



# Immunizations - School Year 2025-2026

**IMMUNIZATION PROGRAM**

**ISBE Boot Camp 2025**

# 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.

# School Compliance Aid

## 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 administered  $\leq 4$  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.
- The 4-day grace period **is not** accepted on 28-day interval between 2 live-virus vaccines, consistent with ACIP Best Practices recommendations
- **If the interval between any 2 LIVE virus vaccines** (i.e., MMR or Varicella) **is <28 days**, the vaccine administered second cannot be counted as valid and must be repeated.

# School Compliance Aid

## Laboratory Evidence of Immunity

- Positive 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
  - 6<sup>th</sup> graders = 11 years of age
  - 9<sup>th</sup> graders = 15 years of age
- Home school students who attend classes or programs at a school must comply with the school requirements



# Exemptions allowed in Illinois

**Do not send either of these exemptions to IDPH for review**

## MEDICAL EXEMPTION

- Must indicate the **student's** medical condition that contraindicates the specific immunization.
- Must be written by a MD, DO, APN, or PA
- The medical exemption 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 OBJECTION

- 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, or PA) responsible for the performing the health exam.
- Provider signature attests to informing parents of the benefits of immunization and health risk to the student and community if they are unvaccinated.
- Local **school authority** is responsible for determining whether written statement constitutes a valid religious objection.

**ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION  
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM**

**PARENT OR LEGAL GUARDIAN - COMPLETE THIS SECTION**

*Note: This form is required for all students entering kindergarten, sixth or ninth grades when parent(s) or legal guardian(s) is requesting a religious exemption on or after October 16, 2015. This form also must be submitted to request religious exemption for any student enrolling to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school on or after October 16, 2015.*

***This form may NOT be used for personal or philosophical reasons. Illinois law does not allow for such exemptions.***

Student Name (last, first, middle) _____	Student Date of Birth: Month    Day    Year ____/____/____	School Name: _____	Grade: _____
Parent/Guardian Name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	City: _____	
Address: _____ _____	Telephone Number(s): _____ _____	Exemption requested for (mark all that apply): <input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> Pneumococcal <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Td/Tdap <input type="checkbox"/> Meningococcal <input type="checkbox"/> Health Exam <input type="checkbox"/> Eye Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Vision/Hearing Tests <input type="checkbox"/> 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 exemption 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 for religious exemption.

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.

Signature of health care provider* _____	Health Care Provider Name: _____
Date: _____ (Must be within 1 year prior to school entry)	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.

# Religious Objection Form



# KEY POINTS for Immunity Reviews

- 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).
- 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.
- When a health care provider claims a child is immune, the provider must submit laboratory documentation of the child's immunity to school authorities.

# KEY POINTS for Immunity Reviews

- All proof of immunity documentation must be reviewed by designated IDPH Immunization staff with parental consent. **If a signed parental consent is not submitted with initial request, school must resubmit ALL DOCUMENTATION.**
- Include student's name, D.O.B.; current grade level; immunization dates; all physician's notes/statements and current Certificate Child Health Examination Form, and an indication as to which immunization(s) you are questioning.
- School contact information; including school health official's full name; phone number; fax number and email address.



# KEY POINTS for Immunity Reviews

- Make sure that **ALL** documents being submitted are legible.
- While waiting for the notes to be reviewed, consider the student as **in compliance but unprotected**.
- 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. Illinois State Board of Education would need to be contacted at that point, since they enforce exclusions.
- CDC Pink Book: <https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

# Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2025

Minimum Immunization Requirements Entering a Child Care Facility  
or School in Illinois, 2024-2025



**Table 1: Immunization Requirements by Antigen and Grade Level**

For calculating intervals between doses, 4 weeks = 28 days. Intervals of  $\geq 4$  months are determined by calendar months rather than weeks.

