

## The ABC's of School Immunization Requirements



NJ Department of Health

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## Objectives

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

- Recognize the characteristics of various VDP's.
- Understand the impact of VPD's in NJ and nationally.
- Identify immunization requirements for school entry/attendance
- Locate tools for interpreting and applying school immunization requirements
- Understand the communicable disease reporting requirements along with the general guidelines for the control of outbreaks in child care and school settings

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

New Jersey Administrative Code  
Title 8: Health  
Chapter 57: Communicable Disease  
Subchapter 4: Immunization of Pupils in School

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

To establish minimum immunization requirements for attendance in New Jersey schools



## Religious Exemption

- Parent or guardian must provide a signed written statement
- Must contain the word “religion” or “religious” or some reference thereto
- 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
- Religious-affiliated schools cannot be challenged on decision
- The religious exemption does not need to state the child’s religion or specific tenants, notarized, or signed by a religious leader
- No annual update is required

## Religious Exemption (2)

- Parents may object to one or more vaccines
- Parents can file for a religious exemption even if a child was previously vaccinated, because their beliefs have changed
- Religious exemptions are null & void if vaccines are received after filing date. However, parents can file for a new exemption.

## Medical Exemption

- Can only be written by a medical doctor, doctor of osteopathic medicine and an advanced practice nurse licensed to practice in the United States
- Must indicate a specific time period
- Reason(s) for medical contraindication must be enumerated by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP)
- Do not necessarily need to be renewed annually, but should be reviewed periodically
- Precautions are not contraindications

## Precaution and Contraindication

- Precaution
  - Increase the chance or severity of an adverse reaction, or
  - Compromise the ability of the vaccine to produce immunity
- Contraindication
  - A condition in a recipient that increases the chance of a serious adverse reaction
- Guide to Vaccine Contraindications and Precautions:  
<http://www.immunize.org/catg.d/p3072a.pdf>

## Exempted Students

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

## Provisional Admission

Students must:

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

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

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

**\*\* Note: Seventeen months and twelve months for completion apply only to those who have never been vaccinated and are starting their vaccination series for the first time. All others should follow the minimum interval schedule.**

## Out of Compliance

- The student does not have an immunization record, RE or ME on file, or does not meet the provisional definition since the interval to receive the next dose in the vaccination series has been exceeded
- Students should not be allowed to attend school until they have a minimum of one dose in the vaccine series and is on schedule to receive subsequent doses consistent with the ACIP catch-up schedule

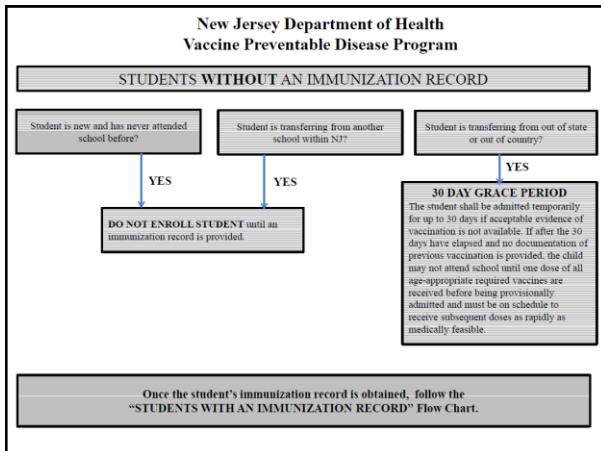
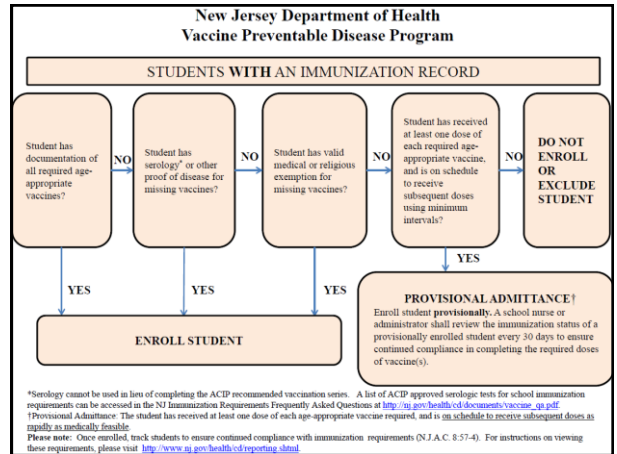
## 30-Day Grace Period

