

**New Jersey Department of Health and Senior
Services, Vaccine Preventable Disease Program**

**Questions and Answers on Immunization
Regulations Pertaining to Children Attending
School/ Higher Education**

2010 – 2011 School Year
Updated September 1, 2010

**Immunization of Pupils in Schools
(New Jersey Administrative Code Citation
8:57-4.1 to 8:57-4.24)**

Frequently Asked Questions

NJ Immunization Requirements

Q: What are the minimally required vaccines for preschool/child care and school entry in New Jersey?

A: Please visit <http://nj.gov/health/cd/imm.shtml>

- Age-Appropriate Vaccinations for Licensed Child Care Centers/Pre-School [[word](#) 25k] [[pdf](#) 20k]
- Minimal Immunization Requirements Table For School Attendance In New Jersey [[word](#) 34k] [[pdf](#) 29k]

Immunization Regulations can be accessed at: www.lexisnexis.com/njoal
Instructions for accessing NJ Immunization Requirements:
http://nj.gov/health/cd/documents/instructions_viewing_regulations.pdf

Child Care Pre-School Requirements

Influenza Vaccine

Q: Will the seasonal influenza vaccine be a requirement for the 2010-2011 academic year?

A: Yes, it remains a requirement as per N.J.A.C. 8:57-4.19 unless the Commissioner or his or her designee temporarily suspends the requirement due to limited vaccine availability.

As per N.J.A.C. 8:57-4.19, children six months through 59 months of age attending any licensed child care center, or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

Q: How many doses of the seasonal influenza vaccine are required for preschool/child care attendance?

A: Per NJAC 8:57-4.19, only 1 dose of seasonal flu vaccine is required for children 6-59 months of age attending child care/preschool. However, according to the Centers for Disease Control (CDC)/Advisory Committee on Immunization Practices (ACIP) children under 9 years of age who have never received a seasonal influenza vaccine are recommended to receive 2 doses to be fully protected.

Q: Why did the state health department make the influenza vaccine requirement only apply to preschool and licensed child care facilities?

A: Influenza is responsible for approximately 200,000 hospitalizations and 36,000 deaths each year in the United States. Hospitalization rates for influenza for children 12 months of age and younger are comparable to rates of persons 65 years and older. Among children 0 to 4 years of age, hospitalization rates due to influenza have varied from 100 per 100,000 healthy children to as high as 500 per 100,000 for children with underlying medical conditions. To reduce the risk of hospitalization from complications of influenza, the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) now recommend routine annual influenza vaccination of children 6 months to 18 years of age. However, annual vaccination of all children aged 6 months--4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts.

With regard to the influenza vaccine, a study in The American Journal of Epidemiology supports the idea of vaccinating all preschool children. The study tracked influenza cases by age groups and found that preschoolers were the first to be seen in flu-related doctor visits, with sick adults following about 29 days later. The findings revealed that flu like illness in children

under age five, compared with all other age groups, was the most predictive of pneumonia and influenza deaths in the general population.

Q: Is the flu vaccine required after January 1st for children coming in at that time or had not gotten it between Sept. 1- Dec. 31 of the prior year?

A: Yes, the flu vaccine is still required for children after January 1. As we all know, the flu season may not peak until February. The flu season can also extend until May in some cases. So getting a flu vaccine even late in the season is protective.

Q: Why then do the regulations specify a specific time frame?

A: 1. Most flu vaccine is distributed to health care providers (HCPs) by October and November each year so most HCPs should have their supplies at that time. 2. We also know that public requests for flu vaccine peaks around September to December. 3. If we can get a majority of children immunized within that four month timeframe, it will make monitoring the immunization status of a large number of children more manageable by the school or public health agency.

Q: How much time after December 31 of a given year do I have to get my child vaccinated with the flu vaccine?

A: Students who do not receive the vaccine by December 31st will be excluded from school for the duration of influenza season (through March 31st) or until they receive at least one dose of the influenza vaccine.

Q: How should a school enforce the flu vaccine regulation for those students who have not received the flu shot after December 31st?

A: Students who have not received the flu vaccine by December 31st must be excluded from school for the duration of influenza season (through March 31st) or until they receive at least one dose of the influenza vaccine.

Q: What if I am enrolling my child in January of the following year, is my child exempt from getting the mandatory flu vaccine?

A: No, the flu vaccine is still required for children after January 1. Flu season may not peak until February and can also extend until May in some cases. Getting a flu vaccine even late in the season is still protective.

If you enroll your child after December 31st, you must provide documentation that your child received the flu vaccine prior to entering school.

Q: Is it acceptable for a child to receive flu vaccine in August when the regulations specifically state to receive one flu dose between September 1 to December 31 of each year?

A: Children who get vaccinated with the seasonal flu vaccine prior to September 1, will be considered compliant and these vaccinations will be accepted and count toward the mandate requirement.

Q: Where can a family go to get the flu vaccine if the pediatrician does not have any more flu vaccine?