Vaccine Requirement <sup>1</sup>	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 <sup>th</sup> Grade		Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
Diphtheria, Pertussis, Tetanus	Three doses of diphtheria, tetanus, pertussis (DTP or DTaP) by 1 year of age, and one additional dose by the second birthday.	Four or more doses of diphtheria, tetanus, pertussis (DTP or DTaP) vaccine with the last dose being a booster and having been received on or after the fourth birthday.	Three or more doses of DTP, DTaP, pediatric DT, or Td <sup>2</sup> with the last dose being a booster and having been received on or after the fourth birthday.	No proof of immunity allowed
	Minimum intervals: <ul style="list-style-type: none"><li>Between the first three doses, there must be at least four weeks.</li><li>Between the third and fourth dose, there must be at least six months.</li></ul>	Children ages 7 years and older should receive Td <sup>2</sup> instead of DTP or DTaP per the ACIP catch-up schedule.  Minimum ages and intervals: <ul style="list-style-type: none"><li>Between the three or more primary series doses, there must be at least four weeks.</li><li>Between the primary series and the booster dose, there must be at least six months.</li><li>Booster must be administered on or after the child's 4<sup>th</sup> birthday.</li></ul>	Minimum intervals: <ul style="list-style-type: none"><li>Between the two or more primary series doses, there must be at least 4 weeks.</li><li>Between the last dose in the primary series and the booster dose, there must be at least six months.</li><li>Booster dose must be administered on or after the child's fourth birthday.</li></ul>	
	See additional footnotes regarding catch-up schedules and inadvertent administration of DTaP and Tdap. <sup>5,6</sup>			

<https://dph.illinois.gov/topics-services/prevention-wellness/immunization/minimum-immunization-requirements.html>

# Minimum Immunization Requirements

## OPV Polio



Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, 2024-2025

Vaccine Requirement <sup>1</sup>	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 <sup>th</sup> Grade		Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
Polio <sup>3</sup>	Two doses by 1 year of age. One additional dose by second birthday.  Three doses for any child 24 months of age or older appropriately spaced.  Minimum intervals: <ul style="list-style-type: none"><li>Between each of the first three doses, there must be at least four weeks.</li></ul>	*Progressive requirement: Starting school year 2017-2018, any child entering kindergarten shall show proof of four dose (booster) series with the last dose on or after the fourth birthday.  Minimum intervals: <ul style="list-style-type: none"><li>Between each of the first three doses, there must be at least four weeks.</li><li>Between the primary series and the booster dose, there must be at least six months.</li><li>Booster (fourth dose) must be administered on or after the child's fourth birthday.</li></ul>	*Progressive requirement applies to grades K-7. See the rules that apply to First Entry into School (Kindergarten or First Grade).  Grades 8-12: Three or more doses of polio vaccine with the last dose on or after the fourth birthday.  Minimum intervals: <ul style="list-style-type: none"><li>Between each dose, there must be at least four weeks.</li><li>Booster must be administered on or after the child's fourth birthday.</li></ul>	No proof of immunity allowed
		*This is a progressive requirement starting in 2017-2018. For the 2024-2025 school year, the four-dose requirement applies to grades K – 7.		
Note: Doses of OPV administered on or after April 1, 2016, do not count towards the U.S. vaccination requirements. For more information, see <a href="https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm">https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm</a> .				

# Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2025

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, 2024-2025



## Table 1 Footnotes:

<sup>1</sup> The chart indicates antigens that may be available in either single-antigen and/or combination-antigen vaccines.

<sup>2</sup> Td-containing vaccines include tetanus and diphtheria vaccine (Td) or tetanus, diphtheria, and acellular pertussis vaccine (Tdap).

<sup>3</sup> In accordance with the ACIP catch-up series, a fourth dose of polio is not needed if the third dose was administered at age 4 or older and at least six months after the previous dose was administered.

<sup>4</sup> For Meningococcal Conjugate: if there is an indication for earlier vaccination (between ages 10 and 11), then the provider may submit a letter/statement stating the reasons and provides that with the vaccine records (Section 665.280). Letter/statement should be honored by school health authorities and **NOT** submitted to IDPH for review.

