

Immunization Manual

A Guide for Institutions of Higher Education



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Immunization Implementation Guidance for Institution of Higher Education

I. Overview

The New Jersey Department of Health has adopted amendments to [N.J.A.C. 8:57-6](#) that establish minimum immunization requirements for students enrolled in an institution of higher education (IHE) in New Jersey. These amendments were effective upon adoption as of January 20, 2026.

This immunization implementation guidance is designed to support IHEs and IHE liaisons in understanding and consistently applying the N.J.A.C. 8:57-6 requirements.

II. Purpose of this guidance

- **Explain vaccine requirements:** Clearly explain the immunization requirements for students enrolled in IHEs.
- **Explain processes:** Outline procedures for exemptions and provisional admission.
- **Explain recordkeeping and reporting:** Describe what documentation is needed and how immunization information must be reported.

III. Scope & Administrative Responsibility

Under N.J.A.C. 8:57-6, students enrolled in an IHE must meet the minimum immunization requirements, unless a valid exemption (medical or religious) is documented. This applies to all IHEs except for institutions that are exclusively online. IHE liaisons are responsible for making sure all students meet the immunization requirements for attendance.

The following roles and responsibilities are established in N.J.A.C 8:57 and apply to all IHEs:

A. Institutions of Higher Education

- **IHE Liaison:** The highest-ranking official within an IHE must designate an institutional liaison who will be the primary point of contact between the IHE and the New Jersey Department of Health on matters relating to the Department's oversight of the IHE's compliance with N.J.A.C. 8:57-6 and other student immunization laws. To designate an IHE liaison, the [IHE Liaison Designation Form](#) must be completed and submitted to the Department. Any changes to the designated IHE liaison must be reported within 30 days of the effective date of the change.
 - **Reviewing records for new students:** Checking vaccination records for all students when they first enroll in IHE.
 - **Keeping exemption records:** Maintaining accurate and up-to-date records for students who have approved medical or religious vaccine exemptions.
 - **Reporting to the New Jersey Department of Health:** Submitting the required Annual College Immunization Status Report (CSR) to the New Jersey Department of Health by the December 1 deadline.

Note: An IHE must maintain required immunization records in a way that protects student privacy but still allows public health officials to access them when needed. The records must be available to health authorities for routine review with 24 hours' notice and for immediate inspection during outbreaks or public health emergencies.

B. Nurses and Health Staff

- **Checking vaccine timing:** Ensure vaccine doses are given at the right ages and with the correct spacing, based on the nationally recommended immunization schedule or catch-up schedule.
- **Finding missing vaccines:** Identify when a student is missing required vaccines and inform the student and/or their parents or guardians (if the student is a minor) of what is needed.

IV. Implementation of Immunization Requirements

A. Immunization Requirements

New Jersey's college vaccine requirements are based on three laws enacted at different times. Because of this, vaccine requirements may vary depending on a student's age and enrollment status.

To understand New Jersey's college vaccine requirements, it is helpful to start with the 1988 law (N.J.S.A. 18A:61D-1), which requires undergraduate and graduate students age 30 or younger who are enrolled in a degree program, either full-time or part-time, to provide proof of having received the required vaccines. The rules originally promulgated by the Department of Health under this legislation, only required the measles, mumps, and rubella (MMR) vaccine for college admission.

However, N.J.S.A. 18A:61D-1 does not and never has restricted the college immunization requirement to the MMR vaccine. Rather the statute requires an IHE to condition a student's continued enrollment at the IHE on the student's provision of evidence of immunization against or immunity to the communicable diseases that N.J.A.C. 8:57-4 requires as a condition of a student's attendance at an elementary and secondary school in New Jersey, unless the student is over 30 not the MMR vaccine alone. Accordingly, the Department's recent amendments to N.J.A.C. 8:57-6.3 do not create new vaccination requirements. Instead, the rule amendments align the IHE vaccination requirements with the immunization requirements outlined in N.J.S.A. 18A:61D-1.

For all students age 30 years or younger:

Pursuant to *N.J.S.A. 18A:61D-1*, public and independent colleges and universities in New Jersey must require degree-seeking students age 30 or younger, whether enrolled full-time or part-time, to provide proof of required immunizations or immunity as a condition of admission or continued enrollment. Institutions must maintain these records in accordance with New Jersey Department of Health requirements established at N.J.A.C. 8:57-6.13.

