



Immunizations - School Year 2024-2025

IMMUNIZATION PROGRAM

ISBE Boot Camp 2024

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 ≤ 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, 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 2024

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 ≥ 4 months are determined by calendar months rather than weeks.

Vaccine Requirement ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th 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 ² 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">Between the first three doses, there must be at least four weeks.Between the third and fourth dose, there must be at least six months.	Children ages 7 years and older should receive Td ² instead of DTP or DTaP per the ACIP catch-up schedule. Minimum ages and intervals: <ul style="list-style-type: none">Between the three or more primary series doses, there must be at least four weeks.Between the primary series and the booster dose, there must be at least six months.Booster must be administered on or after the child's 4th birthday.	Minimum intervals: <ul style="list-style-type: none">Between the two or more primary series doses, there must be at least 4 weeks.Between the last dose in the primary series and the booster dose, there must be at least six months.Booster dose must be administered on or after the child's fourth birthday.	
	See additional footnotes regarding catch-up schedules and inadvertent administration of DTaP and Tdap. ^{5,6}			

<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 ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
Polio ³	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">Between each of the first three doses, there must be at least four weeks.	*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">Between each of the first three doses, there must be at least four weeks.Between the primary series and the booster dose, there must be at least six months.Booster (fourth dose) must be administered on or after the child's fourth birthday.	*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">Between each dose, there must be at least four weeks.Booster must be administered on or after the child's fourth birthday.	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 https://www.cdc.gov/mmwr/volumes/66/wr/mm6606a7.htm .				

Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2024

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



Table 1 Footnotes:

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

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

³ 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.

⁴ 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.

⁵ 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.

⁶ 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.

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Minimum Immunization Requirements Entering Child Care Facility or School in Illinois – Fall 2024

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 12th 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 ≥ 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"> 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.
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.	

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

Kindergarten Entry 2024-2025

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 2024-2025

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 2024-2025

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 doses Hepatitis B vaccine series; and
- 1 dose of Meningococcal Conjugate vaccine (MenACWY – (Menactra)/Menveo/MenQuadfi), administered on or after the 11th birthday.
- 3 (or 4) doses of Polio, as was just discussed

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 11^{th**} 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 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.](#)

Meningococcal Vaccine Groups

New Vaccines in Blue Font

Meningococcal Serogroups ACWY (MenACWY) (for Meningococcal requirement)

- Menveo
- **MenQuadfi**
- **Penbraya**

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



“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.

Medical Exemptions and Religious Objections Allowed in Illinois

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.

Do not send either of these exemptions to IDPH for review

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* _____

Date: _____
(Must be within 1 year prior to school entry)

Health Care Provider Name: _____

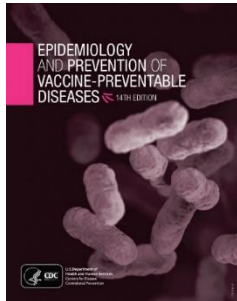
Address: _____

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

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

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 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	19-23 mo	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	3 rd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Rotavirus (RV) (2-dose series; RV5 (3-dose series))	1 st dose	2 nd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Diphtheria, tetanus, acellular pertussis (DTaP) (5 yrs)	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Haemophilus influenzae type b (Hib)	1 st dose	2 nd dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Pneumococcal conjugate (PCV13)	1 st dose	2 nd dose	3 rd dose	4 th dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Inactivated poliovirus (IPV) (3 yrs)	1 st dose	2 nd dose	3 rd dose	4 th dose	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Influenza (INFLU)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Influenza (INFLU)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Measles, mumps, rubella (MMR)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Varicella (VAR)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Hepatitis A (HepA)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Tetanus, diphtheria, acellular pertussis (Tdap) (5 yrs)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Human papillomavirus (HPV)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Meningococcal (MenACWY) (2 yrs)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Meningococcal (MenACWY) (2 yrs)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Meningococcal B (MenB-4C, MenB-FHq)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Pneumococcal polysaccharide (PPSV13)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes
Dengue (DENVAXY) (9-16 yrs)	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes	See Notes

IMMUNIZE.ORG's "Ask the Experts": www.immunize.org/askexperts/

Child and Student Health Examination and Immunization Code:

<https://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html>

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 indicated to be most common.