<sup>5</sup> Catch-Up Immunization Recommendations for DTaP and Tdap

- Persons aged 7–18 years.
  - If persons aged 7–18 years have never been vaccinated against pertussis, tetanus, or diphtheria, these persons should receive a series of three tetanus and diphtheria toxoid-containing vaccines, which includes at least one Tdap dose. The preferred schedule is one dose of Tdap, followed by one dose of either Td or Tdap ≥4 weeks afterward, and one dose of either Td or Tdap 6–12 months later.
  - Persons aged 7–18 years who are not fully immunized against tetanus and diphtheria should receive one dose of Tdap, preferably as the first dose in the catch-up series; if additional tetanus toxoid-containing doses are required, either Td or Tdap may be used.
  - The vaccination series does not need to be restarted for those with incomplete DTaP history, regardless of the time that has elapsed between doses. The catch-up schedule and minimum intervals between doses are available at <https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.
- Persons aged ≥19 years.
  - If persons aged ≥19 years have never been vaccinated against pertussis, tetanus, or diphtheria, these persons should receive a series of three tetanus and diphtheria toxoid-containing vaccines, which includes at least one Tdap dose. The preferred schedule is one dose of Tdap, followed by one dose of either Td or Tdap at least four weeks afterward, and one dose of either Td or Tdap 6–12 months later.
  - Persons aged ≥19 years who are not fully immunized against tetanus and diphtheria should receive one dose of Tdap, preferably as the first dose in the catch-up series; if additional tetanus toxoid-containing doses are required, either Td or Tdap may be used.

<sup>6</sup> Inadvertent Administration of DTaP or Tdap:

- Persons aged ≥7 years.
  - DTaP is not indicated for persons aged ≥7 years. If DTaP is administered inadvertently to a fully vaccinated\* child aged 7–9 years, an adolescent Tdap dose should be administered at age 11–12 years.
  - If DTaP is administered inadvertently to an undervaccinated child aged 7–9 years, this dose should count as the Tdap dose of the catch-up series, and the child should receive an adolescent Tdap dose at age 11–12 years.
  - If DTaP is administered inadvertently to a person aged ≥10 years, this dose should count as the adolescent Tdap dose routinely administered at age 11–12 years.
- Fully vaccinated children aged 7–10 years.
  - If a fully vaccinated child aged 7–9 years receives Tdap, the Tdap dose should not be counted as valid. The adolescent Tdap dose should be administered as recommended when this child is aged 11–12 years.
  - The preferred age at administration for the adolescent Tdap dose is 11–12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose.

Page 5 of 7

# Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2025

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, 2024-2025



## Important Notes:

- Students attending ungraded school programs must comply in accordance with grade equivalent. Detailed age-based requirements for each vaccine are listed in the [PART 665 CHILD AND STUDENT HEALTH EXAMINATION AND IMMUNIZATION CODE](#), Section 665.240.
- Students eligible to remain in public schools beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- These requirements also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.
- A child shall be considered in compliance with the health examination and immunization requirement in Section 27-8.1 of the School Code if all applicable immunizations that a child can medically receive are given before entering school and a signed statement from a health care provider is presented indicating when the remaining medically indicated immunization will be administered within the current school year. Local school authorities shall monitor immunization schedules to assure their completion. If a child is delinquent for a scheduled appointment for immunization, he or she is no longer considered to be in compliance.
- Within the Advisory Committee on Immunization Practices (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.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of  $\geq 4$  months are determined by calendar months rather than weeks.

