



FOR LOCAL HEALTH DEPARTMENTS AND HEALTH CARE PROVIDERS: CHILD CARE/PRESCHOOL REQUIREMENTS



NJ Department of Health Vaccine Preventable Disease Program

New Jersey Minimum Immunization Requirements for Child Care/Preschool Attendance
N.J.A.C. 8:57-4 Immunization of Pupils in School

Guide for checking compliance

Step 1: Each child attending/enrolling must present proof of immunity or valid medical or religious exemption to vaccines.

Step 2: Determine child's present age.

Step 3: Find appropriate age range; if child falls between stated ages use lower age range requirements.

Step 4: Compare record received with requirements listed on the chart below.

<i>Age at which children must have vaccines to be in compliance:</i>	Minimum Number of Doses Required for Each Vaccine						
	DTaP	Polio	Hib	Pneumococcal (PCV)	MMR	Varicella	Influenza
By 3 months	1 dose	1 dose	1 dose	1 dose	None	None	None
By 5 months	2 doses	2 doses	2 doses	2 doses	None	None	None
By 7 months	3 doses	2 doses	2 doses	2 doses	None	None	1 dose *
By 11 months	3 doses	2 doses	2 doses	2 doses	None	None	1 dose
By 14 months	3 doses	2 doses	1-4 doses [†] (see footnote)	1-4 doses [†] (see footnote)	None [§]	None [¶]	1 dose
By 16 months	3 doses	2 doses	1-4 doses [†] (see footnote)	At least 1 dose given on or after the first birthday	1 dose [§]	None	1 dose
By 19 months	4 doses	3 doses	At least 1 dose given on or after the first birthday.	At least one dose given on or after the first birthday.	1 dose	None	1 dose
By 20 months	4 doses	3 doses	At least 1 dose given on or after the first birthday.	At least one dose given on or after the first birthday.	1 dose	1 dose [¶]	1 dose

Additional vaccines are recommended by the Advisory Committee on Immunization Practices (ACIP). The chart above lists only the vaccines that are required for child care/preschool attendance in NJ. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

Footnotes

*The current seasonal influenza vaccine is required every year for children 6 months through 59 months of age. Students who have not received the flu vaccine by December 31 must be excluded (not allowed to attend child care/preschool) for the duration of influenza season (through March 31), until they receive at least one dose of the influenza vaccine or until they turn 60 months of age (5 years old). Children enrolling in child care/preschool after December 31, must provide documentation of receiving the current seasonal flu vaccine before being allowed to enter school. Students enrolling in school after March 31 are not required to receive the flu vaccine; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

†*Haemophilus influenzae* type b (Hib) and pneumococcal (PCV) vaccines are special cases. If a child started late with these vaccines he/she may need fewer doses. One dose of each is required on or after the first birthday in all cases.

Example #1:

Children 12 through 59 months: A child 12 through 59 months of age entering child care/preschool will need to show documentation of receiving at least 1 dose each of Hib and PCV vaccines in order to be allowed entry into child care/preschool. If the child has a dose of Hib and PCV administered on or after the first birthday no further doses of Hib or PCV will be required. However, additional doses may be recommended by ACIP for optimal protection.

Example #2:

Children under 12 months of age: A child under 12 months of age attending child care/preschool should have at least 2 doses each of Hib and PCV given between 2 through 11 months of age. In addition, a dose of both PCV and Hib vaccines are required on or after the first birthday.

NOTE: The use of combination vaccines may allow students to receive the 1st birthday booster dose of Hib between 15-18 months of age; therefore, the child will not be considered deficient until 19 months of age.

§MMR vaccine may be given as early as 12 months of age, but NJ requires children to receive the vaccine at 15 months of age. Prior to age 15 months, a child may enter preschool/child care without a documented dose of MMR. A child who does not have one documented dose of MMR vaccine by 16 months (once they turn 16 months) of age must be excluded from attending childcare/preschool until he/she receives the vaccine.

