



New Jersey Department of Health (NJDOH), Vaccine Preventable Disease Program

Questions and Answers on Immunization Regulations Pertaining to Children Attending School/ Higher Education

Frequently Asked Questions

New/updated questions are highlighted in yellow.

Please note that throughout this document, we will be referring to the Centers for Disease Control and Prevention as the CDC and the Advisory Committee on Immunization Practices as the ACIP.

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NJ Immunization Requirements

Q: What are the minimum immunization requirements for preschool/childcare, school, and college entry in NJ?

A: Please visit http://nj.gov/health/cd/imm_requirements/. The following charts can be used to evaluate compliance:

- [Childcare/Preschool](#)
- [K-12](#)

For more information regarding Immunization of Pupils in School (N.J.A.C. 8:57-4) and Higher Education Immunization (N.J.A.C. 8:57-6), please visit https://www.nj.gov/health/cd/imm_requirements/rcode/.

Q: Are NJ Immunization Requirements in accordance with the CDC/ACIP guidelines?

A: Yes, NJ's immunization requirements are in accordance with the guidelines of the American Academy of Pediatrics (AAP), the American Academy of Family Physicians, and CDC/Advisory Committee on Immunization Practices (ACIP). However, NJ establishes the minimum vaccine requirements for child-care centers, preschool, and school entry and attendance.

For example, NJ requires every child born on or after January 1, 1998, to receive one dose of a varicella virus containing vaccine. The CDC/ACIP schedule recommends two doses of varicella vaccine. A child would only be required to receive one dose of a varicella virus containing vaccine for attendance in NJ, but two doses would be recommended for optimal protection. The NJDOH recommends following the CDC/ACIP schedule, as periodically revised, for optimal protection.

Q: When do children need to show proof of immunization?

A: Immunization records must be presented on the first day of school or at the time of registration. Meningococcal and Tdap vaccines are required for all entering sixth graders who are 11 years of age or older. If a child is in sixth grade and under age 11, he/she must receive the vaccines within two weeks of their 11th birthday. Updates to immunization records must be provided to the school as the child receives his/her immunizations.

The only exception to this rule is the 30-day grace period (see the "*Grace Periods and Provisional Admission*" section for further information).

Vaccine administration dates should be listed by month, day, and year. However, if only a month and year are provided then you would need to assess if the minimum age and dose spacing intervals can be determined.

Example:

1. An immunization record indicating a child born on January 15, 2013, received his MMR vaccine in January 2014 would not be acceptable because you cannot determine if the vaccine was administered prior to the first birthday or if it was within the four-day grace period.
2. An immunization record indicating a child born on January 15, 2013, received his MMR vaccine in February 2014 would be acceptable because the vaccine was administered after the first birthday.

Childcare Pre-School Requirements

Influenza Vaccine

Q: Is the seasonal influenza vaccine a requirement for childcare and preschool?

A: Yes, it is a requirement as set forth in N.J.A.C. 8:57-4.19 unless the Commissioner or his or her designee temporarily suspends the requirement due to limited vaccine availability.

N.J.A.C. 8:57-4.19 stipulates that children six months through 59 months of age attending any licensed childcare center, or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

Q: How many doses of the seasonal influenza vaccine are required for preschool/childcare attendance?

A: Only one dose of seasonal flu vaccine is required for children 6 through 59 months of age attending childcare/preschool. However, the CDC/ACIP may recommend certain children receive an additional dose for optimal protection.

Q: Is the flu vaccine required after January 1 for children coming in at that time or had not gotten it by December 31 of the prior year?

A: Yes, the flu vaccine is still required for children after January 1. The peak of flu season typically occurs December through February. The flu season

can also extend until May in some cases. So, getting a flu vaccine even late in the season is protective.

Q: Why then do the regulations specify a specific time frame?

A: It is important for children to be protected before the peak of flu season which typically occurs December through February. In addition, health care providers tend to have a larger supply of the flu vaccine during the earlier part of the season.

Q: Is there a document to help childcare/preschool directors keep track of students who need to receive the flu vaccine?

A: NJDOH recognizes the challenges in implementing the flu vaccine requirement; therefore, the *Flu Vaccine Tracking* form has been developed to assist childcare/preschool staff. This form can be used to list the names of students who have not received the flu vaccine by December 1. Completing this form will allow childcare/preschool directors to have ample time to send a reminder notice to parents of students who still need to receive the vaccine by the December 31 deadline.

For more information, please visit

http://nj.gov/health/cd/imm_requirements/

and access the following documents from the “**Resources and Tools for School and College Health Administrators**” section:

- Cover letter—flu vaccine tracking form
- Flu vaccine tracking form

Q: Is the flu vaccine still required in childcare/preschool, if a child already was sick with the flu?

A: Yes, the flu vaccine is still required even if the child was previously sick with the flu. Since there are more than 100 viruses that can cause “cold and flu” symptoms, a clinical diagnosis may not be the best indicator of what made the child sick. Only laboratory confirmation would prove the child actually had the flu. Even if the diagnosis is confirmed as flu, there is more than one strain of flu virus. Therefore, the child would still be required to receive the flu vaccine as it may protect him/her from the other common strains that are circulating. The seasonal flu vaccines protect against three or four different types of flu viruses (depending on the type of vaccine received).

Q: When should children be excluded for not satisfying the flu vaccine requirement?

A: Flu vaccine is a requirement for childcare/preschool attendance for those who are 6 through 59 months of age. At least one dose of flu vaccine is due by December 31 of each year. Children who do not have documentation of receiving the flu vaccine or don't have a valid medical or religious exemption by December 31 will need to be excluded from school until the end of flu season, which is up until March 31 in NJ. Such students may return to school sooner than March 31 if they...

- Submit documentation of receiving the flu vaccine or submit a religious/medical exemption
- They can also "age out" of the requirement. This means that once they turn five years old (or 60 months), they are no longer subject to the requirement.

Q: Is the flu vaccine required for children who just turned six months of age in January since they were not age-eligible to receive the vaccine during September 1 through December 31 of the prior year?

A: Yes, once the child becomes age-eligible the flu vaccine is still required until the end of flu season in NJ (through March 31).

Q: Why should a five-year-old in preschool be exempt from flu requirement?

A: NJ's immunization requirements reflect the ACIP recommendations during the time the rules were written and are not updated as frequently as ACIP revises or updates their recommendations. Therefore, you may see a discrepancy in the vaccines or dosing schedule that are recommended versus those that are required for school attendance in NJ. Although NJ requires the flu vaccine for those 6 through 59 months of age, the flu vaccine is recommended for everyone ages 6 months and older per the ACIP, unless a person has a medical contraindication (reason for not receiving) for the vaccine.

Q: What if a child enrolls in school in January of the following year, will he/she be exempt from getting the mandatory flu vaccine?

A: No, the flu vaccine is still required for children in January. Flu season may not peak until February and can also extend until May in some cases. Getting a flu vaccine even late in the season is still protective.

Children enrolled after December 31, must show proof of documentation that they received the flu vaccine prior to entering school.

Q: Is flu vaccine required after March?

A: No, students enrolling in school after March 31 are not required to get vaccinated; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

Q: Is it acceptable for a child to receive flu vaccine in August when the regulations specifically state to receive one flu dose during September 1 through December 31 of each year?

A: Children who get vaccinated with the seasonal flu vaccine prior to September will be considered compliant and these vaccinations will be accepted to meet the requirement as long as the vaccine is for the respective flu season.

Please note most seasonal flu vaccines expire on June 30.

Q: Where can a family go to get the flu vaccine if the pediatrician does not have any more flu vaccine?

A: The influenza vaccine is recommended for all individuals \geq six months. Discuss with your health care provider (HCP) what plans are in place to ensure an adequate supply of flu vaccine for all eligible clients at the practice.

If a national flu vaccine shortage has not been declared and your HCP cannot guarantee an adequate supply of flu vaccine, other alternatives must be sought by the family. Options include:

1. Asking your child's HCP to assist with arranging for vaccination through another health care provider
2. Seeking out another HCP who can administer flu vaccine to children;
3. Checking with your local health department to see if they will administer flu vaccine to children less than 18 years of age;
4. Contacting your local public health clinic/Federally Qualified Health Center (FQHC):
<http://web.doh.state.nj.us/apps2/fhs/cphc/cphcSearch.aspx>
5. Checking your local newspaper for flu clinic listings and verifying that they have flu vaccine available that is appropriate for your child's age. As a reminder, some local health departments and FQHCs purchase flu vaccine through the Vaccine for Children (VFC) Program. A child must qualify to receive VFC vaccine. For more information about the VFC Program, please visit
<https://www.cdc.gov/vaccines/programs/vfc/parents/qa-flyer.html>

Q: What if there is a flu vaccine shortage or a flu vaccine distribution problem?

