

New Jersey School Immunization Requirements and Updates

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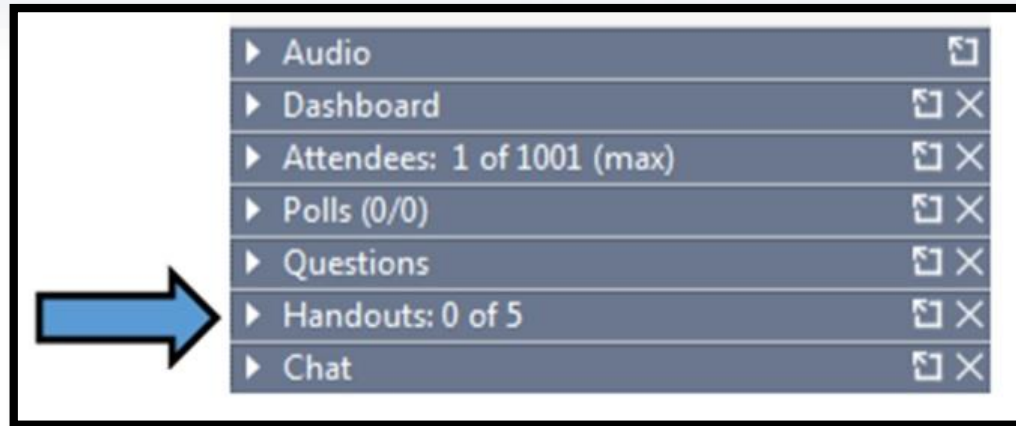
Questions during the webinar?



▶ Audio	🔊
▶ Dashboard	🔊 ✕
▶ Attendees: 1 of 1001 (max)	🔊 ✕
▶ Polls (0/0)	🔊 ✕
▶ Questions	🔊 ✕
▶ Handouts: 0 of 5	🔊 ✕
▶ Chat	🔊 ✕

- **All attendee lines are muted. Please use the “Questions” or “Chat” boxes to ask a question**
 - We reserved time at the end of the webinar to answer questions.

Downloading Handouts



Objectives

By the end of this program, attendees will be able to:

1

Explain why immunizations should be an important priority for child care facilities and schools

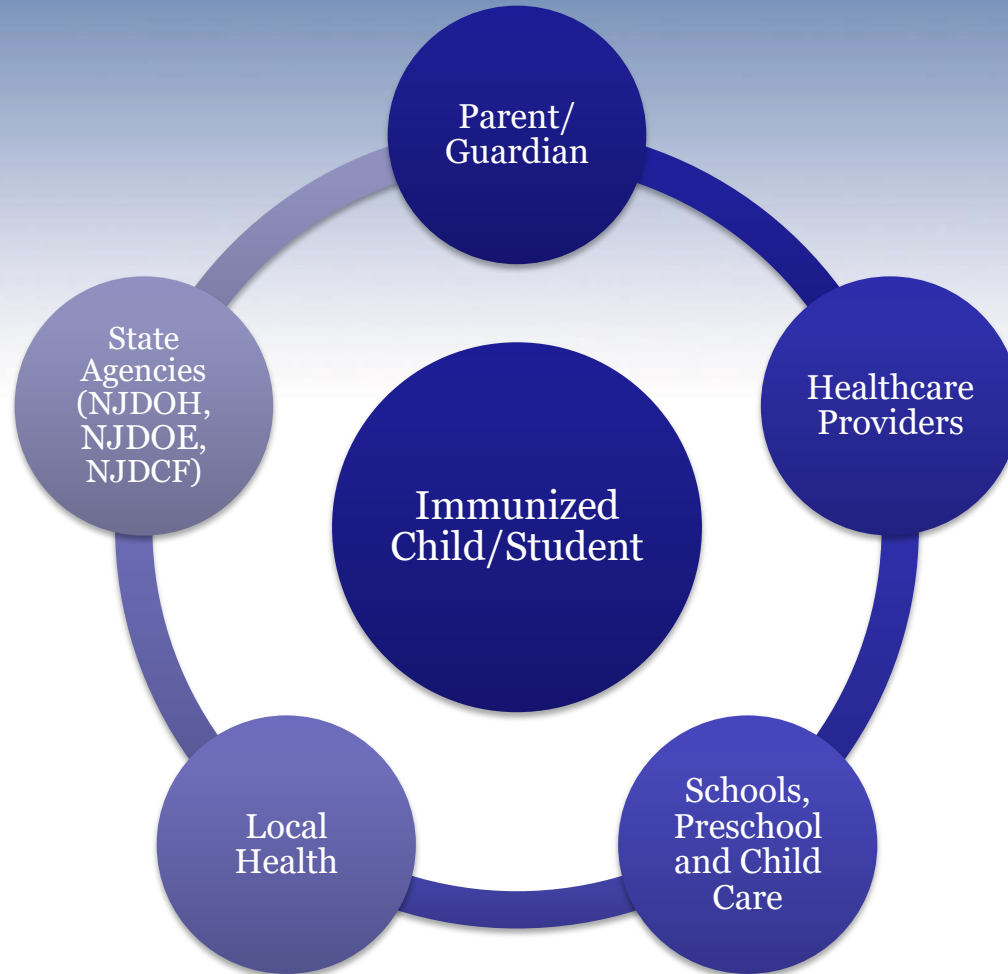
2

Identify immunization requirements for entry and attendance

3

Interpret and apply New Jersey's immunization requirements

IMMUNIZATIONS- A SHARED RESPONSIBILITY



N.J.A.C. 8:57-4

New Jersey Administrative Code

- **Title 8: Health**
 - **Chapter 57:
Communicable Disease**
 - **Subchapter 4:
Immunization of
Pupils in School**

Purpose of N.J.A.C. 8:57-4



To establish minimum
immunization
requirements for
attendance in New
Jersey schools

Enrollment vs. Attendance

School Districts may not deny enrollment; attendance can be deferred until student complies with immunization rules.

