceptable for the vaccine in question), or acceptable documentation of history of disease.

## Exemptions

17. Is there a philosophical objection allowed in Indiana?

No. Indiana law only allows religious and medical exemptions.

18. What must a medical exemption contain?

A medical exemption is a physician's certification that a particular immunization may be detrimental to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine. The Indiana State Department of Health has a [medical exemption form](#) that providers should use to document medical exemptions. Many contraindications to vaccination are not permanent so a medical exemption should be obtained for the student each school year. As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated. When a valid medical exemption form is received by the school, the school nurse must document this exemption in CHIRP.

The state vaccine medical exemption form can be found here:

<http://www.doe.in.gov/sites/default/files/health/medical-exemption-form-providers.pdf>

Please note: A physician's note stating an invalid dose of vaccine is acceptable does not constitute a medical exemption and does not meet Indiana school requirements.

19. What must a religious objection contain?

A religious objection must state that the objection to immunization is based on religious grounds. The objection must be in writing, signed by the child's parent, and delivered to the school. There is no requirement of proof. To ensure the continued religious objection status for a student, schools must require written documentation of the religious objection each school year. When a valid religious exemption is received by the school, the school nurse must document this exemption in CHIRP.

Please note: there is no state form for a religious objection.

20. May a chiropractor give a medical exemption for vaccination?

No. Only a licensed physician (M.D. or D.O.) or advanced practice provider (nurse practitioner or physician assistant under a physician's supervision) can provide a medical exemption.

## CHIRP and Reporting Requirements

21. Who can request access to use CHIRP?

School nurses, clinic office staff, and school secretaries may request access to CHIRP as a school user. All non-licensed personnel require a nurse's signature on their user form in order to obtain full access, which allows them to enter records into the registry. This ensures proper training on the system has taken place. Additional access may be granted at the discretion of the CHIRP Help Desk.

All school nurses and users should maintain active CHIRP access. To maintain an active account in the registry, each user must log into the system at least once every 90 days. The CHIRP school user form can be found under "Forms" at <https://www.in.gov/isdh/27937.htm>

22. How do I request access to a new school in CHIRP?

If you currently have access as a school user within the same school corporation, please call the CHIRP Help Desk at (888) 227-4439 to request access to additional schools.

School nurses are allowed to maintain two separate CHIRP accounts if they also work in a medical clinic that provides vaccinations. Nurses who are requesting access for a

providerbased location must complete the Individual User Agreement for Medical Provider offices found on the ISDH website.

23. How do I submit my report using CHIRP?

IC 20-34-4-6 specifies that each school corporation submit student immunization records into CHIRP. Student records may be entered manually or through an electronic import into the registry. See FAQ #5 below for more information pertaining to the electronic imports into CHIRP. Schools are not required to submit any reports to ISDH because the coverage rates are pulled from the data submitted to the registry.

Parents must provide consent under [FERPA](#) prior to a student's record being added to the registry or included on school reports (checking the "include on reports" box). Students with an existing record in CHIRP will only be included in the annual reporting once they are added to a school roster. More information about the FERPA law can be found on the Indiana Department of Education website:

<https://www.doe.in.gov/student-services/health/immunizations>

24. What is the deadline for schools to enter their data into CHIRP?

Per IC 20-34-4-6, schools are required to submit their data to CHIRP no later than the first Friday in February each year. ISDH will pull the records from CHIRP in March 2021. Schools still must review student records for completeness at the beginning of the school year, even if they can't immediately get them entered into CHIRP.

25. How can my school submit student records electronically to CHIRP?

CHIRP does not accept flat files from school-based systems. Schools that are interested in continuing immunization data imports must contact the CHIRP Help Desk by email ([chirp@isdh.in.gov](mailto:chirp@isdh.in.gov)) or telephone (888-227-4439).

26. Should schools enter vaccine records for doses in CHIRP for the vaccines that are not required for school entry?

It is not required for schools to enter records for the vaccines that are not required for school entry. It is encouraged, however, because it is very beneficial for students to have a complete record in the registry.

27. Are healthcare providers required to enter immunizations into CHIRP?

Healthcare providers must document administered doses in CHIRP within seven business days for children ages 0-18. Pharmacies must document administered doses for all ages.

Please note: This requirement went into effect July 1, 2015. It is not a retroactive requirement, meaning providers are not required to enter historical records for vaccines administered prior to this date.

28. If a child has an exemption on file, may he/she be counted as complete? No. If a child has an exemption on file for any immunizations, he/she must have the exemption reported in CHIRP.