- Applies **only** to out-of-state or out-of-country transfer students
- The student shall be admitted temporarily for up to 30 days if acceptable evidence of vaccination is not available
- If after the 30 days have elapsed and no documentation of previous vaccination is provided, the child may not attend school until one dose of all age-appropriate required vaccines are received before being provisionally admitted

## Four-Day Grace Period

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

\*\*Note: ACIP states 2<sup>nd</sup> dose is invalid if 2 live virus vaccines is less than 28 days and therefore the 2<sup>nd</sup> dose needs to be repeated. NJ would accept all vaccines given within 4 days of the dose spacing interval or minimum age for the purpose of school attendance and auditing.



## Official Immunization Record

- Presented on the first day of school
- List the type of immunization and the date of administration
- Vaccine administration dates should be listed by month, day and year. Documentation of only month and year are acceptable if the minimum intervals can be determined.

For example:

1. A child born on January 15, 2013 received his MMR vaccine in January 2014. -- Not acceptable
2. A child born on January 15, 2013 received his MMR vaccine in February 2014. -- Acceptable



## Official Immunization Record (2)

- Examples of documents accepted as evidence of immunizations:
  - IMM-8: Department of Health; Standard School/Childcare Immunization Record (Yellow Card)
  - A-45 : Department of Education; State Health History and Appraisal Form
  - New Jersey Immunization Information System (NJIIS) Official Immunization Record



## Foreign Immunization Record

- Accept with proper written documentation
  - seal or stamp OR
  - signed and dated by health care provider
- Be skeptical
- Match up with U.S. requirements (specifically NJ)
- Revaccinate in accordance with the ACIP Recommended Schedule (may be simpler) or do serology (when possible)
- Translation of foreign vaccines:
  - <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appen-dices/B/foreign-products-tables.pdf>
- See AAP's Red Book or the ACIP for further guidance

## New Jersey Immunization Information System (NJIIS)

- Consolidates immunization information from all providers into one record to provide an accurate immunization assessment and eliminate the use of manual vaccine administration logs
- Assists federal, state and local public health agencies with population assessments in the event of a preventable disease outbreak
- Helps communities assess their immunization coverage and identify pockets of need



## NJIIS Mandatory Participation

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

## NJIS Benefits for Schools/Preschools and Childcare Facilities

- Comprehensive reporting feature:
  - Assess immunization coverage by age groups.
  - Track and remind students about missing immunizations.
  - Add past immunization history to achieve a more accurate vaccination record and to easily transfer students' records between schools.
- Future Enhancements include efforts to streamline annual reporting and auditing procedures.

## Reporting Requirements

### Annual Immunization Status Report (ASR)

- ASR packets are mailed in November of the respective academic year
- Accessible on-line during the reporting period at: <http://nj.gov/health/cd/imm7/annualstatusrpt.shtml>
- Reporting time frame is from September through December 31<sup>st</sup>
- Due **February 1<sup>st</sup>** of respective academic year

## ASR Follow-up

- All schools (including childcare and preschool facilities) who have not submitted the ASR by February 1<sup>st</sup> will be considered delinquent
- Delinquent notices are mailed to the schools informing them that they must submit the report by the extension.
- A delinquent school list is shared with each respective Local Health Department so they can follow up with schools in their jurisdiction
- Schools who do not submit the report by the extension date may be reported to the respective State agency (i.e. Department of Children and Families/Office of Licensing or Department of Education) and may be subject to the violations statute