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

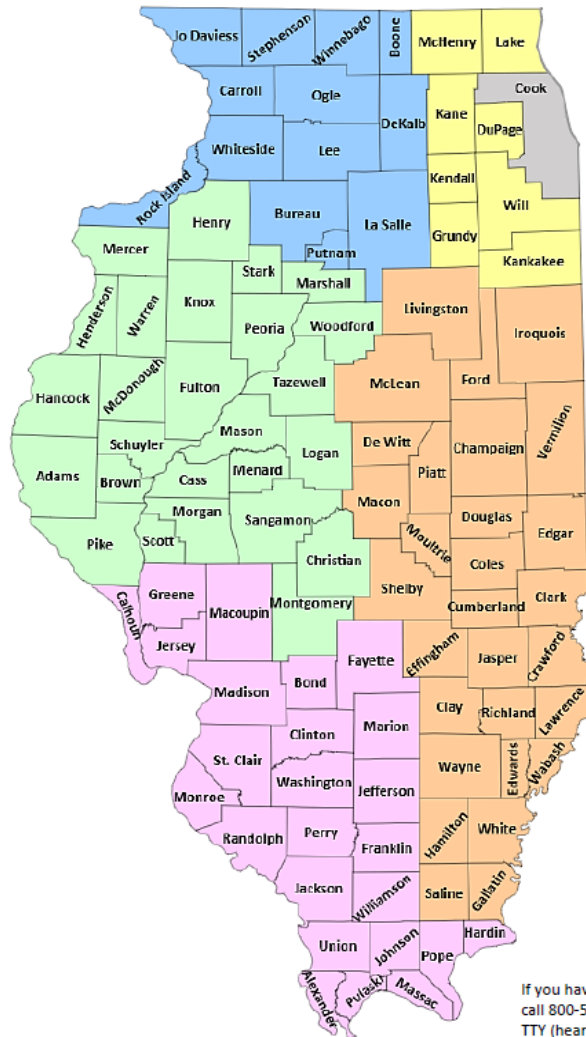
Flu vaccines and COVID -19 vaccines can be given at the same time.

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



IMMUNIZATION PROGRAM REGIONAL MAP



Bellwood Region

Mijiza Jefferson

3 Westbrook Corporate Center, 3rd
Flr. Westchester, IL 60154

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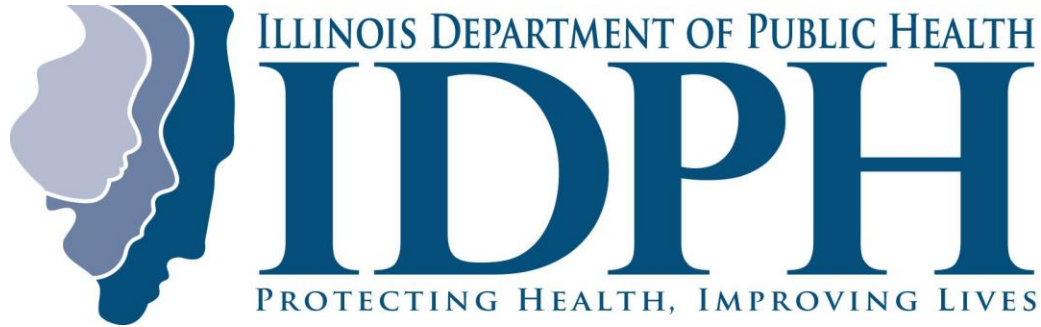
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If you have questions concerning immunizations, please call 800-526-4372 or 217-785-1455.

TTY (hearing impaired use only) 800- 547-0466

Contact the VFC program at DPH.Vaccines@illinois.gov





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