Healthy and Ready to Learn: A Back to School Webinar
IDPH: Session 1

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(1.25 CNE contact hours for participants attending this session)
Back-to-School
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(both sessions)

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Outbreak Identification, Investigation, and Control Measures in Schools

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IDPH overview

• Vision
  – Communities of Illinois will achieve and maintain optimal health and safety.

• Mission
  – Protect the health and wellness of the people in Illinois through the prevention, health promotion, regulation, and the control of disease and injury.
Mandatory Disease Reporting

- Mandate upon health care providers for “reportable diseases”
  - Illinois Administrative Code, Part 690 Control of Communicable Diseases Code mandates reporting of 64 different infectious diseases or conditions to public health by anyone with knowledge, including schools.
  - Listing of all reportable conditions can be found at [http://dph.illinois.gov/sites/default/files/publications/illinois-laboratory-reporting-requirements-poster.pdf](http://dph.illinois.gov/sites/default/files/publications/illinois-laboratory-reporting-requirements-poster.pdf)

Identifiable information, including names and contact information, is reportable to public health for any student with a 3 hour or 24 hour reportable condition, including Hepatitis A, measles, pertussis, or any outbreak.
One-stop Disease Specific Information

• Since IDPH no longer publishes a School Health Manual, information on childhood diseases, case definitions, and control measures may be found in a separate document (next slide).
<table>
<thead>
<tr>
<th>Disease/ Illness</th>
<th>Mode of Transmission</th>
<th>Symptoms</th>
<th>Incubation Period</th>
<th>Period of Communicability</th>
<th>Criteria for Exclusion from School*</th>
<th>Reporting Requirement</th>
<th>Prevention &amp; Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchitis, Bronchiolitis, Common Cold, Croup, Ear Infection, Pneumonia, Sinus Infection and Most Sore Throats (Respiratory diseases caused by many different viruses and occasionally bacteria)</td>
<td>Breathing in respiratory droplets containing the pathogens after an infected person sneezes, coughs, or speaks. Direct contact with respiratory secretions from an infected person—touching a contaminated object then touching mouth, nose or eyes.</td>
<td>Variable, including runny nose, watery eyes, fatigue, coughing, and sneezing. May or may not have fever.</td>
<td>Variable</td>
<td>Variable, often from the day before symptoms begin up to 5 days after onset.</td>
<td>No exclusion unless farmer or other symptoms meeting exclusion criteria are present.</td>
<td>May depend of etiology, organization. Report unusual illness, clusters of cases above baseline for group and time of year, or unusual/ unusual severity of illness to the local health department.</td>
<td>Teach effective, handwashing; good respiratory hygiene and cough etiquette; colds are caused by viruses; antibiotics are not indicated.</td>
</tr>
</tbody>
</table>
| Conjunctivitis, Bacterial or Viral | Contact with an infected person's eye, body fluid or through contact with a contaminated surface and then touching mucous membranes/eyes. | Pink eyes, usually with some discharge or or tearing around eyes; may be itchy, sensitive to light, or watery. | Bacterial: Unknown. 
Viral: Varies with etiology. | Bacterial: from onset of symptoms until after start of antibiotics, or as long as there is discharge from the eye. 
Viral: variable, before symptoms appear and while symptoms are present. | Bacterial: Yes; viral or unknown etiology: Exclude if contagious is accompanied by symptoms of systemic illness or if the child is unable to keep hands away from eye. 
Children under 4 years: exclude if patient is present for up to 24 hours in the 24 hours of treatment. | Not required to be reported. | For all diseases: Good handwashing and hygiene practices; proper disposal of used tissues, nasal and eye drops, proper disinfection of surfaces and toys; cough into elbow or clothing when tissue unavailable. |
| Influenza | Person to person by respiratory droplets caused by coughing or sneezing, or through contact with a contaminated surface and then touching mucous membranes/eyes. | Sudden onset of fever, chills, headache, myalgia, body aches, and nonproductive cough. | 1 to 4 days | Variable, from 24 hours before onset of symptoms, peaks during first 3 days of illness through 7 days. | Undue fever Pros for 24 hours. | Influenza deaths in persons 65-years of age and older. | For all diseases: Annual influenza vaccine recommended for everyone 6 months and older. |
| Mumps | Contact with droplets from eyes or mouth of infected person. | Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. | 12 to 25 days (usually 16 to 18 days) | Peak infectious time begins 1 to 2 days before swelling to 5 days after, but may range from 7 days before to 8 days after communicable from 3 days before swelling until 5 days after. | Exclude cases from school, childcare or workplace until 5 days after onset of parotid. Note: daycare licensing rules require 9 days exclusion, refer to link below. 
https://www.dhs.ca.gov/sanitation/pdf/20090509-Mumps Prevention.pdf | Report cases to local health department within 24 hours. | For all diseases: Outbreaks: three or more laboratory confirmed cases linked by time and place. |
| RSV | Highly contagious; contact with droplets from nose, eyes or mouth of infected person; what can live on surfaces (toy, table, doorknob) for several hours. | Fever, runny nose, cough. May have whooping. | 2 to 6 days (4 to 6 days most common) | Variable, from the day before until 3 to 6 days or longer, or may last up to 4 weeks. | No exclusion unless farmer or other symptoms meeting exclusion criteria are present. | Individual cases do not have to be reported. Clusters of cases should be reported to the local health department. | For all diseases: Respiratory Syncytial Virus: Avoid sharing linens, toys, and other items. |
| Grey throat/Scarlet Fever | Contact with droplets from nose, eyes and mouth; close crowded contact, direct contact. | Fever, sore throat with or without rash, tender Pecchi glands. Scarlet fever has above signs. | 2 to 5 days. | Highest during acute infection no longer contagious within 24 hours after antibiotics. | Until after 24 hours of effective antibiotic therapy and stooling for 24 hours without the use of fever reducing medications. | Clusters of 10 epidemiologically linked cases of grey throat/scarlet fever within a 10 day period are identified. | For all diseases: Avoid kissing, sharing drink, and touching infected adults from body handling; symptomatic contacts of documented cases should be tested; if results are positive, patients to be excluded from school until fever is gone. |
Link to Communicable Disease Document