## Violation to the State Sanitary Code

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

*N.J.S.A. 26:1A-10*

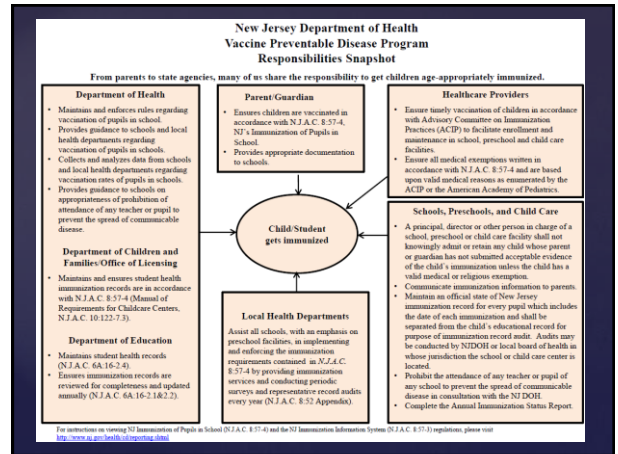
## Vaccine Requirements

### Applicability

- All students
- All schools (public and private) including:
  - Day care,
  - Nursery school,
  - Preschool,
  - Kindergarten

### Authority

- Principal/School Administrator
- Local Health Department



## Disease Information and NJ School Immunization Requirements



## Diphtheria, Tetanus, Pertussis

**Diphtheria** causes a thick covering in the back of the throat

- Breathing problems, paralysis, heart failure, and even death
- Children > 5 years: as many as 1 out of 5 children who get diphtheria dies

**Tetanus (Lockjaw)** causes painful tightening of the muscles, usually all over the body

- "locking" of the jaw –difficulty opening mouth/swallowing
- Death in up to 2 out of 10 cases

**Pertussis (Whooping Cough)** causes coughing spells so bad that it is hard for infants to eat, drink, or breathe. These spells can last for weeks.

- Pneumonia, seizures (jerking and staring spells), brain damage, and death
- About half of babies < 1 year need care in the hospital. About 1 out of 4 hospitalized babies with whooping cough will get pneumonia

## DTaP Vaccine

### Child Care/Preschool:

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

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

### Kindergarten/First Grade:

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



### DTaP, Td & Tdap Vaccines: How are they different?

There are two basic products that can be used in children younger than seven years of age (DTaP and DT).<sup>1</sup>

Vaccine Type	Vaccine Brand Names	NJ School Requirements
Diphtheria, Tetanus, acellular Pertussis (DTaP)	<ul style="list-style-type: none"> <li>• <b>Infanrix</b> (GlaxoSmithKline)</li> <li>• <b>Daptacel</b> (Sanofi Pasteur)</li> <li>• <b>Pediarix</b> (GlaxoSmithKline) DTPa, Hepatitis B (Hep B), Inactivated Polio Virus (IPV)</li> <li>• <b>Pentacel</b> (Sanofi Pasteur) DTaP + Haemophilus influenzae type b (Hib) + IPV</li> <li>• <b>Kinrix</b> (GlaxoSmithKline) DTaP + IPV</li> </ul>	<ul style="list-style-type: none"> <li>• Children <math>\geq</math> 4 years in child care/preschool: Four or fewer doses as ages appropriately immunized.</li> <li>• The requirement to receive the fourth birthday booster dose does not apply until the child enters kindergarten.</li> <li>• Children <math>\leq</math> 5 years in kindergarten: One dose on or after the fourth birthday to equal four doses OR ANY five doses.</li> </ul>
Diphtheria, Tetanus (DT)	<ul style="list-style-type: none"> <li>• <b>DT</b> (Sanofi Pasteur)</li> </ul>	<ul style="list-style-type: none"> <li>• DT is only acceptable if a child has a valid medical contraindication (reason for not receiving the pertussis component).</li> </ul>

There are two basic products that can be used in older children ( $\geq$  7 years), adolescents, and adults (Td and Tdap).<sup>2</sup>

Vaccine Type	Vaccine Brand Names	NJ School Requirements
Tetanus, diphtheria (Td)	<ul style="list-style-type: none"> <li>• <b>Td generic</b> (MassBiologics)</li> <li>• <b>Tenivac</b> (Sanofi Pasteur)</li> </ul>	<ul style="list-style-type: none"> <li>• Children 7 years of age and older: Three doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.</li> </ul>
Tetanus, diphtheria, acellular pertussis (Tdap)	<ul style="list-style-type: none"> <li>• <b>Boostrix</b> (GSK)</li> <li>• <b>Adacel</b> (Sanofi Pasteur)</li> </ul>	<ul style="list-style-type: none"> <li>• One dose required for children born on or after 1/1/97 and 11 years of age and older.</li> </ul>

<sup>1</sup> Upper case "T" means there is about the same amount of tetanus in DTaP, Tdap and Td.  
<sup>2</sup> Upper case "d" and "p" means there is more diphtheria and pertussis in DTaP than in Tdap and Td; lower case letters ("d" "p") means there is less.

