

# Update on Immunization Requirements for the 2016-2017 School Year

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# Immunizations

## Recommendations vs. School Requirements

- Recommended Schedule
  - Developed nationally by the Advisory Committee on Immunization Practices (ACIP)
  - Defines national standard of practice
  - Endorsed by the AAP, AAFP, ACOG
- NY School Requirements for pre-K and K-12
  - Immunizations are required to register for school and to remain in school (pre-K, K-12)
  - Same requirements for all public and private schools throughout NY (NYC and non-NYC)
  - Defined by NYS PHL § 2164 and City Health Code

# ACIP Recommended Childhood and Adolescent Immunization Schedules, 2016

**Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2016.**

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs	
Hepatitis B <sup>1</sup> (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →		← 3 <sup>rd</sup> dose →													
Rotavirus <sup>2</sup> (RV) RV1 (2-dose series); RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis <sup>3</sup> (DTaP: <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	← 4 <sup>th</sup> dose →						5 <sup>th</sup> dose					
<i>Haemophilus influenzae</i> type b <sup>4</sup> (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See footnote 4	← 3 <sup>rd</sup> or 4 <sup>th</sup> dose → See footnote 4											
Pneumococcal conjugate <sup>5</sup> (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	← 4 <sup>th</sup> dose →											
Inactivated poliovirus <sup>6</sup> (IPV: <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →								4 <sup>th</sup> dose				
Influenza <sup>7</sup> (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only				
Measles, mumps, rubella <sup>8</sup> (MMR)					See footnote 8	← 1 <sup>st</sup> dose →						2 <sup>nd</sup> dose					
Varicella <sup>9</sup> (VAR)						← 1 <sup>st</sup> dose →						2 <sup>nd</sup> dose					
Hepatitis A <sup>10</sup> (HepA)						← 2-dose series, See footnote 10 →											
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 11												1 <sup>st</sup> dose		Booster
Tetanus, diphtheria, & acellular pertussis <sup>12</sup> (Tdap: ≥ 7 yrs)															(Tdap)		
Human papillomavirus <sup>13</sup> (2vHPV: females only; 4vHPV, 9vHPV: males and females)															(3-dose series)		
Meningococcal B <sup>14</sup>														See footnote 11			
Pneumococcal polysaccharide <sup>5</sup> (PPSV23)											See footnote 5						

Range of recommended ages for all children
  Range of recommended ages for catch-up immunization
  Range of recommended ages for certain high-risk groups
  Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
  No recommendation

This schedule includes recommendations in effect as of January 1, 2016. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

**NOTE: The above recommendations must be read along with the footnotes of this schedule.**



# ACIP Catch-Up Schedule, 2016

**FIGURE 2. Catch-up immunization schedule for persons aged 4 months through 18 years who start late or who are more than 1 month behind —United States, 2016.**

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

Children age 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus <sup>2</sup>	6 weeks	4 weeks	4 weeks <sup>2</sup>		
Diphtheria, tetanus, and acellular pertussis <sup>3</sup>	6 weeks	4 weeks	4 weeks	6 months	6 months <sup>2</sup>
Haemophilus influenzae type b <sup>4</sup>	6 weeks	4 weeks If first dose was administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose) If first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	4 weeks <sup>4</sup> If current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel) or unknown. 8 weeks and age 12 through 59 months (as final dose) <sup>4</sup> • If current age is younger than 12 months and first dose was administered at age 7 through 11 months (wait until at least 12 months old); OR • If current age is 12 through 59 months and first dose was administered before the 1 <sup>st</sup> birthday, and second dose administered at younger than 15 months; OR • If both doses were PRP-OMP (Pedvax-HB; Comvax) and were administered before the 1 <sup>st</sup> birthday (wait until at least 12 months old). No further doses needed If previous dose was administered at age 15 months or older.	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal <sup>5</sup>	6 weeks	4 weeks If first dose administered before the 1 <sup>st</sup> birthday. 8 weeks (as final dose for healthy children) If first dose was administered at the 1 <sup>st</sup> birthday or after. No further doses needed for healthy children if first dose administered at age 24 months or older.	4 weeks If current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) If previous dose given between 7-11 months (wait until at least 12 months old); OR If current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for children aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus <sup>6</sup>	6 weeks	4 weeks <sup>6</sup>	4 weeks <sup>6</sup>	6 months <sup>6</sup> (minimum age 4 years for final dose).	
Measles, mumps, rubella <sup>8</sup>	12 months	4 weeks			
Varicella <sup>9</sup>	12 months	3 months			
Hepatitis A <sup>10</sup>	12 months	6 months			
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	6 weeks	8 weeks <sup>11</sup>	See footnote 11	See footnote 11	
Children and adolescents age 7 through 18 years					
Meningococcal <sup>11</sup> (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	Not Applicable (N/A)	8 weeks <sup>11</sup>			
Tetanus, diphtheria, tetanus, diphtheria, and acellular pertussis <sup>12</sup>	7 years <sup>12</sup>	4 weeks	4 weeks If first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday. 6 months (as final dose) If first dose of DTaP/DT or Tdap/Td was administered at or after the 1 <sup>st</sup> birthday.	6 months if first dose of DTaP/DT was administered before the 1 <sup>st</sup> birthday.	
Human papillomavirus <sup>13</sup>	9 years		Routine dosing intervals are recommended. <sup>13</sup>		
Hepatitis A <sup>10</sup>	N/A	6 months			
Hepatitis B <sup>1</sup>	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.		
Inactivated poliovirus <sup>6</sup>	N/A	4 weeks	4 weeks <sup>6</sup>	6 months <sup>6</sup>	
Measles, mumps, rubella <sup>8</sup>	N/A	4 weeks			
Varicella <sup>9</sup>	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.			