Table 2: Other Options for Proof of Immunity

Vaccine Requirement	Alternative Options for Proof of Immunity
Measles	Proof of prior measles disease shall be verified with date of illness signed by a physician or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.
Rubella	Laboratory evidence of rubella immunity.
Mumps	Proof of prior mumps disease shall be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
Hepatitis B	Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination. Laboratory evidence of prior or current hepatitis B infection is acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc or anti-HBs.
Varicella	Proof of prior varicella disease shall be verified with one of the following: <ol style="list-style-type: none"><li>1. date of illness signed by a physician; or</li><li>2. a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection; or</li><li>3. laboratory evidence of varicella immunity.</li></ol>
NOTE: No other options for proof of immunity other than vaccination are allowable for any of the following requirements: diphtheria, tetanus, pertussis, polio, Haemophilus influenzae Type B, invasive pneumococcal disease, or meningococcal disease.	

Page 6 of 7

# Tips for Determining Compliance

- For non-live vaccines assess separately to determine compliance
- For live vaccines (MMR & Varicella) assess the intervals between all doses to ensure compliance
- A child is considered to be on a catch-up schedule if they are more than one month behind on routine vaccines.
- Catch-up schedules have different intervals than routine vaccination and may require closer inspection. Please refer to table 2 if a child is on a catch-up schedule



# ACIP/CDC Catch-up Guidance

**Table 2** Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2025

The table 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 Table 1 and the Notes 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	Birth	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary if the fourth dose was administered at age 4 years or older <i>and</i> at least 6 months after dose 3
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older 4 weeks if current age is younger than 12 months <i>and</i> first dose was administered at younger than age 7 months <i>and</i> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix), Vaxelis or unknown 8 weeks <i>and</i> age 12 through 59 months (as final dose) if current age is younger than 12 months <i>and</i> first dose was administered at age 7 through 11 months; <b>OR</b> if current age is 12 through 59 months <i>and</i> first dose was administered before the 1st birthday <i>and</i> second dose was administered at younger than 15 months; <b>OR</b> if both doses were PedvaxHIB and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older 4 weeks if first dose was administered before the 1st birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1st birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older 4 weeks if current age is younger than 12 months <i>and</i> previous dose was administered at <7 months old 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); <b>OR</b> if current age is 12 months or older <i>and</i> at least 1 dose was administered before age 12 months	8 weeks (as final dose) This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	8 weeks	See Notes	See Notes	
Children and adolescents age 7 through 18 years					
Meningococcal ACWY	Not applicable (N/A)	8 weeks			
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis	7 years	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1st birthday 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1st birthday	6 months if first dose of DTaP/DT was administered before the 1st birthday	
Human papillomavirus	9 years	Routine dosing intervals are recommended.			
Hepatitis A	N/A	6 months			
Hepatitis B	N/A	4 weeks	8 weeks <i>and</i> at least 16 weeks after first dose		
Inactivated poliovirus	N/A	4 weeks	6 months A fourth dose is not necessary if the third dose was administered at age 4 years or older <i>and</i> at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years <b>OR</b> if the third dose was administered <6 months after the second dose.	
Measles, mumps, rubella	N/A	4 weeks			
Varicella	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older			
Dengue	9 years	6 months	6 months		

# Key Compliance Points: DTaP/Tdap

- DTaP- D is for Diapers used in children under 7
- Protects against diphtheria, tetanus and acellular pertussis
- Routinely a 5-dose series given at 2, 4, 6mo. and 1 and 4 yrs.
- It is not recommended that more than six doses of DTaP be given due to risk of side effects.
- Tdap- T is for Teens used for children over 7 adolescents and adults
- Protects against diphtheria, tetanus and acellular pertussis
- Routinely given 1 dose at age 11
- Is recommended as the first dose of a catch-up series if child is over the age of 7



# Determining DTaP/ Tdap Compliance

- Booster dose must be given at or after age 4 and at least six months after previous dose
  - This is the most common noncompliance that I encounter
- For sixth grade and above if the child is on a catch-up schedule the adolescent Tdap dose may count as both a booster dose and the adolescent dose
- Be sure to carefully read the footnotes regarding age-inappropriate administration of DTaP or Tdap

