

# Overview of New Jersey School Immunization Requirements

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

---

**Jeni Sudhakaran, MPH**  
Population Assessment Coordinator

**Jennifer Smith, MPH**  
Health Educator

# Immunization Regulations

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

- Establishes minimum immunization requirements for attendance in New Jersey schools

## N.J.A.C. 8:57-6

- Establishes uniform immunization requirements for attendance at institutions of higher education

# Chronological Implementation History of Immunization Rules

## CC/School:

**Sept 1975:** Implementation of Chapter 14 Statewide Rules; DTP/td, Polio, Measles, Rubella vaccines

**Sept 1979:** Mumps vaccine

**Sept 1995:** Hib for child care; 2<sup>nd</sup> dose Measles-containing vaccine for Grades K or 1

**Sept 2001:** Hep B for Grades K or 1 and 6

**Sept 2004:** Hep B for Grades 9-12; Varicella for child care and Grade K or 1

**Sept 2008:** PCV and Influenza vaccine for child care; Tdap and Meningococcal vaccine for Grade 6

## Higher Education

**Sept 1990:** 1 dose Measles, Mumps, Rubella vaccines

**Sept 1995:** 2<sup>nd</sup> dose Measles-containing vaccine

**Sept 2005:** 1 dose Meningococcal vaccine for new students in a college dormitory

**Sept 2008:** Hep B for all new students with 12 or more credits

**June 2020:** 1 dose Meningococcal vaccine for all newly enrolled students

# Immunization Requirements

## Cc/Pre-K:

DTaP (4 or 5)

Polio (3 or 4)

MMR (1)

Hib (3 or 4)

PCV (3 or 4)

Varicella (1)

Flu (1)

## Kindergarten/Grade 1:

DTaP and Polio  
(4<sup>th</sup> B-day booster dose)

MMR (2)

Hep B (3)

## 6<sup>th</sup> Grade:

Tdap (1)

MenACWY (1)

## Higher Education:

MMR (2)

Hep B (2 or 3)

MenACWY (1)

# Applicability 8:57-4

All Children attending any public or private school, child care center, preschool, or Kindergarten in New Jersey.

# Proof of Immunization

A principal, director or other person in charge of a school, preschool, or child care facility shall not knowingly admit or retain any child whose parent or guardian has not submitted acceptable evidence of the child's immunization

- **Exemptions to this requirement are identified at N.J.A.C. 8:57-4.3 and 4.4.**

# Compliance with N.J.A.C. 8:57-4

Children are expected to comply on the first day of school attendance

- No extension or waivers should be granted
- School districts may not deny enrollment; attendance can be deferred until student complies with immunization rules
- Provisional admission should only be granted to children who meet the provisional definition
- Religious or medical exemptions are still allowed

# Vaccines for Children (VFC)

**Eligibility:** Those who meet at least one of the following requirements:

- American Indian or Alaska Native
- Medicaid-eligible
- Uninsured
- Underinsured

## What is Uninsured?

This means that the child has health insurance, but the insurance policy either doesn't cover any vaccines or doesn't cover certain recommended vaccines.





# Religious Exemptions

- **Parent or guardian must provide a signed written statement.**
- **Religious affiliated schools can grant or deny**
- **Does not need to indicate the child's religion or specific tenants, notarized, or signed by a religious leader**
- **Rules do not stipulate that religious beliefs have to be consistently held**

# Religious Exemptions (2)

- **Parents may object to one or more vaccines**
- **Parents can file for a RE even if a child was previously vaccinated, because their beliefs have changed**
- **RE are null & void if vaccines are received after filing date**
- **Rules do not stipulate that religious beliefs have to be consistently held so parents can file for a new exemption anytime**

# Medical Exemption

- 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
- Reasons enumerated by the Advisory Committee on Immunization Practices (ACIP)
- Do not necessarily need to be renewed, but must be reviewed annually

# Medical Exemption Form

**New Jersey Department of Health  
Vaccine Preventable Disease Program**

**REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION**

|  |                      |
|--|----------------------|
| Name of Student: _____                       | Date of Birth: _____ |
| Name of Parent/Guardian (if under 18): _____ | Primary Phone: _____ |
| Patient/Parent Home Address: _____           |                      |
| Patient/Parent Email Address: _____          |                      |

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), available at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html> or <https://redbook.solutions.aap.org/redbook.aspx>

Please check the website to ensure that you are reviewing the most recent ACIP information. Please note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.

