



Immunization Update 2022

IMMUNIZATION PROGRAM

School Health Days 2022

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

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.

Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2022

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, 2022-2023



Vaccine Requirement ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity
		First Entry into School (Kindergarten or 1 st Grade)	Other Grades	
Diphtheria, Pertussis, Tetanus	Three doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday.	Four or more doses of DTP/DTaP with the last dose being a booster and received on or after the 4th birthday.	Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4th birthday. Entering 6 th grade, for students \geq age 11, one dose of Tdap ²	Minimum interval between series doses: 4 weeks (28 days). Between series and booster: 6 months. No proof of immunity allowed.
Polio	Two doses by 1 year of age. One additional dose by 2nd birthday. Three doses for any child 24 months of age or older appropriately spaced.	Starting school year 2017-2018 any child entering Kindergarten shall show proof of 4 dose series with the last dose on or after the 4 th birthday. <i>This is a progressive requirement starting in 2017-2018. For the 2022-2023 school year, the four-dose requirement applies to grades K-5.</i>	Three or more doses of polio vaccine with the last dose on or after the 4 th birthday.	Minimum interval between series doses: 4 weeks (28 days). 4 th dose at least 6 months after previous dose No proof of immunity allowed.
Measles	One dose on or after the 1st birthday.	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.	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	One dose on or after the 1st birthday.	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.	Laboratory evidence of rubella immunity.	
Mumps	One dose on or after the 1st birthday	Two doses of mumps vaccine, the 1st dose must have been received on or after the first birthday and the second dose no less than 4 weeks (28 days) later.	Proof of prior mumps disease shall be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.	
Haemophilus influenzae type b (Hib)	Proof of immunization that complies with the ACIP recommendation for Hib vaccination. Children 24-59 months of age without series shall show proof of one dose of Hib vaccine at 15 months or older.	Any child five years of age (60 months of age) or older shall not be required to provide proof of immunization with Hib vaccine.	Refer to ACIP Hib series schedule. No proof of immunity allowed.	

Vaccine Requirement ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity
		First Entry into School (Kindergarten or 1 st Grade)	Other Grades	
Invasive Pneumococcal Disease (PCV)	Proof of immunization that complies with ACIP recommendations for PCV. Children 24 to 59 months of age without primary series of PCV, shall show proof of receiving one dose of PCV after 24 months of age.	Any child five years of age (60 months of age) or older shall not be required to provide proof of immunization with PCV vaccine.		Refer to ACIP PCV series schedule. No proof of immunity allowed.
Hepatitis B	Three doses appropriately spaced. (see doses in minimum interval column). Third dose must have been administered on or after 6 months of age (168 days).	Kindergarten through 5 th grade not a requirement. Recommend reviewing these records and if necessary, have student be brought up to date with hepatitis B series.	Students entering 6 th thru 12 th grade, three doses of hepatitis B vaccine administered at appropriate intervals.	Minimum intervals between doses: Between 1 st and 2 nd doses must be at least 4 weeks. Between 2 nd and 3 rd must be at least 8 weeks. Between 1 st and 3 rd must be at least 16 weeks. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination.
Varicella	One dose on or after 1st birthday.	Two doses of varicella. The first dose must have been on or after the 1 st birthday and the 2nd dose no less than 4 weeks (28) days later. Two doses of varicella for students entering all grades.		Proof of prior varicella disease shall be verified with: 1) date of illness signed by a physician; or 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 3) laboratory evidence of varicella immunity.
Meningococcal Disease (MCV4), (MenACWY)⁴	No Requirements.	No Requirements.	Applies to students entering 6 th -11 th grades: one dose of meningococcal conjugate vaccine. 12 th grade entry: two doses of meningococcal conjugate vaccine.	Minimum intervals for administration: For 6 th grade entry: the first dose received on or after the 11 th birthday ³ For 12 th grade entry: second dose on or after the 16 th birthday and an interval of at 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.