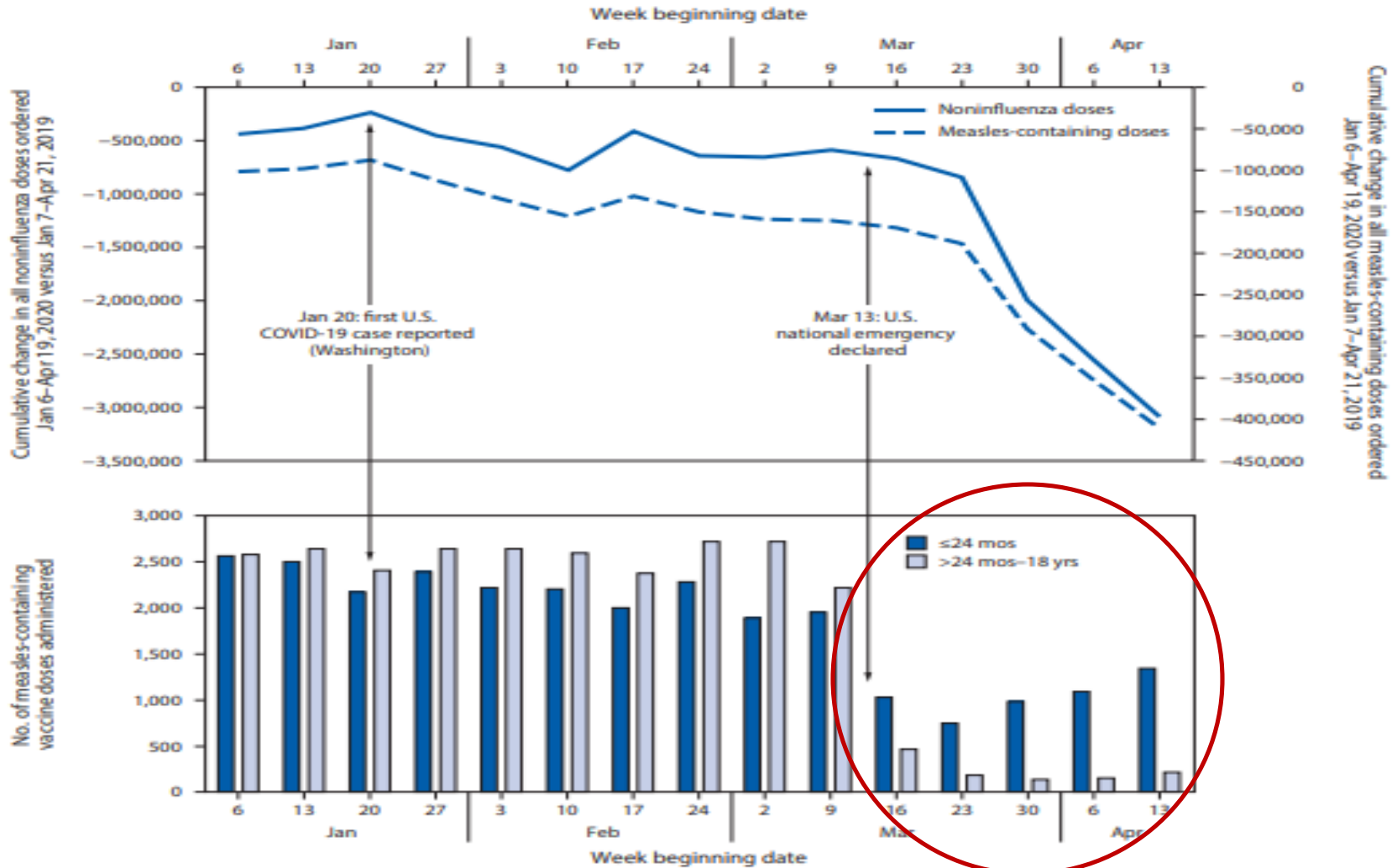
Are Immunization Requirements Waived during COVID-19 Pandemic?

- **Immunization requirements are in effect for the 2020-2021 school year**
 - **Applicable to student participating in-person or remotely**
 - **Students must be compliant with age appropriate immunization requirements, have applicable exemptions, or satisfy the provisional admittance definition.**

Why Require Vaccine for Remote Learners?

- **N.J.A.C, 8:57-4 requires ALL students attending a NJ school to be vaccinated**
- **Cannot restrict remote learners from intermixing with hybrid students and/or congregating in communities**
- **Receiving timely immunizations and ensuring compliance is key**
 - Drops in immunization coverage can lead to increase in VPD outbreaks in schools and communities

FIGURE. Weekly changes in Vaccines for Children Program (VFC) provider orders* and Vaccine Safety Datalink (VSD) doses administered† for routine pediatric vaccines — United States, January 6–April 19, 2020



* VFC data represent the difference in cumulative doses of VFC-funded noninfluenza and measles-containing vaccines ordered by health care providers at weekly intervals between Jan 7–Apr 21, 2019, and Jan 6–Apr 19, 2020.

† VSD data depict weekly measles-containing vaccine doses administered by age group (age ≤24 mos and >24 mos–18 yrs).



Religious Exemptions

Parent or guardian must provide a signed written statement requesting an exemption “on the ground that the immunization interferes with the free exercise of the pupil’s religious rights”

Religious affiliated schools can grant or deny religious exemptions from the required immunizations for pupils entering or attending their institutions

The religious exemption does not need to state the child’s religion or specific tenants, notarized, or signed by a religious leader

No annual update is required

Medical Exemptions

Can only be written by a medical doctor, doctor of osteopathic medicine or an advanced practice nurse licensed to practice in the United States

Must indicate a specific time period

Reason(s) for medical contraindication must be enumerated by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP)

Do not necessarily need to be renewed, but must be reviewed annually

Medical Exemption Template Form: <https://www.nj.gov/health/forms/imm-53.pdf>

Exempted Students

Those children who have been granted medical and/or religious exemptions may be excluded from the school, preschool, or childcare facility during a vaccine preventable disease outbreak (as determined by the State and Local Health Department). N.J.AC. 8:57-4.3 (d) and 8:57-4.4 (d)



Poll Question

Provisional Admission

Students must:

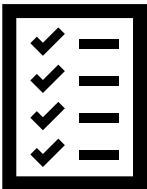
- Have at least one dose of each required vaccine
- Be actively in process of completing series as rapidly as medically feasible

Children < five years of age: allowed up to seventeen months to complete

Children \geq five years of age and older: allowed up to twelve months to complete