You may access this document by following the link listed below:

• 17/690.565 **OUTBREAK:** Any pattern of cases, or increased incidence of any illness beyond the expected number of cases in a given period, that may indicate an outbreak, including suspect or confirmed outbreaks of foodborne or waterborne disease, or outbreaks transmitted by laboratory acquisition, animal contact, person-to-person contact, inhalation or other transmission method, shall be reported to the local health authority within 24 hours. This includes, but is not limited to, outbreaks of gastroenteritis and group A streptococcal disease (including invasive infections, necrotizing fasciitis, and toxic shock syndrome).
## School Outbreaks 2014-2018

### Outbreaks in Schools 2015-2018

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cryptosporidium</td>
<td>1</td>
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<tr>
<td>Hand Foot and Mouth</td>
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<td>8</td>
<td>0</td>
<td>5</td>
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<tr>
<td>Herpes Simplex</td>
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<td>0</td>
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<tr>
<td>Influenza</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MRSA</td>
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<td>Mumps</td>
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</tr>
<tr>
<td>Norovirus</td>
<td>15</td>
<td>15</td>
<td>32</td>
<td>23</td>
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<tr>
<td>Pertussis</td>
<td>19</td>
<td>26</td>
<td>13</td>
<td>3</td>
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<tr>
<td>Salmonella</td>
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<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scabies</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Shigella</td>
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<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Streptococcus</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Varicella</td>
<td>1</td>
<td>1</td>
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</tr>
</tbody>
</table>

### Number of School Outbreaks

- **2015**: 44
- **2016**: 59
- **2017**: 56
- **2018**: 40

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*Image: Illinois Department of Public Health (IDPH)*
Do You Have An Outbreak?

• Generally- An outbreak is defined as the occurrence of a similar illness in a person or a group of persons (usually from separate households) with the rate of frequency clearly in excess of normal expectations (IDPH Communicable Disease Rules and Regulations).

• Consider that you may have an outbreak when student absence with similar illnesses (symptoms) exceeds 10% of the normal daily attendance.
  – This does not confirm an outbreak but should alert you to the potential.
  – Additional case finding should occur and be reported to the local health department as they can provide guidance regarding the next steps.
  – Depending on the disease case definition, one case of an illness may also be an outbreak (i.e., Measles, or Norwegian Scabies).
Examples of Outbreaks

• On Monday afternoon a member of the school’s wrestling team comes to the nurse’s office with a raised, red, painful skin eruption on his thigh.
• On Wednesday afternoon a second member of the team is seen with a similar skin eruption on his forearm.
• On Thursday the original student’s parent called the nurse and informed her that the skin lesion drained and was cultured at the doctor’s office. The lab result showed Methicillin Resistant Staphylococcus Aureus.

– Outbreak: Yes or No?
No, Not Yet

• **Methicillin Resistant Staphylococcus aureus (MRSA) Cluster in a Community Settings** - An outbreak is defined as two or more *laboratory confirmed* cases of community onset MRSA infection *epidemiologically linked* to a community setting, including but not limited to, school, correctional facility, daycare setting, or sports team, *during a 14 day period* for whom an epidemiological link is readily apparent to the reporter.