**Table 1. ACIP Contraindications and Precautions to Vaccination for Mandatory Vaccines**

| Vaccine                                    | Exemption Length  | ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)  |
|--|---|--|
| <input type="checkbox"/> <b>DTaP, Tdap</b> | <input type="checkbox"/> Temporary through: _____<br><input type="checkbox"/> Permanent | <p><b>Contraindications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> <li><input type="checkbox"/> Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTP, DTaP, or Tdap</li> </ul> <p><b>Precautions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Progressive neurologic disorder, including infantile spasms, uncontrolled epilepsy, progressive encephalopathy; defer DTaP or Tdap until neurologic status clarified and stabilized</li> <li><input type="checkbox"/> Guillain-Barré syndrome &lt; 6 weeks after previous dose of tetanus-toxoid-containing vaccine</li> <li><input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria-toxoid-containing or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus toxoid-containing vaccine</li> </ul> |
| <input type="checkbox"/> <b>DT, Td</b>     | <input type="checkbox"/> Temporary through: _____<br><input type="checkbox"/> Permanent | <p><b>Contraindications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> </ul> <p><b>Precautions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Guillain-Barré syndrome &lt; 6 weeks after a previous dose of tetanus-toxoid-containing vaccine.</li> <li><input type="checkbox"/> History of Arthus-type hypersensitivity reactions after a previous dose of diphtheria- or tetanus toxoid-containing vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-toxoid-containing vaccine</li> </ul>   |

IMM-53  
JULY 19

Page 3 of 7

**New Jersey Department of Health  
Vaccine Preventable Disease Program**

**REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION**

| Vaccine  | Exemption Length  | ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)  |
|--|---|--|
| <input type="checkbox"/> <b>Meningococcal</b>  | <input type="checkbox"/> Temporary through: _____<br><input type="checkbox"/> Permanent | <p><b>Contraindications</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component</li> <li><input type="checkbox"/> Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy or persons with HIV infection who are severely immunocompromised)</li> <li><input type="checkbox"/> Pregnancy</li> <li><input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test</li> </ul> <p><b>Precautions</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product)</li> <li><input type="checkbox"/> Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination)</li> <li><input type="checkbox"/> Use of aspirin or aspirin-containing products</li> </ul> |
| <input type="checkbox"/> Other. Please explain fully and attach additional sheets as necessary. Please be sure to check Table 2 below to ensure that the condition is not one incorrectly perceived as a contraindication or precaution. |   |  |

**Attestation**

I am a physician (M.D. or D.O) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is enumerated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency.

Healthcare Provider Name (please print): \_\_\_\_\_ Specialty: \_\_\_\_\_  
 NPI Number: \_\_\_\_\_ License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMM-53  
JULY 19