29. Do schools need to report immunization data for all grades? Yes.

30. When does the CHIRP automatic roll-up occur?

CHIRP does an automatic grade roll-up each year. This roll-up does not move students from school to school within a district. Schools will still be responsible for adding students to a roster if they are new to that particular school for the 2020-2021 school year. This roll-up occurs on June 30 each year.

31. How can I best track students who are out of compliance?

The best way to track students is to run the School Action Report in CHIRP for your school. Students who are “due now” or “past due” will appear on this report. The report, however, will not catch students who are in process for completing a vaccination series and are not yet due for another dose of vaccine (i.e. waiting 6 months to receive hepatitis A dose #2).

[Directions to run this report](https://www.in.gov/isdh/27937.htm) can be found in the School Nurse Training Guide posted to the CHIRP Document Center under “Resources for School Nurses” found here:

<https://www.in.gov/isdh/27937.htm>

Please remember that only students who have been entered into CHIRP and assigned to your school will appear on the School Action Report.

As of January 2020:

The School Action report currently displays students with vaccination status that are “Not yet due” along with the ones that are “Past due”. To speed up the processing of the report and/or letters, please use the following steps:

1. Go to "School Reports"
2. Select "Action Report" or "Action Report Notice/Letter"
3. Select a school and "Series"
4. Select the option to "Run Report" or "Run Letters"



- a. On this page you can search (Ctrl + F key) and type “Past due” to search for students with “past due” vaccines.

Please call the help desk at 1-888-227-4439 for more detailed instructions regarding the steps 1-4 above.

32. I don't know the different CHIRP codes and am unsure of how to enter records into CHIRP. The CHIRP homepage contains a [cheat sheet](#) for most vaccines codes that school nurses will encounter while entering in records. Most vaccines have multiple products on the market from different manufacturers. If you are unable to determine the vaccine administered by the lot # or other information supplied on the records, please use the following: Hepatitis B: Hep B—adol. or pediatric  
DTaP: DTaP  
Inactivated Polio Vaccine: IPV (used exclusively in U.S. after 2000)  
Oral Polio Vaccine: OPV  
Meningococcal Conjugate Vaccine: MCV4P  
Tdap: Tdap  
Hepatitis A: Hep A 2 dose – Ped/Adol  
Measles, mumps, rubella: MMR  
Varicella: Varicella
33. Where can I find more resources and tips for using CHIRP?  
There are a number of user guides on the School Nurse page on the ISDH Immunization Division website under “Resources for School Nurses.” <https://www.in.gov/isdh/27937.htm>

## Diphtheria, Tetanus, and Pertussis Vaccines

34. I have students who are not up to date and the catch-up schedule is confusing. How do I tell which vaccine(s) the student needs?  
The CDC has provided these easy-to-follow guides for determining which vaccines a child needs to catch up:  
For children ages 4 months-6 years:  
<https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/dtap.pdf>  
  
For children ages 7-18 years:  
<https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap.pdf>

35. I have a 6th grade student who received a dose of DTaP instead of Tdap prior to the start of this school year. Is this dose valid for the adolescent Tdap?

Yes. The DTaP vaccine contains more antigen than the Tdap vaccine. Any dose of DTaP given to a person 7 years or older will count as a valid dose of Tdap as long as the minimum intervals between doses were met.

Children ages 7-10 years on the catch-up schedule who receive a dose of DTaP or Tdap can opt to receive a dose of Tdap at ages 11-12, but it is not required for school. It is recommended by ACIP, however.

36. I have an 8 year old who has no prior vaccination against diphtheria/tetanus/pertussis. The DTaP vaccine is not licensed for use in persons over the age of 6. What do I recommend?

Children 7 years and older should receive a dose of Tdap followed by Td for any remaining doses.

Please review the catch up schedule chart for children ages 7-18 years:

<https://www.cdc.gov/vaccines/schedules/downloads/child/job-aids/tdap.pdf>

37. I have a student who will be only 10 when he enters 6th grade. Should he receive the MCV4 and Tdap before 6th grade like the other students, or wait until he is 11? The student should receive the Tdap and MCV4 prior to entering 6th grade. Indiana school immunization requirements are based on grade, not age. A dose of MCV4 will count towards the adolescent requirements if given at age 10 or older, and a dose of Tdap will count towards the adolescent requirements if given at the age of 7 or older.

## Hepatitis A

38. What is the minimum interval between doses of hepatitis A vaccine?

The minimum interval is 6 calendar months. This is not the same as 24 weeks.

Example: Dose #1 was given April 10<sup>th</sup>. Dose #2 is to be given on or after October 10<sup>th</sup>.

39. Why does CHIRP show a missing Hepatitis A vaccine in the forecast when it isn't required for a student's grade level?