¶Varicella vaccine may be given as early as 12 months of age, but NJ requires children to receive the vaccine at 19 months of age. Prior to age 19 months, a child may enter preschool/child care without a documented dose of varicella. A child who does not have one documented dose of Varicella vaccine by 20 months (once they turn 20 months) of age must be excluded from attending childcare/preschool until he/she receives the vaccine. A child will not have to receive the varicella vaccine if he/she previously had chickenpox as long as a parent can provide the school with one of the following: 1) Documented laboratory evidence showing immunity (protection) from chickenpox, 2) A physician's written statement that the child previously had chickenpox, or 3) A parent's written statement that the child previously had chickenpox.

Grace Periods:

4-Day Grace Period: All vaccines administered less than or equal to 4 days before either the specified minimum age or dose spacing intervals shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or child care facility. Please note that ACIP states the four-day grace period should not be applied for the dose spacing interval between two different live vaccines.

30-Day Grace Period: Those children transferring into a NJ school, preschool, or child care facility from out of state/out of country shall be allowed a 30 day grace period in order to obtain past immunization documentation before provisional status begins.

Technical Guidance for Immunization Record Auditing

For the complete list of “NJ Immunization Requirements Frequently Asked Questions” and to access “Immunization Requirements—Implementation Guidance” please visit <http://nj.gov/health/cd/imm.shtml>

Immunization Records

Q: Does the state immunization registry, New Jersey Immunization Information System (NJIS), produce an official record that can be used for immunization record auditing?

A: Yes, the NJIS produces an official immunization record of a child’s immunization history for child care, preschool, school, camp and college enrollment and can be used for immunization record auditing. Other examples of acceptable documents of immunization are the Department of Health, Standard School/Child Care Immunization record (also known as the IMM-8 or yellow card) and the Department of Education, State Health History and Appraisal Form (A-45).

Q: Are out of state immunization information system (IIS) registry records acceptable as proof of vaccination?

A: An official IIS record from another state is acceptable documentation of vaccination.

Q. How are students who are schooled out of their home district audited? Who is responsible for those immunization records?

A: Students attending schools out of their home district need to comply with NJ’s immunization rules. The district to which a child travels and is enrolled (the receiving district) is responsible for reviewing the student’s immunization record.

Q. Do immunization records of campers need to be audited by the local health department?

A: NJ Immunization of Pupils in Schools rules (N.J.A.C. 8:57-4) apply to all children attending any public or private school, child care center, nursery school, preschool or kindergarten in New Jersey. There is not a requirement for local health departments to audit immunization records in camps. However, according to NJ Youth Camp Standards (N.J.A.C. 8:25), all campers shall be immunized in accordance with N.J.A.C. 8:57-4. It is the responsibility of the director/person in charge of the camp to ensure immunization records are on file for a camper. Those without vaccination due to medical or religious exemption should also be noted and able to be easily identified if necessary. For complete access to the NJ Youth Camp Standards, please visit http://www.state.nj.us/health/eoh/phss/documents/youth_camp.pdf

Q: Do immunization records for school-aged children attending a facility’s before / after school program need to be audited?

A: The facility where the child attends school during daytime hours is responsible for ensuring the child’s compliance with the NJ immunization rules. Records of school age children do not need to be reviewed in before/after school programs.

Q. How is a record audited and not duplicated if a child attends two different programs within a municipality?

A: It may be possible for a child to attend more than one licensed program within a municipality. For example, ‘wrap around’ programs may accommodate a student who attends kindergarten half day and later attends a childcare facility or an enrichment program in the afternoon. If dual attendance is known, audit those students accordingly to prevent the child from being counted twice, otherwise audit all records.

Q. How are students without vaccination records accounted for on the IMM-15 report?

A: The IMM-15 is the final report on the immunization status of students in your jurisdiction(s). Completion of the report is recommended to be done within 60 days post initial audit visit. NJ rules require all students attending school/preschool/childcare to present vaccination records on entry/enrollment. Therefore any child without a record must be excluded until documentation is presented. This rule does not apply to those students entering/enrolling from out of state or out of country. The 30-day grace period is allowed for these students. Review the “Immunization Compliance Flow Charts” at the link, <http://nj.gov/health/cd/imm.shtml> for further information.