MMR and K-12 immunization requirements:

- Required pursuant to the IHE requirements for students age 30 or younger based on the applicable recommended and/or catch-up immunization schedule.

For all students regardless of age:

Hepatitis B

Pursuant to *N.J.S.A. 18A:61D-9* and *N.J.A.C. 8:57-6.10*, Hepatitis B vaccination or proof of immunity is required for students, regardless of age, as a condition of admission and continued enrollment at institutions of higher education, if the student:

- Takes 12 or more credits per semester or term;
- Enrolls in a program of the IHE leading to an academic degree; and
- Completes the required hepatitis B vaccine series within 9 months of starting the semester.

NOTE: An IHE cannot knowingly allow a student to attend if they do not provide the required proof of hepatitis B vaccination, immunity, or initiation of the hepatitis B vaccine series and cannot grant temporary or provisional admission to students who have not submitted this proof.

Meningococcal

Pursuant to *N.J.S.A. 18A:62-15.1* and *N.J.A.C. 8:57-6.11*, all students enrolling in an IHE must provide proof that they received a meningococcal vaccine that meets current medical recommendations as a condition of enrollment. This requirement applies to all students *regardless of age and housing status*.

The immunization requirements are based on the ACIP, AAP, and AAFP recommendations, and any applicable catch-up schedules, [AAP Recommended/Catch-Up for Ages 18 Years or Younger Schedule](#), and/or [AAFP Adults 19 and Older Immunization Schedule](#).

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V. Grace Period

Although grace periods do not apply to institutions of higher education (IHEs), the following grace periods may have applied to students attending K–12 schools:

- **Four-Day Grace Period** allows all doses given within four days of the minimum age or dose-spacing interval to be counted as valid and will not require revaccination. There are specific considerations for live virus vaccines:
 - **Same Live Virus Vaccines:** The four-day grace period may be applied to the minimum 28-day interval between two doses of the same live virus vaccine if the interval was shortened unintentionally. However, providers should not intentionally schedule doses earlier than the full 28-day interval.
 - **Different Live Virus Vaccines:** The four-day grace period cannot be applied to the required 28-day interval between two different live virus vaccines (such as MMR and Varicella) when they are not administered during the same visit. In these situations, the full 28-day interval must be observed for the doses to be considered valid.

NOTE: For detailed information on specific vaccines, including the AAFP-recommended and/or any applicable catch-up schedules, refer to the respective vaccine sections in this guidance.

B. Catch-Up Schedules and Provisional Admission

The IHE must determine if the student meets the requirements.

If a student cannot provide valid immunization documentation, the IHE must require the student to receive missing or invalid doses and submit proof within 10 days, unless evidence of immunity is available. Students may fall under provisional status while obtaining the missing doses based on the provisional admission rule.

The IHE must review the vaccination records a student submits to make sure that:

- The student received all vaccines required by the IHE.
- The vaccines were given by a health care provider or pharmacist.
- Each vaccine dose was valid and given correctly.

Provisional admission: Refer to the respective antigen sections to determine if a provisional period applies and the time frame allowed is applicable.

NOTE: Hep B vaccination is subject to an alternative provisional schedule pursuant to N.J.S.A 18A:61D-9.

Provisional Students and Tracking

- **Tracking and Planning:** IHEs must track students admitted provisionally (not fully up to date on vaccines) and maintain a plan in their records for completing all remaining doses.
- **Timing for Doses:** Missing vaccine doses must be given within 14 days after the student becomes eligible for the next dose, according to the nationally recommended catch-up schedule.
- **Scheduling Exceptions:** If a health care provider cannot schedule an appointment within 14 days, the student and/or parent/guardian (if the student is a minor) must provide written proof of the scheduled appointment (within a reasonable timeframe) for consideration.
- **Non-compliance:** Students who do not meet the requirements may be subject to the IHE's policy for non-compliance.

C. Serology

Students can become immune either by receiving vaccines to protect against the disease or by having recovered from the disease itself. In some cases, a blood test (serology or titer) can be used to show immunity from disease or prior vaccination. This is helpful when a student has completed a vaccine series but does not have proper documentation.

Titers are accepted for these vaccines/diseases:

- Measles, Mumps, Rubella (MMR)
- Polio (demonstrated by a positive test result for types 1, 2, and 3)
- Hepatitis B
- Varicella (chickenpox)

Hepatitis B Immunity

- Students who were exposed to hepatitis B may develop immunity or a chronic infection.
- Lab evidence showing immunity or chronic infection (hepatitis B surface antigen positive) is accepted instead of vaccination.
- The laboratory results must be submitted to the IHE for their records.

