



Illinois State Board of Education

August 2015

Guidance Document

#15-7

**Back-to-School Immunization Guidance and
Best Practices - 2015-16 School Year**

*This document is intended to provide non-regulatory guidance on the subject matter listed above.
For specific questions, please contact the person(s) identified in the document.*

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Back-to-School Immunization Guidance and Best Practices

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A new school-entrance immunization requirement is in place for the 2015-16 school year.

Beginning this fall, a meningococcal conjugate vaccination (MCV4) requirement becomes effective for students entering grades six or 12. Sixth-graders must show proof of one dose of MCV4; 12th-graders must show proof of having received two doses. Students in grade 12 who received the first dose after 16 years of age need only one dose. In some areas of the state, health care providers have exhausted their current supply of the MCV4 vaccine due to heavy demand. Meningococcal vaccine is being ordered and delivered daily to providers. If the health care provider is still awaiting their re-order, the provider must give the parent a note stating the date that the additional vaccine should be received and an appointment for that date must be made and kept.

Any child entering kindergarten, sixth, seventh, ninth, or 10th grade for the first time must also show proof of having received two doses of varicella (chickenpox) vaccine. The Illinois Department of Public Health's (IDPH) [Immunization Quick Reference Guide](#) provides additional details about the 2015-16 requirements.

The State of Illinois requires vaccinations to protect children from a variety of diseases before they can enter school. Students must show proof of immunization against up to 12 vaccine-preventable diseases (the number and schedule of these vaccinations depend on a student's grade and age). Illinois' immunization requirements are aligned with recommendations by the Advisory Committee on Immunization Practices on adolescent vaccinations. For more information specific to each disease, including [vaccination schedules](#), visit www.dph.illinois.gov/topics-services/prevention-wellness/immunization.

These immunizations are required in order to protect the health of the student and his or her family, including grandparents, infants, and pregnant women in the family who may be more at risk for serious illness, and to protect the broader community. At any given moment, an unvaccinated student could carry a disease that may be minor for that student but becomes a major issue for someone undergoing treatment for cancers or leukemia or who otherwise has a compromised immune system.

ISBE has posted the annual Immunization Survey Results at:
www.isbe.net/research/htmls/immunization.htm#immu

- Immunization School Survey Results
 - 2014-15 

[Complete Submissions](#) 
[Incomplete Submissions](#) 

New this year is the list of schools for which immunization data was incomplete or not submitted at all. As per 23 Illinois Administrative Code 1.530(a) 2 and 425.80(e), any school or school district that for two consecutive years and in any combination either fails to deliver its report to the State Superintendent of Education by Nov. 15 or does not deliver a report that at least 90 percent of the pupils enrolled have complied with the requirements of immunizations and health exam shall be issued a Notice of Noncompliance. This new chart lists such districts.

The required vaccines follow a schedule that specifies the type and spacing of immunizations. If a physician licensed to practice medicine in all of its branches believes a child is protected against a disease according to a different schedule, the physician may state in writing the reasons for that belief and certify that he or she believes the specific immunization in question is not necessary or indicated. Such a statement should be attached to the child's school health record and accepted as satisfying the medical exception provision of the regulation.

Schools must submit these statements with the appropriate written consent of the parent or guardian to the regional immunization consultant of IDPH. The appropriate written consent must contain the student's name, date of birth, and parent or guardian signature and date of signature. The consent must also specify the documents that will be sent to IDPH (complete immunization record and physician statement of immunity with justification for his or her medical opinion). The consent must also provide to the parents the stated purpose of the disclosure and the name of the person to whom the information is being sent. IDPH will review the statements of lack of medical need with appropriate medical consultation. After review, if the student is no longer considered to be in compliance, the student is subject to the exclusion provision of the law.

In addition to immunizations, all students enrolling in kindergarten – in a public, charter, or private school – and any student enrolling for the first time in Illinois (with the exception of preschoolers) must also have an eye examination. A licensed optometrist or medical doctor who performs eye exams and is licensed by the Illinois Department of Financial and Professional Regulation must perform the exam. All eye exams must be completed within one year prior to Oct. 15.

Furthermore, all students enrolled in kindergarten, second, and sixth grades are required to have a dental examination.