**NOTE: The above recommendations must be read along with the footnotes of this schedule.**

# ACIP Schedule, 2016 Footnotes

## Footnotes — Recommended immunization schedule for persons aged 0 through 18 years—United States, 2016

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

### Additional information

- For contraindications and precautions to use of a vaccine and for additional information regarding that vaccine, vaccination providers should consult the relevant ACIP statement available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.
- For purposes of calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 months or greater are determined by calendar months.
- Vaccine doses administered 4 days or less before the minimum interval are considered valid. Doses of any vaccine administered  $\geq 5$  days earlier than the minimum interval or minimum age should not be counted as valid doses and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see *MMWR, General Recommendations on Immunization and Reports / Vol. 60 / No. 2; Table 1. Recommended and minimum ages and intervals between vaccine doses* available online at <http://www.cdc.gov/mmwr/pdf/rr/r6002.pdf>.
- Information on travel vaccine requirements and recommendations is available at <http://wwwnc.cdc.gov/travel/destinations/list>.
- For vaccination of persons with primary and secondary immunodeficiencies, see Table 13, "Vaccination of persons with primary and secondary immunodeficiencies," in *General Recommendations on Immunization (ACIP)*, available at <http://www.cdc.gov/mmwr/pdf/rr/r6002.pdf>; and American Academy of Pediatrics. "Immunization in Special Clinical Circumstances," in Kimberlin DW, Brady MT, Jackson MA, Long SS eds. *Red Book: 2015 report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics.

### 1. Hepatitis B (HepB) vaccine. (Minimum age: birth)

#### Routine vaccination:

##### At birth:

- Administer monovalent HepB vaccine to all newborns before hospital discharge.
- For infants born to hepatitis B surface antigen (HBsAg)-positive mothers, administer HepB vaccine and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9 through 18 months (preferably at the next well-child visit) or 1 to 2 months after completion of the HepB series if the series was delayed; CDC recently recommended testing occur at age 9 through 12 months; see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6439a6.htm>.
- If mother's HBsAg status is unknown, within 12 hours of birth administer HepB vaccine regardless of birth weight. For infants weighing less than 2,000 grams, administer HBIG in addition to HepB vaccine within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if mother is HBsAg-positive, also administer HBIG for infants weighing 2,000 grams or more as soon as possible, but no later than age 7 days.

##### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB vaccine should be used for doses administered before age 6 weeks.
- Infants who did not receive a birth dose should receive 3 doses of a HepB-containing vaccine on a schedule of 0, 1 to 2 months, and 6 months starting as soon as feasible. See Figure 2.
- Administer the second dose 1 to 2 months after the first dose (minimum interval of 4 weeks), administer the third dose at least 8 weeks after the second dose AND at least 16 weeks after the first dose. The final (third or fourth) dose in the HepB vaccine series should be administered **no earlier than age 24 weeks**.
- Administration of a total of 4 doses of HepB vaccine is permitted when a combination vaccine containing HepB is administered after the birth dose.

##### Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series.
- A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.
- For other catch-up guidance, see Figure 2.

