Disclosures

I have no relevant financial relationships with the manufacturer(s) of any commercial products(s) and/or provider(s) of commercial services discussed within this CNE activity.

I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation.
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1967</td>
<td>School Code amended to include DTP, Polio and Measles for K-5-9</td>
</tr>
<tr>
<td>1972</td>
<td>Rubella added for all males and females &lt;10yrs</td>
</tr>
<tr>
<td>1979</td>
<td>90% School Compliance</td>
</tr>
<tr>
<td>1987-1988</td>
<td>1 dose Mumps &amp; Rubella required for all grades</td>
</tr>
<tr>
<td>1993-1994</td>
<td>2nd dose Measles required for all grades</td>
</tr>
<tr>
<td>1996</td>
<td>Hib required</td>
</tr>
<tr>
<td>1997-1998</td>
<td>Hepatitis B required for Preschool and 5th grade</td>
</tr>
<tr>
<td>2003-2004</td>
<td>Varicella 1 dose progressive starting in Preschool and kindergarten</td>
</tr>
<tr>
<td>2012-2013</td>
<td>Tdap required for 6th &amp; 9th grade</td>
</tr>
<tr>
<td>2013-2014</td>
<td>Tdap required for grades 6th – 12th</td>
</tr>
<tr>
<td>2014-2015</td>
<td>2nd dose Mumps &amp; Rubella; 2nd dose varicella for grades K-6-9 progressive; Hepatitis B changed to 6th grade entry; PCV required for Preschool</td>
</tr>
<tr>
<td>2015-2016</td>
<td>MCV4 required 6th and 12th grade (progressive)</td>
</tr>
<tr>
<td>2017-2018</td>
<td>Kindergarten polio changes; Clarify MCV4 age for 6th grade</td>
</tr>
</tbody>
</table>
**Mandated Intervals Between Shots**

1 Month = 4 Weeks / 28 Days
2 Months = 8 Weeks / 56 Days
4 Months = 16 Weeks / 112 Days
One year of age = On or after the first birthday.

**For Preschool hepatitis B only:**
6 months of age = 24 weeks = 168 days

ACIP Best Practice guidelines consider vaccine doses that are sometimes administered <4 days before the minimum interval or age as valid. Vaccine doses given within this 4 day grace period can be considered by the local school authority as “proof of immunity” per 77 Ill. Adm. Code 665.270. This does not apply to the 28 days time interval required between live vaccine doses, consistent with ACIP Best Practices recommendations.

**Laboratory Evidence of Immunity**
- + IgG or titers accepted for measles, rubella, mumps and varicella.
- Hepatitis B infection: HBsAg, anti-HBc and/or anti-HBs.
- Lab evidence of immunity is not allowed for Hib, pneumococcal, diphtheria, tetanus, pertussis, polio or meningococcal vaccines.

**Students Affected by School Requirements**
- Public AND Private Schools
- Rules Target Students by Grade.
- Students attending ungraded school programs (including special education), must comply in accordance with grade equivalent:
  * Kindergarten = 5 years of age
  * 6th graders = 11 years of age
  * 9th graders = 15 years of age
- Home school student who attends classes or programs must comply with the school requirements.

**For LIVE virus vaccines** (i.e. MMR or Varicella) **if the interval between any 2 live doses is < 28 days**, the vaccine administered second cannot be counted as valid and must be repeated.

The “4 day grace period” **is not** accepted on 28 day interval between 2 live-virus vaccines.
6 KEY POINTS for Immunity Reviews

1. Any vaccine dose administered at an interval less than required in Illinois or prior to the age required cannot be accepted as valid (4 day grace period allowed as per previous slide).

2. If a health care provider* feels that a child is adequately immunized, or a specific immunization is not necessary or indicated, then the provider must submit documentation (provider note) to school authorities.

3. When a health care provider claims a child is immune, the provider must submit laboratory documentation of the child’s immunity to school authorities.
6 KEY POINTS for Immunity Reviews

4. All proof of immunity documentation must be reviewed by designated IDPH Immunization staff with parental consent.

5. While waiting for the notes to be reviewed, consider the student as in compliance but unprotected.

6. If IDPH determines the provider statement is not acceptable to prove immunity, then the student is no longer considered to be in compliance and is subject to the exclusion provision of the law.
When Submitting Records for IDPH Review

• Reviewed record must be accompanied by signed statement of written permission from parent.

• Include student’s name, D.O.B. and current grade level.

• All physician’s notes/statements and current Certificate Child Health Examination Form.

• School contact information; including phone number, fax number, address and if possible email address.

