

About the Annual Immunization Status Report (AISR) for 2025-26

The Annual Immunization Status Report (AISR)

The AISR is created each year from Minnesota school immunization data. School health staff collect the data and report it to the Minnesota Department of Health (MDH) Immunization Program for analysis. This reporting system ensures compliance with the Minnesota immunization law (Minnesota Statutes, Section 121A.15 and Minnesota Rules Chapter 4604). AISR data is available on [School Immunization Data \(www.health.state.mn.us/people/immunize/stats/school/index.html\)](http://www.health.state.mn.us/people/immunize/stats/school/index.html). This allows community leaders, health care providers, school staff, and parents to see immunization and exemption percentages for their counties, districts, and schools.

Data collection

Kindergarten reports include diphtheria, tetanus, and pertussis (DTaP); polio; measles, mumps, and rubella (MMR); hepatitis B; and varicella (chickenpox) vaccines. Seventh grade reports include diphtheria, tetanus, and pertussis (DTaP and Tdap); polio; measles, mumps, and rubella (MMR); hepatitis B; varicella (chickenpox); and meningococcal vaccines. See the Vaccine Requirements table below for the number of doses a student must receive to be considered fully vaccinated. Students that are missing some or all required doses, but are not legally exempt from the vaccine requirements, are counted in the “percent partially vaccinated or no doses” category. Many of these students begin school incompletely vaccinated and then catch up. The percentage of students with documented legal exemptions—non-medical exemption or medical exemption—is also reported.

These data differ from other MDH immunization coverage data because of the age group represented, method of collection, and reporting. Another source of immunization coverage data is [Current Childhood and Adolescent Immunization Coverage Rates \(www.health.state.mn.us/people/immunize/stats/gaps.html\)](http://www.health.state.mn.us/people/immunize/stats/gaps.html).

Data privacy

To ensure data privacy, we blur some data to prevent identifying schools that have reported 100% of their kindergarten or seventh grade students as being fully vaccinated. Below are the data privacy standards used with the school data:

- Schools or districts with fewer than 10 kindergarten and seventh grade students enrolled have redacted data.
- Schools or districts with 10-29 students enrolled and 95% coverage or higher are reported as “>95%” rather than the actual percentage.
- Schools or districts with >30 students and 98% coverage or higher are reported as “>98%” rather than the actual percentage.

2025-26 response rate

For the 2024-25 school year, 63,384 of 63,384 (100%) kindergartners and 70,183 of 70,452 (99.6%) seventh graders had immunization data reported in the AISR. The kindergarten and seventh grade enrollment totals are from the Minnesota Department of Education (MDE). The enrollment totals from MDE do not include home school children and private schools that did not report enrollment data to MDE for the 2025-26 school year.

Vaccine requirements

Age/Grade	DTaP/ DT/ Td doses	Polio doses	MMR doses	Hepatitis B doses	Varicella doses	Tdap doses	Meningococcal
6 years/ kindergarten	5 ^a	4 ^b	2	3	2 or disease history	No requirement	No requirement
Grade seven	3 ^c	3 ^d	2	2-3 ^e	2 or disease history	1	1

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www.health.state.mn.us/immunize

4/14/2026

To obtain this information in a different format, call: 651-201-5414.

^a The fifth dose of DTP/DTaP is not required if the fourth dose was given after the fourth birthday.

^b The fourth dose of polio vaccine is not required if the third dose was given after the fourth birthday.

^c Most students will have more than 3 doses, but those who missed out on all or part of their childhood immunizations can meet the requirement by adhering to the catchup schedule, which calls for a total of 3 doses (4 if the first dose was given before the first birthday).

^d Three doses is the minimum required for children 7 years of age or older, regardless of the age when the initial series was given.

^e A two-dose hepatitis B adolescent schedule given between the ages of 11 through 15 years is acceptable.