### 2. Rotavirus (RV) vaccines. (Minimum age: 6 weeks for both RV1 [Rotarix] and RV5 [RotaTeq])

#### Routine vaccination:

Administer a series of RV vaccine to all infants as follows:

- If Rotarix is used, administer a 2-dose series at 2 and 4 months of age.
- If RotaTeq is used, administer a 3-dose series at ages 2, 4, and 6 months.
- If any dose in the series was RotaTeq or vaccine product is unknown for any dose in the series, a total of 3 doses of RV vaccine should be administered.

##### Catch-up vaccination:

- The maximum age for the first dose in the series is 14 weeks, 6 days; vaccination should not be initiated for infants aged 15 weeks, 0 days or older.
- The maximum age for the final dose in the series is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.

### 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks.

Exception: DTaP-IPV (Kinrix, Quadacel): 4 years)

#### Routine vaccination:

- Administer a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.
- Inadvertent administration of 4th DTaP dose early: If the fourth dose of DTaP was administered at least 4 months, but less than 6 months, after the third dose of DTaP, it need not be repeated.

### 3. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine (cont'd)

#### Catch-up vaccination:

- The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.
- For other catch-up guidance, see Figure 2.

### 4. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks for PRP-2 [ACTHIB, DTaP-IPV/Hib (Pentacel) and Hib-MenCY (MenHibrix)], PRP-OMP [PedvaxHIB or COMVAX], 12 months for PRP-T [Hiberix])

#### Routine vaccination:

- Administer a 2- or 3-dose Hib vaccine primary series and a booster dose (dose 3 or 4 depending on vaccine used in primary series) at age 12 through 15 months to complete a full Hib vaccine series.
- The primary series with ActHib, MenHibrix, or Pentacel consists of 3 doses and should be administered at 2, 4, and 6 months of age. The primary series with PedvaxHib or COMVAX consists of 2 doses and should be administered at 2 and 4 months of age; a dose at age 6 months is not indicated.
- One booster dose (dose 3 or 4 depending on vaccine used in primary series) of any Hib vaccine should be administered at age 12 through 15 months. An exception is Hiberix vaccine. Hiberix should only be used for the booster (final) dose in children aged 12 months through 4 years who have received at least 1 prior dose of Hib-containing vaccine.
- For recommendations on the use of MenHibrix in patients at increased risk for meningococcal disease, please refer to the meningococcal vaccine footnotes and also to *MMWR* February 28, 2014 / 63(RR01);1-13, available at <http://www.cdc.gov/mmwr/PDF/rr/r6301.pdf>.

#### Catch-up vaccination:

- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHib or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
- If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be administered 8 weeks later.
- For unvaccinated children aged 15 months or older, administer only 1 dose.
- For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* February 28, 2014 / 63(RR01);1-13, available at <http://www.cdc.gov/mmwr/PDF/rr/r6301.pdf>.

#### Vaccination of persons with high-risk conditions:

- Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be re vaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized\* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.

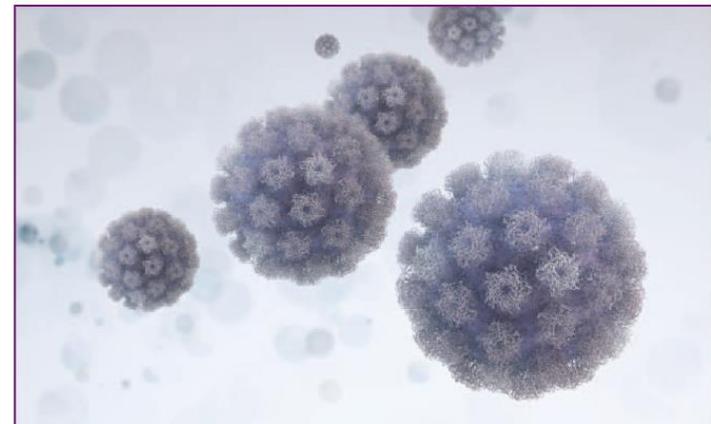
# ACIP Full Statements and Policy Notes

- ACIP Recommendations may be published as Recommendations and Reports in the MMWR, an MMWR article or as a policy note
- Content includes:
  - Importance of the disease
  - Available vaccines
  - Data: efficacy and safety
  - Recommendations
  - Contraindications
  - Impact

Centers for Disease Control and Prevention  
**MMWR**  
Recommendations and Reports / Vol. 63 / No. 5

Morbidity and Mortality Weekly Report  
August 29, 2014

## Human Papillomavirus Vaccination Recommendations of the Advisory Committee on Immunization Practices (ACIP)



# NYC School Immunization Requirements (SH-65 Form) 2016-2017 School Year



## SEPTEMBER 2016

### MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, CHILD CARE CENTERS AND SCHOOLS)

#### **ALL STUDENTS ENTERING A NEW YORK CITY SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS**

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering New York City public or private schools or child care (including Universal Pre-K classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is 5 years old, a second examination, performed between the child's 5th and 6th birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the New York City Immunization Registry (CIR). A savable version of the pre-populated CH-205 is also available in CIR and is accessible for use and updates as needed.