A: As far as distribution and shortages are concerned, the NJ regulations state the following: In the event of a national or state vaccine supply shortage, as determined by the CDC and Commissioner, respectively, the Commissioner or his or her designee may temporarily suspend the immunization requirement for the particular immunization affected by the supply shortage, after provision of notice to the public via print and electronic news media, NJ Local Information Network and Communications System (NJ LINCS), electronic posting on the Department's website, etc.

Q: How is the 'flu season' defined?

A: Based on trend analysis of influenza seasons in NJ over the past five years, influenza and/or influenza-like illness (ILI) have been confirmed to be present during the months of November through to the end of March with the peak typically occurring December through February. However, cases of influenza can be seen at any time of the year.

Q: Is there flu vaccine available that does not contain the preservative thimerosal?

A: Yes. Flu vaccines are currently available in both thimerosal-containing and thimerosal-free versions. To produce enough flu vaccine for the entire country, some of it must be put into multi-dose vials. These vials have very tiny amounts of thimerosal to safeguard against possible contamination of the vial once it is opened. Children can safely receive flu vaccine that contains thimerosal. Flu vaccine that does not contain thimerosal is available in single-dose units. The single-dose units are made without thimerosal as a preservative because they are intended to be opened and used only once. Additionally, the live-attenuated version of the vaccine (the nasal spray vaccine), is produced in single-dose units and does not contain thimerosal.

For more information about vaccine safety and thimerosal, visit:
http://www.cdc.gov/vaccinesafety/Concerns/thimerosal/thimerosal_faqs.html

Q: Can individuals with egg allergies now receive the flu vaccine?

A: Based on the latest ACIP recommendations, persons with a history of severe allergic reaction to egg can now be vaccinated with flu vaccine under the supervision of any health care provider who is able to recognize and manage severe allergic conditions. For more information about the flu, please visit <https://www.cdc.gov/flu/index.htm>

Q: Will NJ accept an allergy to eggs as a valid medical exemption for receiving the flu vaccine?

A: The NJDOH will only accept a medical exemption stating that the vaccine is contraindicated due to a previous severe allergic reaction (e.g., anaphylaxis) to influenza vaccine. A previous severe allergic reaction to flu vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine. A medical exemption simply stating a child cannot receive flu vaccine because of an egg allergy will no longer be accepted.

Q: What will be included in the current flu vaccine?

A: For more information about the current flu season, please visit <http://www.cdc.gov/flu/index.htm>

Q: What types of flu vaccines are available?

A: The ACIP recommends everyone six months of age and older receive the flu vaccine as the single best way to prevent seasonal flu.

The "flu shot" is an inactivated vaccine (containing killed virus) that is given with a needle. It can be given in the muscle or just under the skin. The flu shot that is given in the muscle is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. Most flu shots are given with a needle. One flu vaccine also can be given with a jet injector which uses a high-pressure, narrow stream of fluid to penetrate the skin instead of a hypodermic needle. There is also an intradermal flu vaccine, which is injected into the skin instead of the muscle and uses a much smaller needle than the regular flu shot.

There is also a nasal spray vaccine which is approved for use in non-pregnant individuals, 2 through 49 years old.

For detailed information about the different types of flu vaccine, please visit <https://www.cdc.gov/flu/prevent/different-flu-vaccines.htm>.

Q: Why do I need to receive a flu vaccine every year?

A: A flu vaccine is needed every year because flu viruses are constantly changing. It's not unusual for new flu viruses to appear each year. The flu vaccine is formulated each year to keep up with the flu viruses as they change.

In addition, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or

vaccination) declines over time. Getting vaccinated each year provides the best protection against influenza throughout flu season.

Q: What is the difference between flu and COVID-19?

A: Influenza (flu) and COVID-19 are both contagious (easily spread) respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a coronavirus first identified in 2019, and flu is caused by infection with influenza viruses.

Compared to flu, COVID-19 can cause more serious illnesses in some people. COVID-19 can also take longer before people show symptoms and people can be contagious for longer. More information about differences between flu and COVID-19 is available at <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

Q: Will getting the flu vaccine protect me against COVID-19?

A: No. Influenza viruses and coronaviruses are different. Getting a flu vaccine will not protect against COVID-19; however, the vaccine can reduce flu illnesses, hospitalizations, and can help to conserve potentially scarce health care resources during the pandemic. It's likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter, making it more important than ever to get a flu vaccine! It is the best way to protect yourself and others – especially those who are particularly vulnerable to both COVID-19 and influenza such as older adults and those with chronic health conditions.

You can get the flu and COVID-19 vaccine, including the booster dose, at the same time. For more information about COVID-19 visit https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml.

COVID-19 Vaccine

Q: Did the ACIP require COVID-19 vaccine for children?

A: The Advisory Committee on Immunization Practices (ACIP) comprises medical and public health experts who develop recommendations on the use of vaccines in the civilian population of the United States. The ACIP meets every year to review the vaccination schedule and make updates. This year, they recommended to include COVID-19 vaccine on the routine childhood vaccination schedule. The Committee's recommendations are forwarded to the CDC's Director for final approval.

The recommended immunization schedule is not a vaccine mandate. States and local jurisdictions make their own rules about which vaccines are required for school attendance.

Q: Is COVID-19 vaccine required for school attendance in New Jersey?

A: At this time, COVID-19 vaccination is not a requirement for school attendance in New Jersey. However, NJDOH strongly recommends that everyone should be up-to-date with age-appropriate vaccinations, per CDC's Advisory Committee on Immunization Practices recommendations. Individuals and families should discuss their concerns with their health care providers.

Q: What is the benefit of adding COVID-19 to the vaccines available through the VFC program?

A: VFC is a federally funded and state-operated program that provides vaccines at no cost to children who might otherwise not be vaccinated because of inability to pay. Providing COVID-19 vaccines through the VFC Program ensures equitable access to the vaccines as we transition COVID-19 vaccines to the commercial market. For more information about the federal VFC Program, visit <https://www.cdc.gov/vaccines/programs/vfc/parents/index.html>.

Pneumococcal Conjugate Vaccine

Q: According to the regulations, your pneumococcal conjugate vaccine (PCV) requirements of one-two doses (depending on age) does not provide sufficient protection from the disease with the current available formulation. Can you explain this?

A: Our regulations reflect the minimum requirements for vaccines needed to attend school in NJ. They do not, however, comprise the full immunization series recommended by the CDC. It is the state's intention that parents will seek to meet their vaccination requirements for school and then begin a dialogue with their HCP who would educate them about the importance of completing the full vaccination series to achieve full protection from vaccine preventable diseases and set up subsequent appointments with the intention of giving them the age-appropriate vaccines at the next visit.

(This answer also applies to the Haemophilus influenzae type b (Hib) vaccine as well).

Q: If a child entered pre-school/childcare with four doses of PCV vaccine administered before 12 months of age, does this child need an additional dose?

A: Yes, even though PCV is a four-dose series, children are still required by NJ Regulations to receive one dose after twelve months of age.

(This answer also applies to the Haemophilus influenzae type b (Hib) vaccine as well).

Q: If a child did not attend childcare, preschool, or pre-kindergarten, is he/she required to receive a dose of PCV before entering kindergarten?

A: If a child is at least five years old, he/she is not required to receive PCV prior to entry into kindergarten. NJ does not require PCV after the age of 59 months. *(This answer also applies to the Haemophilus influenzae type b (Hib) vaccine as well).*

Please review the CDC Recommended Childhood Immunization Schedule to view the guidance for child who have high-risk conditions.

Hib Vaccine

Q: According to the regulations, the Haemophilus influenzae type b (Hib) conjugate vaccine requirements of one-two doses (depending on age) does not provide sufficient protection from the disease with the current available formulation. Can you explain this?

A: NJDOH regulations reflect the minimum requirements for vaccines needed to attend school in NJ. They do not however, comprise the full immunization series recommended by the CDC. It is the state's intention that parents will seek to meet their vaccination requirements for school and then begin a dialogue with their HCP who would educate them about the importance of completing the full vaccination series to achieve full protection from vaccine preventable diseases and set up subsequent appointments with the intention of giving them the age-appropriate vaccines at the next visit.

(This answer also applies to the PCV as well).

Q: If a child entered pre-school/childcare with four doses of Hib vaccine administered before 12 months of age, does this child need an additional dose?

A: Yes, even though Hib is a three-four dose series (depending on brand of vaccine), children are still required by NJ Regulations to receive one dose after twelve months of age.

(This answer also applies to the PCV as well).

Q: If a child did not attend childcare, preschool, or pre-kindergarten, is he/she required to receive a dose of Hib before entering kindergarten?

A: If a child is at least five years old, he/she is not required to receive Hib prior to entry into kindergarten. NJ does not require Hib after the age of 59 months.

(This answer also applies to the PCV as well).

Grade Six Requirements

Tdap Vaccine

Q: Can you explain the different types of diphtheria-tetanus-and pertussis-containing vaccines (DTaP, DT, Td, and Tdap)?

A: Vaccines used to protect against diphtheria and tetanus (i.e., DT and Td) sometimes also include protection against whooping cough or pertussis (i.e., DTaP and Tdap). Babies and children younger than 7 years old receive DTaP or DT, while older children and adults receive Tdap and Td.