Varicella (Chickenpox) Immunity

- Students who have had chickenpox disease may develop immunity and would not require vaccination.
- A physician-diagnosed varicella disease and/or lab results showing proof of immunity are acceptable and must be submitted to the IHE.

NOTE: Titers may not be used for pertussis since there are none available to meet New Jersey's immunization requirements for child care centers, preschools, and schools. However, titers are available for diphtheria and tetanus.

D. Exemptions

Medical Exemptions: New Jersey Department of Health allows medical exemptions in place of vaccination if there is a vaccine contraindication or precaution. A contraindication is a reason a student should not get a vaccine. A precaution is a reason to carefully weigh the risks and benefits before giving a vaccine. For students who may have a medical contraindication or a precaution, IHE liaisons may provide the [Medical Exemption Mandatory Immunization Form \(IMM-53 Form\)](#) or an IHE-developed medical exemption form for the student's health care provider to complete and submit.

The [AAP Adult Immunization Recommended Schedule](#) includes an appendix with a guide to contraindications and precautions for commonly used vaccines.

What is required by the Health Care Provider?

If completing an IMM-53 form, the medical exemption form must be fully completed and signed by a physician or advanced practice nurse licensed within the United States and must:

- Identify the immunization(s) for which there is a contraindication or precaution;
- State the clinical justification for the contraindication or precaution consistent with the contraindications and precautions enumerated by the AAP/Advisory Committee on Immunization Practices (ACIP)/American College of Physicians (ACP)/American Academy of Family Physicians (AAFP)/American College of Obstetricians and Gynecologists (ACOG) guidelines; and
- Define the specific timeframe for the exemption (i.e., whether the condition is temporary or permanent).

If completing an IHE-developed medical exemption form, ensure that it is completed in its entirety.

Key Rules for Administrators:

- If an IMM-53 form is submitted, review the form to ensure it is completed in its entirety and include a signed attestation statement, where applicable.
- If an IHE-developed medical exemption form is completed, ensure that it is completed in its entirety and in accordance with the IHE policy.
- Re-evaluate exemption status at least once a year or as soon as a medical contraindication or precaution period ends to ensure evidence of immunization or immunity.

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Medical exemptions **must be reviewed annually and/or at the end of the timeframe indicated**, whichever occurs first. If a student receives a vaccine for which they had a valid medical exemption, that exemption is no longer valid, and the student must complete the required series for that vaccine, if applicable. A new medical exemption must be submitted if there is a contraindication or precaution that still exists.

Religious Exemptions: Religious exemptions are governed by applicable New Jersey law and N.J.A.C. 8:57-6.8. IHEs must grant an exemption from mandatory immunizations if the student and/or parent/guardian (if the student is a minor) provides a written statement explaining that the vaccine(s) interfere with the free exercise of the student's religious rights.

What is Required?

- The student (and/or parent/guardian, if the student is a minor) must provide a signed and dated written letter requesting the exemption. Template letters from the internet that only require the student's name are **not** acceptable. These can be used as a supplement, but cannot replace the student and/or parent/guardian's (if the student is a minor) own written and signed statement.
- The letter must clearly state whether the exemption is for all vaccines or only specific vaccines.
 - The signature must be manually provided, either with traditional ink or a hand-drawn electronic signature using a stylus or finger. Pre-generated, typed, or 'stamped' script fonts are not acceptable.

Key Rules for Administrators:

- Once a religious exemption is on file, the student (and/or parent/guardian, if the student is a minor) is not required to submit a new one each year.
- Exemptions cannot be based solely on personal, moral, or philosophical beliefs. For example, stating that vaccines are "not good for my body" does not qualify.
- If a student (and/or parent/guardian, if the student is a minor) objects to only certain vaccines, proof of immunization for all other required vaccines must still be provided.
- If a student with a religious exemption receives a vaccine they previously objected to, the exemption is considered withdrawn, and the student must catch up on all other required vaccines as applicable.
- The student (and/or parent/guardian, if the student is a minor) may file a new religious exemption at any time.

E. Outbreak and Exclusions:

During a suspected or confirmed communicable disease outbreak or public health emergency, State and local health authorities may take steps to limit the spread of disease in institutions of higher education.