## IMMUNIZATION REQUIREMENTS 2016-17

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade he or she is attending this school year.

[http://schools.nyc.gov/NR/rdonlyres/461805A3-25CC-4397-AE8E-F8A32BCF6335/0/MedReq2012\\_13.pdf](http://schools.nyc.gov/NR/rdonlyres/461805A3-25CC-4397-AE8E-F8A32BCF6335/0/MedReq2012_13.pdf)



# NYC School Immunization Requirements (SH-65 Form)

## 2016-2017 School Year

### FULL COMPLIANCE

2016–17 School Year

New York State Requirements for Child Care and School Entrance/Attendance<sup>1</sup>

Notes: For grades pre-k through 8, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age (*exception*: intervals between doses of polio vaccine only need to be reviewed for grades pre-kindergarten, kindergarten, 1, 2, 6, 7 and 8). Intervals between doses of vaccine DO NOT need to be reviewed for grades 9 through 12. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information and dose requirements for each vaccine.\* Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

\*Footnotes reflect updates as of April 2016. Please refer

to [http://www.health.ny.gov/prevention/immunization/schools/updated\\_school\\_imm\\_requirements.htm](http://www.health.ny.gov/prevention/immunization/schools/updated_school_imm_requirements.htm) for updated information and Frequently Asked Questions (FAQs).

Dose requirements MUST be read with the footnotes of this schedule.

VACCINES	PRE-KINDERGARTEN (Child Care, Head Start, Nursery or Pre-K)	KINDERARTEN through 2	GRADES 3 through 5	GRADES 6 through 8	GRADES 9 through 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/DT/Td/Tdap) <sup>2</sup>	4 doses	5 doses <u>or</u> 4 doses if the 4 <sup>th</sup> dose was received at 4 years of age or older <u>or</u> 3 doses if the series is started or completed at 7 years of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) <sup>3</sup>	Not Applicable			1 dose	
Polio vaccine (IPV/OPV) <sup>4</sup>	3 doses	4 doses <u>or</u> 3 doses if the 3 <sup>rd</sup> dose was received at 4 years of age or older	3 doses	4 doses <u>or</u> 3 doses if the 3 <sup>rd</sup> dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR) <sup>5</sup>	1 dose	2 doses			
Hepatitis B vaccine <sup>6</sup>	3 doses	3 doses			
Varicella (Chickenpox) vaccine <sup>7</sup>	1 dose	2 doses	1 dose	2 doses	1 dose
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>8</sup>	1 to 4 doses	Not Applicable			
Pneumococcal Conjugate Vaccine (PCV) <sup>9</sup>	1 to 4 doses	Not Applicable			
Meningococcal Conjugate Vaccine (MenACWY ) <sup>10</sup>	Not Applicable			Grade 7: 1 dose	Grade 12: 2 doses <u>or</u> 1 dose if the first dose was received at age 16 years or older

# School Assessment of Immunizations

- Annual assessment of doses required upon entry or attendance for all required vaccines
- Refer to SH-65 form for required doses by grade/age
- If all ACIP recommendations are followed, all school requirements will be met
- If the child is up-to-date in the Citywide Immunization Registry (known as the CIR), then the child will also be in compliance for school

# Citywide Immunization Registry (CIR)

- The NYC DOHMH's centralized, computerized database of immunization records
- Mandated reporting for NYC children <19 years
- Voluntary reporting for NYC adults  $\geq$ 19 years (consent in their medical record)
- Good population capture
- Access to the CIR for authorized health care providers, parents, legal guardians and custodians, patients, school nurses and authorized staff
- Weekly data exchange with NYS immunization registry
- Immunization records from the CIR populate DOE's database (ATS) automatically for new entrants and for students who are not in compliance

# Key Changes for 2016-2017 School Year

- New meningitis requirements for 7<sup>th</sup> and 12<sup>th</sup> grades
  - 1 dose for 7<sup>th</sup> grade entry
  - 2 doses for 12<sup>th</sup> grade entry or 1 dose if the 1<sup>st</sup> dose was received at age 16 years or older
- Expansion of the rolling varicella and polio vaccine requirements to grades K, 1, 2 and 6, 7, 8