• This should alert you to the potential for an outbreak and warrant increased surveillance for additional cases. You may also want to encourage the second students parents to seek medical evaluation and testing for their child.

• You should also initiate preemptive control measure (i.e., cleaning mats/equipment associated with wrestling, and ensure they are not sharing towels, etc.)
Components of an Outbreak

• Number of cases required (for certain diseases, one case can be considered an outbreak)
• Timing of cases (incubation period)
• Laboratory confirmed and/or by symptoms
• Epidemiologically linked
  – Same classroom
  – Same bus
  – Use of communal facilities at the same time
Example of Outbreak (Continued)

• You check the morning call in log and see that two (2) students would not be present due to being “sick.”

• As the day progresses, three (3) students present to the nurse’s office with gastrointestinal symptoms of vomiting and/or diarrhea and are sent home for the day.

• Outbreak: Yes or No?
No, You Do Not

• The next day when you check the call in log you see 8 students and 1 teacher who would not be present due to being “sick”.

• Four (4) students and one (1) teacher come to the nurse’s office with complaints of vomiting and/or diarrhea and leave school for the day.

• Outbreak: Yes or No?
Yes, You Have an Outbreak

• **AGE in a school or daycare setting**- An outbreak is defined as **four or more persons** with acute onset of vomiting and/or diarrhea in a classroom or in an otherwise defined group of students or cases in more than 10% of the school's/daycare's census in a single day.

• You may have been able to identify the outbreak on the first day, but limited information was obtained from the students/staff who called in “sick.” It is always good to ask about symptoms.
If Yes, Rally Your Team and Resources

• Your team may include parents, medical providers, teachers, school office staff and your local health department.

• Some resources are available on line by visiting
  – IDPH A-Z topic page at: http://www.idph.state.il.us/a-zlist.htm
  – CDC A-Z topic page at: https://www.cdc.gov/az/
Conduct Outbreak Surveillance

• Early identification and implementation of control measures will limit the number of ill and duration of the outbreak.
• Daily active surveillance should be conducted via:
  – Review of student and staff absenteeism for clusters of similar symptoms (i.e., respiratory, gastrointestinal, skin soft tissue, etc.). Make sure front office staff obtains information about the type of illness creating the absence.
  – Review of individuals presenting to nurse for symptoms during school day (especially if from the same grade or classroom).
• The nurse should document symptoms of ill students particularly when they started and students’ symptoms (measure any fevers).
• Identification of clusters of individuals with similar symptoms will assist in determining the case definition for the outbreak.
Current Severe Respiratory Illness Investigation

- Reports in multiple states of young persons with severe respiratory illness and history of vaping.
- Majority hospitalized and some intubated.
- IDPH working with LHDs, other states, CDC and FDA to investigate common products among cases.
- More than a dozen suspect cases reported in Illinois as of 8/19/19.
- Report possible cases to your local health department.
- Prevention message: any form of tobacco product is unsafe for youth.
Determine a Case Definition

- The local health department will work with you on a case definition for outbreak that is specific to individual diseases. An epidemiological link is often required.
- Case definitions increase the likelihood that true cases are counted and non-cases are not counted.
- Many case definitions also have requirements that certain clinical symptomatology be present.
Case Definition Example

• Inhalation drug use in 90 days prior to symptom onset
• CXR positive for infiltrates
• Absence of pulmonary infection (respiratory viral panel, etc.)
• No evidence of previous pulmonary disease or neoplasm
• Please report any students out with sudden onset of pulmonary illnesses meeting these criteria.
Find Cases and Maintain Line Listing

- Maintaining and communicating a line list of ill students/staff for internal monitoring is very important during an outbreak.
- The local health department depends upon your aggregate data for investigating, reporting, and assisting with containment.
Sample of Case Line List

Students with Acute gastrointestinal Illness (A.G.E.)

<table>
<thead>
<tr>
<th>Patient Identification</th>
<th>Illness Description</th>
<th>Illness Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Age</td>
<td>Sex (M/F)</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Communicate

• It is important that you contact your local health department during outbreak situations for reporting and guidance. Periodic updates will assist the local health department with their monitoring of your situation.

• The local health department will assist in the investigation and reporting to public health.