Exemptions

Q: What should be included in an acceptable religious exemption?

A: A religious exemption is not the same as a philosophical, moral or conscientious exemption. A religious exemption does not have to include the name of the religion, nor does it need to be notarized nor does it need to be signed by a religious leader. It can be filed by a parent or guardian of a minor. All schools, child care centers, and local health officers may be advised that the religious exemption extends to private, parochial, and public institutions. When a parent or guardian submits their written religious exemption to immunization, which contains some religious reference, those persons charged with implementing administrative rules at N.J.A.C. 8:57-4.4, should not question whether the parent's professed religious statement or stated belief is reasonable, acceptable, sincere and bona fide. In practice, if the written statement contains the word "religion" or "religious" or some reference thereto, then the statement should be accepted and the religious exemption of mandatory immunization(s) granted. All other forms are considered a supplement to and not a replacement of the parent's/guardian's written statement. Please note, religious-affiliated schools cannot be challenged on their decision.

Q. Is an emailed religious exemption statement acceptable?

A: An emailed religious exemption would not be acceptable in NJ. A religious exemption must identify the exempted child, be dated, and signed by the student's parent/guardian. In order for an email to be acceptable, it would need to be a printed or scanned statement containing the parent's/guardian's written signature.

Q: What is a medical exemption?

A: Only a physician licensed to practice medicine/osteopathic medicine and a nurse practitioner can write a medical exemption. A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations. Reason(s) for medical contraindication must be enumerated by the ACIP and the American Academy of Pediatrics (AAP). Precautions to receiving a vaccine are not contraindications but a provider must take these into consideration. Please see the following link to view the "Guide to Vaccine Contraindications and Precautions" <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>.

Q: Can unvaccinated or incompletely vaccinated children be excluded from school during a vaccine preventable disease outbreak?

A: Those children with religious exemptions, medical exemption, and/or in provisional status may be excluded from a school, preschool, or child care facility during a vaccine- preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee. The Department of Health shall provide guidance to the school of the appropriateness of any such prohibition.

Immunization Compliance

Q. Should the Division of Children and Families (DCF) be notified of childcare and preschools facilities with repeated immunization non-compliance/violations?

A: The NJ DCF is the agency responsible for the licensing of childcare and preschools. Information about facilities that are repeatedly less attentive to enforcement of immunization regulations with their children may be directed to this agency. Child care centers and preschools should be informed that DCF will be notified of repeated, unaddressed non-compliance. This information may be shared with the person in charge at the time of the audit visit.

Q: When should children be marked deficient for vaccines?

A: Children need to receive a minimum of each age-appropriate vaccine prior to entering child care and preschool. For auditing purposes in child care/preschool, auditing is based on the later end of the ACIP vaccine age intervals. For example, the ACIP Recommended Vaccine Schedule indicates a range of 15-18 months for children to receive the fourth dose of DTaP. Therefore, a child would be marked deficient if he/she does not have the fourth DTaP dose by 19 months (once they turn 19 months) of age. The same applies to Polio vaccine. The ACIP schedule allows a range of 6-18 months for the third dose of Polio. A child should not be marked deficient for the third dose until 19 months of age.

Q: Children are required to receive a minimum of one dose of Hib-containing and a pneumococcal conjugate vaccine on or after the first birthday. How soon after the first birthday should children be marked deficient?

A: According to the ACIP Recommended Immunization Schedule, the last dose of Hib and PCV should be given between 12-15 months. Children should be marked deficient for PCV once they turn 16 months of age. The use of combination vaccines may allow students to receive the 1st birthday booster dose of Hib between 15-18 months of age; therefore, the child will not be considered deficient until 19 months of age.

Q: The ACIP recommends Varicella vaccine at 12 months of age. Why doesn't NJ require varicella vaccine until 19 months of age?