Visit <http://nj.gov/health/cd/immunization> for NJ's school immunization requirements.  
 \* Please see individual vaccine package inserts for specific age and vaccine dosing requirements.

Adapted with permission from Oakland County and Michigan Department of Community Health (MDCH)

## DTaP Vaccine

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

A minimum of three doses of a DTaP-containing vaccine

Doses of diphtheria, tetanus (DT) are only acceptable if a child has a valid medical contraindication (reason for not receiving) the pertussis component

## Tdap Vaccine

### Sixth Grade and Higher:

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



## Polio

### Polio virus

- May cause fever, sore throat, nausea, and headache
- Most people won't have symptoms
- In rare cases, can cause paralysis (can't move arm or leg), and it can cause meningitis (infection of the membranes that cover the brain and spinal cord).
- Risk of lifelong paralysis

## Polio Vaccine

### Child Care/Preschool:

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

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

### Kindergarten/First Grade

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

## Polio Vaccine

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

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

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



## Measles, Mumps, Rubella

**Measles virus causes rash, cough, runny nose, eye irritation, and fever**

- Ear infection: 1 out of 10 children
- Pneumonia: 1 out of 20
- For every 1,000 children who get measles, one or two will die

**Mumps virus causes fever, headache, muscle pain, loss of appetite, and swollen glands**

- Most children infected with mumps recover fully
- Can cause meningitis, deafness, and in rare cases, death

**Rubella virus causes rash, arthritis (mostly in women), and mild fever**

- 85 out of 100 babies born to mothers who had rubella in the first 3 months of her pregnancy will have a birth defect

## Measles, Mumps, Rubella Vaccine

### Child Care/Preschool:

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



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

### Kindergarten-Twelfth Grade:

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

## *Haemophilus influenzae* type b (Hib)

*Haemophilus influenzae*, causes different symptoms depending on which part of the body is affected.

The most common severe types of *Haemophilus influenzae* disease are:

- Pneumonia
- Bacteremia (bloodstream infection)
- Meningitis

Before Hib vaccine, Hib disease was the leading cause of bacterial meningitis among children under 5 years old in the United States

## *Haemophilus influenzae* type b (Hib) Vaccine

### Child Care/Preschool:

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

➤ Children who are 12 through 59 months of age: Minimum of one dose on or after the first birthday

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

Kindergarten-Twelfth Grade: Not Required

## Hepatitis B

Hepatitis B virus can cause liver damage, liver cancer, and death

- Loss of appetite, tiredness, pain in muscles, joints, and stomach, jaundice (yellow skin or eyes)
- Infants, young children, and people with lifelong hepatitis B usually show no symptoms.
- Babies can get hepatitis B at birth from their infected mother
- Infants and young children: 90% chance of developing a life-long, chronic infection

## Hepatitis B Vaccine

### Child Care/Preschool:

Not required

### Kindergarten-Twelfth Grade:

Three doses of hepatitis B vaccine or any vaccine combination containing hepatitis B virus  
OR

An approved 2-dose adolescent vaccine for 11-15 year olds

## Varicella (Chickenpox)

Varicella virus causes a rash, itching, fever, and tiredness.

- Most children completely recover in a week, but the itching can be very uncomfortable
- Can cause serious problems including:
  - Bacterial infection of the skin and tissues under the skin (including Group A streptococcal infections)
  - Dehydration (loss of body fluids) from vomiting or diarrhea
  - Pneumonia
  - Encephalitis (brain swelling)

## Varicella (Chickenpox) Vaccine

### Child Care/Preschool:

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

### Kindergarten-Twelfth Grade:

At least one dose of varicella vaccine.