A: If your pediatrician/ health care provider (HCP) cannot provide the flu vaccine for you within the given time frame of September 1- December 31st, documentation within that time frame stating that you have an appointment to receive the flu vaccine from your HCP would be acceptable.

If a national flu vaccine shortage has not been declared and your HCP cannot guarantee an adequate supply of flu vaccine, other alternatives must be sought by the family. Options include:

1. Seeking out another HCP who can administer flu vaccine to children;
2. Checking with your local health department to see if they will administer flu vaccine to children less than 18 years of age;
3. Contacting your local public health clinic/Federally Qualified Health care Centers (FQHCs): <http://nj.gov/health/fhs/cphc/documents/locations.pdf> (Note: anyone is eligible to receive service at a local public health clinic);
4. Checking your local newspaper for flu clinic listings and verifying that they have flu vaccine available. As a reminder, local health departments and FQHCs purchase flu vaccine through the Vaccine for Children (VFC) Program. A child must qualify to receive VFC vaccine; to view those eligibility requirements, go to the NJ VFC brochure for health care providers: <https://njiis.nj.gov/njiis/docs/C1567.pdf>
5. Check the Department's internet address for the Find a Flu Shot Locator at <http://nj.gov/health/flu/findflushot.shtml>, or to www.google.com/flushot for vaccine clinics.

Q: What if there is a flu vaccine shortage or a flu vaccine distribution problem?

A: The influenza vaccine regulation states that children six months through 59 months of age enrolling in or attending a child-care center or preschool

facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year. After December 31, a student will be considered delinquent.

As far as distribution and shortages are concerned, the NJ regulations state the following: In the event of a national or state vaccine supply shortage, as determined by the Centers for Disease Control and Prevention and Commissioner, respectively, the Commissioner or his or her designee may temporarily suspend the immunization requirement for the particular immunization affected by the supply shortage, after provision of notice to the public via print and electronic news media, NJLINCS, electronic posting on the Department's website, etc.

Q: What types of flu vaccines are available for children?

A: There are two types of flu vaccine available for children. The first is an inactivated (killed) vaccine given as a shot, which has been used for many years. It is also known as a trivalent influenza vaccine (TIV). There are TIV products available for children 6 months of age and older.

The second is a live, attenuated (weakened) vaccine, which is sprayed into the nose and was licensed in 2003. It is not licensed for children less than two years old. It is also known as a live, attenuated, influenza vaccine (LAIV). The brand name for the LAIV is FluMist™. The LAIV is not for everyone. Check with your health care provider to see if your child can receive the LAIV flu vaccine. For a complete list of the available seasonal flu vaccines, please access the following website:

<http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>

Q: What is the effectiveness of these flu vaccines?

A: Because influenza viruses change from year to year, new vaccines must also be formulated each year, and annual vaccination is recommended. The inactivated influenza vaccine is 70-90% effective in healthy children, and the live, intranasal vaccine is over 84% effective among healthy children less than seven years of age.

Q: How is the 'flu season' defined?

A: Based on trend analysis of influenza seasons in New Jersey over the past five years, influenza and/ or influenza-like illness (ILI) have been confirmed to be present during the months of November through to the end of March with the peak occurrence during January and February.

Q: Is flu vaccine required after March?

A: No, students enrolling in school after March 31st are not required to get vaccinated; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

Q: Is there flu vaccine available that does not contain the preservative, thimerosal?

A: Most single dose vials or syringes of influenza vaccine do not contain the preservative, thimerosal. The live, attenuated, influenza vaccine, (Brand Name: FluMist) given intra-nasally, is thimerosal-free. A listing of thimerosal content in seasonal flu vaccines, can be accessed at: <http://www.cdc.gov/flu/protect/vaccine/vaccines.htm>

Q: Should I be concerned about thimerosal in my child's vaccines?

A: Thimerosal is a mercury-containing preservative used in some vaccines and other products since the 1930s. There is no scientific evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site. However, in July 1999, the Public Health Service agencies, the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure.

Since 2001, with the exception of some influenza (flu) vaccines, thimerosal is not used as a preservative in routinely recommended childhood vaccines.

For more information about vaccine safety and thimerosal, go to:

U.S. Centers for Disease Control and Prevention:
<http://www.cdc.gov/flu/about/qa/thimerosal.htm>

U.S. Food and Drug Administration:
<http://www.fda.gov/cber/vaccine/thimerosal.htm>

Q: Aside from the flu vaccination requirement for children 6-59 months, who else should get vaccinated for flu?

A: On February 24, 2010 vaccine experts voted that everyone 6 months and older should receive a flu vaccine each year starting with the 2010-2011 influenza season. CDC's Advisory Committee on Immunization Practices (ACIP) voted for "universal" flu vaccination in the U.S. to expand protection against the flu to more people. While everyone should get a flu vaccine each

flu season, it's especially important that certain people get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications.