• Make sure that ALL documents being submitted are legible.
<table>
<thead>
<tr>
<th>Vaccine Requirement</th>
<th>Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs</th>
<th>Kindergarten through 12th Grade</th>
<th>Minimum Intervals Allowed Between Doses and other options for Proof of Immunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Pertussis, Tetanus (DTP/DTaP/ or Tdap, Td)</td>
<td>Three doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday</td>
<td>Four or more doses of DTP/DTaP with the last dose qualifying as a booster and received on or after the 4th birthday</td>
<td>Minimum interval between series doses: 4 weeks (28 days) Between series and booster: 6 months No proof of immunity allowed</td>
</tr>
<tr>
<td>Polio</td>
<td>Two doses by 1 year of age. One additional dose by 2nd birthday</td>
<td>Four or more doses of the same type of Polio vaccine with the last dose qualifying as a booster and received on or after the 4th birthday. (progressive requirement)</td>
<td>Three or more doses of Polio with the last dose qualifying as a booster and received on or after the 4th birthday. If the series is given in any combination of polio vaccine types, four or more doses are required with the last being a booster on or after the 4th birthday.</td>
</tr>
<tr>
<td>Measles</td>
<td>One dose on or after the 1st birthday</td>
<td>Two doses of Measles Vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.</td>
<td>Laboratory evidence of measles immunity or Certified physician verification* of measles disease by date of illness *Cases diagnosed after 7/1/2002 must include lab evidence of infection.</td>
</tr>
<tr>
<td>Rubella</td>
<td>One dose on or after the 1st birthday</td>
<td>Two doses of Rubella Vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.</td>
<td>Laboratory evidence of rubella immunity, History of disease is not acceptable proof of immunity to rubella.</td>
</tr>
<tr>
<td>Mumps</td>
<td>One dose on or after the 1st birthday</td>
<td>Two doses of Mumps Vaccine, the 1st dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.</td>
<td>Laboratory evidence of mumps immunity or Certified physician verification of mumps disease by date of illness.</td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>Refer to ACIP Hib series schedule for Children 24-59 mos. Children without series must have one dose after 15 mos. of age</td>
<td>Not required after the 5th birthday (60 months of age)</td>
<td>Refer to ACIP Hib series schedule No proof of immunity allowed</td>
</tr>
<tr>
<td>Vaccine</td>
<td>Requirements</td>
<td>Notes</td>
<td></td>
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<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV 13)</td>
<td>Refer to ACIP PCV series schedule for children 24-59 mos. Children without series must have one dose after 24 months of age</td>
<td>Refer to ACIP PCV series schedule No proof of immunity allowed</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Three doses for all children&lt;br&gt; Third dose must have been administered on or after 6 months of age (168 days)</td>
<td>For students entering grades 6 thru 12: Three doses of Hepatitis B vaccine administered at recommended intervals&lt;br&gt; Two doses Adult Recombivax-HB vaccine for ages 11-15&lt;br&gt; Minimum intervals between doses: First &amp; Second-at least 4 weeks (28 days) Second &amp; Third-at least 2 months (56 days) First &amp; Third-at least 4 months (112 days) Adult Recombivax-HB two doses separated by 4 months (112 days)</td>
<td></td>
</tr>
<tr>
<td>Varicella (progressive requirement)</td>
<td>One dose on or after 1st birthday&lt;br&gt; Two doses of Varicella; The first dose must have been on or after the 1st birthday and the dose no less than 4 weeks (28 days) later&lt;br&gt; Two doses of Varicella for Students entering grades 2, 3, 6, 7, 8, 9, 10, 11 &amp; 12.</td>
<td>Minimum intervals for administration: The first dose must have been received on after the 1st birthday and the second dose no less than 4 weeks (28 days) later. Statement from physician or healthcare provider verifying disease history OR Laboratory evidence of varicella immunity</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Conjugate Vaccine (progressive requirement)</td>
<td>No Requirements&lt;br&gt; No Requirements&lt;br&gt; Applies to Students entering grade 6, One dose of Meningococcal Conjugate vaccine for entry to grade 6, 7, &amp; 8Two doses of Meningococcal Conjugate vaccine at entry to 12th grade</td>
<td>Minimum intervals for administration: The first dose received on or after the 11th birthday; second dose on or after the 16th birthday. An interval of least eight weeks after the first dose. Only one dose is required if the first dose was received at 16 years of age or older. No proof of immunity allowed.</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
Students attending ungraded school programs must comply in accordance with grade equivalent.

Within ACIP recommendations, vaccine doses given up to four days before minimum interval or age can be counted as valid. However, this does not apply to intervals between live vaccines. Live vaccines shall not be given fewer than 28 days after receipt of a prior live vaccine.

Prepared by the Illinois Department of Public Health, Immunization Section, March 2018

Source: Title 77, Part 665 Child and Student Health Examination and Immunization Code
FOR 6th GRADE ENTRY:
Submitting a schedule to the school for Tdap and/or meningococcal conjugate vaccine...

Per Section 665.270 of the School Code...
If a schedule/note is submitted stating that the student will receive his/her Tdap or MCV4 during the school year when they turn 11, it is considered a schedule, accepted and considered compliant but unprotected on schedule.
2017-2018 School Year Vaccination Requirement Changes

POLIO (IPV) Changes for Kindergarten entry

• Beginning with school year 2017-2018, any child entering kindergarten shall show proof of having received 4 or more doses of polio (IPV) vaccine.

• The first three doses in the series shall have been received no less than 4 weeks (28 days) apart.

• The fourth or last dose shall be administered on or after the 4th birthday and at least SIX months after the previous dose.