<http://www.dph.illinois.gov/topics-services/prevention-wellness/immunization>

Fall 2022



Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2022

Notes:

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

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.

Footnotes:

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

² For Tdap: Per the [Child and Adolescent Immunization Schedule](#) a dose of Tdap or DTaP administered at 10 years of age or later may now be counted as the adolescent Tdap booster.

³ For Meningococcal Conjugate: 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.

⁴ For Men ACWY vaccines may be administered simultaneously with Men B vaccines if indicated, but at a different anatomic site, if feasible.

Compliance with the School Code

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.

Resources:

[IDPH Immunization Webpage](#)

[Child and Student Health Examination and Immunization Code Immunization Schedules](#)

[CDC Immunization Webpage](#)

[ACIP Vaccine Recommendations and Guidelines](#)

[Epidemiology and Prevention of Vaccine-Preventable Diseases-The Pink Book](#)

[Ask the Experts](#)

<http://www.dph.illinois.gov/topics-services/prevention-wellness/immunization>

Sources:

Title 77, Part 665 Child and Student Health Examination and Immunization Code
Advisory Committee on Immunization Practices (ACIP)

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Combination Vaccine Component Aid

New Vaccines in Blue Font

- Pediarix – DTaP-HepB-IPV
- Pentacel – DTaP-IPV/Hib
- **Vaxelis- DTaP-IPV-Hib-HepB**

- Kinrix – DTaP-IPV
- Quadracel – DTaP-IPV

- ProQuad – MMR-Varicella

Kindergarten Entry 2022-2023

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.
- This rule follows ACIP recommendations.

POLIO – Kindergarten Entry

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

2017-18 Kindergarten

2018-19 Kindergarten, 1st

2019-20 Kindergarten, 1st, 2nd

2020-21 Kindergarten, 1st, 2nd, 3rd

2021-22 Kindergarten, 1st, 2nd, 3rd, 4th

2022-23 Kindergarten, 1st, 2nd, 3rd, 4th, 5th

2023-24 Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th

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

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

Catch-up Schedule For Kindergarten Polio 2022-2023

For Kindergarten entry beginning with
school year 2017-2018:

- 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.

6th Grade Entry 2022-2023

Upon entry into 6th 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 dose Hepatitis B vaccine series; and
- 1 dose of Meningococcal Conjugate vaccine (MenACWY – Menactra/Menveo/MenQuadfi), administered on or after the 11th birthday.

6th 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.

Meningococcal Conjugate (MenACWY) Requirement

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

- 6th – 11th 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 \geq 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 Vaccine Groups

New Vaccines in Blue Font

Meningococcal Serogroups ACWY (MenACWY)

(for Meningococcal requirement)

- Menveo
- **MenQuadfi** (replacing Menactra)
- Menactra (phasing out)

Meningococcal Serogroup B (MenB)*

- Bexsero
- Trumenba

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

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 or Section 665.280.



Fall 2022

“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), 2 doses of Varicella, and Hepatitis B.

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.

Do not send either of these exemptions to IDPH for review

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, 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.

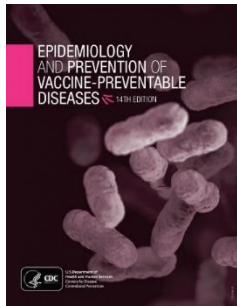
Signature of health care provider* _____	Health Care Provider Name: _____
Date: (Must be within 1 year prior to school entry)	Address: _____
	Telephone #: _____

*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 Exemption Form



ADDITIONAL RESOURCES



THE PINK BOOK

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

ACIP IMMUNIZATION SCHEDULES and CATCH-UP SCHEDULES

<https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html#table-catchup>

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

[Catch-Up Guidance for Children 10 through 18 Years of Age: Tetanus-, Diphtheria-, and Pertussis-Containing Vaccines: Tdap/Td](#)