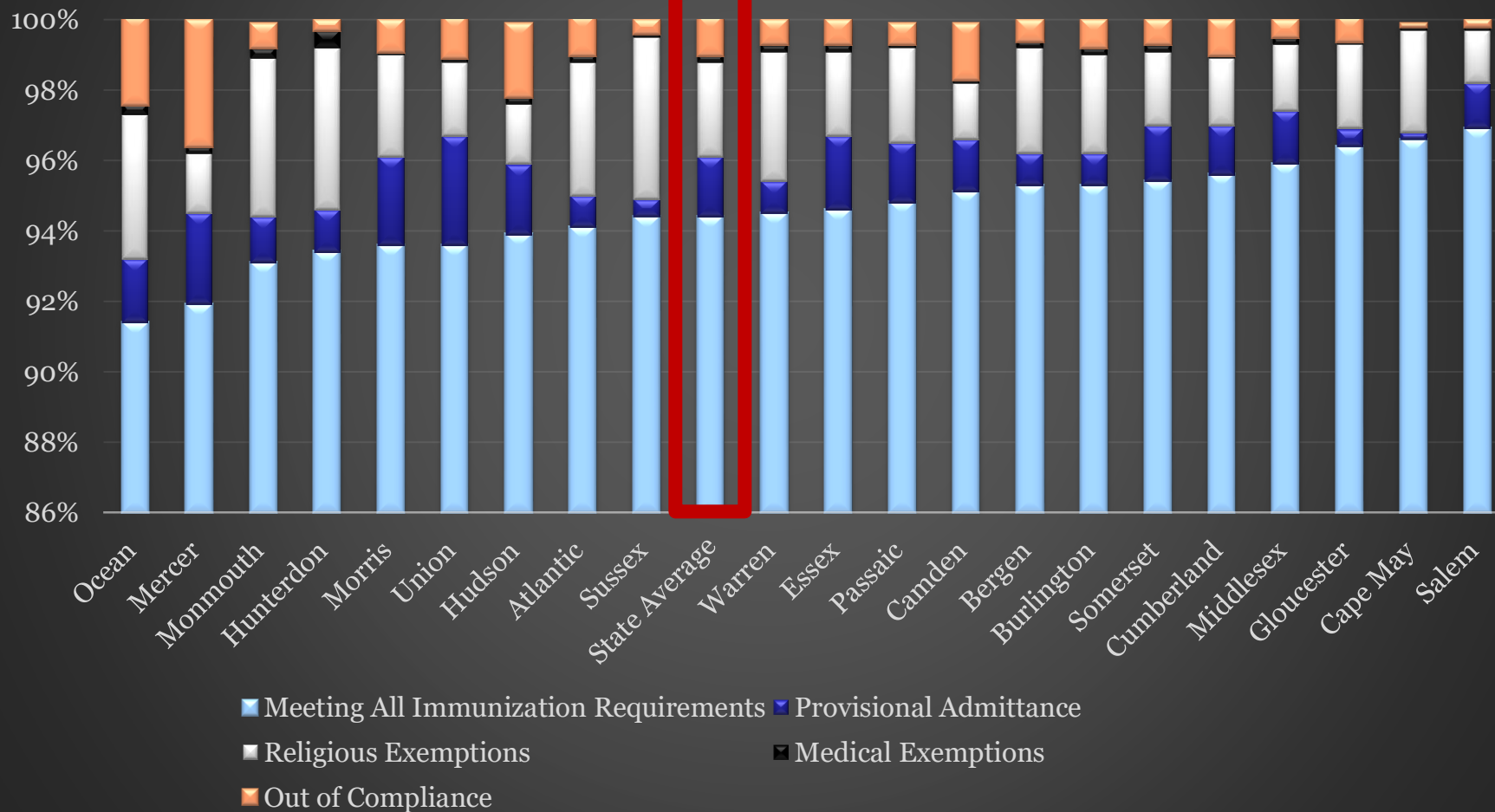
Out of Compliance

The student does not have an immunization record, RE or ME on file, or does not meet the provisional definition since the interval to receive the next dose in the vaccination series has been exceeded



Students should not be allowed to attend school until they have a minimum of one dose in the vaccine series and are on schedule to receive subsequent doses consistent with the ACIP catch-up schedule

Immunization Coverage and Exemption Data by County, New Jersey Annual Immunization Status Report, 2019-2020



30-Day Grace Period

Applies only to out-of-state or out-of-country transfer students

The student shall be admitted temporarily for up to 30 days if acceptable evidence of vaccination is not available

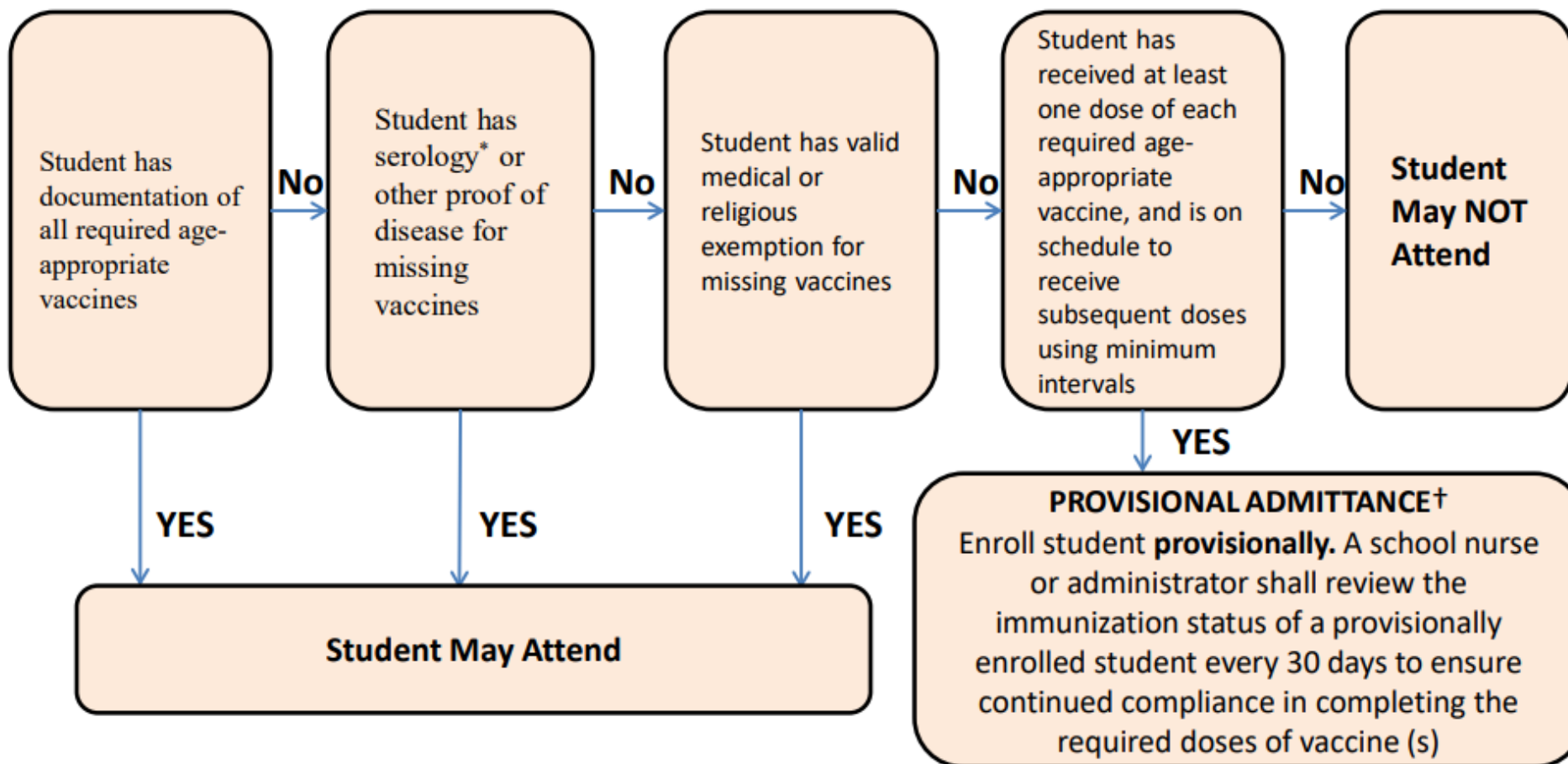
If after the 30 days have elapsed and no documentation of previous vaccination is provided, the child may not attend school until one dose of all age-appropriate required vaccines are received before being provisionally admitted