Also, all children must complete a physical examination prior to entering Illinois schools for the first time and before entering the following grades: kindergarten or first grade, sixth grade, and ninth grade. The exam includes gender and date of birth; an evaluation of height, weight, BMI, blood pressure, skin, eyes, ears, nose, throat, mouth/dental; cardiovascular, respiratory, gastrointestinal, genito-urinary, neurological, and musculoskeletal evaluations; spinal examination; evaluation of nutritional status; lead screening; and other evaluations deemed necessary by the health care provider.

Additionally, Public Act 99-024, effective Aug. 3, 2015, adds to the religious exemption requirements for immunizations and health examinations. The new law is effective for the 2015-2016 school year and states that parents or legal guardians who object, for religious reasons, to immunizations or health examinations for their child for school entry must now have a Certificate of Religious Exemption that is signed by a health care provider. The signed certificate verifies that the health care provider counseled the parents or guardians on the benefits of immunizations and the health risks of not vaccinating students.

Educational information given by health care providers may include nationally accepted recommendations from federal agencies such as the Advisory Committee on Immunization Practices, information from vaccine information statements, and vaccine package inserts.

The certificate also reflects the parents' or legal guardians' understanding that their child may be excluded from school in the case of a vaccine-preventable disease outbreak or exposure.

State law requires that parents or guardians must provide evidence of completing the required physical examination and vaccinations by Oct. 15 or an earlier date, if so established by local school board policy or if the student is suspended from school until the exams or vaccinations are received. Therefore, the new Certificate of Religious Exemption form requirement will be enforced with physicals and shot records submitted to schools beginning **Oct. 16, 2015**. This effective date takes into account that most parents have already completed their child's physical exam/immunization requirements or submitted their religious objection letter for the 2015-16 school year and therefore, will not have to return to their physician to fill out the form for the Oct. 15 deadline. From Oct. 16 on, any students who enroll after Oct.

15 or who have not yet provided proof of immunization must provide a Certificate of Religious Exemption form if their parents have religious objections to vaccinations and/or health examinations.

The Certificate of Religious Exemption form is available on ISBE's website at <http://www.isbe.net/research/pdfs/immun-exam-gdlns-religious-exempt.pdf>.

Illinois law [[105 ILCS 5/27-8.1](#)] requires schools to exclude students from school until they present proof of meeting the health exam and immunization requirements. Ultimately, the superintendent or principal notifies parents if their student must be excluded due to non-compliance. This responsibility also means that schools must maintain accurate records and help parents meet school health obligations. School nurses, administrators, and others involved in school health requirements should work together to reach at least a 90 percent rate of compliance, a rate that helps assure the health of the entire school building as well as the community in which the students live, work, and play.

While schools must comply with state law that requires exclusion for students who lack physical exams and/or vaccinations without proper exemptions, schools are encouraged to make the immunization and health examination process easier for parents and guardians, particularly those who may not have a reliable source of health care. The goal is to have all students meeting health requirements and attending school.

In many districts, school nurses have secured mobile health clinics, such as mobile medical vans, to come onto school grounds to provide shots and physical exams, with parental permission, during the school day and/or after school. To learn if a community has a mobile medical van resource, school staff may contact their local health department, local hospital, or local community health clinic. The services of each mobile medical van, where they exist, are varied and requirements may include health insurance or state Medicaid cards. Some vans may be available to only those in financial need while others are available to anyone needing vaccines or physicals. School nurses may also contact pharmacies in their area to set up special times for a vaccinations-only clinic with a dedicated pharmacist or nurse on-site. Schools may also invite pharmacies, temp nurse agencies, and other providers to set up school-site clinics.

Tips on setting up vaccination clinics on school grounds are available at www.nasn.org/ToolsResources/Immunizations. Any mobile clinic using the state-provided vaccines under the Vaccines for Children (VFC) program must have pre-approval from and follow regulations issued by IDPH.

In some school districts with school-based health centers, such as those linked with a hospital or health department, students already have access to the examinations and vaccinations during the school day. More than 20 local health departments and some physician offices and pharmacies have set up additional vaccination clinics. In some schools, students receive incentives, such as vouchers for school supplies, once the health forms are turned in.

In schools where school nurses are assisting the mobile vans, school nurses who are charged with reviewing immunization records or obtaining parent releases for use of the medical vans may need to delegate that task to other school staff members, who can follow a chart to review compliance and appropriate scheduling of vaccinations.