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →															
Rotavirus (RV) (2-dose series), RSV (3-dose series)			1 st dose	2 nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP) (3 yrs)			1 st dose	2 nd dose	3 rd dose					← 4 th dose →							
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes		2 nd or 4 th dose	See Notes									
Pneumococcal conjugate (PCV13)			1 st dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus (IPV) (18 yrs)			1 st dose	2 nd dose			← 3 rd dose →					4 th dose					
Influenza (IV) (18 yrs)										Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only
Influenza (LAIV) (18 yrs)										Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only
Mumps, measles, rubella (MMR)					See Notes		← 1 st dose →						2 nd dose				
Varicella (VAR)							← 1 st dose →						2 nd dose				
Hepatitis A (HepA)					See Notes			2-dose series	See Notes								
Tetanus, diphtheria, acellular pertussis (Tdap) (18 yrs)																	1 dose
Human papillomavirus (HPV)																	See Notes
Measles, mumps, rubella, diphtheria, tetanus, acellular pertussis (MMR2) (18 yrs)																	1 st dose
Measles, mumps, rubella, diphtheria, tetanus, acellular pertussis (MMR2) (18 yrs)																	2 nd dose
Measles, mumps, rubella, diphtheria, tetanus, acellular pertussis (MMR2) (18 yrs)																	See Notes
Pneumococcal polysaccharide (PPSV23)																	See Notes
Dengue (DENVax) (9-16 yrs)																	Seropositive to endemic areas only. See Notes.

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**



This season, all flu vaccines will be designed to protect against the four viruses that indicates will be most common.

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

Flu vaccines and COVID -19 vaccines can be given at the same time.

Immunization Program Regional Map



IMMUNIZATION PROGRAM REGIONAL MAP



Bellwood Region
 Mijiza Jefferson
 4212 W. St. Charles Rd.
 Bellwood, IL 60104
 Ph: 708-544-3000 x261 • Fax: 708-544-5830
 Email: Mijiza.Jefferson@illinois.gov

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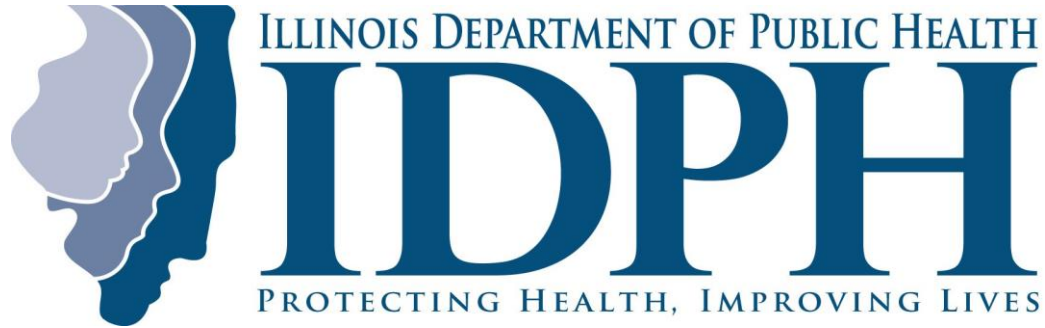
Champaign Region
 Pamela Linder
 2125 S. First St.
 Champaign, IL 61820
 Ph: 217-278-5912 • Fax: 217-278-5959
 Email: Pamela.Linder2@illinois.gov

Edwardsville Region
 Vacant
 22 Kettle River Dr.
 Glen Carbon, IL 62034
 Ph: 618-656-6680 • Fax:
 Email: DPH.coveragelevel@illinois.gov

If you have questions concerning immunizations, please call 800-526-4372 or 217-785-1455.
 TTY (hearing impaired use only) 800-547-0466
 Contact the VFC program at DPH.Vaccines@illinois.gov

Fall 2022





THANK YOU

IDPH Immunization Program

217/785-1455

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