CHIRP forecasting is based upon a child's age and not a child's grade level. Therefore, you may see students who are forecasting vaccines that may not be required for their grade level. For the hepatitis A vaccine, CHIRP is set up in the school module to forecast this vaccine through age 19. Hepatitis A will be removed from the forecast after that. By forecasting the hepatitis A vaccine this way, we can ensure high school seniors who start the series will be forecasted to finish.

If you run the School Action Report by the correct series for the student's grade, you will notice that students in a grade where hepatitis A is not required will not appear on the Action Report for the hepatitis A vaccine.

40. Where can I get the latest information on the hepatitis A outbreak?

You can visit the ISDH Epidemiology Resource Center hepatitis A website for Indiana-specific information (<https://www.in.gov/isdh/27791.htm>) or the CDC outbreak page (<https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm>).

## Hepatitis B

41. What are the minimum intervals for Hepatitis B vaccine?

The minimum intervals between vaccine doses are:

Dose 1 and 2 is 4 weeks

Dose 2 and 3 is 8 weeks

Dose 1 and 3 is 16 weeks

Note: The minimum age for the 3rd dose of Hepatitis B vaccine is 24 weeks.

## Meningococcal ACWY (MCV4)

42. I have a student who will be only 10 when he enters 6th grade. Should he receive the MCV4 and Tdap before 6th grade like the other students, or wait until he is 11? The student should receive the Tdap and MCV4 prior to entering 6th grade. Indiana school immunization requirements are based on grade, not age. A dose of MCV4 will count towards the adolescent requirements if given at age 10 or older, and a dose of Tdap will count towards the adolescent requirements if given at the age of 7 or older.

43. If a child receives one dose of MCV4 vaccine at age 10 or older and another dose at an age less than 16, will they still need a booster dose for grade 12?

Not for 12th grade, as long as the first dose was given on or after the 10th birthday and the 2 doses are separated by a minimum of 8 weeks. However, the CDC and ISDH recommend that the child get a booster on or after the 16th birthday. Many colleges and universities will require a dose on or after the 16th birthday as well.

44. If a student received a meningococcal vaccine noted from an electronic medical record, how do I know if they meet school requirements, and how do I document this in CHIRP? Most likely, the student received a dose of the quadrivalent meningococcal conjugate vaccine (MCV4). There are 2 conjugate vaccines: Menactra (MCV4P) and Menveo (MCV4O). If the lot number is included on the record, you can determine which vaccine the student received. Menactra is a Sanofi Pasteur product and lot numbers typically begin with a "U". Menveo is a product from GlaxoSmithKline/Novartis and lot numbers begin with the letter "M". If the lot number is not available, you may document the dose using either MCV4P or MCV4O; use MCV4P if the vaccine was administered prior to March 2010.

Only doses of meningococcal vaccine administered on or after the 10<sup>th</sup> birthday meet the school requirements. Any dose of meningococcal vaccine administered prior to 2006 is the meningococcal polysaccharide vaccine (MPSV4). If a child received the meningococcal vaccine overseas, and the record does not specify MCV4, please contact the ISDH Immunization Division for further guidance.

45. I have a student who received a dose of MPSV4 (polysaccharide vaccine) instead of MCV4 (conjugate vaccine). How do I know if the dose counts towards school requirements? MPSV4 does not create an adequate response when given as a booster, so it can only be accepted as the first dose. A 6<sup>th</sup> grader who receives MPSV4 should have a booster with MCV4 at the usual age, but can opt to receive a dose of MCV4 as few as 8 weeks after the MPSV4. If the MCV4 booster is given prior to age 16, the child's healthcare provider should offer another MCV4 booster on or after the 16<sup>th</sup> birthday (as long as the minimum interval is met), especially if the student plans to attend college.

## Meningococcal B (MenB)

46. Is MenB required for grade 12?

No. This is currently a recommendation only.

47. Is MenB required for college/university?

Many universities in Indiana are requiring 2 doses of MenB for incoming students. These schools include, but are not limited to, Purdue University, Indiana University, and Ball State University. Students will need to verify the university's immunization requirements when enrolling.

48. Does MenB count for the meningococcal vaccine requirement for grades 6-12? No. This vaccine protects against meningococcal serogroup B. MCV4, which is required for grades 6-12, protects against meningococcal serogroup A, C, W, and Y.

## MMR

49. What is the minimum age for MMR vaccine to be counted as a valid dose?

For the MMR to be counted as a valid dose, it must have been given on or after the first birthday. The four day grace period is applicable to the MMR vaccine.