A: NJ immunization requirements are based upon the ACIP recommendations during the time they were written. Although children can receive the vaccine sooner, NJ does not require the varicella vaccine until 19 months of age. Children should be marked deficient if they do not have this vaccine once they turn 20 months of age.

Q: If a child has had chickenpox disease, does he/she still need to receive the varicella vaccine?

A: Children who present either documented laboratory evidence, a physician's statement, or a parental statement of previous varicella disease, shall not be required to receive varicella vaccine. Please note that parental and/or physician statements need to be in writing.

Q: Can lab evidence of immunity (titers/blood tests) be used to prove immunity so that children do not need to receive vaccines?

A: Serologic evidence of immunity (titer testing) is only accepted as proof of immunity when no vaccination documentation can be provided or prior history is questionable. It cannot be used in lieu of receiving the vaccinations required for attendance in NJ schools, preschools, and child care centers. The Antibody Titer law is an exception to this rule (See "*What is the Antibody Titer Law?*") Protective titers are approved and acceptable for: diphtheria, tetanus, polio (type 1, 2, 3), measles, mumps, rubella, varicella, hepatitis B. There are no reliable serologic tests exist for pertussis, *Haemophilus influenzae* type b, pneumococcus, meningococcus, and influenza.

Q: What is the Antibody Titer Law?

A: The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the New Jersey Department of Health (NJDOH) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACIP recommended measles, mumps and rubella vaccine.

Q: Is it acceptable for a child to receive single antigen measles, mumps, rubella vaccines rather than MMR vaccine?

A: Single antigen measles, mumps, and/or rubella vaccine is no longer produced for the U.S. market but it may still be available in foreign countries. Although children may receive MMR vaccine as soon as 12 months of age, NJ requires 1 dose of a MMR vaccine for children 15 months of age entering child care, preschool, or pre-kindergarten. Children should be marked deficient if they do not have one documented dose of MMR vaccine once they turn 16 months of age. A child is required to receive two doses of measles, one dose of mumps, and one dose of rubella once he/she enters Kindergarten. Since single antigen vaccine is not readily available, most children will have two MMR vaccines.

Q: A child received a meningococcal vaccine prior to 11 years of age. Would this satisfy NJ's Immunization requirement?

A: When meningococcal conjugate vaccine was licensed in January 2005, data were lacking on long-term efficacy and the need for additional vaccination. Therefore, NJDOH previously accepted doses given prior to 11 years of age without the need for revaccination. Since that time, studies have indicated that antibody levels decline. ACIP now recommends any meningococcal vaccination given prior to the tenth birthday (either MCV4 or MPSV4) does NOT count toward routinely recommended doses (ages 11 and older). Beginning the 2012-2013 school year, children who received the vaccine prior to the tenth birthday will need to be revaccinated for NJ school attendance. However, there are exceptions to this rule. Meningococcal conjugate vaccine is recommended for certain children ages 2 months through 10 years. Students who travel to countries where meningococcal disease is endemic, have certain medical conditions such as complement component deficiencies and functional or anatomic asplenia (including sickle cell disease), or who are present during a meningococcal disease outbreak may have previously received meningococcal vaccine. These children may need to receive booster doses of vaccine and should consult with their physician to determine the appropriate vaccination schedule. According to the ACIP, eight weeks is the minimum interval between doses of meningococcal conjugate vaccine; however, a health care provider may determine the most appropriate interval based on his/her clinical assessment. Such students will satisfy the meningococcal vaccine requirement by submitting a medical exemption written by a health care provider. Please see "Meningococcal Vaccine Recommendations by Age and/or Risk Factor" for further information: <http://www.immunize.org/catg.d/p2018.pdf>

Q: A child transferred to a NJ school from out of the country. In the child's country, he received a vaccine for meningococcal disease, but the vaccine did not protect from all of the strains present in the US vaccine. Does the child need to be revaccinated with a meningococcal vaccine licensed in the US to meet NJ immunization requirements?

A: NJDOH is requiring that children be immunized with the four strains (A,C, Y, and W-135) that are present in the meningococcal-containing vaccines licensed for use in the United States. If any vaccines administered in foreign countries do not match the strains in US licensed vaccines, these vaccinations will not be accepted and will require revaccination to achieve optimal protection.