Some people get confused between DTaP and Tdap and others get confused between DT and Td. Here's a hint to help you remember. The pediatric formulations usually have 3–5 times as much of the diphtheria component than what is in the adult formulation. This is indicated by an upper-case "D" for the pediatric formulation (i.e., DTaP, DT) and a lower case "d" for the adult formulation (Tdap, Td). The amount of tetanus toxoid in each of the products is equivalent, so it remains an upper-case "T."

Q: Some students did not complete their primary series for diphtheria-,tetanus-, and pertussis-containing vaccines. Is there any guidance for getting these students caught up?

A: Yes, the CDC has a vaccine catch-up schedules accessible at <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

On this same page, you will find detailed guidance specific to DTaP/DT/Td/Tdap catch-up by age groups 4 months through 6 years, 7 through 9 years, and 10 through 18 years.

Q: What if a child received DTaP or Tdap at the wrong age indication?

A: Please follow the guidance below:

- Tdap given to a child younger than age 7 years as either dose 1, 2, or 3, is not valid. Repeat with DTaP as soon as feasible.
- Tdap given to a child younger than age 7 years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
- Tdap or DTaP given to a fully vaccinated child age 7–9 years: the child should receive the routine adolescent Tdap dose at age 11–12 years.
- Tdap or DTaP given to a fully vaccinated child age 10 years: count this dose as the routine adolescent Tdap dose recommended at age 11–12 years.
- DTaP given to an undervaccinated child age 7–9 years: count this dose as a Tdap dose of the catch-up series. The child should receive the routine adolescent booster dose of Tdap at age 11–12 years.
- DTaP given to an undervaccinated child age 10 years: count this dose as the routine adolescent Tdap dose recommended at age 11–12 years.
- DTaP given to a person age 11 years or older: count this dose as a routine Tdap dose.

Q: Some sixth graders are not 11 years old. I'm guessing that a 10-year-old would not have to receive Tdap until age 11 to meet the requirement for school attendance, is that correct?

A: Yes, a 10-year-old would not be required to receive the Tdap vaccine until 11 years of age and in grade six or higher per NJ's immunization regulations. The Department recommends the dose be received within two weeks of the 11th birthday.

Although a Tdap given at age 10 is not required, it can count towards NJ's immunization requirement for sixth grade and higher. In accordance with ACIP recent guidelines, a dose of Tdap is recommended to be given at 10 years and older. Tdap given before age 10 (7-9 years) would require revaccination (**see question below**).

Q: If a child received a dose of Tdap before the 10th birthday, can this be counted towards the sixth-grade requirement?

A: **Beginning the 2020-2021 school year**, children who receive a Tdap before age 10 would need to receive an additional dose to meet NJ's

immunization requirements for sixth grade and higher and *as long as five years have elapsed from the last tetanus-and diphtheria-containing dose (see question below)*. According to the current ACIP recommendation, doses of Tdap should be given on or after the 10th birthday to count towards the adolescent dose routinely given between ages 11-12.

Q: ACIP no longer recommends a minimum interval between Td and Tdap, but NJ still allows for the five-year interval. How does this impact NJ's school immunization requirements?

A: ACIP recommendations change more frequently than NJ rules are updated; therefore, you may see an inconsistency in rule language versus the recommendations. According to NJ's immunization regulations, a student will not be required to receive an additional dose of Tdap unless five years have elapsed from the last tetanus-and diphtheria-containing dose. The school will need to flag this student to comply once they are eligible to receive the vaccine (five years have elapsed). See example below:

Example: Child is up-to-date with the DTP/DTaP/Td/Tdap primary series, but the last Tdap dose was given at age nine. The child is now 10 and will need to receive an additional dose of Tdap to meet NJ's immunization requirements for sixth grade and higher. According to ACIP, this Tdap can be given now, but NJ rules allows a five-year minimum interval. Therefore, this child will be required to receive the Tdap dose at age 14 (five years later).

Q: According to the recent ACIP recommendations, Tdap may be administered in any situations where Td was previously recommended. Does this mean a child can receive three Tdap at ages seven and older to complete the primary series? Would this would mean an additional dose (fourth dose) would be required if they were all administered before the 10th birthday?

A: Yes, technically a child could receive three Tdap at age seven and older. This child would be required to receive another dose of Tdap (fourth dose) if the previous doses were before the 10th birthday. NJ immunization rules state Tdap must be given no earlier than age 10 to count towards the sixth-grade requirement for school attendance.

Please note, according to NJ's current immunization regulations, a student will not be required to receive an additional dose of Tdap unless five years have elapsed from the last tetanus-and diphtheria-containing dose. The school will need to flag this student to comply once they are eligible to receive the vaccine (five years have elapsed). *Please see the question above for more information.*

Q: If a student was inadvertently overlooked for the sixth grade Tdap requirement, would he/she still need to meet this requirement in the higher-grade levels?

A: Yes, all children born after January 1, 1997, attending or transferring into a NJ school at grade six or higher-grade level from another state or country are subject to the Tdap requirement, provided at least five years have elapsed from the last documented tetanus-and diphtheria-containing dose.

Please note, the ACIP recommends that Tdap vaccine can be given earlier regardless of the interval since the last Td. However, NJ will not require this dose until five years have elapsed.

Q: NJ's regulations for Tdap states that a dose is required for students entering or attending grade six, or a comparable age level special education program with an unassigned grade. What if a child is 11 years old, but has the mental abilities of a five-year-old, would he still need to receive the vaccine for Tdap?

A: Yes, the child would still need to follow NJ's immunization requirements and receive one dose of Tdap vaccine. The vaccine recommendations refer to the age-appropriate grade for the child's biological age, and not the child's mental capacity.

(This answer also applies to all NJ Immunization Requirements).

Q: If a child is medically contraindicated from receiving pertussis vaccine, would receiving the Td vaccination suffice for the sixth grade Tdap requirement?

A: The NJ immunization requirement is for all sixth graders to receive the Tdap vaccine. The purpose of this requirement is to provide protection to this age cohort whose immunity to pertussis wanes from their last DTaP vaccination at four-six years of age. If a child cannot receive the pertussis component, then they cannot receive Tdap and therefore would need to provide a medical exemption from their health care provider.

In this circumstance, the Td vaccine is not a required vaccine for sixth grade entry as long as the child is up-to-date with their diphtheria-, and tetanus-containing vaccines.

See CDC's catch-up schedule for guidance,
<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>.

The catch-up guidance job aids on this webpage can help you to access the doses recommended based on age and previous vaccination history.

Meningococcal Vaccine

Q: There are different vaccines for meningococcal disease. Can you please clarify the difference between these vaccines?

A: There are two types of meningococcal vaccines for preteens and teens:

- Meningococcal conjugate vaccines (MenACWY)
- Serogroup B meningococcal vaccines (MenB)

NJDOH requires that children in grade 6 or higher be immunized against the four serogroups (A, C, Y, and W-135) that are present in the meningococcal-containing vaccines licensed for use in the United States.

Q: Is the serogroup B meningococcal vaccine (MenB) required for school attendance

A: No. The serogroup B meningococcal vaccine is not required for secondary school attendance. The NJDOH requires vaccines that are recommended for general use by the ACIP.

Serogroup B vaccines are recommended for people 10 and older who are identified as being at an increased risk for the disease.

ACIP recommends that a MenB series *may* be administered to people 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This recommendation allows for shared clinical decision-making between the provider and the student based on the risk and benefit for the individual patients. If you get this vaccine, you still must get the vaccine that covers serogroups A, C, W, and Y in order to meet the requirement for sixth grade or higher. For more information, visit

<https://www.cdc.gov/vaccines/vpd/mening/public/adolescent-vaccine.html>

Q: Should schools provide information about serogroup B disease and the serogroup B vaccine to students?

A: There are currently statutes and regulations requiring distribution of meningococcal educational materials.

Summary of N.J.S.A. 18A:40-21.2 (P.L.2006, c.64):

The Commissioner of Health, in consultation with the Commissioner of Education, shall develop an educational fact sheet concerning meningococcal meningitis for distribution to parents or guardians of students grades 6 through 12. These fact sheets have been distributed in a manner prescribed by the Commissioner of Education since 2007. This is required for public schools and voluntary for private schools. The VPDP has prepared a

meningococcal educational brochure titled, "Meningococcal Disease: Are You Protected?". It is available in English and Spanish at the following website, <http://nj.gov/health/cd/topics/meningo.shtml>

Q: Some sixth graders will not be 11 years old. I'm guessing that a 10-year-old would not have to be in compliance with the sixth-grade meningococcal vaccine requirement until he or she reaches 11, is that correct?

A: Yes, a 10-year-old entering sixth grade will not be required to receive the meningococcal-containing vaccine until they turn 11 years of age. However, in accordance with ACIP recommendations, meningococcal vaccine (MenACWY) given at age 10 or older would be acceptable and meet NJ's immunization requirements for school attendance. (***See the question below for further information***).