# POLIO – Progressive Requirement

## Starting School Year 2017-18, 4 doses of polio vaccine required for Kindergarten Entry

2017-18 Kindergarten

2018-19 Kindergarten, 1<sup>st</sup>

2019-20 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>

2020-21 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

2021-22 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>

2022-23 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>

2023-24 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>

2024-25 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>

2025-26 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>

2026-27 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>

2027-28 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>

2028-29 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>

2029-30 Kindergarten, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>

# Kindergarten Entry 2025-2026

## POLIO (IPV) 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 4<sup>th</sup> birthday and at least **SIX months** after the previous dose.*
- This rule follows ACIP recommendations.

# Catch-up Schedule For Kindergarten Polio 2025-2026

For Kindergarten entry beginning with  
school year 2017-2018:

- A fourth (4<sup>th</sup>) dose is not needed if the third (3<sup>rd</sup>) 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
- This applies to any child at any grade level

# Determining MMR and Varicella Compliance

- Review together because they are both live vaccines
- Both require 2-doses spaced 28 days apart
- May be given on same day
- Vaccine given before 12 months is not acceptable for school
- Vaccine given at or after 12 months is acceptable if minimally spaced
- When two live vaccines are given within 28 days of each other it is the second vaccine that is considered invalid and must be repeated.
- The max age of MMRV (Proquad) is 12 years
- The 4-day grace period does not apply to live vaccine intervals

# 6<sup>th</sup> Grade Entry 2025-2026

Upon entry into 6<sup>th</sup> grade; student must show proof of:

- 2 doses of Varicella vaccine;
- 2 doses of M-M-R vaccine;
- 1 dose of Tdap (in addition to completed series for DTaP/Td);
- 3 doses Hepatitis B vaccine series; and
- 1 dose of Meningococcal Conjugate vaccine (MenACWY – Menveo/MenQuadfi), administered on or after the 11<sup>th</sup> birthday.
- 3 (or 4) doses of Polio, as was just discussed

# 6<sup>th</sup> Grade Entry

## Approved Schedule for Tdap or MenACWY

### Per Section 665.270 of the School Code...

If a schedule/note is submitted stating that the student will receive his/her Tdap or MenACWY during the school year when they **turn 11**, it is considered a schedule, accepted, and the student is considered compliant but unprotected.

# Determining Hep-B Compliance

- Required for Preschool and 6-12
- Not required for elementary school
  - Elementary school is a good time to review if you are already reviewing other vaccines
- Most common non-compliance is minimum age for dose 3- must be at least 168 days and minimum interval between dose 1 and 3 must be 16 weeks



# Meningococcal Conjugate (MenACWY) Requirement

Meningococcal Requirement (MenACWY) for 6<sup>th</sup> and 12<sup>th</sup> graders:

- 6<sup>th</sup> – 11<sup>th</sup> graders must show 1 dose of MenACWY on or after the 11<sup>th\*\*</sup> birthday at school entry
- 12<sup>th</sup> graders must show 2 doses of MenACWY at school entry
- *If first dose* of MenACWY administered  $\geq$  16<sup>th</sup> birthday; then only one dose required for entry to 12<sup>th</sup> grade.

# Meningococcal Conjugate (MenACWY) Requirement

- If a child entering 6<sup>th</sup> grade is not yet 11, recommended that vaccination is deferred until age 11 to provide the child the most optimal vaccine efficacy during the time period of greatest risk.
- A 10 y.o. entering 6<sup>th</sup> grade would not be out of compliance with school code if the provider documents when the vaccine will be administered (Section 665.270).
- If there is an indication for earlier vaccination (between ages 10 and 11), then the provider submits a letter/statement stating the reasons and provides that with the vaccine records (Section 665.280)
  - [Letter/statement to be honored by School Health Authorities and \*\*NOT\*\* submitted to IDPH for review.](#)

# List of Non-immunized Child Care Facility Attendees or Students

Child and Student Health Examination and Immunization Code  
Part 665/Section 665.290

Every childcare 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 (Basic Immunization) or Section 665.280 (Healthcare Provider Statement of immunity).