# School Requirements for DTaP/DTP

- 4 doses of DTaP for pre-K
- 4 to 5 doses of DTaP for grades K through 2
  - 5 adequate doses of DTaP are required
  - If 4<sup>th</sup> dose was given at age 4 years or older, the 5<sup>th</sup> dose is not necessary
- 3 to 5 doses for grades 3 through 5
  - As age appropriate
- 3 doses for grades 6 through 12

# School Requirements for Tdap

- Tdap requirement unchanged
- 1 Tdap dose required for all children aged 11 years and older entering grades 6-12
- Any Tdap given at 7 years of age or older, meets the requirement
- Children ages 7 through 10 who are not fully immunized with DTaP series, should receive Tdap as the first dose in the catch-up series
- Tdap can be received regardless of the interval since the last Td-containing vaccine

# School Requirements for Polio

- For grades K, 1, 2 and 6, 7, 8
  - 4 doses are required or 3 doses if 3<sup>rd</sup> dose was given at age  $\geq 4$  years
  - For grades K through 2, one of the doses must have been given at age  $\geq 4$  years, unless dose 4 was received before Aug 7, 2010
    - May result in up to 5 required doses
- 3 doses required for all other grades this year
- Rolling requirement
  - Next school year will apply to K through 3<sup>rd</sup> grade and 6<sup>th</sup> through 9<sup>th</sup> grades

# Possible Questions about Polio Vaccine

- Children coming from other countries may have received multiple doses of polio vaccine
  - Usually as OPV
  - OPV is acceptable
  - Though not all doses may be considered valid in US based on age and intervals
- Recommended approach
  - Make sure at least 1 of the doses was given on or after age 4 years
  - There needs to be a total of at least 3 valid doses

# School Requirements for MMR

- 1 dose of MMR is required for pre-K
- 2 doses of MMR are required for all children in grades K – 12
- The requirement begins upon K entry
- Requirement is for:
  - 2 doses of measles-containing vaccine
  - 2 doses of mumps-containing vaccine
  - At least 1 dose of rubella-containing vaccine

# School Requirements for Hepatitis B Vaccine

- 3 doses of Hepatitis B vaccine are required for all children
  - With valid intervals
  - 2 dose adolescent schedule is acceptable

# School Requirements for Varicella (Chickenpox) Vaccine

- 2 doses of varicella vaccine are required for children entering grades K, 1, 2 and 6, 7, 8
  - Rolling requirement
  - Next school year will apply to grades K, 1, 2, 3 and 6, 7, 8, 9
- 1 dose is required for all other grades, however, 2 doses are recommended

# School Requirements for Meningococcal Vaccine

- Only applies to MenACWY, not Men B vaccines
- 1 dose for 7<sup>th</sup> grade entry
  - Could have been given at any time
- 2nd dose for 12<sup>th</sup> grade entry
  - 2<sup>nd</sup> dose must be given on or after the 16<sup>th</sup> birthday
  - If 2 doses were received prior to age 16, then a 3<sup>rd</sup> dose will be required
  - Only 1 dose is required if that dose was given on or after the 16<sup>th</sup> birthday

# Additional Pre-K Requirements

- 1 to 4 doses of *Haemophilus influenzae* type b (Hib) and pneumococcal conjugate (PCV) vaccines
  - Number of required doses depends on the age of the child and previous vaccination history
  - For Hib: if last dose was given  $\geq 15$  months, then child is in compliance
  - For PCV: if last dose was given  $\geq 24$  months, then child is in compliance

# Students in Grades 9 through 12

- Are deemed in compliance with school requirements through graduation if they were in compliance prior to June 30, 2014
- Compliance based on number of vaccine doses
- Intervals do not need to be reviewed

# Live Virus Vaccine Recommendations

- Live virus vaccines (e.g. MMR, varicella, LAIV) can be administered simultaneously or must be separated by  $\geq 28$  days in order to be considered a valid dose
- Tuberculin testing (PPD testing or blood-based TB-test) can be administered before or simultaneously with live virus vaccine (MMR, varicella). Otherwise tuberculin testing should be postponed for 4-6 weeks

# Grace Periods for Doses

- Vaccine doses administered within 4 calendar days of the recommended minimum age or interval are considered valid
- Exception is a 28 day interval between doses of live virus vaccines

# Diagnosis of Disease as Evidence of Immunity

- Only allowed for varicella
- Not allowed for measles, mumps or rubella
- Must be diagnosed by physician, nurse practitioner, or physician assistant
- May include documentation of disease in a report downloaded from the CIR