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

A: When meningococcal 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 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: If a student was inadvertently overlooked for the sixth-grade meningococcal requirement, would he/she still need to meet this requirement in the higher-grade levels?

A: Yes, all children born after January 1, 1997, attending or transferring into a NJ school at grade six or higher-grade level from another state or country are subject to the meningococcal vaccine requirement.

(This answer also applies to the Tdap vaccine requirement).

Q: I heard the CDC/ACIP recommends a booster dose of MenACWY. Will the booster dose be required for attendance at a NJ secondary school (grades 6 through 12)?

A: A booster dose of MenACWY is not required for attendance or entry into a NJ secondary school but following the CDC/ACIP recommendations would be recommended for optimal protection. Additionally, a dose of MenACWY between the ages of 16-18 will be required for students enrolling into a NJ institution of higher education. (***See Higher Ed section for more information***)

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 the types 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 against the four serogroups (A, C, W, Y) 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 the child will require revaccination to achieve optimal protection.

Other Vaccines

DTaP Vaccine

Q: How many doses of DTaP are required for school entry in NJ?

A: A child will need four-five doses of DTaP. The following two scenarios are acceptable:

- A total of four doses of a DTaP-containing vaccine with one of these four doses administered on or after the child's fourth birthday.

OR

- A total of any five doses of a DTaP-containing vaccine

As a clarification to the DTaP requirements, a child needs four-five doses of DTaP; however, it is dependent on when the child enters school. Please review the following examples:

Children who are 18 months and older will need four doses if attending/entering childcare/preschool. The requirement to receive the fourth birthday booster dose (**fifth dose**) will not apply until the child attends Kindergarten. *Please note all other children must be age-appropriately vaccinated for childcare/preschool entry.*

Children who are first entering a preschool program at four years of age or older will also need four doses prior to entry. If one of these four doses was given on or after the fourth birthday, this child will NOT need an additional dose for Kindergarten.

Persons aged seven years and older who are not fully immunized with DTaP vaccine should use the CDC catch-up schedule to receive or have a history of receiving at least three doses of DTaP, Td, and/or Tdap. Tdap given at ages 10 and older can count towards the sixth-grade school requirement. CDC schedules and catch-up guidance is available at <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Polio Vaccine

Q: How many doses of polio are required for school entry in NJ?

A: Students will need three-four doses of a polio-containing vaccine depending upon the age of school entry. The following two scenarios are acceptable:

- A total of three doses of a polio vaccine with one of these three doses administered on or after the child's fourth birthday.

OR

- A total of any four doses of polio-containing vaccine

As a clarification to the Polio requirements, a child needs three-four doses of Polio, however it is dependent on when the child enters school. Please review the following examples:

Children who are 18 months and older will need three doses if attending/entering childcare/preschool. The requirement to receive the fourth birthday booster dose (**fourth dose**) will not apply until the child attends Kindergarten. *Please note all other children must be age-appropriately vaccinated for childcare/preschool entry.*

Children who are first starting a preschool program at four years of age will also need three doses prior to entry. If one of these three doses was given on or after the fourth birthday, this child will NOT need an additional dose for Kindergarten.

Children seven years of age and older attending school must have a minimum of three doses of polio vaccine. If these children do not have documentation of receiving at least three doses, use the **CDC catch-up schedule available at <https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>. If you scroll down this page, you will also see a detailed guidance specific to Polio vaccine catch-up.**

Please note that the Polio vaccine is not required for students 18 years of age and older.

Q: I have a seven-year-old student who just received his third dose of polio, but it was given just four weeks after the second dose. Is this acceptable for school attendance?

A: This dose would be considered invalid because the spacing between the second and third dose should be six months. A dose of polio would need to be administered six months from this invalid dose to comply with NJ's school immunization requirements.

In 2018, the CDC revised the minimum intervals between polio doses. For children younger than age four, there is a minimum interval of one month between doses two and three. For children, ages four and older, the minimum interval is six months between dose two and three. Since the adoption of the four-day grace period in January 2008, schools need to make sure that all vaccines meet the recommended minimum age and dose spacing intervals. Please contact the Vaccine Preventable Disease Program to discuss your specific scenario/question if you need further guidance.

Q: What polio vaccines satisfy the NJ immunization requirements for school attendance?

There are two types of vaccine that protect against polio: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). IPV is the only

polio vaccine that has been given in the United States since 2000. It protects against poliovirus types 1, 2, and 3. OPV is used in other countries.

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

CDC/ACIP recommends age-appropriate U.S. IPV schedule which protects against poliovirus types 1, 2, and 3 for U.S. infants and children. Therefore, only the following conditions would satisfy the polio vaccination requirements for school attendance in NJ:

- OPV doses given before April 1, 2016

OR

- Inactivated Polio Vaccine (IPV) doses

Q: If a student's immunization record shows no history or questionable documentation of polio vaccine, can lab evidence of immunity (serology) be used?

Serology to assess polio immunity will no longer be an available option because of increasingly limited availability of antibody testing against type 2 poliovirus. In this case, the student would need to be vaccinated or revaccinated in accordance with the age-appropriate IPV schedule.

However, previous serologic testing, which was obtained when testing for type 2 poliovirus was still available in the U.S., will still be accepted as evidence of polio immunity if the test documents a separate positive result for each of the three poliovirus serotypes.

Varicella (Chickenpox) Vaccine

Q: Is the varicella vaccine required for children entering a licensed childcare and less than 19 months of age?

A: Per the ACIP recommendations, the first dose of varicella vaccine may be given between the ages of 12-15 months of age. However, for requirements for school entry into a licensed childcare facility in NJ, you do not need a varicella vaccination until 19 months of age.

Q: Is the second dose of varicella vaccine a requirement for school entry?

A: No, the second dose of varicella vaccine is not required but is strongly recommended by NJDOH. The ACIP recommends a second dose of varicella vaccine to be given between four to six years of age for optimal protection.

Q: Per NJ immunization regulations, who needs the varicella vaccine?

A: All children, born on or after January 1, 1998, and is at least 19 months of age or older and attending a NJ school is required to receive one dose of varicella vaccine. This applies to all transfer students, both out of state/out of country and those transferring from another school district within the state.

Hepatitis B Vaccine

Q: How many doses of hepatitis B are required for school entry?

A: Per NJ immunization regulations, the three-dose hepatitis B series is not required until a child enters kindergarten. By kindergarten entry, a child must enter school with three doses of hepatitis B vaccine. Previously unvaccinated adolescents, between the ages of 11-15 years, can receive a two-dose hepatitis B vaccine adolescent/adult series. Please see the following handout to ensure students are receiving the appropriate dosing, <https://www.immunize.org/catg.d/p2081.pdf> .

Q: Can an adolescent receive the two-dose adolescent series outside the licensed age?

A: No, the two-dose adolescent series is only licensed for persons 11-15 years of age. Talk with your health care provider for further guidance.

Q: What are the minimum intervals between hepatitis B vaccine doses?

The introduction of new vaccines and combination vaccines can make it difficult for health care providers to keep track of minimum dose spacing intervals.

There has been confusion regarding the hepatitis B vaccine schedule for children. NJDOH supports the recommendation of the CDC to vaccinate children at birth.

Please note the following minimum intervals after the birth dose:

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)

Please use the ACIP's minimum age and dose spacing intervals table for further guidance:

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>.

If the minimum interval or age is defined in terms of weeks, then use weeks to calculate the minimum interval or age. If the minimum interval or age is defined in terms of months, then use months to calculate the minimum age or interval.

Q: I recently heard that the hepatitis B requirement, specifically the intervals between doses, has changed. What will happen with students that may have an incorrect interval?

A: The hepatitis B regulations have not changed but with the adoption of the four-day grace period in January 2008, schools need to make sure that all vaccines meet the recommended minimum age and dose spacing intervals. This applies to all vaccines—not just hepatitis B. Any child who received hepatitis B vaccine after the four-day grace period was adopted must have proper minimum age and dose spacing intervals to be counted as valid doses.

Please see the "**Minimum Dose Spacing Intervals**" and "**Grace Periods and Provisional Admission**" sections of this document for further information.

Q: A student's immunization record indicates that the first dose of hepatitis B vaccine was given "at Hospital" or "at Birth" rather than specifying a date of administration. Would this be an acceptable form of documentation?

A: Yes, you can accept "at Hospital" or "at Birth" as the date of administration for the first dose.

Other Vaccine Requirement Questions

Minimum Dose Spacing Intervals

Q: What is meant by "minimum intervals" between vaccine doses?

A: Vaccination schedules are generally determined by clinical trials, usually prior to licensure of the vaccine. The spacing of doses in the clinical trial usually becomes the recommended schedule. A "minimum interval" is the shortest time between two doses of a vaccine series in which an adequate response to the second dose can be expected. The concern is that a dose given too soon after the previous dose may reduce the response to that dose.

Q: What is considered acceptable documentation for receipt of a vaccine?