- **Temporary Exclusions:** Students with a valid medical or religious exemption or those provisionally admitted may be temporarily excluded from attendance if the Commissioner of Health or local health department determines it is necessary to protect public health.
- **Attendance Restrictions:** IHE and/or IHE liaisons, working with public health authorities, may prohibit students or staff from attending when disease activity poses a risk of further spread.
- **Tracking Unimmunized Students:** IHE must maintain a list of students who do not meet all immunization requirements, including students who are provisionally admitted. This list must be readily available for immediate review by health officials during an outbreak.
- **Notification:** IHE may inform students and/or parents/guardians (if the student is a minor) when an exemption is submitted that they may be temporarily excluded during an outbreak or public health emergency.

Accepted Proof of Immunization

The Official State of New Jersey School Immunization Record includes any of the following:

- Standard School/Child Care Center Immunization Record (IMM-8 yellow card).
- Health History and Appraisal form or any equivalent electronic record maintained by a school district (e.g., A-45).
- New Jersey Immunization Information System (NJIIIS) record, including a record from the Docket® app or website at myhealthnj.com or its successor application.

Other acceptable documents:

- Signed Health Care Professional Documents: Records signed by a licensed health care professional or pharmacist in the United States or another country
- Government: Records from a United States government health authority
- Foreign Records in Another Language: If your records are not in English, you must include a certified translation with this statement, signed by the translator:

"I certify that the translation above faithfully and accurately reproduces in English the closest natural equivalent of the attached document without embellishment, omission, or explanation. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment."

F. Annual Reporting Requirements:

Annual Reporting: By December 1 each year, administrators must submit the immunization status of all enrolled students using the Annual College Immunization Status Report. The IMM-3 form can be found here (nj.gov/health/forms/imm-3), along with instructions (nj.gov/health/forms/imm-3instr) on completing the form.

VI. Commitment to Public Health

This guidance is designed to promote clarity, consistency, and compliance with N.J.A.C 8:57-6 across all institutions of higher education settings in New Jersey.

About Us

New Jersey Vaccine Preventable Disease Program

The New Jersey Department of Health Vaccine Preventable Disease Program works to reduce and eliminate the incidence of vaccine-preventable diseases across the lifespan by raising the immunization coverage rates of New Jersey citizens.

The program includes the following:

- New Jersey Immunization Information System
- Perinatal Hepatitis B Prevention Program
- Vaccines for Children Program
- 317-Funded Adult Program
- Population Assessment
- Epidemiology and Surveillance
- Health Education
- Acute Flaccid Myelitis Surveillance

Visit nj.gov/health/cd/vpdp for more information.

Adult 317 Program

The New Jersey Adult 317 Program offers no-cost vaccines to uninsured and underinsured adults aged 19 and older with a focus on at-risk populations. The Adult 317 program is a part of the Vaccines for Children (VFC) program. Vaccines are available through enrolled providers across NJ and may also be used during outbreak responses.

Adults 19 years or older may qualify if they are:

- Uninsured
- Underinsured

You can find locations that participate in the Adult 317 program by visiting nj.gov/health/vaccines/programs/vfc/vfc-317-vaccine-locations.

About Us

New Jersey Immunization Information System

The New Jersey Immunization Information System (NJiIS) is the official statewide registry. The NJiIS maintains immunization data on New Jersey residents across the lifespan and consolidates immunization information reported from multiple providers into individual patient records to help ensure providers have accurate information for clinical decision support.

Using immunization registries is an evidence-based practice for improving vaccination coverage. Immunization registries reduce paperwork, improve record accuracy, and help schools follow state immunization requirements more efficiently. For more information, visit njiis.nj.gov.

Docket

Docket is an app that connects you directly with the New Jersey Immunization Information System (NJiIS) to deliver up-to-date personal and family immunization records. You can use the Docket app to provide proof of vaccination status as needed (e.g. school, work, travel, etc.).

Docket supports secure consumer access to all immunization records submitted to NJiIS by health care providers. The public can use the Docket app and myhealthnj.com/ to provide proof of vaccination status as needed.



Google Play



Apple Store

Immunization Schedule

The New Jersey Department of Health requires students attending IHEs to receive all required immunizations against vaccine-preventable diseases. These required immunization requirements are based on the adult immunization schedule recommended by the American Academy of Family Physicians (AAFP).