Four-Day Grace Period

All doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and revaccination would not be required

New Jersey Department of Health Vaccine Preventable Disease Program

STUDENTS WITH AN IMMUNIZATION RECORD



*Serology cannot be done in lieu of aborting a vaccination series. A list of ACIP-approved serologic tests for school immunization requirements can be accessed in the NJ Immunization Requirements Frequently Asked Questions at https://www.nj.gov/health/cd/documents/imm_requirements/vaccine_qa.pdf

†Provisional Admittance: The student has received at least one dose of each age-appropriate vaccine required, and is on schedule to receive subsequent doses as rapidly as medically feasible.

Please note: Once enrolled, track students to ensure continued compliance with immunization requirements (N.J.A.C. 8:57-4). For instructions on viewing these requirements, please visit https://www.nj.gov/health/cd/documents/instructions_viewing_regulations.pdf

New Jersey Department of Health Vaccine Preventable Disease Program

STUDENTS **WITHOUT** AN IMMUNIZATION RECORD

Student is new and has never attended school before.

YES

Student is transferring from another school within NJ.

YES

Student May NOT Attend until an immunization record is provided.

Student is transferring from out of state or out of country

YES

30 DAY GRACE PERIOD

The student shall be admitted temporarily for up to 30 days if acceptable evidence of vaccination is not available. If after the 30 days have elapsed and no documentation of previous vaccination is provided, the child may not attend school until one dose of all age-appropriate required vaccines are received before being provisionally admitted and must be on schedule to receive subsequent doses as rapidly as medically feasible.

Once the student's immunization record is obtained, follow the **"STUDENTS WITH AN IMMUNIZATION RECORD"** Flow Chart.

Official Immunization Record

**Presented on the
first day of
school**



**List the type of
immunization
and the date of
administration**



**Vaccine
administration
dates should be
listed by month,
day and year.
Documentation
of only month
and year are
acceptable if the
minimum
intervals can be
determined.**

Acceptable Immunization Documentation

New Jersey Department of Health
PERSONAL IMMUNIZATION RECORD
-OFFICIAL DOCUMENT-
REGISTRO DE IMMUNIZACION

CHILDREN MUST MEET NEW JERSEY'S IMMUNIZATION REQUIREMENTS TO BE ENROLLED IN SCHOOL. THIS IS THE LAW!

Name: **TEST TEST** Birthdate (mm/dd/yyyy): **09/15/1999**
 Registry ID: **3552244** Sex: **E**

DO NOT WRITE ON THIS FORM. THIS IS AN OFFICIAL IMMUNIZATION DOCUMENT.

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTaP/DT*	07/12/2014	10/23/2018				
Tdap/TD*	08/25/2014					
Polio						
HIB						
MMR						
Measles						
Mumps						
Rubella						
Hepatitis B						
Hepatitis B Adult						
HBIG						
Varicella	08/25/2014					
PCV						
PPSV						
Meningococcal						
Meningococcal B						
Influenza	01/01/2017	03/03/2017				
Hepatitis A						
Hepatitis A Adult						
Rotavirus-3 Dose						
Rotavirus-2 Dose						
HPV						
H1N1 Flu						
Recombinant Zoster Vaccine						
Zoster Vaccine Live						

Important Notice: This record displays doses given and recorded in the NJIIS, whether dose(s) are considered valid or record reflects the last TB and Lead Screening recorded in the NJIIS.

Lead	Result	Test Date
Lead	EP- / BP-89	03/03/2017
TB		
Varicella (Chicken Pox)		
Measles		

The information contained here is obtained from the registry and shall be accepted as a valid immunization record for the purpose of meeting immunization requirements for admission to schools, colleges, licensed child care centers, or other institutions, when signed and dated, by the authorized healthcare provider.