A: Ideally all immunization dates should include a month, day, and year; however, NJ will accept a documented date of just month and year if the doses administered are determined to be in compliance with the minimum age or dose spacing intervals.

For example, a student born on August 20, 2011, received a dose of MMR vaccine in August 2012. Since you cannot determine when the MMR vaccine was administered, a documented date of just month and year would not be sufficient. This dose could have been administered on August 1, 2011, which would be prior to the child's first birthday.

Q: Why is it important to make sure vaccines meet the minimum age and interval?

A: Doses administered too close together or at too young an age can lead to a suboptimal (inadequate or poor) immune response.

Q: Where can I find the accepted minimum age and intervals? In some places, I see the minimum age in months and in some places I see it written in weeks.

A: You should consult the ACIP/CDC recommended minimum age and intervals document located at <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf><http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>. If the minimum interval or age is defined in terms of weeks, then use weeks to calculate the minimum interval or age. If the minimum interval or age is defined in terms of months, then use months to calculate the minimum age or interval.

Q: We sometimes have differences of opinion among our staff in determining the minimum interval or age for administering vaccines. Recommendations are sometimes written in months, weeks, or days. Can you help clarify?

A: Customarily, if the dosing interval is 4 months or more, it is common to use calendar months (e.g., 6 months from October 1 is April 1). If the interval is less than 4 months, it is common to convert months into days or weeks (e.g., 1 month = 4 weeks = 28 days).

For common questions about the scheduling of vaccine doses, visit the Immunization Action Coalition's webpage:

<http://www.immunize.org/askexperts/scheduling-vaccines.asp>.

Q: Is there a tool that can help you calculate intervals between doses quickly?

A: There may be several date calculator tools available on the internet such as the time and date tool which is accessible at:

<http://www.timeanddate.com/date/duration.html>. (Please note, NJDOH does not endorse, control, or guarantee the accuracy or completeness of information contained on the time and date website.)

Grace Periods and Provisional Admission

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

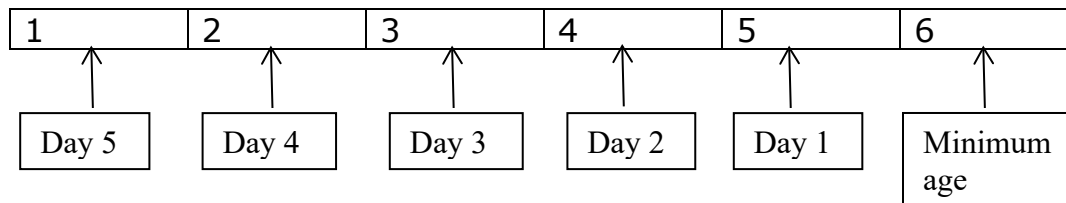
A: All vaccines administered less than or equal to 4 days before either the specified minimum age or dose spacing intervals shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or childcare facility.

Day 1 is the day before the minimum age or minimum interval for a vaccine. Doses of any vaccine administered ≥ 5 days earlier than the minimum interval or age should not be counted as valid doses and should be repeated as age appropriate. Please see the following example:

Example:

A child born on November 6, 2013, received the MMR vaccine on November 3, 2014. The minimum age for this vaccine is 12 months which would be November 6, 2014.

November



Since November 6 is the minimum age, doses administered on or after November 2 would be considered valid (November 6 - 4 days = November 2). If the child received the dose on November 1, the dose would have been considered invalid.

Please note that ACIP does not recommend applying the four-day grace period for the dose spacing interval between two live vaccines. However, for school attendance and auditing purposes, this will be acceptable.

Q: What if a dose of vaccine is administered too soon after the previous dose. When can we give another (valid) dose?

A: If vaccines are given too close together, it can result in a less than optimal immune response. However, in most instances, a difference of a few days is unlikely to have a negative effect on immune response. With the exception of rabies vaccine, ACIP allows a grace period of 4 days (i.e., vaccine doses administered up to 4 days before the recommended minimum interval or age can be counted as valid). However, if a dose was administered 5 or more days earlier than the recommended minimum interval between doses, it is not valid and must be repeated.* The repeat dose should be spaced after the invalid dose by the recommended minimum interval.

*The only exceptions to this rule are the mRNA COVID-19 (Pfizer and Moderna) vaccines: ACIP does not recommend administration of an additional dose following an incorrect dosing interval.

Q: We often find it confusing to determine the minimum intervals for hepatitis B vaccine doses. Will the four-day grace period make certain doses valid? Could you please provide an example?

A: In order to help with the calculation of minimum intervals, you may want to utilize tools on the internet such as the time and date tool accessible at <http://www.timeanddate.com/date/duration.html> for the example below. (Please note, NJDOH does not endorse, control, or guarantee the accuracy or completeness of information contained in external websites.)

Vaccine Administration Date	Minimum Interval	Comments	Acceptable (✓) or Unacceptable (*)
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DOB: March 25, 2012 (given at birth)	The minimum age for the hepatitis B vaccine is at birth.	March 25, 2012, is the date of birth and the date of vaccine administration.	✓
April 25, 2012	The minimum interval between the first and second dose is 4 weeks (28 days). <i>NOTE:</i> <i>April 22 would mark the minimum interval.</i>	<u>March 25-April 25</u> 4 weeks and 3 days (total of 31 days). This satisfies the minimum interval of 28 days (April 22).	✓
There are three criteria for the third dose of hepatitis B vaccine. All criteria need to be met in order for the dose to be considered valid.			
September 1, 2012	The minimum interval between the second and third dose is 8 weeks (56 days). <i>NOTE:</i> <i>June 20 would mark the minimum interval.</i>	<u>April 25-September 1</u> 18 weeks and 3 days (total of 129 days) This satisfies the minimum interval (June 20).	✓
	The minimum interval between the first and third dose is 16 weeks (112 days). <i>NOTE:</i> <i>July 15 would mark the minimum interval.</i>	<u>March 25–September 1.</u> 22 weeks and 6 days (total of 160 days) This satisfies the minimum interval (July 15).	✓
	The minimum age for the third dose is 24 weeks (168 days). <i>NOTE:</i> <i>September 9 would mark the minimum age.</i>	March 25 is the date of birth. <u>March 25-September 1</u> 22 weeks and 6 days (160 days) after birth This dose would be considered <u>invalid</u> because the third dose was given prior to 24 weeks (168 days) of age*	✗

*Since the dose was administered ≥ 5 days earlier than the minimum interval or age, the last dose is considered invalid. The dose would be considered valid if it were given on or after September 9 (the minimum age). If you applied the four-day grace period, you can accept doses administered on or after September 5 (September 9 - 4 days = September 5).

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.

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.

Q: To whom does the 30-day grace period apply?

A: According to the NJ immunization regulations, the 30-day grace period only applies to transfer students, coming from out of state/out of country. This 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 childcare centers in NJ. 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, <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf#page=3>

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_requirements/ and access the following documents from the “Resources and Tools for School Administrators and section:

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

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

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 a 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: Visit http://nj.gov/health/cd/imm_requirements/ and access the “Immunization Compliance Flow Charts” from the “Resources and Tools for School Administrators and section to guide you through the process.

Exclusions and Exemptions

Q: When would a child need to be excluded from school?

A: There are two situations in which a child would be excluded from school:

1. *Non-compliance with vaccine requirements:* A child must be in compliance with vaccination requirements by the time they enter school. In the instance of sixth grade entry, where a child is younger than the licensed age to be given a vaccine, the child can wait until they are age eligible to receive the adolescent vaccine. The child should be given two weeks to comply with vaccination requirements by either providing documentation that they received the vaccine, or a note from the health care provider with an appointment date to receive the vaccine. This documentation needs to be provided to the school nurse to include in their immunization record. Depending on individual circumstances, a scheduled appointment outside the two-week period may be acceptable. The Department's goal is not to exclude anyone, but if the child does not receive the vaccine in a reasonable period, he/she will be asked to leave school.

2. *In the event of an outbreak:* N.J.A.C. 8:57-4.19 Emergency powers of the Commissioner of Health

(a) In the event that the Commissioner, Department of Health or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.

(b) All children failing to meet these additional requirements shall be excluded from a school, preschool, or childcare center until the outbreak or threatened outbreak is over.

(c) These requirements or amendments to the requirements shall remain in effect until such time as the Commissioner, Department of Health or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over, or for three months after the declaration of the emergency, whichever one comes first.

The Commissioner, Department of Health or his or her designee may re-declare a state of emergency if the emergency has not ended.

N.J.A.C. 8:57-4.4 Religious exemptions

(d) Those children with religious exemptions from receiving immunizing agents may be excluded from the school, preschool, or childcare center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee.

N.J.A.C. 8:57-4.3 Medical exemptions

(d) Those children with medical exemptions to receiving specific immunizations may be excluded from the school, preschool, or childcare facility during a vaccine-preventable disease outbreak or

threatened outbreak as determined by the Commissioner, Health or his or her designee.