The following section provides details on the specific disease(s), vaccine requirements, frequently asked questions, and a list of vaccine brands to assist you when reviewing student records.

Students who are behind schedule will need to follow the nationally recommended immunization catch-up schedule available by scanning the QR code or following the link below.



[AAFP Adult Immunization Schedule](#)

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Hepatitis B (Hep B) Vaccine

What is Hepatitis B?

Hepatitis B is a disease caused by a virus that attacks the liver. It can lead to serious health problems such as cirrhosis (scarring of the liver), liver cancer, or liver failure. The virus spreads through contact with an infected person's blood or other body fluids. It can also be passed from an infected pregnant person to their baby during childbirth. Symptoms can include fever, nausea, and yellowing of the skin or eyes.

The Hep B vaccine protects against the hepatitis B virus, which is spread through contact with the bodily fluids of an infected person. The vaccine is recommended for all children from birth through age 18 and adults aged 19– 59. The vaccine is given either as a three-dose series given over six months or a two-month series given one month apart.

Pursuant to N.J.S.A.18A:61D-9, hepatitis B vaccination is required for certain students at institutions of higher education. IHE must require certain students, regardless of age, to provide proof of hepatitis B vaccination or immunity as a condition for admission or continued enrollment.

IHE Requirements

- Complete a 2-, 3-, or 4-dose series, depending on vaccine brand, for routine vaccination.
- Students 31 years and older may be subject to the requirement, if indicated.
- Required for all eligible students taking 12 or more credits, regardless of age.
- Complete series within 9 months of first attendance or proof of immunity.

The time and date calculator is a resource you can use to help determine the number of days between doses, timeanddate.com/date/duration.

Licensed U.S. Hep B Vaccines

Vaccine Name	Components
Engerix B	Hep B
Recombivax HB	Hep B
HEPLISAV-B	Hep B

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Measles, Mumps, and Rubella (MMR) Vaccine

What are these diseases?

Measles, mumps, and rubella are diseases caused by viruses. They spread through the air when an infected person coughs or sneezes. Common symptoms include fever and cough. Measles and rubella can cause rashes, while mumps can cause swollen and painful glands in the cheeks and jaw.

The MMR vaccine is a combined immunization that protects against measles, mumps, and rubella. Degree-seeking students are required to have two doses of the MMR vaccine or provide serologic proof of immunity as a condition of admission and continued enrollment. Non-degree students may not have reported their MMR vaccination status. Those born before 1957 are exempt from the requirement, likely due to natural immunity, as they may have been exposed to these diseases during childhood.

IHE Requirements

- Two MMR doses with a minimum interval of one month between doses are required for students 30 years of age and younger.
 - Not required for those 31 years and older.
- Proof of immunity to all three diseases (serology or titer) is acceptable.
- Provisional admittance for one semester (no more than 4 months).

Note

- The four-day grace period can be applied to the minimum age and spacing between doses of the same live vaccine, such as two MMR doses. The four-day grace period **cannot be applied between doses of different live vaccines**, such as between MMR and varicella or MMRV (measles, mumps, rubella, and varicella) and MMR.
 - MMR administered five or more days before the first birthday cannot be counted as a valid dose.
- If not given on the same day, the minimum interval between MMR and other injected or intranasal live virus vaccines such as varicella, FluMist, and yellow fever must be at least 28 days.
 - A second live virus vaccine given less than 28 days after another live vaccine may not produce the desired immune response and is therefore not valid and must be repeated.
- There are no single-antigen vaccines for measles, mumps, and rubella available in the U.S. Only MMR and MMRV vaccines are available.

Licensed U.S. MMR Vaccines

Vaccine Name	Components
M-M-R II	MMR
Priorix	MMR

Meningococcal Disease Vaccine (MenACWY & MenB)

What is meningococcal disease?

Meningococcal disease is a serious illness caused by bacteria. It can lead to meningitis (swelling of the brain and spinal cord) or septicemia (a serious blood infection). The bacteria spread from person to person through saliva, coughing, or sneezing. Symptoms can include confusion, feeling very tired, fever and chills, nausea, rapid breathing, headache, and a stiff neck.

The MenACWY vaccine or the meningococcal conjugate vaccine protects against four types of bacteria that cause meningococcal disease: serogroups A, C, W, and Y. Students must receive at least one dose after age 16 or within five years before college entry. As of June 2020, all students, regardless of campus housing status, are required to receive the MenACWY vaccine as a condition of attendance. The meningitis B (MenB) vaccine is recommended for adolescents and young adults ages 16 through 23 (preferably between 16 and 18), based on individual risk and shared clinical decision-making. MenB is not universally required, and vaccination rates may not be consistently collected or reported.