## Pneumococcal Disease

- Children under 2 years of age are among those most at risk for disease
- Pneumococcal disease causes different symptoms depending on which part of the body is affected:
  - Pneumonia
  - Bacteremia (bloodstream infection)
  - Meningitis (infection of the covering of the brain and spinal cord)
  - Otitis Media (middle ear infections)
- About 4,000 cases of serious disease (meningitis and sepsis) occur each year in children under 5 in the U.S. These illnesses can lead to disability like deafness, brain damage, or loss of arms or legs

## Pneumococcal Vaccine

### Child Care/Preschool:

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

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

Kindergarten-Twelfth Grade: Not Required

## Influenza (Flu)

**Influenza (Flu) virus causes chills, sore throat, headache, muscle aches, tiredness**

- Causes more hospitalizations among young children than any other vaccine-preventable disease
- Each year, approximately 20,000 children under the age of 5 are hospitalized because of flu-related complications



## Influenza Vaccine

### Child Care/Preschool:

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

### Kindergarten-Twelfth Grade:

Not required

## Meningococcal Disease

Can cause two types of infection:

- **Meningococcal meningitis**—infection of covering of brain and spinal cord
  - brain damage, hearing loss, learning problems
- **Meningococemia (septicemia)**—a serious blood infection
  - loss of arms, legs, or other body parts

Can become deadly in 48 hours or less

# Meningococcal Vaccine

**Child Care/Preschool:** Not required

**Sixth Grade and Higher:**

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

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

# Laboratory Evidence of Immunity

- > Accepted for measles, mumps, rubella, hepatitis B, diphtheria, tetanus, polio and varicella
- > Serology should not be done in lieu of aborting series
- > No reliable serologic test exists for *pertussis*, *Haemophilus influenzae* type b, *pneumococcus* and *meningococcus*
- > Copy of laboratory test must be in the record

FOR CHILD CARE/PRESCHOOL DIRECTORS AND PARENTS: CHILD CARE/PRESCHOOL IMMUNIZATION REQUIREMENTS



**NJ Department of Health  
Vaccine Preventable Disease Program**

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

Listed in the chart below are the minimum required number of doses your child must have in order to enroll attend a child care/preschool facility in NJ. Additional vaccines are recommended by the Advisory Committee on Immunization Practices (ACIP), but only the following are required for child care/preschool attendance in NJ. For the complete ACIP Recommended Immunization Schedule, please visit <http://www.cdc.gov/vaccines/schedules/index.html>.

At this age the child should have received the following vaccines:	2 months	4 months	6 months	12 months	15 months	18 months	19 months	26-59 months
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		
Inactivated Poliovirus (Polio)	Dose #1	Dose #2				Dose #3		
<i>Haemophilus influenzae</i> type b (Hib)	Dose #1	Dose #2		1-4 doses* (see footnote)		At least 1 dose given on or after the first birthday		
Pneumococcal conjugate (PCV 13)	Dose #1	Dose #2		1-4 doses* (see footnote)		At least 1 dose given on or after the first birthday		
Measles, mumps, rubella (MMR)						Dose #1		
Varicella (VAB)								Dose #1
Influenza (IV, LAIV)						One dose due each year*		

**Interpretation:** Children need to receive the minimum number of age-appropriate vaccines prior to entering child care/preschool. For example, a child 2 months of age, must have 1 dose each of DTaP, Polio, Hib, and PCV before being permitted to enter child care/preschool. A child entering at a younger age may have been vaccinated at an earlier age. For example, a child entering child care/preschool at 11 months of age, would need at least the following: 1 DTaP, 1 Polio, 2 Hib, and 1 PCV. The earliest second dose of vaccine to require every year by December 31 for children 10-19 months of age.

FOR SCHOOLS AND PARENTS: K-12 IMMUNIZATION REQUIREMENTS



**NJ Department of Health  
Vaccine Preventable Disease Program**

New Jersey Minimum Immunization Requirements for Kindergarten-Grade 12 Attendance  
N.J.A.C. 8:57-4 Immunization of Pupils in School

**Guide for checking compliance:**  
Step 1: Each child attending (regardless of current documentation of immunizations or valid medical or religious exemption to vaccines). In order to allow a child to enter school, he/she must have at least one dose of each age-appropriate required vaccine.  
Step 2: Determine child's present grade level.  
Step 3: Compare the child's record with the requirements listed on the chart below.