N.J.A.C. 8:47-4.5 Provisional admission

(g) Those children in provisional status may be temporarily excluded from the school, preschool, or childcare center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health or his or her designee.

Q: What type of health care provider can write an acceptable medical exemption?

A: Per the NJDOH Vaccine Preventable Disease Program, only a physician licensed to practice medicine/ osteopathic medicine and a nurse practitioner can write a medical exemption.

Q: What is considered grounds for filing a medical exemption?

A: 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 into consideration <http://www.immunize.org/catg.d/p3072a.pdf>.

Q: Is there a medical exemption form?

A: Yes, the NJ Department of Health (NJDOH) recently created a Request for Medical Exemption from Mandatory Immunization Form (IMM-53) and guidance document available at <https://www.nj.gov/health/forms/imm-53.pdf>. Health care providers who submit medical exemptions for mandatory vaccinations must ensure that the information submitted is accurate and verifiable. The use of this form is not mandated or required. It is a tool that may be used by health care providers, schools, preschools, childcare facilities, and local health department to help determine the validity of a medical exemption from mandatory immunization.

Q: Do medical exemptions have to be renewed annually?

A: Medical exemptions need to be reviewed, but not necessarily updated, annually. A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations. Once the time period ends, the child will be required to obtain the immunization(s) from which he/she has been exempted.

For example, if a child was granted a medical exemption because he/she was on medication that was contraindicated for one or more vaccines, that child would not be required to receive those specific vaccinations until the specified time period has elapsed. If the child is still medically contraindicated and the time period has elapsed, a new medical exemption would need to be submitted.

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 or by an adult individual. The parent/guardian's written statement must be signed and dated.

All schools, childcare 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. Please note, religious-affiliated schools cannot be challenged on their decision.

Q: Do religious exemptions have to be renewed annually?

A: Religious exemptions do not need to be updated yearly. However, a religious exemption would become null and void if a child received either a vaccine that was recommended or required for school attendance.

Example: In the beginning of the school year, a child was granted a religious exemption and did not have to receive any of the required vaccines. Later in the school year, the child provides documentation of receiving one dose of Tdap. Since the child now has received a vaccine from which he was previously exempted, the religious exemption is now null and void. This means he would now be responsible for receiving all of the required vaccines from which he was previously exempted.

If a religious exemption was granted for a specific vaccine (i.e. varicella), the child would only be exempted from that particular vaccine and would be responsible for meeting all other vaccine requirements to continue attending school.

Q: If a child has a religious exemption, but then receives a COVID-19 vaccine, does this make the religious exemption null and void?

A: At this time, COVID-19 vaccine is not a school requirement. However, NJDOH strongly recommends that everyone should be up-to-date with age-appropriate vaccinations, per CDC's Advisory Committee on Immunization Practices recommendations.

When you file for an exemption, you are stating that immunizations conflict with your religious beliefs and therefore you will not be receiving them. If a child has a general/blanket religious exemption on file, then any vaccine that is received after the filing date, whether recommended (i.e., HPV) or required (i.e., MMR) would nullify and void the religious exemption. The child will be responsible for receiving all the vaccines he/she was previously exempted from.

Q: Are there any forms parents can complete for religious exemptions?

A: The NJ Department of Health does not have template religious exemption forms. Please refer to the above questions to see what constitutes a valid religious exemption.

Q: Are philosophical or moral objections now acceptable in NJ?

A: No, currently the only two exemptions allowed in NJ are religious and medical exemptions.

Serology Titers

Q: Are serology titers acceptable as laboratory evidence of immunity in lieu of completing a vaccination series?

A: The subchapter 8:57-4 on immunization requirements specifically addresses the acceptance of serology titers. According to the NJ Administrative Code 8:57-4.6(c):

"Laboratory evidence of protective immunity, as enumerated by the ACIP of the United States Public Health Service, shall be accepted as evidence of immunization if a parent or guardian cannot produce a documented history of immunization."

In addition, The Antibody Titer Law (Holly's Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the NJ 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.

The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified. The reference ranges and interpretation must be included with the laboratory results and the documentation must be placed in the record. Borderline, equivocal and negative titers necessitate vaccination/re-vaccination.

The use of serology to evaluate exposure or immunity to infectious diseases is complicated and is the topic of a great deal of medical literature. There are considerations that need to be addressed when one considers serology titer results. For example, the time interval from receiving the last vaccination and when the serology titer sample is drawn may produce a false sense of security that an individual is fully protected (as immune levels may initially peak immediately after receiving a dose but taper down over time). Likewise, for some vaccines, the ACIP and NJDOH do not recognize serology as an alternative to vaccination since serologic correlates for protection do not exist for some diseases (e.g. *Bordetella pertussis*).

NJDOH does not support the use of serology to “abort” a vaccine schedule as approved by the US Food and Drug Administration and recommended by the ACIP (e.g., check serology after 1 dose of hepatitis B vaccine). However, NJDOH recognizes that serology is useful for individuals to:

- Document natural infection to certain diseases.
- Document immunity in an individual who received a complete vaccination series but lacks documentation – and revaccination is not practical (e.g., refugees).
- Document immunity in an individual who received a complete vaccination series but vaccination practices were questionable – and revaccination is not practical (e.g., vaccination with expired vaccine).
- Document post-vaccination response in those individuals who are at high risk of infection with a particular disease (hepatitis BSAb in infants born to Sag positive mothers, health care workers).

As more reliable data on serology titers becomes available from the ACIP, we will incorporate that into our consideration of the use of serology titers for acceptable laboratory evidence of immunity.

Q: What serology titer tests are currently available for mandatory vaccines and how will the serology results be evaluated?

- Measles, Mumps and Rubella

In most cases, an antibody level considered protective is a good indicator of immunity and must be accepted in lieu of a second MMR vaccine as per Holly's Law. Serology does not need to be repeated once an antibody level in the protective range is documented or the individual receives 2 MMR vaccines.

- **Varicella**
In most cases, an antibody level in the protective range is a good indicator of immunity and may be accepted in lieu of vaccination. Serology does not need to be repeated once an antibody level in the protective range is documented or the individual receives 2 varicella vaccines.
- **Inactivated Polio Vaccine**
Serology to assess polio immunity will no longer be an available option because of increasingly limited availability of antibody testing against type 2 poliovirus. However, previous serologic testing, which was obtained when testing for type 2 poliovirus was still available in the U.S., will still be accepted as evidence of polio immunity if the test documents a separate positive result for each of the three poliovirus serotypes.
- **Diphtheria, Tetanus and Pertussis**
Serologic testing for protective antibody to tetanus and diphtheria can be obtained commercially. No established serologic correlates exist for protection against pertussis.
- ***Haemophilus influenzae* type b, pneumococcal, meningococcal and influenza**
There is no serology alternative to vaccination.
- **Hepatitis B**
Hepatitis B serology and the interpretation are complicated and beyond the scope of this document. *Pre-vaccination* testing is not routinely recommended for infants or children. Pre-vaccination testing is recommended only for
 - all persons born in Africa, Asia, the Pacific Islands, and other regions with HBSAg prevalence of $\geq 8\%$;
 - household, sex, and needle-sharing contacts of HBSAg-positive persons; and
 - persons with HIV infection.

Pre-vaccination testing can be considered for groups with high risk of HBV infection (i.e., men who have sex with men, intravenous drug users and incarcerated persons).

Post-vaccination serology is not routinely recommended for infants, children, adolescents and most adults. *Post-vaccination* serology is only recommended for those whose medical management is based on knowledge of antibody status. Individuals for whom post-vaccination serology is recommended include, chronic hemodialysis patients, other immunocompromised patients, persons with HIV infection, sex

partners of HBSAg-positive persons, infants born to HBSAg-positive women and certain health care workers. Vaccine is 80-100% effective in preventing infection or clinical hepatitis in those who receive the complete course of vaccine (3 doses or 2 doses of the adolescent formulation). Antibody levels might wane with time. However, individuals who demonstrate an anti-HBs antibody titer of 10mIU/ml or higher at least 1-2 months after completing the series are considered protected for life even if detectable antibody levels wane. Serum antibody titer cannot be used in lieu of completing the FDA-approved/ACIP-recommended vaccine series.

Q: What are considered acceptable values for serology titer results?

A: The titer results depend on the specific test used and the reference ranges applicable to that particular test. Equivocal and/ or borderline results are not acceptable and require vaccination/revaccination. Negative results require vaccination/revaccination. NJDOH recommends that they discuss ACIP revaccination guidelines and follow-up serology with their health care providers, as appropriate.

Q: What is the Antibody Titer (Holly’s Law)?

A: The Antibody Titer Law (Holly’s Law, N.J.S.A. 26:2N-8-11), passed on January 14, 2004, requires the 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. For more information, please visit:
http://nj.gov/health/cd/documents/antibody_titer_law.pdf.

Q: Can you accept a positive serology titer for measles, mumps, and rubella if the MMR vaccine administration dates are unavailable? Wouldn’t the antibody titer law apply here?