50. Why is my student's MMR dose invalid?

Check the student's record. CHIRP will give a reason for any red X on a child's record. The most common reasons for an invalid MMR dose are:

- The dose was given before the child's first birthday
- The dose was given sooner than 28 days after another live attenuated vaccine (varicella and/or FluMist)

## Polio

51. When are 4 doses of polio vaccine acceptable?

For students in grades K-10, the final dose must be administered on or after the 4th birthday and administered at least 6 months after the previous dose.

52. How do I know if a dose of OPV is valid for a student from another country?

Only doses of trivalent OPV (tOPV) are acceptable for school. You may see records that say bivalent OPV (bOPV) or monovalent OPV (mOPV) and these are not acceptable for school because they do not protect against the 3 types of polio.

The CDC has provided this guidance for determining if OPV is trivalent:

Use the date of administration to make a presumptive determination of what type of OPV was received. Only trivalent doses count as valid for the U.S. polio vaccination schedule.

Trivalent OPV was used throughout the world prior to April 2016. In April 2016, all countries using OPV switched to bivalent OPV (bOPV). In addition, some countries also use monovalent OPV (mOPV) during special vaccination campaigns. Doses recorded as bOPV or mOPV, or doses given during a vaccination campaign (which may be included on the record), do not count as valid doses for the U.S. polio vaccination schedule.

If the record indicates OPV, and the dose was given prior to April 1, 2016, it can be counted as a valid tOPV dose. If the dose was administered on or after April 1, 2016, it should not be counted as a valid dose for the U.S. polio vaccination schedule because it was bivalent or monovalent vaccine rather than trivalent.

Persons younger than 18 years of age with doses of OPV that do not count towards the U.S. vaccination requirements should receive IPV to complete the schedule according to the U.S. polio immunization schedule. See

[www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6601a6.pdf](http://www.cdc.gov/mmwr/volumes/66/wr/pdfs/mm6601a6.pdf) for more information on this issue.

53. What is the catch-up schedule for the polio vaccine?

Children in all grade levels can have as few as 3 doses of vaccine as long as the 3rd dose is given after the 4th birthday. This includes a mixed schedule of both OPV and IPV. For children in grades K-9, there must be a minimum 6-month interval between the second and third doses and the third dose must be given on or after the 4th birthday if they completed the series with only 3 doses of vaccine. For children in grades 10-12, only a 4 week interval between the second and third doses is required.

54. Why do the polio requirements differ between grade levels?

In 2009, the national experts changed the recommended interval between the final 2 doses of the polio series from 4 weeks to 6 months. At the time the recommendation was published, revaccination was not recommended for children who had previously completed the series. The school immunization requirements have “grandfathered” in students who were complete for the series at the time the recommendations changed.

The easiest way to determine polio requirements is by grade level. Students in grades K-9 must have their final dose after their 4th birthday with a minimum interval of 6 months between the final 2 doses. Students in all other grade levels need to have a minimum of 4 appropriately spaced doses or have been considered up-to-date per the catch-up schedule at the time of vaccination.

## Varicella and History of Chickenpox

55. What is the minimum age for the varicella vaccine?

For the varicella to be counted as a valid dose, it must have been given on or after the first birthday. The four day grace period is applicable to the varicella vaccine.

56. Is a doctor’s statement required as proof of chickenpox disease?

Physician documentation of disease history, including month and year, is proof of immunity for students in preschool through 12th grade. Parental report of disease history is not acceptable

57. If a child receives one dose of varicella vaccine and then subsequently has chickenpox, is a second dose of varicella vaccine needed?

No. The parent will need to provide the appropriate documentation of chickenpox disease for the child’s grade level.

## Vaccines from Other Countries

58. I have a foreign exchange student at my school who received single antigen measles, mumps and rubella vaccinations. How do I know if they meet school entry requirements? Any student who receives MMR as single antigen vaccines needs to have 2 valid documented doses of measles vaccine, 2 valid doses of mumps vaccine, and 1 valid dose of rubella vaccine, or laboratory evidence of immunity to disease. Doses of vaccine must be administered on or after the 1st birthday.

59. I have a student from another country and I am having trouble translating and documenting their immunization records to know if they are up to date.

This guide from the CDC will assist you in translating foreign immunization records. It also has a list of vaccines given in other countries:

<https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/foreign-productstables.pdf>

You can also review this document on the CHIRP website. Common foreign vaccines are listed on the last page:

[https://chirp.in.gov/docs/Vaccine\\_Guide\\_and\\_CHIRP\\_Name\\_June\\_2018.pdf](https://chirp.in.gov/docs/Vaccine_Guide_and_CHIRP_Name_June_2018.pdf)

You may contact the ISDH Immunization Division if you need further assistance. You can also email [NIPinfo@cdc.gov](mailto:NIPinfo@cdc.gov) for assistance with translating immunization records.