Grace Periods and Provisional Admission

Q: Can you please explain the Four-Day Grace Period?

A: All vaccines administered less than or equal to 4 days before either the specified minimum age or dose spacing intervals shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or child care facility. Please note that ACIP states the four-day grace period should not be applied for the dose spacing interval between two different live vaccines.

Q: How do I determine the minimum age and dose spacing intervals between vaccinations?

A: NJ follows the 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>.

Q: Can you please explain the 30-day grace period?

A: Students entering a NJ school from out of state or out of country are allowed up to 30 days to provide proof of immunization history before their provisional status begins.

Please review the following scenarios for further clarification:

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.

If schools are notified within the 30 days that documentation cannot be provided; the child may continue attending school since the 30 days have not elapsed. However, it is the responsibility of the school nurse or person in charge of the school to inform the parents that their child must receive one dose of all age-appropriate required vaccines before provisional status begins. Please reference below for clarification of provisional admission.

Q: To whom does the 30-Day Grace Period apply?

A: According to the New Jersey immunization regulations, the 30-day grace period only applies to transfer students, coming from out of state/out of country (including foreign exchange students). The 30-day grace period does not apply to *in-state* transfer students.

Q: What is Provisional Admission?

A: Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series and on schedule to receive subsequent doses as rapidly as medically feasible. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccine(s).

Provisional status can only be granted one time to students entering or transferring into schools, preschools, or child care centers in New Jersey. Information on this status will need to be sent by the original school to the new school.

Students who are 4 months through 18 years whose vaccinations have been delayed or who are more than one month behind, need to follow the minimum age and dose spacing intervals in accordance with the Advisory Committee on Immunization Practices (ACIP) Recommended Catch-Up Schedule, <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>.

Q: How do you define, “as rapidly as medically feasible”?

A: The phrase, “as rapidly as medically feasible” is in reference to meeting the minimum age and dose spacing intervals in accordance with the ACIP Recommended Catch-Up Immunization Schedule. Please see the following example:

Example: A child was provisionally admitted to Kindergarten because he had received one dose of hepatitis B vaccine (NJ requires three doses of hepatitis B vaccine for school attendance). The school nurse/administrator would need to assess when the next dose in the vaccine series is due by consulting the ACIP Recommended Catch-Up Immunization Schedule. According to this schedule, the minimum dose spacing interval between hepatitis B dose one and two is four weeks. Therefore, this child will need to receive the second dose of hepatitis B vaccine once four weeks has elapsed from his first dose. It would not be medically feasible for the child to receive this dose prior to four weeks. If the minimum interval has exceeded (i.e. the child has not shown documentation of receiving the second dose after the four weeks have elapsed), this student would be considered out of compliance and may not be allowed to attend school until he receives this required dose.

Q: Is there a document that school nurses can use to keep track of students who are enrolled provisionally?

A: The NJDOH recognizes the challenge in keeping track of students who have been provisionally admitted; therefore, you may use the *Provisional Admission Student Tracking* form to streamline the process. For more information, please visit <http://nj.gov/health/cd/imm.shtml> and access the following documents from the “Tools for Best Practice” section:

- Cover letter—provisional admission student tracking form
- Provisional admission student tracking form

Q: When is a student considered out-of-compliance?

A: A student would be considered out of compliance if he/she:

- Does not have an immunization record (only those children entering a NJ school from out of state or out of country are allowed up to 30 days to provide proof of immunization history before their provisional status begins).
- Does not have serology or proof of immunity for missing vaccines
- Does not have an acceptable religious or medical exemption on file
- Does not meet the provisional admission definition since the minimum age and dose spacing interval to receive the next dose in the vaccination series has been exceeded.

Q: How do you determine whether or not the student should be enrolled, excluded, admitted provisionally, or allowed a 30-day grace period?

A: Review the “Immunization Compliance Flow Charts” at the link, <http://nj.gov/health/cd/imm.shtml> to guide you through the process.