# Requirement for students beyond 12<sup>th</sup> Grade

*“Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12th grade.”*

Must be compliant with requirements for:

Tdap

MMR

Meningococcal

Varicella

Hepatitis B

Polio

# Meningococcal Vaccine Groups

## **Meningococcal Serogroups ACWY (MenACWY)** (for Meningococcal requirement) (interchangeable)

- Menveo
- MenQuadfi
- Penbraya\* (ABCWY)

## **Meningococcal Serogroup B (MenB)\*** **(not interchangeable)**

- Bexsero
- Trumenba

\*Bexsero & Trumenba do not count toward the meningococcal requirement. These are in addition to the MenACWY vaccines.

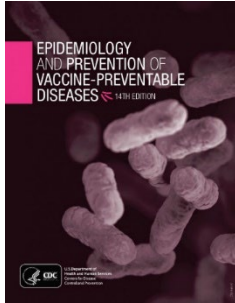
Some colleges and universities may require Men B (IN)

# Combination Vaccine Component Aid

## New Vaccines in Blue Font

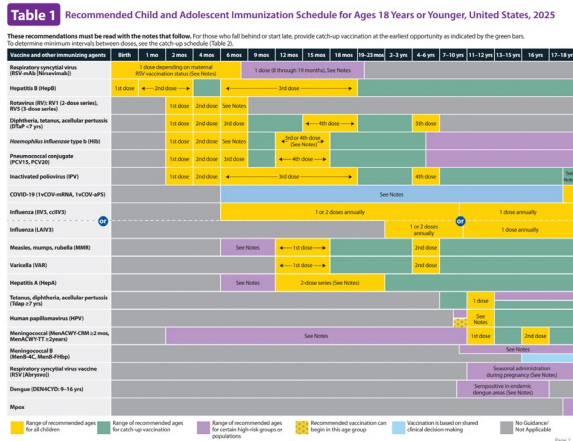
- Pediarix – DTaP-HepB-IPV
- Pentacel – DTaP-IPV/Hib
- Vaxelis – DTaP-IPV-Hib-HepB
- **Penbraya – Men-Men-B (serogroups A, C, W, Y, & B)**  
<https://www.cdc.gov/mmwr/volumes/73/wr/mm7315a4.htm>
- Kinrix – DTaP-IPV
- Quadracel – DTaP-IPV
- ProQuad – MMR-Varicella

# ADDITIONAL RESOURCES



## THE PINK BOOK

<https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>



## ACIP IMMUNIZATION SCHEDULES and CATCH-UP SCHEDULES

[Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger; 2025 U.S. – updated 7/2/2025](#)

IMMUNIZE.ORG’s “Ask the Experts”: [www.immunize.org/askexperts/](http://www.immunize.org/askexperts/)  
 Child and Student Health Examination and Immunization Code:  
[Illinois General Assembly - ADMINISTRATIVE CODE](#)

# I-CARE

## Illinois Comprehensive Automated Immunization Registry Exchange

- School employees can access immunization records from the State Immunization Registry, I-CARE.
- Allows view and printing of child immunization records in your jurisdiction.
- Must register for I-CARE through the enrollment Smartsheet
- [I-CARE Enrollment - Smartsheet.com](https://www.idph.state.il.us/ICARE/SmartSheet/ICARE%20Enrollment%20SmartSheet.aspx)
- “Data-mining” or third-party access is prohibited.
- **For questions regarding registration for I-CARE please email at: [dph.icare@illinois.gov](mailto:dph.icare@illinois.gov)**





This season, all flu vaccines will be designed to protect against the three viruses indicated to be most common.

Annual flu vaccination is recommended for everyone 6 months and older, with few exceptions.


ACIP's recommendation to use only thimerosal-free, single-dose flu vaccines for children, pregnant women, and adults has been endorsed by HHS and is now official.