Signature of the Person Issuing Record: _____ Date: **05/05/2020**
 Agency/Office Issuing Record: **NJIIS** Registry User Name: **JENNIFER SMITH**

NJIIS

New Jersey Department of Health
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI) _____ DATE OF BIRTH (Mo/Day/Yr) _____ SEX M F

NAME OF PARENT/GUARDIAN _____ TELEPHONE NUMBER(S) _____

ADDRESS _____ IMMUNIZATION REGISTRY NUMBER _____

VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	EXEMPTIONS
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (DT or DTaP indicate in corner box)						<input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)						
MEASLES, MUMPS, RUBELLA (MMR)						
HAEMOPHILUS B (HIB)						(1) Document below single antigen vaccine receipt, serology titers, or varicella disease history
HEPATITIS B (HepB)						Hepatitis B DATE TITER
VARICELLA						Varicella DATE TITER
PNEUMOCOCCAL CONJUGATE (PCV13)						Measles DATE TITER
INFLUENZA						Mumps DATE TITER
OTHER, SPECIFY:						Rubella DATE TITER
OTHER, SPECIFY:						Comments:
OTHER, SPECIFY:						

Provisional Admission Date Granted: ____/____/____

(1) REQUIRES MEDICAL EXEMPTION. A complete list of New Jersey's immunization requirements is accessible at: http://nj.gov/health/ed/imm_requirements

Yellow Card (IMM-8)

STATE OF NEW JERSEY
HEALTH HISTORY AND APPRAISAL

IMMUNIZATION REGISTRY NUMBER _____

Name of Child (Last, First, MI) _____ Date of Birth (Mo/Day/Yr) _____ Sex M F

PARENT OR GUARDIAN: NAME _____ TELEPHONE NO. _____ ADDRESS _____

1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING
					Test Date Result

Document below single antigen vaccine receipt, serology titers, or varicella disease history

YEAR	HISTORY	YEAR	HISTORY	YEAR

Medical exemption attached Religious exemption attached

Document below single antigen vaccine receipt, serology titers, or varicella disease history

YEAR	HISTORY	YEAR	HISTORY	YEAR

W = Normal, R = Referred, T = Under Treatment, C = See Comments

Check X-File: Normal Abnormal Medication Refused No Rx

Date Started _____ Date Completed _____

Health History and Appraisal Form (A-45)





Poll Question



Poll Question

Foreign Immunization Records

Accept with proper written documentation

- seal or stamp OR
- signed and dated by health care provider

Match with U.S. requirements (specifically NJ)

Revaccinate in accordance with the ACIP recommended schedule (may be simpler) or do serology (when possible)

Translation of foreign vaccines

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf

See AAP's Red Book or the ACIP for further guidance

New Jersey Immunization Information System (NJIIS)

Consolidates immunization information from all providers into one record to provide an accurate immunization assessment and eliminate the use of manual vaccine administration logs

Assists federal, state and local public health agencies with population assessments in the event of a preventable disease outbreak

Helps communities assess their immunization coverage and identify pockets of need



NJIIS Mandatory Participation



N.J.A.C. 8:57-3.16 a :
Every healthcare provider administering vaccines to children less than seven years of age shall register as an NJIIS site and authorized user and commence online reporting of vaccinations prior to December 31, 2011, in compliance with this subchapter



REPORTING REQUIREMENTS

**Annual Immunization Status Report and
Local Health Immunization Audit**



Annual Immunization Status Report (ASR)

Annual Immunization Status Report

The Annual Status Report (ASR) is due February 1 of the respective academic year. If you have any questions, please contact the Vaccine Technical Assistance Program at 800-852-6862.

ASR Page 1 (of 2)

Minimum Immunization Requirements for School Attendance (01-02-03-04-05-06-07-08-09-10-11-12)

Minimum Immunization Requirements for Childcare/Preschool (01-02-03-04-05-06-07-08-09-10-11-12)

Required Fields

School ID:

County: **Must be Correct** Mandatory Code: (Required)

School Name:

Name of School Child Care:

Child's Name:

Child's Birth Date:

Child's Birth Place:

Child's Address:

City:

State:

Zip:

Child's Address (if different from above):

City:

State:

Zip:

Name of Person Completing Report: (Required)

Person's Email Address:

Name of Principal/Person in Charge:

Child's School/Child Care Center:

Public Non-Public

The school is responsible for ensuring that all pupils are in compliance with the New Jersey

Grade Level	Not Applicable	*Number of Pupils Enrolled	**Pupils Meeting All Immunization Requirements	+Pupils with Provisional Admittance	Pupils with Medical Exemptions	Pupils with Religious Exemptions	Pupils with Status Unknown
Pre-k/Childcare:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kindergarten:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 1 (First Time Enters Only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 6:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
***Transfer Students (Out of District/State/Country only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immunization requirements. On the form below, enter the status of all pupils in your entry level grade, grade 6, and transfer students (any grade).

- Child care facilities must enter the immunization status of all enrolled children who are over 2 months of age on the first day.
- If your school has a preschool program, enter these children on the preschool line.
- If your school has a kindergarten program, enter these children on the kindergarten line.
- If your school has a first grade program, enter these children on the first grade line.
- If your school has a second grade program, enter these children on the second grade line.
- If your school has a third grade program, enter these children on the third grade line.
- If your school has a fourth grade program, enter these children on the fourth grade line.
- If your school has a fifth grade program, enter these children on the fifth grade line.
- If your school has a sixth grade program, enter these children on the sixth grade line.
- If your school has a seventh grade program, enter these children on the seventh grade line.
- If your school has an eighth grade program, enter these children on the eighth grade line.
- If your school has a ninth grade program, enter these children on the ninth grade line.
- If your school has a tenth grade program, enter these children on the tenth grade line.
- If your school has an eleventh grade program, enter these children on the eleventh grade line.
- If your school has a twelfth grade program, enter these children on the twelfth grade line.

Grade 6:

All pupils in this grade must be included with the appropriate age school class.

Grade Level	Not Applicable	Number of Pupils Enrolled	Pupils Meeting All Immunization Requirements	Pupils with Provisional Admittance	Pupils with Medical Exemptions	Pupils with Religious Exemptions	Pupils with Status Unknown
Pre-k/Childcare:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kindergarten:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 1 (First Time Enters Only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 6:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 7:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 8:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 9:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 10:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 11:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 12:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total # of Students between ages 6-59 mos. subject to the flu vaccine requirement	Total # of Students subject to the flu vaccine requirement who received flu vaccine by December 31st	Total # of Students subject to the flu vaccine requirement with a religious exemption for flu vaccine	Total # of Students subject to the flu vaccine requirement with a medical exemption for flu vaccine
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Although the survey is voluntary, we need to evaluate the compliance with and the effectiveness of the influenza vaccination programs for preschool aged children. We appreciate your cooperation in filling out this survey.