IHE Requirements

- The meningococcal vaccine requirement extends to all newly enrolled college students regardless of age, based on routine recommendation and/or risk status.
 - **MenACWY:** All students 16 through 18 will be required to receive a dose of MenACWY on or after age 16. No further doses are necessary unless you have a risk factor for meningococcal disease.
 - **MenB:** Students 16-23 years old (preferably at ages 16-18 years) with high-risk conditions are required to get the MenB vaccine. Students who are not at high-risk may choose to get the MenB vaccine based on shared clinical decision-making.
- Students 31 years and older may be subject to the requirement, if indicated.
- Based on enrollment status, and not only residential status.
- No provisional admittance.

Licensed U.S. Meningococcal Vaccines

Vaccine Name	Components
Menveo	MenACWY
MenQuadfi	MenACWY
Penbraya	MenABCWY
Penmenvy*	MenABCWY
Bexsero	MenB
Trumenba	Men B

**combination of the Menveo and Bexsero vaccines

Polio - Inactivated Polio Vaccine (IPV) Oral Polio Vaccine (OPV)

What is Polio?

Polio, short for poliomyelitis, is a disease caused by a virus that attacks the nervous system, especially the spinal cord and brain stem. In serious cases, it can cause paralysis, which means a person may lose the ability to move certain arms or legs. It can also affect the muscles used for breathing and, in severe cases, can be deadly.

Symptoms may include flu-like signs such as a sore throat, fever, tiredness, nausea, headache, and stomach pain.

IHE Requirements

- **Adolescents 18 years old who are known or suspected to be unvaccinated or incompletely vaccinated:** administer remaining doses (1, 2, or 3 IPV doses) to complete a 3-dose primary series.
- Unless there are specific reasons to believe they were not vaccinated, most persons aged 18 years or older *born and raised in the United States* can assume they were vaccinated against polio as children.
- If the student or parent (if the student is a minor) cannot produce a record and they are not found in NJIIS, then self-reported vaccination history is acceptable.

IPV/OPV:

OPV is not recommended for use, nor is it available in the United States. However, OPV may be used in other countries. OPV doses are only accepted if given **before** April 1, 2016.

OPV doses given on or after April 1, 2016, do not protect against poliovirus type 2 and are not valid in the U.S. schedule. Children who receive OPV doses **after** April 1, 2016, must receive IPV doses instead. At least one dose must be given on or after their fourth birthday.

Licensed U.S. Polio Vaccines

Vaccine Name	Components
Ipol	IPV

Tetanus, Diphtheria, and Pertussis Vaccines (Td/Tdap)

What are these diseases?

Diphtheria and pertussis, also called whooping cough, are infections caused by bacteria that spread from person to person through coughs and sneezes. Both are respiratory infections but cause very different symptoms. Diphtheria causes a thick gray membrane that covers the back of the throat, causing coughing, difficulty breathing, swollen glands, fever, and chills. Pertussis can cause cold-like symptoms followed by weeks of violent coughing fits with characteristic whooping inhales.

Tetanus, which can cause rigid muscle paralysis, such as lockjaw, is caused by toxins secreted by bacteria. These bacteria cannot spread between people and instead enter the body through puncture wounds, deep cuts, or scratches. Tetanus can cause symptoms such as muscle stiffness, trouble opening the mouth, and difficulty swallowing or breathing.

At least one tetanus-containing vaccination is recommended for adults every 10 years. Adults can receive either the Td or the Tdap vaccine.

IHE Requirements

- **Completed primary series and received at least one dose of Tdap at age 10 years or older:** Td or Tdap every 10 years thereafter
- **Completed primary series and did NOT receive Tdap at age 10 years or older:** One dose Tdap, then Td or Tdap every 10 years thereafter
- **Unvaccinated or incomplete primary vaccination series for tetanus, diphtheria, or pertussis:** Administer remaining doses (1, 2, or 3 doses) to complete 3-dose primary series. One dose Tdap followed by one dose Td or Tdap at least 4 weeks later, and a third dose of Td or Tdap 6–12 months later (Tdap is preferred as first dose and can be substituted for any Td dose), then Td or Tdap every 10 years thereafter.