In addition, any federally-funded health clinic (FQHC community health center) may provide services to any person, regardless of residency or ability to pay. A sliding-fee scale of charges may apply. Contact your local health department to determine if there is such an FQHC in your community.

IDPH offers additional immunization information on its [website](#). The Illinois Help Me Grow helpline is also available at 1-800-323-GROW (voice and TTY) for additional immunization information. For parents who may not be able to afford immunizations, the Vaccines for Children program provides vaccines at no cost to children from low-income families. For information, call (312) 746-6050 in Chicago or (217) 785-1455 for the rest of the state. Parents may contact their local school district's registered nurse or health services coordinator/supervisor or supervisor) or their local health department's immunization program nurse for more information on where to receive required vaccinations and medical examinations.

For additional information about immunizations in Illinois, visit:

- **ISBE's School Health Issues:** http://www.isbe.net/school_health.htm#immu
- **Administrative Rules for Basic Immunizations:**
<http://www.ilga.gov/commission/jcar/admincode/077/077006650B02400R.html>

Minimum Immunization Requirements for Those Entering a Child Care Facility or School in Illinois, Fall-2015

Vaccine Requirement	Child Care Facility, Preschool, Early Childhood Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Minimum Intervals Allowed Between Doses and <i>Other Options for Proof of Immunity</i>
		First Entry into School (Kindergarten or First Grade)	Other Grades	
DTP/DTaP/ or Tdap, Td (Diphtheria, Tetanus, Pertussis)	Three doses by 1 year of age One additional booster dose by 2 nd birthday	Four or more doses of DTP/DTaP with the last dose qualifying as a booster and received on or after the 4 th birthday	Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4 th birthday	Minimum interval between series doses: 4 weeks (28 days)
			For Students entering 6 th thru 12 th grades: 1 dose of Tdap	Between series and booster: 6 months <i>No proof of immunity allowed</i>
Polio	Two doses by 1 year of age. One additional dose by 2 nd birthday	Three or more doses of the same type of Polio vaccine with the last dose qualifying as a booster and received on or after the 4 th birthday. *If the series is given in any combination of polio vaccine types, 4 or more doses are required with the last being a booster on or after the 4 th birthday.	Three or more doses of Polio with the last dose qualifying as a booster and received on or after the 4 th birthday. *If the series is given in any combination of polio vaccine types, 4 or more doses are required with the last being a booster on or after the 4 th birthday.	Minimum interval between series doses: 4 weeks (28 days) <i>No proof of immunity allowed</i>
Measles	One dose on or after the 1 st birthday but prior to 24 months of age	Two doses of Measles Vaccine, the 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.		<i>Laboratory evidence of measles immunity OR Certified physician verification* of measles disease by date of illness</i> *Cases diagnosed after 7/1/2002 must include lab evidence of infection
Rubella	One dose on or after the 1 st birthday but prior to 24 months of age	Two doses of Rubella Vaccine, the 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.		<i>Laboratory evidence of rubella immunity</i> History of disease is not acceptable proof of immunity to rubella
Mumps	One dose on or after the 1 st birthday but prior to 24 months of age	Two doses of Mumps Vaccine, the 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.		<i>Laboratory evidence of mumps immunity OR Certified physician verification of mumps disease by date of illness</i>
<i>Haemophilus influenzae</i> type b	Refer to Hib vaccination schedule for series Children 24-59 mos. without series must have one dose after 15 mos. of age	Not required after the 5 th birthday (60 months of age)		Refer to Hib vaccination schedule <i>No proof of immunity allowed</i>
Invasive Pneumococcal Disease	Refer to PCV vaccination schedule for series Children 24-59 mos. without series must have one dose	Not required after the 5 th birthday (60 months of age)		Refer to PCV vaccination schedule <i>No proof of immunity allowed</i>
Hepatitis B	Three doses for all children 2 years of age or older Third dose must have been administered on or after 6 months of age (168 days)	No Requirements	Three doses hepatitis B vaccine administered at recommended intervals for Students entering grades 6 thru 12	Minimum intervals between doses: 1 & 2- at least 4 weeks (28 days) 2 & 3 - at least 2 months (56 days) <u>1 & 3 - at least 4 months (112 days)</u> <i>Laboratory evidence of prior or current infection</i>
Varicella	One dose on or after the 1 st birthday	Two doses of Varicella Vaccine, for Students entering Kindergarten and 1 st grades The 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later.	One dose of Varicella on or after the 1 st birthday for Students entering grades 1 thru 12	Minimum intervals for administration: The 1 st dose must have been received on after the 1 st birthday and the second dose no less than 4 weeks (28 days) later. <i>Statement from physician or health care provider verifying disease history OR Laboratory evidence of varicella immunity</i>
			Two doses of Varicella Vaccine for Students entering 6 th , 7 th , 9 th & 10 th grades	