Total # of students between ages 6-59 mos. subject to the flu vaccine requirement by December 31st:

Total # of students subject to the flu vaccine requirement with a religious exemption for flu vaccine:

Total # of students subject to the flu vaccine requirement with a medical exemption for flu vaccine:



ASR Reporting Timeline

Early
Nov

- **Packets are mailed in of the respective academic year**

Jan 1-
Feb 1

- **Accessible at:**
http://www.nj.gov/health/cd/imm_requirements/annualstatusrpt.shtml

Feb 1

- **Initial Due Date**

Mid-
Feb

- **Delinquent notice to schools and LHDs; Notification of extension date**

Mid-
Mar

- **2nd delinquent list shared with Health Officers for appropriate follow-up and final disposition**

Mar-
April

- **Data cleaned and analyzed; Data submitted to CDC**

Immunization Audits

- **Resume for the 2020-2021 academic year**
- **Local health departments will need to work with schools to determine the best method to conduct immunization audits**



Audit Timeline

Initial Audit
(Sept 1-June 30)

- Anytime after school opens

Re-Audit
(Sept 1-June 30)

- 30 days from the original audit

Audits entered online
(By June 30)

- No later than June 30

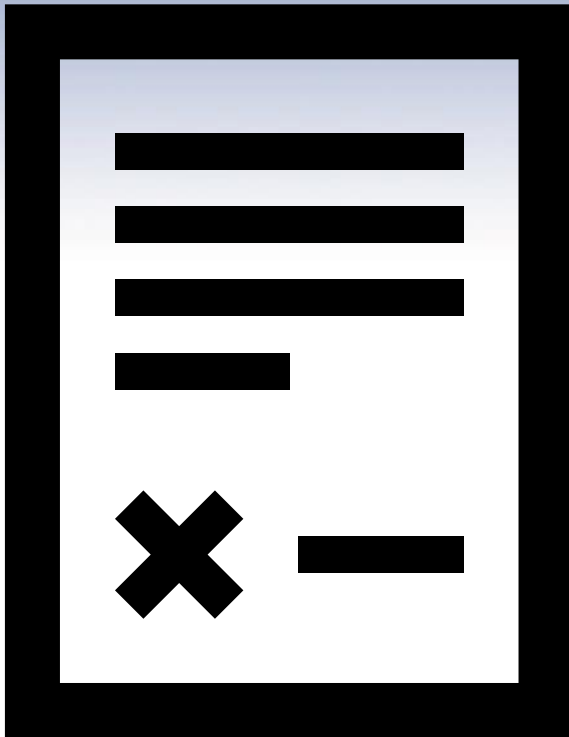
Audit Submission
Update (May)

- List of audits received by mid-May sent to health officers

Close of Submission
Period (June 30)

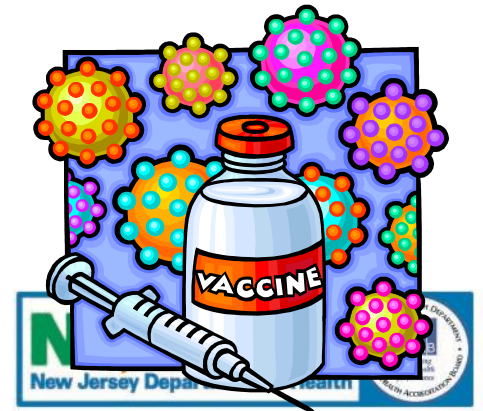
- Cleaning and analysis of data

Violation to the State Sanitary Code



Each violation of any provision of the State Sanitary Code shall constitute a separate offense and shall be punishable by a penalty of not less than \$50 nor more than \$1000

NJ School Immunization Requirements



DTaP Vaccine

Child Care/Preschool:

A minimum of four doses of a DTaP-containing vaccine or fewer as appropriate for the child's age per the ACIP Recommended Schedule

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		

Kindergarten/First Grade:

A total of 4 doses with one of these doses on or after the 4th birthday OR any 5 doses

Second Grade and Higher (at least seven years of age):

A minimum of three doses of a DTaP-containing vaccine

Tdap Vaccine

Sixth Grade and Higher:

Those children born on or after January 1, 1997 **AND** who are at least 11 years of age and older are required to receive a one-time dose of tetanus, diphtheria, acellular pertussis (Tdap) vaccine at the six grade or higher grade level



Table 2

Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who are More than 1 month Behind, United States, 2020

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this table in conjunction with Table 1 and the notes that follow.**

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older. 4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday and second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB, Comvax) and were administered before the 1 st birthday.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after.	No further doses needed for healthy children if previous dose administered at age 24 months or older. 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old. 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is < 4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 9 months MenACWY-D	8 weeks	See Notes	See Notes	

Children and adolescents age 7 through 18 years

A seven-year-old received a DTaP at age 2 and a Tdap today. Is she due for any more vaccines?

Children and adolescents age 7 through 18 years

Meningococcal ACWY	Not applicable (N/A)	8 weeks		
tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	<p>4 weeks if first dose of DTaP/DT was administered before the 1st birthday.</p> <p>6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday.</p>	6 months if first dose of DTaP/DT was administered before the 1 st birthday.
Human papillomavirus	9 years	Routine dosing intervals are recommended.		
Hepatitis A	N/A	6 months		
Hepatitis B	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.	
Inactivated poliovirus	N/A	4 weeks	<p>6 months</p> <p>A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.</p>	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.
Measles, mumps, rubella	N/A	4 weeks		
Varicella	N/A	<p>3 months if younger than age 13 years.</p> <p>4 weeks if age 13 years or older.</p>		

UPDATE

- According to the current ACIP recommendation, doses of Tdap should be given on or after the 10th birthday to count towards the adolescent dose routinely given between ages 11-12.
- **Beginning the 2020-2021 school year, children who receive a Tdap before age 10 would need to receive an additional dose to meet NJ's immunization requirements for sixth grade and higher and as long as five years have elapsed from the last DTP/DTaP or Td dose**
- Detailed guidance specific to DTaP/DT/Td/Tdap catch-up by age groups is accessible at <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Polio Vaccine

Child Care/Preschool:

A minimum of 3 doses of a polio-containing vaccine or fewer as appropriate for the child's age as per the ACIP Recommended Schedule

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Inactivated Polio Virus (IPV)	Dose #1	Dose #2				Dose #3		

Kindergarten/First Grade

A total of 3 doses with one of these doses given on or after the 4th birthday
OR any 4 doses

Polio Vaccine

There are two types of vaccine that protect against polio: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). IPV protects against poliovirus types 1, 2, and 3. OPV is used in other countries.

Before April 1, 2016, OPV also helped to protect against the three types of poliovirus. Last year, all countries that use OPV switched to using an OPV that only protects against types 1 and 3.