Page 6 of 7

# 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

**Table 2** Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

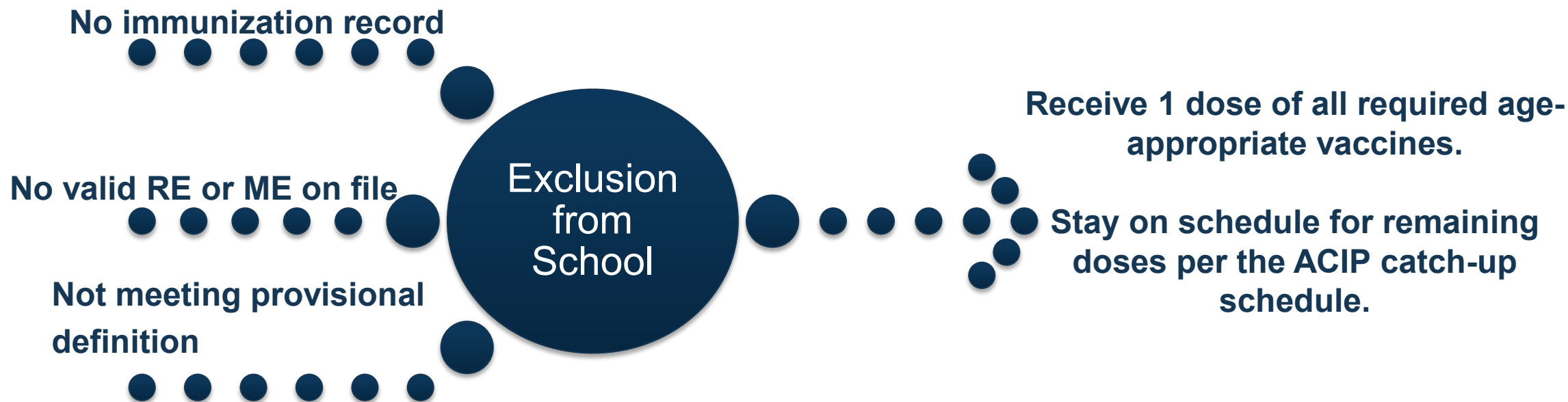
The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. **Always use this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

| Vaccine                                      | Minimum Age for Dose 1 | Children age 4 months through 6 years |                  |                  |                  |
|--|------------------------|---------------------------------------|------------------|------------------|------------------|
|  |                        | Minimum Interval Between Doses        |                  |                  |                  |
|  |                        | Dose 1 to Dose 2                      | Dose 2 to Dose 3 | Dose 3 to Dose 4 | Dose 4 to Dose 5 |
| Diphtheria, tetanus, and acellular pertussis | 6 weeks                | 4 weeks                               | 4 weeks          | 6 months         | 6 months         |