# Serological Evidence of Immunity

- Serologic evidence of immunity is allowable for measles, mumps, rubella, varicella, hepatitis B, and poliomyelitis *only*
  - For hepatitis B, may be either positive HBsAg (marker of infection, qualifies as a valid medical exemption) or HBsAb (marker of immunity)
  - For polio, must be positive for all 3 serotypes
  - Children with 2 valid documented doses of MMR or varicella vaccine are considered immune and do not need a 3<sup>rd</sup> dose of the respective vaccine if IgG titers are negative
- Equivocal serology results not acceptable proof of immunity

# Polio Serology Challenges

- As part of the global polio eradication program, live polio viruses are being removed from all laboratories – hence, testing for poliovirus type 2 is no longer available
- Previously obtained polio serology can be accepted but this option is no longer available
- Expected developments:
  - Revised ACIP General Recommendations will say that polio serology is not acceptable as proof of immunity
  - Once this guidance is released, NYS DOH will update the polio requirements

# Medical Exemptions

- Must be renewed annually at the start of each school year
- The specific vaccine(s) must be indicated
- Must specify a valid reason for exemption\*
- Must specify the length of time immunization contraindicated
- NYC medical exemption form at:  
<http://schools.nyc.gov/Offices/Health/ImmunizationInfo/default.htm>

\* [www.cdc.gov/vaccines/hcp/admin/contraindications.html](http://www.cdc.gov/vaccines/hcp/admin/contraindications.html)

# These Groups Can be Vaccinated

- Mild illness (even with fever)
- Mild/moderate local reaction or fever after a previous vaccine
- Antimicrobial therapy
- Disease exposure or convalescence
- Household member who is pregnant or immunosuppressed
- Allergies to products not in the vaccine
- Family history including any developmental or behavioral issues
- Need for multiple vaccines
- Need for TB testing
- Premature birth
- Breastfeeding

**These are not contraindications nor valid medical exemptions**

# Religious Exemption

- Parent or guardian must submit a personally written, signed statement stating the basis for request explaining foundations for genuine and sincere religious beliefs which prohibit the child from being immunized
- Form letters and letters from third parties (such as a religious leaders or lawyer) are not acceptable
- PHL § 2164 does not require approval of the religious exemption request – must be based on genuine and sincere religious beliefs

# Philosophical Exemptions

- Not allowed in New York State

# Provisional Compliance

- New students may enter school provisionally with documentation of at least first dose of each immunization series
- Subsequent vaccines must be administered in accordance with ACIP catch-up schedule to be considered “in process” and remain in school
- School may not refuse admission to a child who meets the definition of “in process” to complete the required immunizations

# NYC Immunization Requirements for 2016-2017 (SH-65 Form)

## PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee for Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to <http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html> for schedule). Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

<b>CHILD CARE/PRE-KINDERGARTEN</b>	<b>NO. OF DOSES</b>
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis).....	1
IPV (inactivated poliovirus) or OPV (oral poliovirus).....	1
MMR (measles-mumps-rubella)..... On or after the 1st birthday.	1
Hib ( <i>Haemophilus influenzae</i> type b).....	1
Hepatitis B.....	1
Varicella..... On or after the 1st birthday.	1
Pneumococcal conjugate (PCV).....	1

<b>KINDERGARTEN/GRADES 1-12</b>	<b>NO. OF DOSES</b>
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis).....	1
Vaccine type as appropriate for age.	
Tdap (6 <sup>th</sup> through 12 <sup>th</sup> grades).....	1
IPV or OPV.....	1
MMR On or after the 1st birthday.	
Hepatitis B.....	1
Varicella..... On or after the 1st birthday.	1
Meningococcal (7 <sup>th</sup> and 12 <sup>th</sup> grades).....	1

# Provisional Compliance (cont.)

- Alternative schedules are not acceptable
- In absence of immunization records, 30 days allowed for results of serologic testing
  - If results negative, appointment dates must be provided for vaccination

# Who is in Compliance with School Immunization Requirements

- Students with evidence of immunity for a vaccine series: immunization or serologic evidence or disease history for varicella
- OR -
- Students with a valid religious or medical exemption on file

# Exclusions

- A child must be excluded from school (not allowed in school) by the principal if:
  - Lacks an immunization record (or other acceptable evidence of immunity), unless there is a documented medical or religious exemption
  - Fails to provide documentation of immunizations within:
    - 14 days if child has previously lived in NYS, *or*
    - 30 days if the child has resided in another state or country
  - Has exceeded the ‘in process’ period based on ACIP catch up schedule
    - School can request appointment documentation

