

Immunization FAQ

1. I do not have a copy of my shot record? Is there anywhere I can go to find it?

There are several options you may choose from in searching for your record: (1) There may be a record of your immunizations in GRITS, the Georgia Registry of Immunization Transactions and Services. The registry is not all-inclusive or comprehensive but may be helpful. To request this information, call 1-888-523-8076; FAX your request to 404-657-7496; or send an email to dph-gaimmreg@dph.ga.gov. Identification will be requested and you will need to have this information available. (2) Contact the health care provider who administered your last immunizations and request your record from them. (3) Call the last school you attended to see if they still have your immunization certificate on file. (4) If you had your immunizations administered in a public health clinic in Georgia, contact the [County Health Department](#) in the county the clinic was located.

2. I am moving my family to Georgia soon. Can I get the school immunization forms for our family doctor to fill out before we move?

Only health departments and physicians licensed in Georgia can obtain blank immunization certificates (Form 3231). Take your child's personal immunization record to a health department or Georgia physician and they can complete the form and give any required vaccines.

3. After my child is enrolled in school, does he need to give the school a new immunization certificate (Form 3231) every time he gets another shot?

Form 3231 is only required the first time the child enters a school in Georgia, regardless of what age the child is at enrollment. Once the form has been designated as "Complete for School," additional forms are not needed if the child received a Td booster, for instance. If the form has been marked with a "Date of Expiration" because the child is in the process of completing the required immunizations, then the child will need to submit a new form to the school after each shot, until the child is finally designated "Complete for School."

4. I need to have a copy of my child's immunizations? This is on file at my doctor's office, plus the school has this information.

Yes, having a personal immunization record is very important. Records can be lost, misfiled, or the doctor could retire and then records become unattainable. There are a number of times in a person's life when immunization records become important: registering for college, regardless of age; joining the military; or traveling abroad, to name a few. You should take your child's immunization record with you on every visit to the clinic or doctor's office and be sure to get it updated if immunizations are administered. Also, ask your doctor to enter your child's shot record into GRITS.

5. I am concerned that if I have my older child immunized with the varicella (chickenpox) vaccine, the virus could be transmitted to my baby and cause chickenpox.

is uncommon for the varicella vaccine to transmit virus to a contact. In most of the documented occurrences of this, the vaccinated person had developed a rash. Should this occur in the 7-21 days following vaccination, it would be best for this person to avoid prolonged close contact with a susceptible person.

6. I am afraid to get the flu shot because I have heard that it can give you the flu. Is that true?

No, influenza vaccine given as an injection is an inactivated (not a live virus) vaccine and therefore is incapable of causing influenza infection. About 1% of persons who receive the vaccine may experience non-specific systemic symptoms such as fever, chills, and/or muscle aches and pains. These usually occur within 6-12 hours of vaccination and last 1-2 days. It is possible persons have mistaken these side effects as "real flu."

7. Most vaccines seem to provide protection for several years. Why is it necessary to get a flu shot each year?

Flu vaccine traditionally contains protection against 3 separate flu strains. For the past 30+ years, at least one of the vaccine viruses was changed, on average, every year. Therefore, annual vaccination is necessary in order to acquire immunity to the new vaccine strain(s) each year.

8. I had a pneumonia shot a few years ago. Shouldn't I get a booster every 5 or 10 years?

Most people who should have pneumococcal polysaccharide vaccine only need 1 dose. Those with medical conditions that put them at risk for invasive pneumococcal disease should receive the first dose between ages 2 and 64 and a second dose 5 years after the first dose. Research indicates that more doses do not provide more protection. Healthy persons should receive 1 dose on or after age 65. Only those persons who have had a bone marrow transplant should receive more than 2 doses of pneumococcal polysaccharide vaccine (PPSV23) in their lifetime.

9. I will be attending college in Georgia; what immunizations are required?

The Board of Regents for the University System of Georgia develops and implements immunization policy for public colleges and universities. This policy is consistent with the Advisory Committee on Immunization Practices recommendations. To learn more about which vaccines are required and which vaccines should be considered for students attending a Georgia public college, please visit the [University of Georgia's student services immunization policy website](#). Private colleges in Georgia develop and

implement immunization policies individually for their campuses. Please contact the private college directly to inquire about their immunization requirements.

10. Do college students need to have meningitis vaccine?

There are 2 kinds of meningitis vaccine, a polysaccharide vaccine and a conjugate vaccine. The meningococcal conjugate vaccine is recommended for college freshmen living in dormitories. But if this form of the vaccine is not available, the polysaccharide vaccine may be given to those who wish to be vaccinated. Effective July 1, 2015, HB 504 amended Code Section 31-12-3.2 of the Official Code of Georgia Annotated, relating to meningococcal disease vaccinations and disclosures "(b) In accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, newly admitted students who are 18 years of age or older residing in campus housing as defined by the postsecondary educational institution or residing in sorority or fraternity houses shall be required to sign a document provided by the postsecondary educational institution stating that he or she has received vaccination against meningococcal disease not more than five years prior to such admittance or reviewed the information provided as required by subsection (a) of this Code section. If a student is a minor, only a parent or guardian may sign such document."

11. My daughter received the hepatitis B vaccine series when she was in elementary school. She is going to college now---shouldn't she have a booster dose of the vaccine?

For those persons with normal immune status, booster doses are not recommended, nor is routine blood testing necessary to evaluate immune status. The need for subsequent boosters at some future time will continue to be evaluated as additional information becomes available.

12. am 6 months pregnant and my doctor has recommended certain vaccines for me. What immunizations are safe for a [pregnant woman](#)?

Generally live virus vaccines, such as MMR and varicella (chickenpox) vaccine, should not be given to any woman who is pregnant or planning pregnancy in the next 1-3 months. Yellow fever vaccine (a live virus) may be considered for some persons traveling to certain areas. If indicated, inactivated vaccines and toxoids such as Td/Tdap (tetanus-diphtheria or tetanus-diphtheria-acellular pertussis vaccine) and hepatitis B may be administered. Women who are pregnant during flu season should have influenza vaccine.

13. I have been hearing a lot of things about the MMR vaccine and that it is not as safe as getting plain measles vaccine. Should I ask for that when my toddler goes in for her shots next month?

The Advisory Committee on Immunization Practices (ACIP) and the CDC continue to recommend the MMR or combination measles-mumps-rubella vaccine for all children and adults for whom the vaccine is indicated. There has been concern by some parents of autistic children that this vaccine may be associated with the neurologic disorder of autism. Independent scientific studies have concluded that the evidence does not support a connection between the [MMR vaccine and autism](#). In addition, single antigen measles is very expensive and very difficult to find. Also, it means the child would have to have an increased number of injections and would be unnecessarily delayed in receiving protection against the three diseases.