• Since some outbreak require surveys, it is good idea to maintain a current e-mail list for all parents which may be shared with the local health department upon request to assist in their investigation.
Implement Control Measures

• Control measures are often based upon the mode of transmission and characteristics for a given disease and fall into several general categories:
  – Person to Person (i.e., Scabies, Norovirus, etc.)
  – Respiratory (i.e., Influenza, RSV, etc.)
  – Food or Water Borne (i.e., Salmonella, Legionella, etc.)
  – Animal or Vector Contact (i.e., Rabies, Zika, etc.)
  – Environmental Contamination Non-food/Non-water borne (i.e., lead, asbestos, etc.)
Outbreak Resolution

• Hopefully with early identification, open communication, and rapid implementation of control measures, your outbreak will be of limited duration.

• Don’t forget to submit your aggregate data to the local health department so they can complete their investigation and reporting to IDPH.

• Continued surveillance is important to ensure that the outbreak is resolved and to monitor for new outbreaks.
References


THANK YOU

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Child Health Exam Update

Jean Becker, MPH, BSN, RN
School Health Program Administrator
PART 665 CHILD HEALTH EXAMINATION CODE
SECTION 665.130 PERFORMANCE OF HEALTH EXAMINATION AND
VERIFICATION OF CERTIFICATE OF CHILD HEALTH EXAMINATION

http://www.ilga.gov/commission/jcar/adminco/de/077/07700665sections.html
Who needs a Physical Exam?

Section 665.140 Timetable for Examinations

• The examination shall be conducted within one year:
  Before the date of entering school (this includes nursery school, special education, Head Start or other pre-kindergarten programs operated by elementary school systems or secondary level school units or institutions of higher learning; and students transferring into Illinois from outside of the state or country); Before the date of entering kindergarten or first grade; Before the date of entering the sixth grade; Before the date of entering the ninth grade.

• For students attending school programs where grade levels are not assigned, examinations shall be completed before the date of entering and within one year prior to the school years in which the child reaches the ages of 5, 11, and 15.
Enrolling for the first-time

• Enrolling for the first time means that the student has never previously attended an Illinois school (out-of-state/country, home schooled).
• A child who was enrolled in an Illinois school, left the state and then returned to Illinois at a later time would only be required to obtain a new physical at the required grade levels, K, 6, 9.
• The Child Health Examination Code (Section 665.140d) states the school has the option of requiring a new physical at anytime they have concerns about a child’s health.
If a student repeats K, 6 or 9 do they need a new physical each time they enter the grade?

• If the student **repeats** a grade he has already entered Kindergarten, 6\textsuperscript{th}, 9\textsuperscript{th} and a new health exam is not required.

• 665.140 states prior to the date of entering Kindergarten, 6\textsuperscript{th} and 9\textsuperscript{th}, so technically they have complied.
Timetable for Examinations

• In programs operated by elementary school systems or secondary level school units or institutions of higher learning, health examinations are recommended for children under five years of age at intervals of not less than two years.
Child Health Examination Form for students from other countries?

• For students from other countries who attend classes, regardless of the duration of stay, examinations shall be completed within one year before the date of entering the school and at other intervals as required by Part 665 Child Health Examination Code.

• If not on the Illinois form, it must include all the elements the State of Illinois requires.

• Once enrolled, they are required to have the same health exams, screenings and services as any other enrolled student.
Can you accept a Child Health Examination Form for a student coming from out of state?

• For transfer students from out of the state or country, or from a federal Head Start program, a health form that is comparable to the Illinois requirements may be accepted only at the time of first entry into an Illinois school.
  – A statement by a physician or other health care provider indicating only that an examination was conducted is not acceptable.

• Completed within one year prior to the date of entry into an Illinois school.
Lead screening is required

- Lead screening is a required part of the health examination for children between one and seven years of age entering a day care center, day care home, preschool, nursery school, kindergarten or other child care facility, including programs run by a public school district.

- Each parent or legal guardian shall provide a statement from health care provider that the child has been assessed for risk of lead poisoning or tested or both, if the child resides in an area defined as high risk by the Department or if the child is potentially at high risk for lead poisoning. This statement shall be provided prior to admission and subsequently in conjunction with required physical examinations. (Section 7.1 of the Lead Poisoning Prevention Act) http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1523

- Physicians and other health care providers shall also screen children age seven years and older for lead poisoning in conjunction with the school health examination when, in the medical judgment of the health care provider, the child is potentially at high risk of lead poisoning. (Section 6.2 of the Lead Poisoning Prevention Act)
Completing the Lead Section

1. The health care provider must complete the section of the Certificate of Child Health Examination indicating that the child has been evaluated using the Childhood Lead Risk Questionnaire if the child resides in an area defined as low risk by the Department (IDPH), or has been blood lead tested for lead poisoning if the child resides in an area defined as high risk (Section 7.1 of the Lead Poisoning Prevention Act).