# Exclusion in the Event of an Outbreak

- List of diseases for which a child may be excluded expanded to include all the diseases listed in PHL Section § 2164
- Children “in process” or with medical or religious exemptions
- Exclusion duration may include the entire incubation period
- Schools required to maintain a current list of susceptible children at all times
- Upheld in federal court

# Other Recommended Vaccines that are NOT Required

- Other vaccines are recommended by ACIP:
  - Rotavirus vaccine (infants only)
  - Influenza vaccine (for K-12)
  - Hepatitis A vaccine
  - Human Papillomavirus
  - Meningitis B
  - Pneumococcal polysaccharide vaccine
  - Zoster (shingles) vaccine (adult only)

There are no contraindications to simultaneous administration of any vaccines

It is not necessary to restart the series of any routine vaccine due to extended intervals between doses

# Vaccine Adverse Events

- Report *suspected* vaccine adverse events on-line through the CIR [www.nyc.gov/health/cir](http://www.nyc.gov/health/cir) (preferred) or through the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

# Disease Reporting

- List of reportable diseases, including vaccine-preventable diseases, on DOH website  
[www1.nyc.gov/site/doh/providers/reporting-and-services/notifiable-diseases-and-conditions-reporting-central.page](http://www1.nyc.gov/site/doh/providers/reporting-and-services/notifiable-diseases-and-conditions-reporting-central.page)
- Immediately reportable conditions should be reported to DOH Provider Access Line at 866-692-3641

# Child and Adolescent Health Examination Form (CH-205)

- Two versions of CH-205 are currently available
  - New form only available as PDF
  - Old form is available in the CIR
- DOH is working to make the new form available in CIR
  - CIR automatically pre-populates the immunization portion of the form
  - CIR enables providers to save the form and update as needed
- Schools will accept either version in the interim

# Resources and Educational Materials

- Medical requirements for new school entrants 2016 (SH-65 Form)

[http://schools.nyc.gov/NR/rdonlyres/461805A3-25CC-4397-AE8E-F8A32BCF6335/0/MedReq2012\\_13.pdf](http://schools.nyc.gov/NR/rdonlyres/461805A3-25CC-4397-AE8E-F8A32BCF6335/0/MedReq2012_13.pdf)

- ACIP Birth-18 Years & "Catch-up" Immunization Schedules

[www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html](http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html)

- Chancellor's Regulation A-701

- NYSDOH *Frequently Asked Questions*

[www.health.ny.gov/prevention/immunization/schools/docs/faq\\_immunization\\_regulations.pdf](http://www.health.ny.gov/prevention/immunization/schools/docs/faq_immunization_regulations.pdf)

# Using CIR Online Registry to Recall Patients in Preparation for the School Year

# CIR Online Registry Recall Features (1)

- Choose subsets of your patients due for vaccine before school begins
  - Customize sets by age range, vaccine type, doses
  - Example: select “age range from  $\geq 4$  to 12 years” and “Include patients who are missing any age-appropriate immunization”
- Reach out to families whose children are not up-to-date by using the letters and labels program, phone list or text messaging- *newest feature*
- Text messages can be set up as a one-time message or an automated recurrent message - generated every 28 days- for a chosen duration- e.g., 1 year - forever. *Fast and FREE!*

# CIR Recall Features (2)

- Messages can be customized or use CIR default message

Your child born in  is overdue for immunisation. Call

**FACILITY NAME (up to 42 characters):**

Characters remaining: 42

**at CONTACT NUMBER:**   
 to schedule.

Default text message

- Recall jobs are saved in CIR and are downloadable for viewing details and your own use: patient contact data, vaccines due