Grade-level child enters school:	DTaP Diphtheria, Tetanus, acellular Pertussis	Minimum Number of Doses for Each Vaccine					Meningococcal	Tdap (Tetanus, diphtheria, acellular pertussis)
		Polio Inactivated Polio Vaccine (IPV)	MMR (Measles, Mumps, Rubella)	Varicella (Chickenpox)	Hepatitis B			
Kindergarten - 1 <sup>st</sup> grade	A total of 4 doses with rate of these doses on or after the 4 <sup>th</sup> birthday OR any 3 doses*	A total of 3 doses with one of these doses given on or after the 4 <sup>th</sup> birthday OR any 4 doses*	2 doses†	1 dose	3 doses	None	None	
2 <sup>nd</sup> - 5 <sup>th</sup> grade	3 doses	3 doses	2 doses	1 dose	3 doses	None	None	
6 <sup>th</sup> grade and higher	3 doses	3 doses	2 doses	1 dose required for children born on or after 11/9/97	3 doses*	1 dose required for children born on or after 11/9/97 2 doses on children born 10/15/98-10/15/99	1 dose required for children born on or after 11/97	

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

**FLU VACCINE TRACKING RECORD**

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

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

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

MM-13  
JPH-14

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

**PROVISIONAL ADMISSION STUDENT TRACKING RECORD**

Name of School \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Name of School Administrator \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Provisional Admission \_\_\_\_\_

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

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

**DEFINITION:** Provisional admission only applies to multi-dose vaccine requirements. NOT single dose vaccine requirements. Students need to receive a minimum of one dose of each of the required vaccines in order to be provisionally admitted. Pupils must be actively in the process of completing the series and are not eligible to receive subsequent doses as readily as traditional students. NJ follows CDC/ACIP Recommended Catch-Up Immunization Schedule. Please see the following link for guidance: <http://www.cdc.gov/vaccines/imz/downloads/pdf/10-108a.pdf>. Please refer to the NJ Vaccine Preventable Disease Program website to access the immunization regulations and requirements for school attendance: <http://www.nj.gov/health/immunization>

MM-13  
JPH-14

## Resource Links

- State VPDP : <http://www.nj.gov/health/cd/vpdp>
- N.J.A.C. 8:57-4: <http://lexisnexis.com/njoal>
- Instructions for viewing regulations: [http://nj.gov/health/cd/documents/instructions\\_viewing\\_regulations.pdf](http://nj.gov/health/cd/documents/instructions_viewing_regulations.pdf)
- NJ Vaccine Requirements and Guidance Materials: <http://nj.gov/health/cd/imm.shtml>
- Antibody Titer Law: [http://nj.gov/health/cd/documents/antibody\\_titer\\_law.pdf](http://nj.gov/health/cd/documents/antibody_titer_law.pdf)
- NJIIS website: <https://njiis.nj.gov/njiis/>
- 2014 ACIP Recommended Childhood & Adolescent Immunization Schedule: <http://www.cdc.gov/vaccines/schedules/index.html>
- 2014 Catch-up Schedule: <http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

## Resource Links

- ACIP recommendations: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>
- ACIP Guide to Contraindications and Precautions to Commonly Used Vaccines: <http://www.immunize.org/catg.d/p3072a.pdf>
- Centers for Disease Control and Prevention (CDC) Provider Resources for Vaccine Conversations with Parents: [www.cdc.gov/vaccines/conversations](http://www.cdc.gov/vaccines/conversations)
- Immunization Action Coalition (IAC): <http://www.immunize.org/catg.d/p2070.pdf>
- Southern Regional Governmental Public Health Partnership/New Jersey: <http://www.sjhealthapp.org/>
- Immunization Apps for Health Care Providers and Patients: <http://www.immunize.org/resources/apps.asp>



*"In 1736 I lost one of my sons, a fine boy of four years old, by the small-pox, taken in the common way," he wrote. "I long regretted bitterly, and still regret that I had not given it to him by inoculation. "This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way and that, therefore, the safer should be chosen."*

## The ABC's of School Outbreak Reporting

NJ Department of Health  
Elizabeth F. Zaremski, MPH



## Purpose of Reporting

- Control further spread of the disease
- Identify and eliminate sources
- Learn about emerging problems
- Identify carriers
  - Minimize disease transmission
- Implement new strategies
  - Prevention within schools