Licensed U.S. Tdap/Td Vaccines

Vaccine Name	Components
Adacel	Tdap
Boostrix	Tdap
Tenivac	Td
Tdvax	Td

Varicella (VAR) Vaccine

What is Varicella?

Varicella, commonly known as chickenpox, is a disease caused by a virus. It spreads easily through the air when an infected person coughs or sneezes and causes an itchy blistering rash. It can also spread by touching the rash or fluid from the blisters of someone who is infected.

Other symptoms include fever and fatigue. While most people only have mild symptoms, chickenpox can sometimes lead to more serious problems, such as skin infections or pneumonia (lung infection).

IHE Requirements

- One dose of Varicella vaccine.
- Proof of immunity (serology or titer) is acceptable.
- A physician diagnosed disease or laboratory evidence of immunity is acceptable.

Note

- The four-day grace period cannot be applied between doses of different live vaccines if not given on the same day, such as between MMR and varicella or MMRV and varicella.
 - Varicella administered five or more days before the first birthday cannot be counted as a valid dose.
- If not given on the same day, the minimum interval between Varicella and other live virus vaccines such as MMR, FluMist, and Yellow Fever must be at least 28 days.
 - A second live virus vaccine given less than 28 days after another live vaccine may not produce the desired immune response and is therefore not valid and must be repeated.

Licensed U.S. Varicella Vaccines

Vaccine Name	Components
Varivax	VAR

Comparison of Old and Updated Immunization Rules

Vaccine	Old Language	New Language	Clarification
MMR	2 doses of live measles containing vaccine, 1 Mumps, 1 Rubella for all students 30 years of age and younger.	MMR (based on recommended schedule)	• 2 MMRs required for students 30 years of age and younger. ◦ Not required for 31+ • Proof of immunity acceptable. • Provisional Admittance for 1 Term (no more than 4 months).
Hep B	3 doses (or approved 2 dose Adolescent series) for all students 30 years of age and under, taking 12 or more credits.	Hep B (based on recommended schedule)	• Students 31 and older may be subject to the requirement if indicated. • Required for all eligible students taking 12 + credits regardless of age. • Complete series within 9 months of first attendance or proof of immunity.
Meningococcal	1 dose: Certain students residing in campus dormitory.	Meningococcal (based on recommended schedule)	• Students 31 and older may be subject to the requirement, if indicated. • Based on enrollment status, not only residential status. • Required for all eligible students based on routine recommendation and/or risk status, regardless of age. • No provisional admittance.

Applicable K-12 Requirements*

Vaccine	Summary
Tdap	• Completed series + Tdap at age 10+: Td or Tdap every 10 years. • Completed series, no Tdap at age 10+: 1 Tdap, then Td or Tdap every 10 years. • Unvaccinated or incomplete series: Complete the series, then Td or Tdap every 10 years.
Polio	• Proof of a 3-dose IPV (polio) series is required. • Most U.S.-born adults (18+) can assume they were vaccinated against polio as children. • If no record is available and vaccination cannot be verified in NJIIS, a self-reported history is acceptable.
Varicella	• 1 dose of Varicella vaccine. • A physician diagnosed disease or laboratory evidence of immunity is acceptable.

*These K-12 requirements satisfy the IHE requirements

Resources

New Jersey Department of Health Vaccines

nj.gov/health/vaccines/

New Jersey Vaccine Preventable Disease Program

nj.gov/health/cd/vpdp.shtml

New Jersey Vaccine Preventable Disease Program Immunization Requirements

nj.gov/health/cd/imm_requirements/

New Jersey Adult 317 Program Provider Search Tool

(Vaccine locations for children who qualify)

nj.gov/health/vaccines/programs/vfc/vfc-317-vaccine-locations/

New Jersey Immunization Information System (NJiIS) brochure for parents

njiis.nj.gov/docs/NJiIS_Your_Best_Shot.pdf

American Academy of Pediatrics (AAP)

aap.org/en/patient-care/immunizations/

Immunization Action Coalition

immunize.org/

Let's Get Real about Vaccines

letsgetrealaboutvaccines.org/

Voices for Vaccines

voicesforvaccines.org/

Instructions for reviewing N.J.A.C 8:57

nj.gov/health/cd/imm_requirements/rcode/

Time and Date Calculator

timeanddate.com/date/duration.html

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Updated 07/2026