**Timing Matters!**

# Out of Compliance



# 30-Day Grace Period

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

**Admitted temporarily for up to 30 days if acceptable evidence of vaccination is not available**

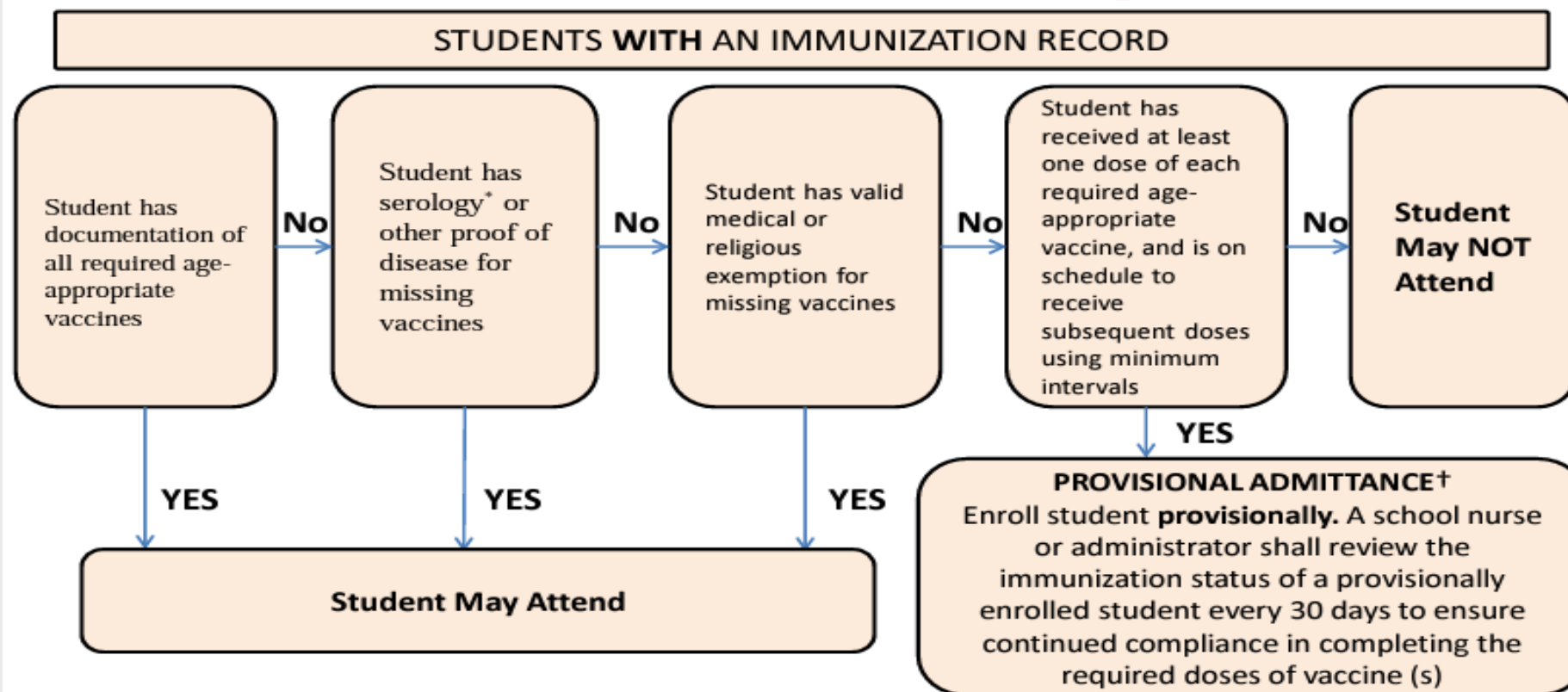
**After 30 days, the child may not attend school until documentation is received and/or is eligible to be admitted provisionally**

# 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



## New Jersey Department of Health Vaccine Preventable Disease Program



\*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](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](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.**

# Evidence of Immunizations

Official records are acceptable from the following:

Schools

Public health departments

College

New Jersey Immunization Information System (NJIIS) Record

Military or Armed forces

# Acceptable Documents

IMM-8:  
Department of  
Health: Standard  
School/Childcare  
Immunization  
Record (Yellow  
Card)

A-45 :  
Department of  
Education: State  
Health History  
and Appraisal  
Form

NJIIS: New  
Jersey  
Immunization  
Information  
System Record

Electronic  
Records

# New Jersey Immunization Information System (NJIIS)



**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**

# Foreign Immunization Records

**Accept with proper written documentation**

**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**

- [cdc.gov/vaccines/pubs/pinkbook/appendix/appdx-b.html](https://www.cdc.gov/vaccines/pubs/pinkbook/appendix/appdx-b.html)

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

# Foreign Immunization Records (2)

## Q: Who is responsible for translating a child's immunization record?

According to the immunization of pupils in school rules (N.J.A.C. 8:57-4.6), all immunization records submitted by a parent or guardian in a language other than English are required to be accompanied by a translation sufficient to determine compliance with the immunization requirements.

To clarify, any person can translate a foreign immunization record as long as compliance with New Jersey's immunization requirements can be determined. The NJDOH does not require the translation to come from a health care provider, however, all translations must include the printed name and signature of the translator.



# Reporting Requirements: Annual Immunization Status Report (ASR)

ASR packets are mailed in November of the respective academic year

Reporting time frame is September through December 31<sup>st</sup>. Accessible on-line during the reporting period at: [nj.gov/health/cd/imm\\_requirements/annualstatusrpt.shtml](http://nj.gov/health/cd/imm_requirements/annualstatusrpt.shtml)

Due February 1<sup>st</sup> of respective academic year

\*Current ASR packet, ASR ID search tool and new ASR tutorial available on the VPDP Immunization Requirements page at: [nj.gov/health/cd/imm\\_requirements](http://nj.gov/health/cd/imm_requirements).