2. Completion of the section:

If the lead section of the form is not completed by the child's health care provider, a nurse can administer the questionnaire and mark that section "yes" or "no," inform the parent of the need for the blood test if indicated, and note the date of the referral on the form.

2. There is no requirement that the school obtain the actual blood test results.

3. If the lead section of the health examination is not completed by the health care provider or nurse, the form is incomplete and cannot be accepted for school enrollment.
Childhood Lead Risk Questionnaire

• The IDPH Lead Poisoning Prevention Code and Childhood Lead Risk Questionnaire may be found on the IDPH website.

• Questions should be addressed to the IDPH, Lead Program at (217) 557-4519.
Appropriate Forms

Health examinations shall be reported on the forms that the Department of Public Health and the Illinois State Board of Education prescribe for statewide use.

The required form is the Certificate of Child Health Examination provided by the Department of Public Health [http://dph.illinois.gov/sites/default/files/forms/certificate-of-child-health-examination-03032017.pdf](http://dph.illinois.gov/sites/default/files/forms/certificate-of-child-health-examination-03032017.pdf)


For dental examinations, the required form is the Illinois Department of Public Health Dental Examination Report. [http://dph.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf](http://dph.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf)
Who can sign the Immunization History portion of the Certificate of Child Health Examination form?

- The immunization history portion of the form can be signed by a physician, nurse in a physician’s office, school nurse, record keeper in the school, local health agency, etc. The verification date must be included. A local health department stamp is acceptable for verifying the immunization history portion of the health form. The verification date must be included.
Can a nurse practitioner or physician’s assistant perform a school physical and sign the Child Health Examination form?

Section 665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination

- Health examinations, other than dental examinations, eye examinations, and hearing and vision screening, shall be performed by, and the Certificate of Child Health Examination shall be signed by,
  - a physician licensed to practice medicine in all of its branches,
  - an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes him/her to perform health examinations, or
  - a physician assistant to whom has been delegated the performance of health examinations by his/her supervising physician.

(Section 27-8.1(2) of the School Code) A physician is required to review and sign any portion of the Certificate of Child Health Examination completed by a registered nurse who is not an advanced practice nurse.
Can a chiropractor perform a school physical and sign the Child Health Examination form?

• No. Neither the School Code nor the Child Health Examination Code authorize a chiropractor to perform a school physical or sign the form.

• Health examinations, other than dental examinations, eye examinations, and hearing and vision screening, shall be performed by
  – physician licensed to practice medicine in all of its branches,
  – advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes him/her to perform health examinations, or
  – physician assistant to whom has been delegated the performance of health examinations by his/her supervising physician.
If a person other than an APN or PA has sign-off authority from the physician, can they sign the physician’s name and then their name on the health examination form?

• **No.** Section 27-8.1 in the School Code of Illinois states if anyone other than a physician, APN, or PA performs any part of a health examination, then a physician must review and sign all required forms.
If the Certificate of Child Health Examination Form has a physician stamp instead of an actual signature, is this acceptable?

Yes, a physician signature stamp may be used. A stamp only listing the clinic name and address is not sufficient.
• Exams due no later than October 15th of the school year or by an earlier date of the current school year established by a school district.

• IESA/IHSA sports physical forms MAY NOT be used as the required school health exam.
  – If the student is required to have a sports physical in the year that coincides with the child health examination requirement, the Certificate of Child Health Examination may be accepted as proof of examination for interscholastic sports if the statement regarding participation in interscholastic sports is completed by the health care provider.
PARENT/GUARDIAN SECTION

The legislation states:

The Health History section of the form shall be completed and signed by the parent or legal guardian of the student. The Health History section is required.

IDPH and ISBE Legal Counsel indicated the school nurse should reject the form if incomplete, send it back home to the parent and request that it be completed and returned within a short timeframe. Anything beyond that (potential exclusion) is something that the district should consult their legal counsel.

ISBE Counsel indicates that so long as the physician’s portion adequately addresses what IDPH requires on the parent portion of the form, ISBE would not object.

Consult your district’s legal counsel for additional guidance.
EXCLUSION

It is not the intent of Part 665.240 that any child whose parents comply with the intent, the Act or the School Code, should be excluded from a child care facility or school. A child or student shall be considered in compliance with the law if there is evidence of the intent to comply. Evidence may be:

1. a signed statement from a health care provider that he or she has begun, or will begin, the necessary immunization procedures; or
2. the parent's or legal guardian's written consent for the child's participation in a school or other community immunization program.