• This rule follows ACIP recommendations.
Catch-up Schedule For Kindergarten Polio

For Kindergarten entry beginning with school year 2017-2018:

• A fourth dose is not needed if the third dose was administered at age four or older and at least six months after the previous dose, in accordance with the ACIP catch-up series.

• This rule follows ACIP recommendations

• For 2018-2019 - only 1 dose of Varicella is required* for Preschool and students in grade 5.

• *Requirement for 1 dose of Varicella started in 2002-2003 for preschool and kindergarten
Meningococcal Requirement (MCV4) for 6th and 12th graders -- 2018-2019

Meningococcal Requirement Began 2015-16 School Year

• 6th graders must show 1 dose of MCV4 on or after the 11th birthday at school entry
  – For school year 2018-2019, 7th, 8th and 9th graders are considered compliant for the MCV4 requirement by accepting the dose as valid if it was administered on or after the 10th birthday but before the 11th.

• 12th graders must show 2 doses of MCV4 at school entry. The 2nd dose of MCV4 must be on or after the 16th birthday.
  • If the first dose of MCV4 administered > 16th birthday; then only one dose required for entry to 12th grade.
MenACWY (MCV4) vs. MenB

REQUIRED and RECOMMENDED
Meningococcal Conjugate Vaccine (MenACWY)
Trade Names
• Menactra
• Menveo

RECOMMENDED ONLY
Meningococcal Serogroup B Vaccine (MenB)
Trade Names
• Bexsero
• Trumenba

MenB does not replace MenACWY
Haemophilus influenzae type b (Hib) and Pneumococcal Conjugate (Prevnar 13/PCV/PCV13)

CHANGES IN THE WORDING FOR HIB AND PNEUMOCOCCAL REQUIREMENTS

• Removed Hib and Pneumococcal vaccine schedules.
• Rules now reference schedules within ACIP Recommendations.
• Also added for PCV; Children 24-59 months of age with an incomplete PCV schedule need 1 dose of PCV13 after 24 months of age.
List of Non-immunized Child Care Facility Attendees or Students
Child and Student Health Examination and Immunization Code
Part 665/Section 665.290

Every child care facility and attendance center shall maintain an accurate list of all children and students who have not presented proof of immunity against any or all of the required immunizations as noted in Section 665.240 or Section 665.280.
“Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12th grade.”

Which means these students must be compliant with requirements for Tdap, 2 doses of MMR, Meningococcal (MCV4), Varicella and Hepatitis B.
School Compliance
Two types of exemptions allowed in Illinois: Medical and Religious

**MEDICAL OBJECTION**

- Must indicate the student’s medical condition that contraindicates the specific immunization.
- Must be written by a MD, DO, APN or PA
- The medical objection documentation should be received and honored by appropriate school personnel.
- These students must be placed on a susceptible list and subject to immediate exclusion if vaccine-preventable disease or contact is identified at the school.

**RELIGIOUS EXEMPTION**

- Must detail specific religious belief which conflicts with the specific immunization and or exam.
- Must use the Certificate of Religious Objection form.
- Must be signed by health care provider (MD/DO; APN; PA) responsible for the performing the health exam.
- Provider signature attests to informing the parents of the benefits of immunization and health risk of not vaccinating to the student and to the community.
- Local school authority is responsible for determining whether written statement constitutes a valid religious objection.

Both Exemptions are not to be sent to IDPH for review.
ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM

PARENT OR LEGAL GUARDIAN - COMPLETE THIS SECTION

Student Name (last, first, middle): 
Parent/Guardian Name: 
Address: 
Telephone Number(s): 

Student Date of Birth: 
Month Day Year: 
School Name: 
Grade: 
City: 
Gender: ♂ ♂

Exemption requested for (mark all that apply): 
- Hepatitis B 
- DTaP 
- Polio 
- Hib 
- Pneumococcal 
- MMR 
- Varicella 
- Tetanus 
- Meningococcal 
- Health Exam 
- Eye Exam 
- Dental Exam 
- Vision/Hearing Tests 
- Other (indicate below): 

To receive an exemption to vaccination/examination, a parent or legal guardian must provide a statement detailing the religious beliefs that prevent the child from receiving each required school vaccinations/examination being requested. In the space provided below, state each vaccination or examination requested and state the religious grounds for each request. If additional space is needed, attach additional page(s).

Religious Exemption Notice:
No student is required to have an immunization/examination that is contrary to the religious beliefs of his/her parent or legal guardian. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude children who are not vaccinated in order to protect all students. I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination/examination being requested.

Signature of parent or legal guardian (required): 
Date: 

HEALTH CARE PROVIDER* – COMPLETE THIS SECTION

Provision of information: I have provided the parent or legal guardian of the student named above, with information regarding 1) the required examinations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that this information was provided; I am not affirming the parent or legal guardian's religious beliefs regarding any examination, immunization or immunizing agent.

Health Care Provider Name: 
Signature of health care provider*: 
Date: 
Address: 
Telephone #: 

*Health care provider responsible for performing child’s health examination includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.
THANK YOU

IDPH Immunization Program

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