Only the following conditions would satisfy the polio vaccination requirements for school attendance in NJ:

- OPV doses given before April 1, 2016 – OR -
- Inactivated Polio Vaccine (IPV) doses

Polio Vaccine

Second grade and Higher (at least seven years of age):

Children who are seven years of age and older are required to have a minimum of three doses of polio

Detailed guidance specific to Polio vaccine catch-up is available at <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Polio vaccine is not required for students 18 years of age and older

Measles, Mumps, Rubella Vaccine

Child Care/Preschool:

A minimum of one dose of MMR vaccine by 15 months of age



Travel Recommendation: 6 months through 11 months of age who will be traveling internationally This dose would not count towards completion of the routine schedule.

Kindergarten-Twelfth Grade:

Two doses of measles, one dose of mumps, and one dose of rubella

Haemophilus influenzae type b (Hib) Vaccine

Child Care/Preschool:

Children who are 2 - 11 months of age: Minimum of 2 age-appropriate doses

Children who are 12 - 59 months of age: Minimum of 1 dose on or after the first birthday

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Haemophilus influenzae type b (Hib)	Dose #1	Dose #2		1-4 doses		At least one dose given on or after the first birthday		

Kindergarten-Twelfth Grade:

Not Required

Hepatitis B Vaccine

Child Care/Preschool:

Not required

Kindergarten-Twelfth Grade:

- Three doses of hepatitis B vaccine or any vaccine combination containing hepatitis B virus
- OR
- An approved 2-dose adolescent vaccine is available for use at 11-15 years



Poll Question

Varicella (Chickenpox) Vaccine

Child Care/Preschool:

A minimum of one dose of varicella vaccine by 19 months of age (for children born on or after January 1, 1998)

Kindergarten-Twelfth Grade:

At least one dose of varicella vaccine

Pneumococcal Vaccine

Child Care/Preschool:

- Children who are 2 - 11 months of age: Minimum of 2 age-appropriate doses
- Children who are 12-59 months of age: Minimum of 1 dose on or after the first birthday

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses	At least one dose given on or after the first birthday			

Kindergarten-Twelfth Grade:

Not Required



Influenza Vaccine

Child Care/Preschool:

Children who are 6 months through 59 months of age are required to receive at least one dose of influenza vaccine before December 31 of each year

Kindergarten-Twelfth Grade:

Not required

Meningococcal Vaccine

Child Care/Preschool: Not required

Sixth Grade and Higher:

Those children who were born on or after January 1, 1997 **AND** who are at least 11 years of age and older are required to receive a one-time dose of meningococcal-containing vaccine at the six grade or higher grade level. Meningococcal Conjugate Vaccine is preferred.

Meningococcal Vaccine Recommendations by Age and/or Risk Factor:
<http://www.immunize.org/catg.d/p2018.pdf>

Laboratory Evidence of Immunity

Accepted for measles, mumps, rubella, hepatitis B, diphtheria, tetanus, polio (types 1, 2, 3), and varicella

Serology should not be done in lieu of aborting series

No reliable serologic test exists for *pertussis*, *Haemophilus influenzae* type b, *pneumococcus* and *meningococcus*

Copy of lab test must be in the record

Source: General Recommendations on Immunization: Recommendations of the Advisory Committee of Immunization Practices www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm

Source: New Jersey Department of Health Vaccine Preventable Disease Program Immunization Requirements Frequently Asked Questions—Section on Serology Titers: http://nj.gov/health/cd/documents/vaccine_qa.pdf





Poll Question

FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: IMMUNIZATION REQUIREMENTS



NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program

Summary of NJ Child Care/Preschool Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ child care/preschool.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/cd/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

At this age the child should have received the following vaccines:	2 months	4 months	6 months	12 months	15 months	18 months	19 months	20-59 months
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		
Inactivated Poliovirus (Polio)	Dose #1	Dose #2				Dose#3		
<i>Haemophilus influenzae</i> type b (Hib)	Dose #1	Dose #2		1-4 doses [†] (see footnote)		At least 1 dose given on or after the first birthday		
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses [†] (see footnote)	At least 1 dose given on or after the first birthday			
Measles, mumps, rubella (MMR)					Dose #1 [†]			
Varicella (VAR)							Dose #1 [§]	
Influenza (IV; LAIV)				One dose due each year ¹				

***Interpretation:** Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age range than listed above must have proof of receiving vaccines in the previous age bracket. Example: A child entering child care/preschool at 11 months of age, would need at least the following: 3 DTaP, 2 Polio, 2 Hib, and 2 PCV. If a child has not received any vaccines, he/she would need at least one dose of each required vaccine to enter school provisionally and be in the process of receiving the remaining doses as rapidly and as medically feasible. The current seasonal flu vaccine is required every year by December 31 for children 6-59 months of age.





**NJ Department of Health (NJDOH)
Vaccine Preventable Disease Program**

Summary of NJ School Immunization Requirements

Listed in the chart below are the minimum required number of doses your child must have to attend a NJ school.* This is strictly a summary document. Exceptions to these requirements (i.e. provisional admission, grace periods, and exemptions) are specified in the Immunization of Pupils in School rules, New Jersey Administrative Code (N.J.A.C. 8:57-4). Please reference the administrative rules for more details https://www.nj.gov/health/ed/imm_requirements/acode/. Additional vaccines are recommended by Advisory Committee on Immunization Practices (ACIP) for optimal protection. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

Grade/level child enters school:	Minimum Number of Doses for Each Vaccine						
	DTaP Diphtheria, Tetanus, acellular Pertussis	Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B	Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)
Kindergarten – 1 st grade	A total of 4 doses with one of these doses on or after the 4 th birthday <u>OR</u> any 5 doses [†]	A total of 3 doses with one of these doses given on or after the 4 th birthday <u>OR</u> any 4 doses [‡]	2 doses [§]	1 dose [§]	3 doses	None	None
2 nd – 5 th grade	3 doses <i>NOTE: Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Td. For use of Tdap, see footnote. [†]</i>	3 doses	2 doses	1 dose	3 doses	None	See footnote [†]
6 th grade and higher	3 doses	3 doses	2 doses	1 dose	3 doses	1 dose required for children born on or after 1/1/97 given no earlier than ten years of age [§]	1 dose required for children born on or after 1/1/97 [§]



FLU VACCINE TRACKING RECORD

Name of Child Center/School		
Street Address	City	
Name of Director	Telephone Number	Email Address

List the students who have NOT received the flu vaccine by December 1:

STUDENT NAME	DATE OF BIRTH	APPOINTMENT DATE (IF APPLICABLE)	COMMENTS/NOTES

New Jersey Department of Health
 Vaccine Preventable Diseases Program
 PO 369
 Trenton, NJ 08625-0369

PROVISIONAL ADMISSION
 STUDENT TRACKING RECORD

Name of School		Date
Street Address	City	
Name of School Administrator		Telephone Number
Name of Student	Date of Birth	Date of Provisional Admittance

CHECK THE DOSE(S) NEEDED AND THE DUE DATE ON THE LINE PROVIDED.