Any decision by a school to exclude a student for school entrance for failing to comply with the health examination and immunization requirements set forth in this Part shall be done in accordance with Section 27-8.1 of the School Code and applicable Illinois State Board of Education policies or procedures.
What are the mandated grades/age for vision and hearing screening?

• Vision and hearing screenings are required annually beginning at age 3 in all licensed daycare/preschool programs. Once a child begins school, vision screening is required at grades K, 2 and 8. Hearing screening is required at grades K, 1, 2, and 3.

• Screening for both vision and hearing must be completed annually on ALL children in special education, children new to the district, and teacher referrals.

• Screening performed by the doctor’s office as part of the school physical does not fulfill the mandate. If there is documentation in the child’s file of an eye examination having been completed by an optometrist or ophthalmologist within the last 12 months, the child does not have to be screened.
Vision/Hearing

- Transfer students (new to the district) is one of the populations mandated for vision and hearing screening, so the nurse should do screening on that student. If the child is new to Illinois schools, then a vision examination by an eye doctor is required. If there is documentation of a vision/hearing screening done within this school year and it was done in an Illinois school, then the annual screening mandate has been satisfied.

- Are hearing and vision screenings required to be completed on new students that enter our school district throughout the entire school year or just up to a particular date? There is no cutoff date. A transfer student should be screened, no matter when they transfer, unless there is documentation of a screening in an Illinois school within that school year.

- If a pre-K child turns three in March and enters the preschool program at that time, they should be given a vision and hearing screening.
No Exclusion for Vision/Hearing

• No exclusion from school is involved, for either the vision screening or the Kindergarten/first entry to school vision examination.

• A child may NOT be excluded from school for lack of the vision examination.

• Out of state forms can be accepted in signed by a provider. If question provider status, do license look-up in state of origin.
What are the mandated grades/age for eye examination?

All children enrolling in kindergarten in a public, private, or parochial school and any student enrolling for the first time in a public, private, or parochial school shall have an eye examination. Each of these children shall present proof of having been examined by a physician who performs eye examinations or an optometrist within the previous year (within one year prior to the date of entering school), before October 15 of the school year. (Section 27-8.1(1.10) of the School Code)

An eye examination is required for all children enrolling in:
- Kindergarten
- An Illinois school for the first time at other grade levels

The eye examination requirement does **not** apply to children enrolling in preschool.

If a child has not received the eye examination then they should be given a vision screening.
What are the mandated grades/age for dental examinations?

- Kindergarten
- 2\textsuperscript{nd} grade
- 6\textsuperscript{th} grade
- 9\textsuperscript{th} grade; effective 1/1/2019
- IDPH Dental Division will be updating the School Dental Exam Form for the 2019/2020 school year.

Dental exams or waiver must be submitted by May 15 of the current school year and must be completed no more than 18 months prior to the May 15 deadline. Dental examination must be recorded on the appropriate State of Illinois, IDPH, Proof of School Dental Examination Form.

IDPH School Dental Exam Form:
http://dph.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf

School Dental Exam Info Sheet:
https://www.isbe.net/Documents/dental_information.pdf
Is a TB skin test required?

Sec. 27-8.1. Health examinations and immunizations.

A tuberculosis skin test screening shall be included as a required part of each health examination included under this Section if the child resides in an area designated by the Department of Public Health as having a high incidence of tuberculosis.

The TB Code specifies childcare and pre-school workers be tested for TB.

The recommendation is if there is possibility of exposure to the children, test the staff.
Is diabetes risk assessment a required component of the physical examination?

- **Yes.** Public Act 93-0530 requires that diabetes screening shall be completed as a required part of each mandated health examination. The Consensus Panel of the American Diabetes Association (ADA) suggests that if an individual is overweight and has any two of the risk factors listed below, they are at risk of developing type 2 diabetes. **Overweight** in children is defined as **BMI > 85th percentile** for age and sex.

- **Risk Factors:**
  - Family history of type 2 diabetes in first/second-degree relatives.
  - Belonging to a certain racial/ethnic groups, including American Indians, African-Americans, Hispanic Americans, Asian/South Pacific Islanders.
  - Showing signs of insulin resistance or conditions associated with insulin resistance including: acanthosis nigricans, hypertension, dyslipidemia, polycystic ovarian syndrome.

- **Results of the diabetes risk assessment must be documented on the Certificate of Child Health Examination form.** Questions about the diabetes risk assessment should be directed to Paula Jimenez, Office of Health Promotion, (217) 785-5243 or [Paula.Jimenez@illinois.gov](mailto:Paula.Jimenez@illinois.gov).
Can I still accept physicals documented on the 2013 version of the form?