## Outbreak and Case Reporting

- Mandated by New Jersey Administrative Codes and Statutes.
  - N.J.A.C. 8:57 (Health)  
Communicable Diseases
  - N.J.A.C. 6A:16-2 (Education)  
General Provisions for School Health Services
  - N.J.A.C. 10:122 (Human Services)  
Manual of Requirements for Child Care Centers



<http://www.nj.gov/health/cd/reporting.shtml>

## Who Should Report?

- Health care providers
- Administrators
  - Persons having control or supervision over a child care center, school, youth camp
- Laboratories

## When to Report?

- As soon as an outbreak is suspected
- A significant increase of illness above what is expected in a given period of time
- Current infection control practices are not working to control the spread of illness among the students/staff

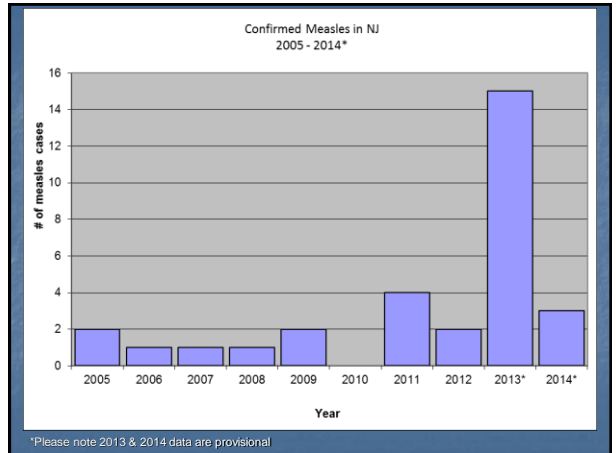
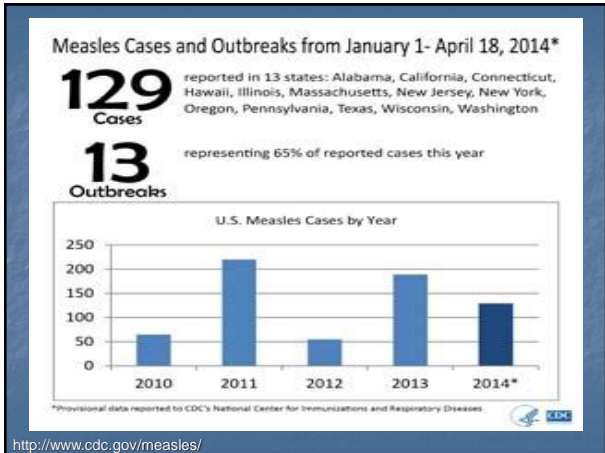
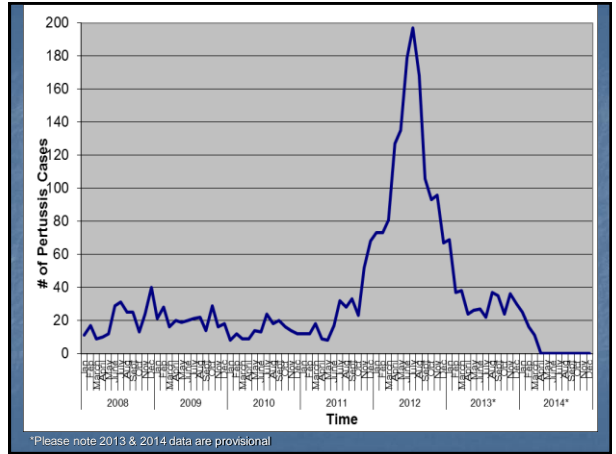
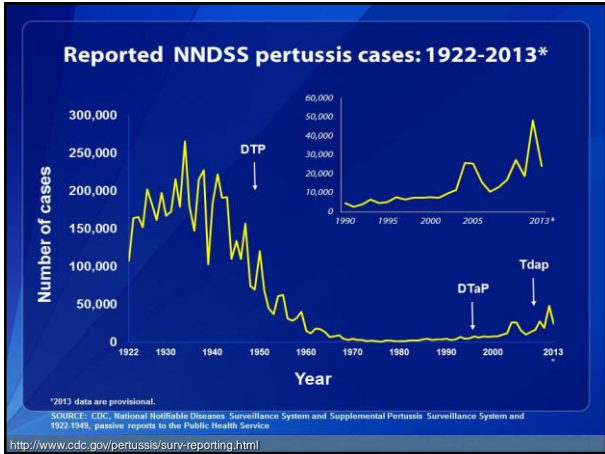
## What is an Outbreak?