VACCINES	DOSE(S)	VACCINE SCHEDULE
Diphtheria, Tetanus, acellular Pertussis (INDICATE THE SPECIFIC VACCINE REQUIRED:) <input type="checkbox"/> DTaP <input type="checkbox"/> DT <input type="checkbox"/> Td	1	
	2	
	3	
	4	
	5	
Tdap (Tetanus, diphtheria, acellular Pertussis) (One dose requirement)	1	
Polio (IPV)	1	
	2	
	3	
	4	
Measles, Mumps, Rubella (MMR)	1	
	2	
<i>Haemophilus influenzae</i> Type b (Hib)	1	
	2	
	3	
	4	
Hepatitis B	1	
	2	
	3	
Pneumococcal Conjugate (PCV 13)	1	
	2	
	3	
	4	
Varicella (One dose requirement)	1	
Meningococcal (One dose requirement)	1	
Influenza (One dose requirement by December 31)	1	

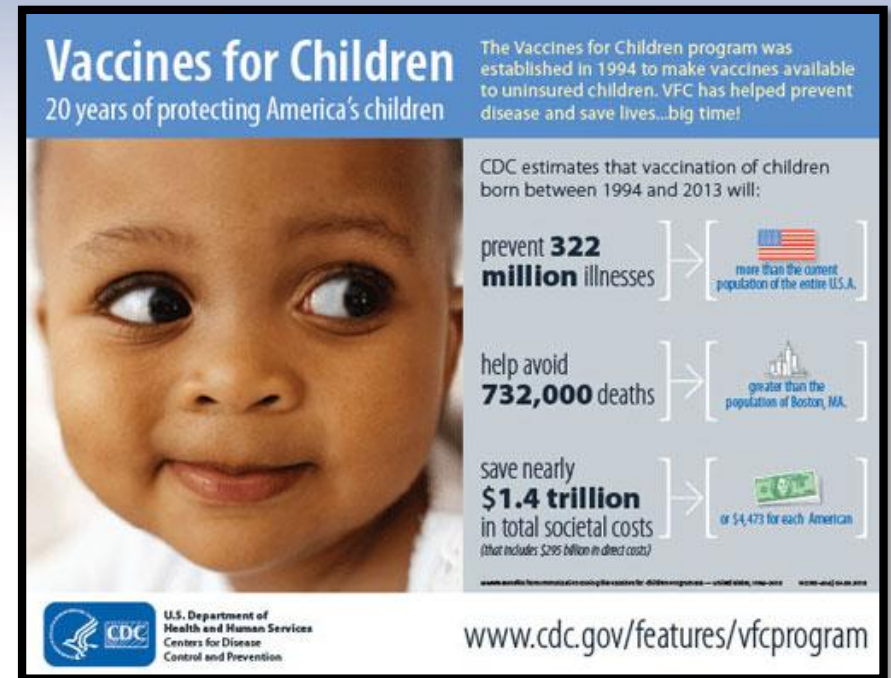
DEFINITION: Provisional admission only applies to multi-dose vaccine requirements - NOT single dose vaccine requirements. Students need to receive a minimum of one dose of each of the required vaccines in order to be provisionally admitted. Pupils must be actively in the process of completing the series and on schedule to receive subsequent doses as rapidly as medically feasible. NJ follows CDC/ACIP Recommended Catch-Up Immunization Schedule. Please see the following link for guidance: <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>.

Please refer to the NJ Vaccine Preventable Disease Program website to access the immunization regulations and requirements for school attendance, <http://nj.gov/health/cd/imm.shtml>.

New Jersey Vaccines for Children (NJ VFC) Program

Provides all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to children 0 through 18 years of age who otherwise wouldn't be able to afford vaccines.




1,000 providers throughout the state




Vaccines for Children
20 years of protecting America's children

The Vaccines for Children program was established in 1994 to make vaccines available to uninsured children. VFC has helped prevent disease and save lives...big time!

CDC estimates that vaccination of children born between 1994 and 2013 will:

- prevent **322 million** illnesses  more than the current population of the entire U.S.A.
- help avoid **732,000** deaths  greater than the population of Boston, MA.
- save nearly **\$1.4 trillion** in total societal costs  (that includes \$295 billion in direct costs) or \$4,473 for each American

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

www.cdc.gov/features/vfcprogram

3 Ways to Support Immunization in Your School



1

Check immunization records regularly to ensure each child in your care is up to date on their vaccinations.

2

Educate yourself and ensure that you and your staff are vaccinated.

3

Educate parents in your program and help connect them to credible resources.

Resource Links

- **State VPDP**
www.nj.gov/health/cd/vpdp.shtml
- **NJ Vaccine Requirements and Guidance Materials**
www.nj.gov/health/cd/imm_requirements/
- **Antibody Titer Law**
http://nj.gov/health/cd/documents/antibody_titer_law.pdf
- **NJIIS website**
<https://njiis.nj.gov/njiis/>
- **CDC Vaccines and Immunizations**
www.cdc.gov/vaccines/index.html
- **2020 ACIP Recommended Childhood & Adolescent Immunization Schedule**
www.cdc.gov/vaccines/schedules/index.html
- **Hot Shots for Tot Campaign:**
https://www.nj.gov/health/cd/imm_requirements/vpdp_hotshots.shtml
- **Protect Me With 3+:** www.protectmewith3.com
- **Influenza Honor Roll:** https://nj.gov/health/cd/documents/flu/ihr_ideas.pdf

It Takes a Village to Protect Our Children, Families, and Communities Against Vaccine-Preventable Diseases



THANK YOU!



Contact

Vaccine Preventable Disease Program

Phone: (609) 826-4861

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Communicable Disease Service

Phone: (609) 826-5964