A: The antibody titer law states that a titer can be done instead of the second dose of a measles-containing vaccine for children who have the first dose documented. However, in the instance where administration dates of vaccination are not available, laboratory evidence of immunity will be accepted. This will satisfy the requirement for school attendance, and no additional doses of MMR vaccine will be needed.

Individuals are considered to have life-long immunity once they have received the recommended number of MMR vaccine doses OR have other evidence of immunity. Refer to the question below regarding “**What is acceptable evidence of immunity to measles?**”

Q: What is considered acceptable evidence of immunity to measles?

Acceptable presumptive evidence of immunity against measles includes at least one of the following:

- written documentation of adequate vaccination:
 - one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk
 - two doses of measles-containing vaccine for school-age children, adolescents, and adults at high risk, including college students, health care personnel, and international travelers
- laboratory evidence of immunity
- laboratory confirmation of measles disease (verbal history of measles does not count).
- birth before 1957*

*Although birth before 1957 is considered acceptable evidence of measles immunity, health care facilities should consider vaccinating unvaccinated personnel born before 1957 who do not have other evidence of immunity with 2 doses of MMR vaccine (minimum interval 28 days).

During an outbreak of measles, health care facilities should recommend 2 doses of MMR vaccine at the appropriate interval for unvaccinated health care personnel regardless of the birth year if they lack laboratory evidence of measles immunity.

Q: What is acceptable proof of varicella disease?

A: A physician/licensed medical professional's written statement of varicella diagnosis; a written statement from parent/guardian reporting varicella disease; a lab confirmation of protective varicella immunity are examples of proof of varicella disease.

Q: Is a diagnosis of shingles disease acceptable proof of varicella disease?

A: Since shingles disease occurs only in someone who has had varicella disease previously, diagnosis of shingles by a licensed medical practitioner would be evidence of proof of past varicella disease.

Q: If a family is requesting a serology titer to circumvent the required immunizations and the family has health insurance which covers immunizations, but the insurance does not cover serology titers, whose responsibility is it to pay for the serology titers?

A: It is not a recommendation or acceptable practice by the ACIP to use serology titers in lieu of completing a vaccination series or to avoid receiving subsequent vaccinations within a series. Additionally, in this circumstance it would be the family's responsibility to pay for the serology titer tests since they are choosing not to vaccinate their child as medically appropriate.

Q: What happens if a person receives a complete vaccine series and for some reason has a titer done that shows the person is not immune?

A: NJDOH and the ACIP do not recommend routine serology titer tests to document immunity. Once a person has received the complete series of a recommended vaccination, he/she is assumed to have produced the needed immunity level to protect them from the disease. The ACIP has identified specific scenarios when the use of serology titer testing is recommended. A serology test done without a specific public health or medical reason can be difficult to interpret and can sometimes lead to a person receiving extra vaccines. However, a negative or equivocal serology titer might mean that the individual is susceptible to the disease even if he/she completed the full series of vaccines. Therefore, the NJDOH recommends that these individuals with negative or equivocal serology titers discuss ACIP revaccination guidelines and follow-up serology with their health care providers. Please also refer to the question, **“Q: Are serology titers acceptable as laboratory evidence of immunity in lieu of completing a vaccination series?”**

Enforcement of Immunization Regulations

Q: What are the responsibilities of schools for ensuring immunization compliance?

A: The NJ Immunization of Pupils in School (N.J.A.C. 8:57-4) regulations apply to all children attending any public or private school, childcare center, nursery school, preschool or kindergarten in NJ. According to N.J.A.C. 8:57-2, a principal, administrator or person in charge of a school shall not knowingly admit or retain any child whose parents have not submitted acceptable evidence of immunizations unless, however, they have a valid exemption. Failure to do so would be a violation of the state sanitary code N.J.S.A. 26:1A-10 and the school may be subject to a fine. The statute stipulates that 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 \$1,000.

Q: How do we know if a foreign immunization record is valid?

A: If you receive a foreign immunization record, you can accept it with proper written documentation. It should ideally have a seal or stamp OR at least signed and dated by a health care provider. You should check to see if the vaccines administered match NJ’s vaccination requirements for school attendance. If the student has to be revaccinated, it should be done in accordance with the ACIP Recommended Schedule, which may be simpler,

or they can have blood work done to test for immunity (when possible) to prevent over vaccination.

If you receive records that need to be translated, the CDC has resources to decipher foreign vaccines. Please visit the website [Pink Book Appendix B: Vaccines \(cdc.gov\)](#). For further guidance please refer to the American Academy of Pediatrics' Red Book or the ACIP.

Higher Education Regulations

Q: What are the immunization requirements for students entering institutions of higher education?

A: Per the Higher Education Rules, N.J.A.C. 8:57-6.1, the requirements within this subchapter apply to the following:

(a) All new or continuing full- and part-time undergraduate and graduate students enrolled in a program of study leading to an academic degree at any public or independent institution of higher education in NJ.

(b) Two-year institutions shall apply these rules only to those students entering the college for the first time and registering for 12 or more credit hours of course study per semester/term.

(c) Four-year institutions shall apply the rules to all full- or part-time students enrolled in a program leading to an academic degree.

(d) Two-year institutions and Thomas Edison State College shall not be required to apply the meningococcal rule at N.J.A.C. 8:57-6.6 and 6.7.

Below are the specific vaccination requirements for attendance:

Hepatitis B: Students entering a two- or four-year institution and enrolled with a course study of 12 or more credit hours per semester or term shall have received three doses of a hepatitis B containing vaccine, or alternatively any two doses of a hepatitis B vaccine licensed and approved for a two-dose regimen. Please see the following handout to ensure students are receiving the appropriate dosing, <https://www.immunize.org/catg.d/p2081.pdf> .

Measles, Mumps, Rubella: Two doses of measles vaccine and 1 dose of mumps and rubella vaccine are required. Two MMR vaccines are also acceptable.

Q: Are students 31 years of age and older subject to the immunization requirements set forth in N.J.A.C. 8:57-6.4 (b)1 since the Higher Education statute N.J.S.A. 18A:61D-1 states that the immunization requirements specifically apply to students 30 years of age and under?

A: The NJ Higher Education Statute, N.J.S.A. 18A:61D-1 states:

Every public and independent institution of higher education in this State shall, as a condition of admission or continued enrollment, require every graduate and undergraduate student who is 30 years of age or less and is enrolled full-time or part-time in a program or course of study leading to an academic degree, to submit to the institution a valid immunization record which documents the administration of all required immunizations against vaccine-preventable disease, or evidence of immunity from these diseases, in accordance with regulations promulgated by the Department of Health. The institution shall keep the records on file in such form and manner as prescribed by the department.

The NJDOH administrative code, N.J.A.C. 8:57-6.4, states that students born before 1957 are exempt from the measles, mumps, and rubella (MMR) vaccination requirement.

Since the Education Statute at N.J.S.A. 18A:61D-1 specifically states that only students 30 years of age or less must show proof of vaccination, NJDOH cannot require a college student over 30 years of age that meets all the other requirements set forth at N.J.S.A. 18A:61D-1 to present proof of vaccine or immunity for any of the required college vaccines. However, NJDOH still highly recommends that students are age appropriately immunized.

Q: Has the meningococcal vaccine requirements changed recently?

A: Yes. On January 13, 2020, P.L. 2019, c332 was signed into law. This new law amends P.L.2003, c.284 (N.J.S.A.18A:62-15.1) and became effective on June 15, 2020. In accordance with this law:

- A new student enrolling in a public or private institution of higher education shall have received immunization for meningococcal disease as recommended by the Advisory Committee on Immunization Practices (ACIP) as a condition of attendance. Students must present evidence of the vaccination(s) required.

- Each public and private institution of higher education in this State shall offer the required meningococcal vaccines through the institution's student health services program or through a contracted agreement with a community health provider.

For more information, please view the guidance packet available at https://nj.gov/health/cd/documents/topics/meningo/meningo_requirements_highered.pdf

Q: Which meningococcal vaccines do I need?

A: There are two types of meningococcal vaccines that might be required depending on your age and your risk.

- The meningococcal conjugate vaccine (**MenACWY**) protects against serogroups A, C, W and Y disease.
- The meningococcal serogroup B vaccine (**MenB**) protects against serogroup B disease.

You are required to receive meningococcal vaccines that are routinely recommended for you. Please review the guidance packet available at https://nj.gov/health/cd/documents/topics/meningo/meningo_requirements_highered.pdf for detailed information and/or speak with your health care provider to determine which vaccines you may need.

Q: I received a dose of MenACWY vaccine at 11 years old to attend sixth grade in NJ. Why do I still need another dose of MenACWY for college?

A: CDC recommends a dose of MenACWY vaccine at ages 11-12 years with a booster dose at 16 years. This is because protection from the first dose begins to wane, so a booster dose is recommended to provide greater protection from meningococcal disease. College students, especially freshman living in residence halls, are at a slightly increased risk for contracting meningococcal disease.