- Occurrence of disease above the expected "norm" during a defined time period
  - Several "cases" within a classroom/wing of a facility or attended a common event/activity
  - Increase in absences with similar reported reason
  - Two or more students diagnosed with same reportable disease
  - Single case of highly infectious disease

## Report Outbreak to Who?

- Report to the local health department (LHD) where the school is located
  - <http://Localhealth.nj.gov>
- If the LHD cannot be reached, call the NJ Department of Health (NJDOH)
  - (609) 826-5964 normal business hours
  - (609) 392-2020 after hours/holidays







## Outbreak Management

## Identify an Outbreak

- Compare numbers of current cases to expected norms
  - Provide total number of students and staff
  - Maintain a daily log of absent students and staff
  - Ask parent to provide reason for absenteeism



## Identify an Outbreak

- Verify the diagnosis
  - Determine the cause
    - Laboratory evidence
    - Clinical signs and symptoms
    - Physician diagnosed illness

## Control the Outbreak

- Local health department to provide guidance
- School to institute and maintain recommended control measures
- Common control measures may be found at <http://nj.gov/health/cd/outbreaks.shtml>



## Exclusions

- Ill children should be excluded until they are no longer considered infectious
- Specific exclusion criteria can be found at <http://nj.gov/health/cd/outbreaks.shtml>



Disease	Exclusion Criteria	Return to School
Measles	Unvaccinated, or vaccinated but not fully protected (1st dose only)	14 days after last exposure
Scarlet fever	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Strep throat	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Whooping cough	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Hand, foot and mouth disease	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Shingles	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Chickenpox	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Herpes zoster	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Shingles	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve
Herpes zoster	Unvaccinated, or vaccinated but not fully protected (1st dose only)	24 hours after symptoms resolve

## Exclusions

- Determine if there are any un-/under-vaccinated persons exposed
  - Medical or Religious Exemption
  - Age
- Decision to exclude should be made in consultation with LHD and NJDOH
- Every situation may be different
  - Disease
  - Outbreak vs single case
  - Exposure

## Other Steps

- Develop an outbreak case definition
- Perform active surveillance
- Document and count cases
- Identify and eliminate the source
- Evaluate the effectiveness of control measures and modify, as needed

## Closures

- NJDOH does **not** recommend school closure for outbreaks of infectious disease
- Administrative decision
  - After consultation with public health officials and school district medical personnel



## Closures

- If necessary, utilize closure on limited basis to prevent spread of infection
- When
  - Infections expected to affect large number of susceptible individuals
  - Control measures are inadequate
  - Facility unable to function due to increased illness affecting staff

## Education

- Health education for students, staff, and parents is an essential component in the prevention and control of communicable diseases
- Should be done before problems arise



## Parental Notifications

- Policy for notification to parents
- Post signage and/or send notification home
  - Sample notification letter template can be found at:  
<http://nj.gov/health/cd/outbreaks.shtml>  
<http://www.nj.gov/health/cd/vpdp/index.shtml>
- Communication to parents should include assistance from local public health

## What to Convey

- Communicate in ways that build, maintain or restore trust
  - Provide simple, straightforward, and realistic messages
  - Deliver information with brevity, clarity, and effectiveness
- Include symptoms, prevention and control measures, exclusion
- Provide actions school has taken and what parents can do

## Summary

- Familiarize yourself with NJDOH guidance available at <http://nj.gov/health/cd/outbreaks.shtml>
- Communicate
  - Get to know your local health department
- Be prepared
  - Develop policies
  - Review vaccination records
- Report

## Resources

- NJDOH Communicable Disease Service  
<http://www.nj.gov/health/cd>
- Centers for Disease Control and Prevention  
<http://www.cdc.gov>  
<http://www.cdc.gov/vaccines>
- CDC Pink Book  
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- CDC Manual for Surveillance of VPDs  
<http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>
- AAP Red Book  
<http://aapredbook.aappublications.org>

## Contact

Vaccine Preventable Disease Program

Phone: (609) 826-4861

Fax: (609) 826-4866

Communicable Disease Service

Phone: (609) 826-5964