Vaccine Requirement	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 First Grade)	Other Grades	
Meningococcal Conjugate Vaccine	No Requirements	No Requirements	<p>Applies to Students entering 6th or 12th grade beginning 2015-2016 school year</p> <p>1 dose of Meningococcal vaccine at entry to 6th grade</p> <p>2 doses of Meningococcal vaccine at entry to 12th grade</p>	<p>Minimum intervals for administration: The first dose received on or after the 10th birthday; second dose at least eight weeks after the 1st dose.</p> <p>Only one dose is required if the first dose was received at 16 years of age or older.</p> <p><i>No proof of immunity allowed.</i></p>

Source: Child Health Examination Code/Part 665, Immunization Code/Part 695, Public Act 095-0159

Prepared by: Illinois Department of Public Health Immunization Section, February 2015

Section 695. APPENDIX A Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)

Vaccine	Age at 1 st of doses for dose (mos.)	Primary series	Booster	Total number of Doses in series
HbOC/PRP-T: HibTITER™ ActHib ^e ™ OmniHib™ TETRAMUNE™	2-6	3 doses, 2mos. apart ^a	12-15 mos. ^{bc}	4
	7-11	2 doses, 2mos. apart ^a	12-18 mos. ^{bc}	3
	12-14	1 dose	15 mos. ^{bc}	2
	15-59	1 dose ^d	None	1
PRP-OMP: PedvaxHIB™	2-6	2 doses, 2mos. apart ^a	12 mos. ^{bc}	3
	7-11	2 doses, 2mos. apart ^a	12-18 mos. ^{bc}	3
	12-14	1 dose	15 mos. ^{bc}	2
	15-59	1 dose ^d	None	1
PRP-D: ProHIBIT™	15-59	1 dose ^{cd}	None	1

^a Minimally acceptable interval between doses is one month.

^b At least 2 months after previous dose.

^c After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose

^d Children 15-59 months of age should receive only a single dose of Hib vaccine.

^e Reconstituted with DTP as a combined DTP/Hib vaccine

Note: A DTP/Hib combination vaccine can be used in place of HbOC or PRP-T

(Source: Amended at 26 Ill. Reg. 10792, effective July 1, 2002)

Section 695. Appendix B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV)

Age of Child (Months)	Vaccination History	Recommended Primary Series and Booster Intervals*	Total Doses Required
2-6 minimum age of six weeks:	0 doses	3 doses, 2 months apart; 4 th dose at age 12-15 months	4
	1 dose	2 doses, 2 months apart; 4 th dose at age 12-15 months	4
	2 doses	1 dose, 2 months after most recent dose; 4 th dose at age 12-15 months	4
7-11	0 doses	2 doses, 2 months apart; 3 rd dose at age 12 -15 months	3
	1 or 2 doses before age 7 months	1 dose, 2 months after most recent dose; 3 rd dose at 12 months -15 months and > 2 months after prior dose	3-4
12-23	0 doses	2 doses, ≥ 2 months apart	2
	1 dose before age 12 months	2 doses, ≥ 2 months apart	2
	1 dose on or after 12 months of age	1 dose ≥ 2 months after most recent dose	2
	2 or 3 doses before age 12 months	1 dose, ≥ 2 months after most recent dose	3-4
24-59 Healthy Children	Any incomplete schedule	1 dose, ≥2 months after most recent dose	1
24-59 Children at High risk ^{a b}	Any incomplete schedule	2 doses separated by 2 months	2

(Source: Added at 37 Ill. Reg. 13952, effective August 16, 2013)

* Minimum interval between doses is 8 weeks except for children vaccinated at age <12 months, for whom minimum interval between doses is 4 weeks. Minimum age for administration of first dose is 6 weeks.

^a Children with certain chronic conditions or immunosuppressive conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV13 two months after the last PCV7 or PCV13.

^b CDC now recommends that for children with certain chronic conditions or immunosuppressive condition with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.