- The State of Illinois’ required Child Health Examination Form is dated November 2015, replacing the January 2013 version.

- The Program has agreed to accept the 2013 form, **ONLY** if the added components of the 2015 form are included as an addendum to the report.

- The state does not want families to incur an added cost because the wrong form was used. Also EMR systems may not been updated with the 2015 form due to cost.
Information about SB 565, Public Act 99-0927
Bill signed into law January 20, 2017

What it is:
Public Act 99-0927 amends the School Code (105 ILCS 5) and requires the Department of Public Health (IDPH) to develop and implement administrative rules to include an age-appropriate developmental screening and an age-appropriate social and emotional screening as part of the health examination for all school children in Illinois. IDPH is also required to revise the Child Health Examination form to reflect the revisions made to the administrative rules. IDPH must ensure that the required screening is consistent with the Illinois State Board of Education’s social and emotional learning standards.

PA 99-0927 became effective on June 1, 2017; however, IDPH must implement administrative rules before PA 99-0927 can be enforced. Rules are being developed in IDPH’s Office of Women's Health and Family Services in consultation with statewide organizations representing school boards, pediatricians, and educators along with mental health experts, state education and healthcare officials, and others.

The Child Health Examination Form will **not be revised for the 2018-2019 school year**. Doctors are welcome to start doing screenings and schools may *request* that screenings be done; however, schools cannot *require* it. IDPH cannot enforce the requirements of PA 99-0927 until the administrative rules become effective. In the interim, doctors and schools should *not* independently or unilaterally change the Child Health Examination Form in an effort to comply with PA 99-0927 before the administrative rules become effective.
THANK YOU

Jean Becker, MPH, BSN, RN
IDPH, Office of Women’s Health and Family Services
School Health Program Administrator
Jean.becker@illinois.gov
ph. 217.524.1844
Immunization Update

KAREN S. PENDERGRASS
IMMUNIZATION COVERAGE LEVEL ADMINISTRATOR
**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 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.

**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.

- **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.

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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.

➢ 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.
HIPAA Privacy Rule on Student Immunizations

- 45 CRF 164.512(b)(1)(vi)
- Rule permits a covered health care provider to disclose proof of immunization about a student to a school that is required by State or other law to have such proof prior to admitting the student
- Provided the health care provider obtains and documents the agreement to the disclosure from either
  - A parent, guardian, or other person acting in loco parentis of the student, if the student is an emancipated minor; or
  - The student him or herself, if the student is an adult or emancipated minor
- The agreement may be obtained orally or in writing and need not be signed or contain elements required in a formal, written HIPAA authorization
- But the health care provider is required to document the agreement to the disclosure
- Remains effective until revoked

August 16, 2018
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</table>

- **GOT HepB#1**
- Start counting 1
- **28 days HepB#2**
Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois - Fall 2019

**Illinois Department of Public Health (IDPH)** has released the school immunization-related document: *Minimum Immunization Requirements for Entering Into a Child Care Facility or School in Illinois, Fall 2019*

The document can be found on the IDPH website at: [http://www.dph.illinois.gov/topics-services/prevention-wellness/immunization](http://www.dph.illinois.gov/topics-services/prevention-wellness/immunization)
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 4th birthday and at least SIX months after the previous dose.

• A fourth (4th) dose is not needed if the third (3rd) 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.
Upon entry into 6th grade; student must show proof of:

• 2 doses of varicella vaccine;

• 1 dose of Tdap (in addition to completed series for DTaP/Td);
  – ACIP changed the Tdap requirement to on or after the 11th birthday in 2018. If the student receives Tdap at age 10, entering the 6th grade, the vaccine does not need to be repeated.

• 3 dose hepatitis B vaccine series; and

• 1 dose of meningococcal conjugate vaccine, administered on or after the 11th birthday.
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.
- It is up to the school to monitor the schedule to ensure compliance.
Varicella Requirement

For 2019-2020 - only 1 dose of Varicella is required* for Preschool and students in 5th grade.