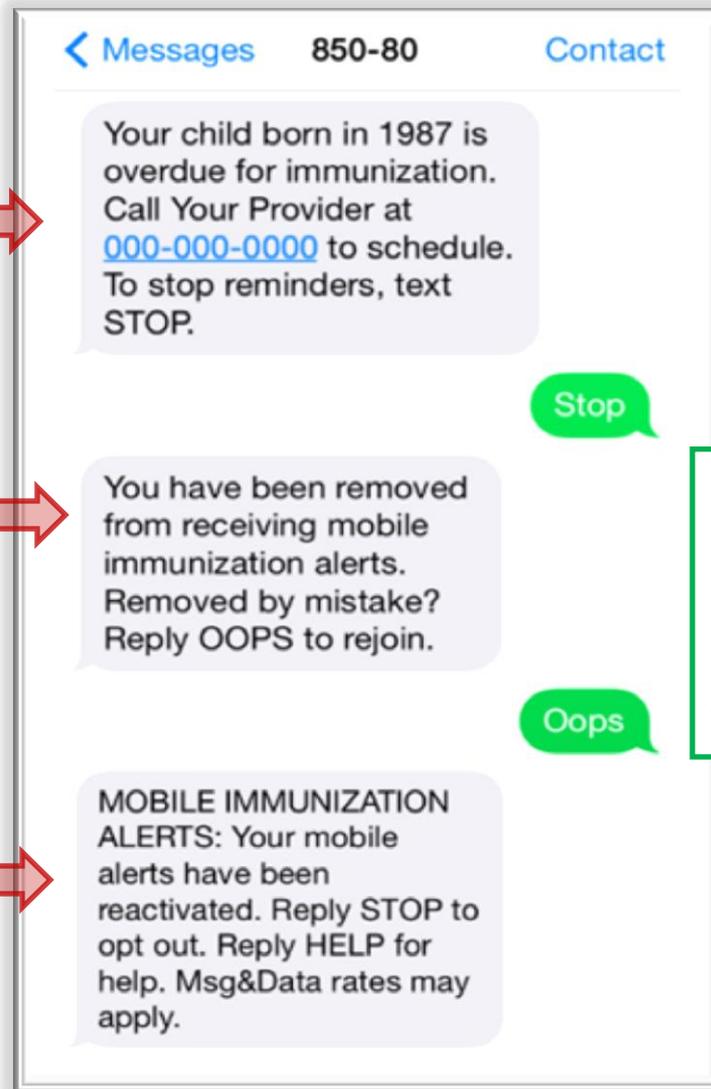
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Job Name:	Sull_20150423_03														
2	Facility Code:	5555R56	Facility Name:	Recal Test Facility												
3	Created By:	msull1														
4	Created On:	04/23/2015 11:48 am	Date of Run:	04/23/2015												
5	Date of Run:	04/23/2015 11:51 am														
6																
7	Outreach Type:	Recal														
8	Contact Method:	Text message														
9	Based On:	Patients in MyList with Age Range: 0 yr - 12 yr														
10		Gender: Males and Females														
11		Doses: Patients missing any age appropriate immunization														
12																
13	Total Patients who met Age/Gender criteria: 3, Patients UTD: 0 (0.0%), Patients not UTD: 3 (100.0%)															
14	Total Patients not UTD who have a cell #: 3															
15	Total Patients sent text msg (did not opt-out): 3															
16																
17	Sent Text Msg	Opted Out Text Msg	Last Name	First Name	DOB	Gender	MRN	CIR Id	Address	City	State	ZIP	Home Phone	Cell Phone	Email Address	Due Now
18	Y	N	RECALL	NALA	05/10/2004	F	788187049							908-917-3370		Influenza-1, HepB-1, DTP-1, Polio-1, MMR-1, Varicella-1, HepA-1
19	Y	N	REYNOLDS	CHLOE	10/03/2000	F	3386358	580991736	484 W 43RD STREET	NEW YORK NY		10036	3473962537	917-319-0521	shuie@health.nyc.gov	Influenza-1, DTP-5, MMR-2, Varicella-2
20	Y	N	RECALL-SULL	JUNO	01/01/2010	M	788184526							908-917-3370		Influenza-1, HepB-1, DTP-1, Polio-1, MMR-1, Varicella-1, HepA-1

# Text messages viewed from mobile phone

Your message to the parent/guardian of your pediatric patient. This is a sample of a default message.

The recipient can reply "STOP." Recipient will next receive an auto-reply confirming opting out of receiving text messages

The recipient may reply "OOPS" to opt back in to receiving text messages. An auto-reply confirmation is sent



**Short Code: 850-80.**  
This is the number that recipients will see when you text them.

The recipient always has the option of continuing to receive messages or stopping them.

# Resources for CIR Reminder/Recall and Text Messaging

- Online Guides
  - [www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-recall-guide.pdf](http://www1.nyc.gov/assets/doh/downloads/pdf/cir/cir-recall-guide.pdf)
  - [www1.nyc.gov/assets/doh/downloads/pdf/cir/txt-messaging-guide.pdf](http://www1.nyc.gov/assets/doh/downloads/pdf/cir/txt-messaging-guide.pdf)
- For questions or assistance with CIR, call 347-396-2400

Questions?