Vaccine Preventable Program - C x Department of Health | Commu... P.M. Dawn Radio - Now Play x +

← → ↻ 🏠 🔒 [nj.gov/health/cd/imm\\_requirements/](https://nj.gov/health/cd/imm_requirements/) 📄 ☆ ⚙️ 📑 🗄️ J Update ⋮

🔍 New Tab 📄 hot\_shots\_activity\_I... 🔄 NoviSurvey Login 📄 BPS Annual Physical Exa... 📄 NJHealth Sharepoin...


- [Flu Vaccine Tracking Form](#)
- [Cover Letter - Provisional Admission Student Tracking Form](#)
- [Provisional Admission Technical Guidance](#)
- [Provisional Admission Student Tracking Form](#)
- [Additional Immunization Requirements for School Attendance](#)
- [Childhood and Adolescent Recommended Vaccines](#) **UPDATED 03/2022**


**Memo about School Immunization Requirements**

- [Religious and Medical Exemptions](#)


**Annual Immunization Status Report**

- [2022-2023 ASR Packet](#)
- [Form \(IMM-7\) and Instructions](#)
- [ASR School ID Finder](#)
- [NJDOH ASR ID Request & School Info Change Form](#)
- **For help completing the ASR, view the tutorial [here!](#)**

OPRA  **Open Public Records Act**

Select Language  Powered by  **Google Translate**

Translator Disclaimer

Contact Us | Privacy Notice | Legal Statement | Accessibility Statement | 

Statewide: [NJ Home](#) | [Services A to Z](#) | [Departments/Agencies](#) | [FAQs](#)

Department: [NJDOH Home](#) | [TTY Relay](#) | [Topic A to Z](#) | [Programs/Services](#) | [Notice of Privacy Practices](#)

Annual Immunization Status Report

The School Status Report (SSR) is a New Jersey Department of Health (NJ Health) requirement for all public and private schools. It is used to monitor the immunization status of all enrolled children who are one to six years of age.

**ADD PAGE TAGS**

**Immunization Requirements for School Attendance (1-12)**

**Immunization Requirements for Childcare/Preschool (1-2)**

**Required Fields**

School  
 Home  
 Other

School Name: \_\_\_\_\_  
 School Address: \_\_\_\_\_  
 School City: \_\_\_\_\_  
 School State: \_\_\_\_\_  
 School Zip: \_\_\_\_\_  
 School Phone: \_\_\_\_\_  
 School Fax: \_\_\_\_\_  
 School Email: \_\_\_\_\_  
 School Website: \_\_\_\_\_  
 School Type:  Public  Non-Public

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

**Immunization Requirements**

All children under 6 years of age must be immunized against the following diseases: Diphtheria, Pertussis, Tetanus, Polio, Hib, Measles, Mumps, Rubella, and Hepatitis B.  
 All children under 12 years of age must be immunized against the following diseases: Diphtheria, Pertussis, Tetanus, Polio, Hib, Measles, Mumps, Rubella, and Hepatitis B.  
 All children under 18 years of age must be immunized against the following diseases: Diphtheria, Pertussis, Tetanus, Polio, Hib, Measles, Mumps, Rubella, and Hepatitis B.

**Immunization Status Report (SSR)**

| 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 Enterers 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"/>       |

**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**

| 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 Enterers 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"/>       |

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

# Immunization Audit Report (IMM-15)

New Jersey Department of Health  
Vaccine Preventable Disease Program

### IMMUNIZATION AUDIT REPORT

**\* Required Fields**

Name of School/Child Care Center ASR School ID Type of School  Public  Non-Public Grades in School From \_\_\_ To \_\_\_ Total School Enrollment