*Requirement for 1 dose of Varicella started in 2002-2003 for preschool and kindergarten

Or physician documented history of varicella

Roll-out for 2 dose Varicella Requirement

2014-15 Kindergarten, 6, 9,
2015-16 Kindergarten, 1, 6, 7, 9, 10,
2016-17 Kindergarten, 1, 2, 6, 7, 8, 9, 10, 11,
2017-18 Kindergarten, 1, 2, 3, 6, 7, 8, 9, 10, 11, 12
2018-19 Kindergarten, 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12
2019-20 Kindergarten, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Meningococcal Conjugate (MenACWY) Requirement

Meningococcal Requirement (MenACWY) for 6th and 12th graders:

• 6th – 10th graders must show 1 dose of MenACWY on or after the 11th birthday at school entry
• 12th graders must show 2 doses of MenACWY at school entry
• If first dose of MenACWY administered > 16th birthday; then only one dose required for entry to 12th grade.
Meningococcal Conjugate (MenACWY) Requirement

- If a child entering 6th 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 6th 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 provide that with the vaccine records (Section 665.280):
  - Letter/statement to be honored by School Health Authorities and NOT submitted to IDPH for review.
Meningococcal (MenACWY)

Since 2015-2016 - 1 dose of meningococcal is required for students entering grade 6 and **2 doses*** for students entering grade 12.

<table>
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<th>Year</th>
<th>Grades Required</th>
<th>Doses Required</th>
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<td>2015-16</td>
<td>6, 12</td>
<td>2 doses*</td>
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<td>2020-21</td>
<td>6, 7, 8, 9, 10, 11, 12</td>
<td>2 doses*</td>
</tr>
</tbody>
</table>

* Only 1 dose is required if 12th graders received the 1st dose on or after 16th birthday
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.
McKinney-Vento Scenario
Can This Student Be Excluded?

• Per parent, student not receiving Varicella vaccine due to “egg allergy”.

• School nurse tried contacting every HCP regarding this matter. Only one letter for this student was obtained.

• Doctor’s letter does not state “egg allergy”, the office actually states that they do not consider an egg allergy as a reason not to receive varicella!

• The provider wrote that the student’s parent has declined the varicella immunization for the student and that they discussed risks and benefits of the recommend immunization.
McKinney-Vento Scenario

Conclusion

- When discussing this with the McKinney-Vento consultant at ISBE, she said exclude.
  - Since the barrier to receiving immunization is not present, there is no medical excuse, there is no religious objection form, there is nothing but parent refusal.

- So the district would be within guidelines to exclude for that reason.
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.
- Must be renewed entering 6th and 9th grade.
- 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: ___________________________   
School Name: ___________________________   
City: ___________________________   
Gender: ☐ M ☐ F   
Grade: ___________________________   
Exemption requested for: (mark all that apply):   
☐ Hepatitis B ☐ DTPA ☐ Polio ☐ Hib ☐ Pneumococcal ☐ MMR  
☐ Varicella ☐ Td/Tdap ☐ 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 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.

Health Care Provider Name: ___________________________  
Signature of health care provider* ___________________________  
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.
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 by completing the memorandum of agreement then going online to sign on through the web portal.
- “Data-mining” or third party access is prohibited.
- To register for I-CARE please email at dph.icare@illinois.gov
ILLINOIS DEPT OF PUBLIC HEALTH
Immunization Program - Regional Listing

PEORIA & ROCKFORD REGION
Chris Morrow
5415 N. University St
Peoria, IL 61614
(309) 693-5374
Fax (309) 693-5118
Email: Christopher.Morrow@illinois.gov

EDWARDSVILLE REGION
Anjanette Manzy
22 Kettle River Dr.
Glen Carbon, IL 62034
(618) 656-6680
Fax (618) 656-5863
Email: Anjanette.E.Manzy@illinois.gov

CHAMPAIGN REGION
Pamela Linder
2125 S. First St.
Champaign, IL 61820
(217) 278-5900
Fax (217) 278-5959
Email: Pamela.Linder2@illinois.gov

WEST CHICAGO REGION & NE/NW COOK
Vacant – Contact Karen Pendergrass @
karen.pendergrass@Illinois.gov
245 W Roosevelt Rd., Bldg. #5
West Chicago, IL 60185
(630) 293-6862
Fax (630) 293-6908
Email:

BELLWOOD REGION (CENTRAL COOK/SOUTH COOK)
Mijiza Jefferson
4212 W. St. Charles Rd
Bellwood, IL 60104
(708) 544-5300
Fax (708) 544-5830
Email: Mijiza.Jefferson@illinois.gov

For questions on specific immunization requirements and Proof of Immunity reviews
THANK YOU

Karen S. Pendergrass
IDPH Immunization Program
Immunization Coverage Level Administrator
Karen.Pendergrass@illinois.gov
Evaluation and CEU for today’s webinar

https://www.surveymonkey.com/r/LHVZDFX

Your responses are greatly appreciated.

Certificates of completion are issued approximately two weeks after attending either session.

IDPH/ISBE will e-mail the certificates to the e-mail address used to register for the webinar for all attendees who were present for a majority of the presentation.