**Flu vaccines and COVID -19 vaccines can be given same day**

**At this time, there are no Illinois COVID-19 requirements per the Administrative Code, but IDPH would recommend COVID-19 vaccines appropriately for all ages.**

# Immunization Program Regional Map



 **Bellwood Region**  
*Region includes suburban Cook County*

[Mijiza.Jefferson@Illinois.gov](mailto:Mijiza.Jefferson@Illinois.gov)

[Anthony.Ukagwu@Illinois.gov](mailto:Anthony.Ukagwu@Illinois.gov)

3 Westbrook Corporate Ctr. 3rd Fl

Westchester, IL 60154

Ph: 708-240-7625 • Fax: 708-544-4395

### West Chicago Region

[Allison.Rankovich@Illinois.gov](mailto:Allison.Rankovich@Illinois.gov)

[Syed.A.Rizvi@Illinois.gov](mailto:Syed.A.Rizvi@Illinois.gov)

3 Westbrook Corporate Ctr. 3rd Fl

Westchester, IL 60154

Ph: 708-409-8810 • Fax: 708-544-4395

## Rockford Region

[Alison.Lind@Illinois.gov](mailto:Alison.Lind@Illinois.gov)

4302 N. Main St

Rockford, IL 61103

Ph: 815-987-7971 • Fax: 815-987-7822

### Peoria Region

[Christopher.Morrow@Illinois.gov](mailto:Christopher.Morrow@Illinois.gov)

[Holly.B.Bill@Illinois.gov](mailto:Holly.B.Bill@Illinois.gov)

5415 N. University St

Peoria, IL 61614

Ph: 309-693-5374 • Fax: 309-693-5118

### Champaign Region

[Pamela.Linder2@illinois.gov](mailto:Pamela.Linder2@illinois.gov)

[Armando.Miranda@Illinois.gov](mailto:Armando.Miranda@Illinois.gov)

2125 S. First St

Champaign, IL 61820

Ph: 217-278-5912 • Fax: 217-278-5959

### Metro-East Region

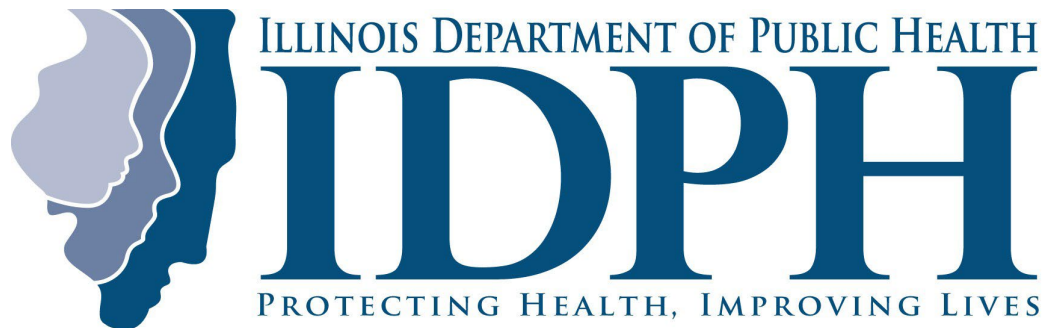
[Katrina.Galati@Illinois.gov](mailto:Katrina.Galati@Illinois.gov)

[Ryan.Haswell@Illinois.gov](mailto:Ryan.Haswell@Illinois.gov)

11 Executive Dr, Suite 10

Fairview Heights, IL 62208

Ph: 618-656-6680 • Fax 618-680-6256



**THANK YOU**

**IDPH Immunization Program**

**217/785-1455**

Visit our website @

[www.dph.illinois.gov](http://www.dph.illinois.gov)



Follow us on Twitter @

[www.twitter.com/IDPH](https://www.twitter.com/IDPH)



Like us on Facebook @

[www.facebook.com/IDPH.illinois](https://www.facebook.com/IDPH.illinois)