Facility Mailing Address City County

School District School Contact Person Telephone Number Email Address

Child Care/Preschool Number Surveyed

|                          | Total Children Deficient | Number Deficient/Exempt/Provisional |       |     |     |       |           |       |     |      | Compliance Rate | Total Children Excluded |
|--------------------------|--------------------------|-------------------------------------|-------|-----|-----|-------|-----------|-------|-----|------|-----------------|-------------------------|
|                          |                          | DTaP, DT, Td, Tdap                  | Polio | MMR | Hib | Hep B | Varicella | PCV13 | Flu | MCV4 |                 |                         |
| Audit Date               |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Religious Exemptions     |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Medical Exemptions       |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Provisional Status       |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Re-Audit/Completion Date |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| New Rel. Exempt.         |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| New Med. Exempt.         |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| New Prov. Status         |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |

**Varicella Disease History**  
Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement)

Documentation Problem  Recommendations:  
 Immunization Deficiency  
 Lack of Enforcement  
 Other Problem

Kindergarten Grade 1 (Entry level) Number Surveyed

|                          | Total Children Deficient | Number Deficient/Exempt/Provisional |       |     |     |       |           |       |     |      | Compliance Rate | Total Children Excluded |
|--------------------------|--------------------------|-------------------------------------|-------|-----|-----|-------|-----------|-------|-----|------|-----------------|-------------------------|
|                          |                          | DTaP, DT, Td, Tdap                  | Polio | MMR | Hib | Hep B | Varicella | PCV13 | Flu | MCV4 |                 |                         |
| Audit Date               |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Religious Exemptions     |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Medical Exemptions       |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Provisional Status       |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| Re-Audit/Completion Date |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| New Rel. Exempt.         |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| New Med. Exempt.         |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
| New Prov. Status         |                          |                                     |       |     |     |       |           |       |     |      |                 |                         |

**Varicella Disease History**  
Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement)

Documentation Problem  Recommendations:  
 Immunization Deficiency  
 Lack of Enforcement  
 Other Problem

LOCAL HEALTH DEPARTMENT AUDITOR INFORMATION

Name of Reviewer Auditing Agency Telephone Number Email Address

Child Care/Preschool Number Surveyed

Audit Date

Religious Exemptions

Medical Exemptions

Provisional Status

Re-Audit/Completion Date

New Rel. Exempt.

New Med. Exempt.