According to the new law, all newly enrolled students 16 through 18 will be required to receive a dose of MenACWY on or after age 16 even if you received a dose at a younger age. Additionally, students who are considered high risk, including those living in residence halls, will be required to have received a dose of MenACWY on or after the 16th birthday. For a list of high risk conditions, please reference the MenACWY flow chart in the guidance packet accessible at https://nj.gov/health/cd/documents/topics/meningo/meningo_requirements_highered.pdf.

Please note: The meningococcal booster dose at age 16 years is not required to attend secondary school in NJ, but you may choose to receive the vaccine at that time in preparation for college attendance.

Q: Should schools provide information about meningococcal vaccines to students?

A: There are currently statutes and regulations requiring distribution of meningococcal educational materials.

Yes, it is still required for institutions to provide education on meningococcal disease. Since 2001, institutions of higher education have been required by law (N.J.A.C. 8:57-6.10) to provide information on meningococcal disease, at a minimum, including its nature and severity, causes, disease prevention and treatments, and the availability of a meningococcal vaccine to prevent disease. The student information flyer, is available in English and Spanish at the following links, respectively:

https://www.nj.gov/health/cd/documents/topics/meningo/are_you_protected.pdf and

https://www.nj.gov/health/cd/documents/topics/meningo/are_you_protected_spanish.pdf

This flyer may be shared to comply with this law. Alternatively, an institution may develop their own resource to comply.

According to the recent legislation (P.L. 2019, c332), institutions of higher education must ensure that newly enrolled students aged 16 through 23 years of age who are not routinely recommended to receive MenB vaccine receive education on the risks and benefits of MenB vaccine and that the vaccine be made available for students who choose to be vaccinated. ACIP recommends that a MenB series may be administered to people 16 through 23 years of age with a preferred age of vaccination of 16 through 18 years. This recommendation allows for shared clinical decision-making between the provider and the student based on the risk and benefit for the individual patients.

A guidance packet which includes student information on MenB vaccine is available at

https://nj.gov/health/cd/documents/topics/meningo/meningo_requirements_highered.pdf.

Q: Is COVID-19 vaccine required for attendance at institutions of higher education?

A: According to the New Jersey Higher Education Rules, N.J.A.C. 8:57-6.1, COVID-19 vaccine is not required for attendance. Institutions of Higher

Education may have set their own COVID-19 vaccine requirement. Please check with your institution's COVID-19 policy for more information.

NJ Immunization Information System e.g. 'Immunization Registry' (NJIIS)

Q: What is NJIIS?

A: The NJ Immunization Information System (NJIIS) is a secure, computerized, statewide immunization registry that can help parents and health care providers keep track of immunizations given from birth through adulthood. NJIIS is managed by the NJDOH, Vaccine Preventable Disease Program and has been operating since 1997. **For more information about NJIIS, go to <https://njiis.nj.gov/njiis/>**

Q: Who can enroll as an authorized user of NJIIS?

A: Only authorized users who have signed a confidentiality agreement can access information on the registry. According to NJ Administrative Code (N.J.A.C. 8:57-3.6), the following persons and entities are eligible to become authorized users: health care providers, primary health care providers, childcare centers, schools, colleges, universities, health benefits plans, billing and practice management vendors, State public health or State social services programs, local health agencies, the Department and designated agents thereof.

Q: What is the NJIIS mandate for physicians?

A: **Any health care provider that immunizes children less than seven years of age is required by State regulation to enroll as an authorized user of NJIIS and report vaccinations to NJIIS within 30 days of administration.** Mandatory participation is stipulated in the NJ Administrative Code, N.J.A.C. 8:57-3.16.

Q: Is there a requirement for a physician's office to input immunizations into NJIIS within a certain time frame?

A: It is the responsibility of the health care provider—not the entity in which he/she operates—to assure that the data are entered or sent to NJIIS. The health care provider shall report to the NJIIS vaccines administered to children less than seven years of age within 30 days of administration. Practices that participate in the Vaccines for Children (VFC) program are required to enter all VFC doses administered, regardless of the patient's age, into NJIIS to demonstrate accountability for all doses of VFC vaccine. The health care provider must report all doses administered to children less than

seven years of age to NJIIS, regardless of the funding source of the vaccine (VFC or private).

Some facilities transmit data to NJIIS through an interface. Health care providers should check with their administrators to make sure that ongoing data submission is being sent to NJIIS via the interface. If the data is not submitted via an interface within this time, it is the responsibility of the health care provider to report this information into NJIIS.

Q: Is NJIIS only for providers who vaccinate children under the age of seven?

A: No, NJIIS is a lifespan registry and can be used for entering all vaccine doses administered regardless of patient's age. Clinicians who administer vaccines to adolescents and adults are strongly recommended to become NJIIS users to ensure that the database is as robust as possible.

Q: Does the State immunization registry, NJ Immunization Information System (NJIIS), produce an official record that can be used for immunization record auditing?

A: Yes, the NJIIS produces an official immunization record of a child's immunization history for childcare, pre-school, 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/Childcare Immunization record (also known as the IMM-8 or yellow card) and the Department of Education, State Health History and Appraisal Form (A-45). Anyone wishing to obtain a Standard School/ Childcare Center Immunization Record (IMM-8) can contact the NJ Department of Health, Vaccine Preventable Disease Program at (609) 826-4860. To obtain the A45 Health and Appraisal Record, please visit, <http://www.state.nj.us/education/students/safety/health/records/hha.shtml>.

Q: I see there are training for school nurses to use NJIIS. Can childcare providers also get trained on using the registry?

Yes, childcare facilities can also take the "NJIIS School Nurse Training". Please visit <https://njiis.nj.gov/core/web/index.html#/training> for additional information. These school nurse trainings are online webinars scheduled once or twice a month. To register for an NJIIS school nurse training, please complete the user enrollment and training request. These forms are available at the following link: <https://njiis.nj.gov/docs/School%20Nurse%20New%20User%20Packet.pdf>

Q: Are school nurses able to put vaccines in the registry?

A: Most school nurses have read-only access, which does not allow you to enter vaccine doses. If school nurses would like to add historical doses, they should contact the regional trainer for their county available at the following link, <https://njiis.nj.gov/core/web/index.html#/training>

Q: Will vaccine doses listed as history appear on the official NJIIS record?

A: Yes, vaccine doses entered as historical will be added to the official immunization record.

Q: How do I merge two records in NJIIS?

A: In order to merge the records, you will need to complete the NJIIS Duplicate Patient form (IMM-40) available at <https://njiis.nj.gov/core/web/index.html#/njiisDocs>. Fax the completed form to Central Maternal and Child Health Consortia (MCHC) – NJIIS QA Unit at 732-246-3102.

Q: Can vaccine doses that were entered incorrectly be deleted from NJIIS?

A: Only the practice who administered and entered the vaccine in NJIIS can delete data entry errors such as entering the incorrect vaccine administration date. In contrast, vaccine doses that were administered outside of the ACIP recommended vaccination schedule will remain in the system.

Clinician Resources

Q: Where can I obtain the Vaccine Declination (“Refusal to Vaccinate”) form?

A: Clinicians may refer to the American Academy of Pediatrics website <http://www2.aap.org/immunization/pediatricians/pdf/refusaltovaccinate.pdf>

Q: Does NJ Department of Health (NJDOH) require a signed consent form prior to administering a vaccination? What is required of a health care provider before giving a vaccination?

A: No, NJDOH does not require a signed consent form prior to administering vaccination. However, health care institutions and facilities may have their own policies and procedures which may require a signature as a form of consent prior to the administration of vaccine.

By Federal law, all vaccine providers must give patients, or their parents or legal representatives, the appropriate Vaccine Information Statement (VIS) whenever a vaccination is given. For further information about the National Childhood Vaccine Injury Act (NCVIA) please see the following link:
<http://www.immunize.org/catg.d/p2027.pdf>

Q: Where can I obtain the latest Vaccine Information Statements (VIS)?

A: All current VISs are available at the Immunization Action Coalition website, <http://www.immunize.org/vis/>. VISs from these sites can be downloaded as pdf files and printed.

Q: Where can I get a list of combination vaccinations?

A: Go to the CDC's "Epidemiology and Prevention of Vaccine Preventable Diseases, 13th edition Appendix B:

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/us-vaccines.pdf>

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.

Q: I receive several patients/ students from other countries. Where can I find a resource on vaccination schedules, by country?

A: Consider using the following tools to help with the translation of foreign vaccine records:

- [Pinkbook: Epidemiology of Vaccine Preventable Diseases | CDC](#)
- [Quick Chart of Vaccine-Preventable Terms in Multiple Languages \(immunize.org\)](#)
- [International Immunization Schedules \(World Health Organization\)](#)

Q: Is it a violation of HIPAA to include the date that a child will be given a vaccine dose needed for school, to be submitted by the parent to the school for their records?

A: No, it is not a violation of HIPAA to include the appointment date that a child plans to receive a vaccine to show documentation for the child's immunization record.