New Prov. Status

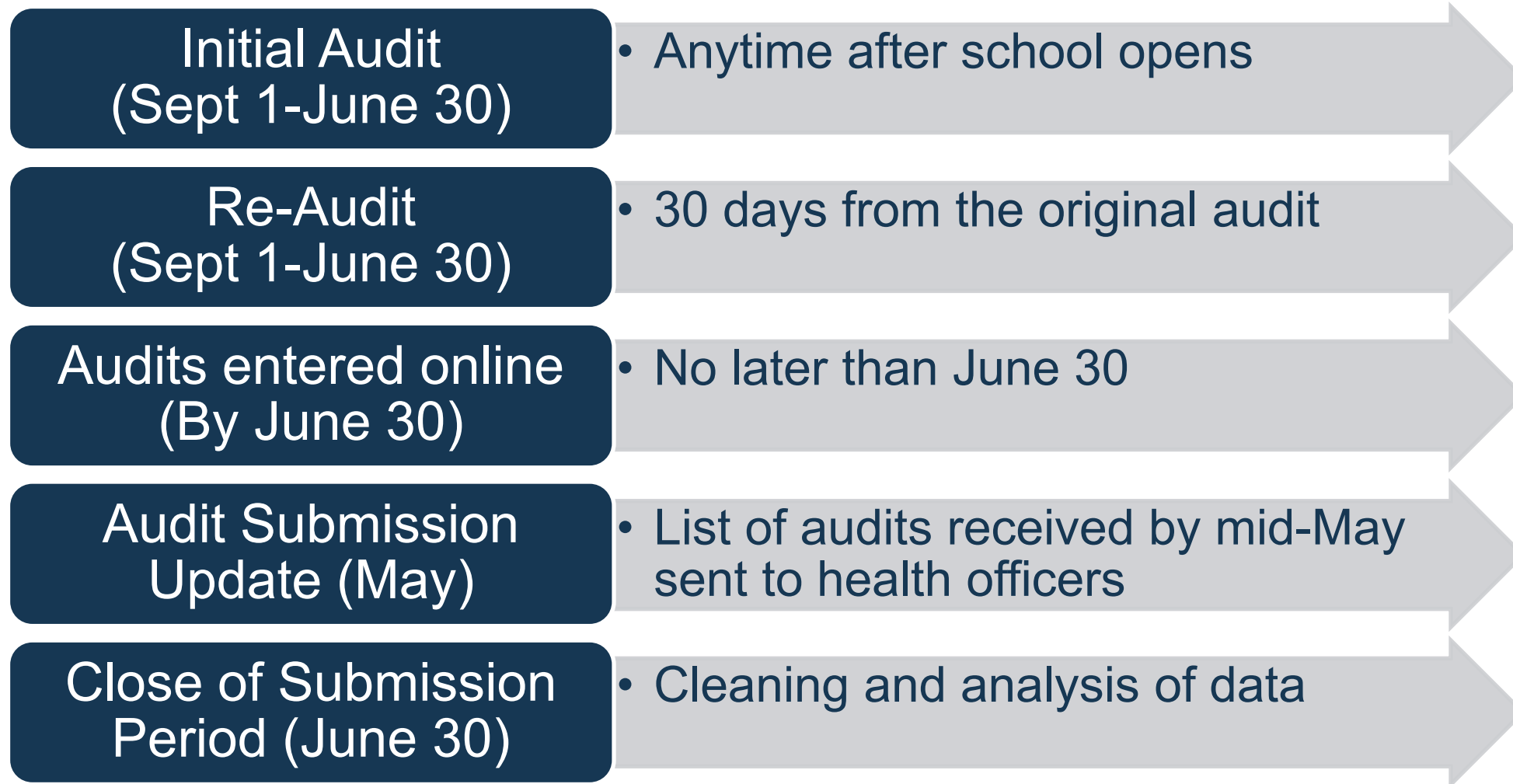
**Varicella Disease History**  
Total number of children reported to have varicella disease (confirmed by physician, serology, or parental statement)

Documentation Problem  Recommendations:  
 Immunization Deficiency  
 Lack of Enforcement  
 Other Problem

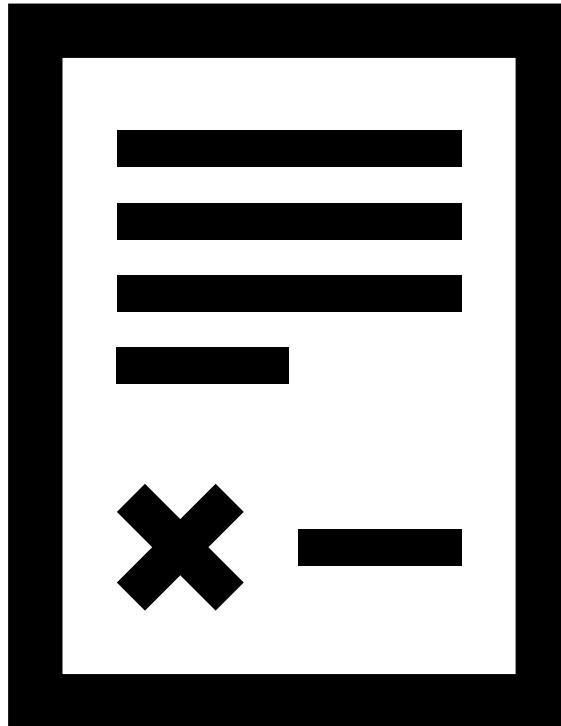
| Total Children Deficient | Number Deficient/Exempt/Provisional |       |     |     |       |           |       |     |      | Compliance Rate | Total Children Excluded |
|--------------------------|-------------------------------------|-------|-----|-----|-------|-----------|-------|-----|------|-----------------|-------------------------|
|                          | DTaP, DT, Td, Tdap                  | Polio | MMR | Hib | Hep B | Varicella | PCV13 | Flu | MCV4 |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |
|                          |                                     |       |     |     |       |           |       |     |      |                 |                         |

Documentation Problem  Recommendations:  
 Immunization Deficiency  
 Lack of Enforcement  
 Other Problem

# Local Health Immunization Audit Timeline



# 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



# 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 (2)

**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

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

# IPV or OPV Vaccine

## Vaccination:

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

# MMR 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.

# 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

# Hepatitis B Intervals

The minimum interval between the first and second dose:

- Weeks after first dose - 4 weeks (28 days)

There are three minimum intervals that must be met for the third dose:

- Weeks after first dose - 16 weeks (112 days)
- Weeks after second dose - 8 weeks (56 days)
- Weeks after birth - 24 weeks (168 days)



# Varicella 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

# Meningococcal Vaccine

## 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>



# Influenza Vaccine

## Child Care/Preschool:

1 annual dose between September 1 and December 31 for children six months through 59 months of age.

## Kindergarten-Twelfth Grade:

Not required

# Laboratory Evidence of Immunity

Accepted for measles, mumps, rubella, hepatitis B, diphtheria, tetanus, 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 laboratory test must be in the record

# Immunization Initiatives



# NJ Hot Shots for Tots

2020 AIM  
Bull's-Eye  
Award  
Recipient



## Objective

- Empower child care and preschool providers to implement immunization best practices to maintain and/or improve immunization coverage

## Method

- Motivate through recognition and incentives via a point- based immunization campaign

# Influenza Honor Roll

## What should I do if I get sick with the flu?

- Stay home for at least 24 hours after your fever is gone.
- Get plenty of rest.
- Drink plenty of liquids.
- Ask your health care provider if antiviral medication is necessary.



## Additional Resources

New Jersey Department of Health  
[nj.gov/health/cd/topics/flu.shtml](https://nj.gov/health/cd/topics/flu.shtml)

Centers for Disease Control and Prevention (CDC)  
[cdc.gov/flu](https://cdc.gov/flu)

Follow the New Jersey Department of Health on social media using @NJDeptofHealth on:  
Facebook, Instagram, Threads, X, LinkedIn and YouTube.



New Jersey Department of Health  
Communicable Disease Service  
Vaccine Preventable Disease Program  
PO Box 369, Trenton, NJ  
609-826-4861



## Flu Basics

Tips to stay healthy during flu season



C2902



NEW JERSEY  
INFLUENZA HONOR ROLL RECIPIENT  
2023-2024

Rutgers University



# Resources

➤ **State VPDP**

[nj.gov/health/cd/vpdp.shtml](https://nj.gov/health/cd/vpdp.shtml)

➤ **NJ Vaccine Requirements and Guidance Materials**

[nj.gov/health/cd/imm\\_requirements/](https://nj.gov/health/cd/imm_requirements/)

➤ **NJIS website**

[njiis.nj.gov/njiis/](https://njiis.nj.gov/njiis/)

➤ **CDC Recommended Childhood & Adolescent Immunization and Catch-Up Schedule**

[cdc.gov/vaccines/schedules/index.html](https://cdc.gov/vaccines/schedules/index.html)

➤ **Hot Shots for Tots Immunization Campaign**

[nj.gov/health/cd/imm\\_requirements/vpdp\\_hotshots.shtml](https://nj.gov/health/cd/imm_requirements/vpdp_hotshots.shtml)

# THANK YOU



[nj.gov/health](https://nj.gov/health)

# CONTACT

Email: [Jenish.Sudhakaran@doh.nj.gov](mailto:Jenish.Sudhakaran@doh.nj.gov)

[Jennifer.Smith@doh.nj.gov](mailto:Jennifer.Smith@doh.nj.gov)

Phone: 609-826-4861