Below is a summary of influenza vaccination recommendations, 2010:

- All persons aged ≥ 6 months should be vaccinated annually.
- Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons age ≥ 6 months.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - Are aged 6 months-4 years (59 months)
 - Are aged ≥ 50 years;
 - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
 - Are immunosuppressed (including immunosuppression caused by medications or by human immuno-deficiency virus);
 - Are or will be pregnant during the influenza season;
 - Are aged 6 months-18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
 - Are residents of nursing homes and other chronic-care facilities;
 - Are American Indians/Alaska Natives;
 - Are morbidly obese (body-mass index ≥ 40);
 - Are health-care personnel;
 - Are household contacts and caregivers of children aged < 5 years and adults ≥ 50 years, with particular emphasis on vaccinating contacts of children aged < 6 months; and
 - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

Use of the Nasal Spray Seasonal Flu Vaccine

Vaccination with the nasal-spray flu vaccine is an option for healthy people 2 through 49 years of age who are not pregnant. Even people who live with or care for those in a high risk group (including health care workers) can get the nasal-spray flu vaccine as long as they are healthy themselves and are

not pregnant. The one exception is health care workers who care for people with severely weakened immune systems who require a special protected hospital environment (like those who had a bone marrow transplant); these people should get the inactivated flu vaccine (flu shot).

Who Should Not Be Vaccinated Against Seasonal Flu

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed [Guillain-Barré syndrome \(GBS\)](#) within 6 weeks of getting an influenza vaccine previously.
- Children younger than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health care provider.

Q: Who should NOT get the nasal mist flu vaccine?

A: The following people should NOT get nasal mist flu vaccine. Anyone in these groups should contact their health care provider.

- People with severe (life-threatening) allergy to eggs, or to any other substance in the vaccine. Tell the person giving you the vaccine if you have any severe allergies.
- Pregnant women
- Children younger than 2 and adults 50 years and older
- Children younger than 5 years with asthma or one or more episodes of wheezing during the past year
- Children or adolescents on long-term aspirin treatment.
- Anyone with a weakened immune system
- Anyone in close contact with a person with a SEVERELY weakened immune system (requiring care in a special protected environment such as a bone marrow transplant unit)

- Anyone with a long-term health problem such as:
 - Heart disease
 - Lung disease
 - Asthma
 - Kidney or liver disease
 - Metabolic disease such as diabetes
 - Anemia and other blood disorders
- Anyone with certain muscle or nerve disorders (such as cerebral palsy) that can lead to breathing or swallowing problems

If you are moderately or severely ill, you might be advised to wait until you recover before getting the vaccine. If you have a mild cold or other illness, there is usually no need to wait.

Tell your doctor if you ever had:

- A life-threatening allergic reaction after a dose of seasonal flu vaccine,
- Guillain-Barre syndrome (a severe paralytic illness also called GBS)

These may not be reasons to avoid the vaccine but, the medical staff can help you decide.

Q: How long after I get a flu vaccine will I become immune to the flu virus?

A: Flu vaccines cause antibodies to develop in the body. These antibodies provide protection against infection with the viruses that are in the vaccine. Once you get vaccinated, your body makes protective antibodies in about two weeks.

Q: Can flu vaccines be given at the same time as other vaccines?

A: Nasal mist (live) flu vaccines can be given at the same time as killed vaccines (e.g., pneumococcal or meningococcal vaccine) or any other live injectable vaccine (e.g., MMR, MMRV, varicella, yellow fever). If not given at the same time, nasal mist (live) flu vaccines and other live vaccines should

be separated by at least 4 weeks. The injectable (killed) flu vaccine can be given at the same time as any other killed or live vaccine.

Tell your health care provider if you received any other vaccines within the past month or plan to get any within the next month.

Vaccination Dosage

Q: What will be the recommended interval between the first and second doses 2010-2011 seasonal flu vaccine for children under 9 years of age?

A: CDC recommends that the two doses of seasonal flu vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose will be OK.

Q: Will it be necessary for the first and second dose to be given by the same provider?

A: No. Patients should be given written documentation of the doses administered that can be presented to any health care provider in the future.

Q: Can the first dose be nasal mist and the second dose be injectable (and vice versa)?

A: Yes, but when feasible, the same brand and type of vaccine (live attenuated or inactivated) should be used.

Q: Will it be necessary for the first and second dose to be the same product?

A: When feasible, the same brand of vaccine should be used in a two dose schedule, but any vaccine FDA-approved for the age of the patient can be used to complete the series.

Q: If my child gets the 2nd dose more than 4 weeks after the 1st one, how does that affect his protection against the flu? Is my child protected against the flu with just one dose?

A: The span of 4 weeks between doses is a minimum time. With just one dose, your child has some protection against the flu, but for full protection a second dose should be administered. The level of protective immunity will not be affected by a delay in receiving the 2nd dose.

Q: What is the recommended vaccination schedule for children 6 months through 18 years this 2010 – 2011 flu season?

A: The following schedule is recommended:

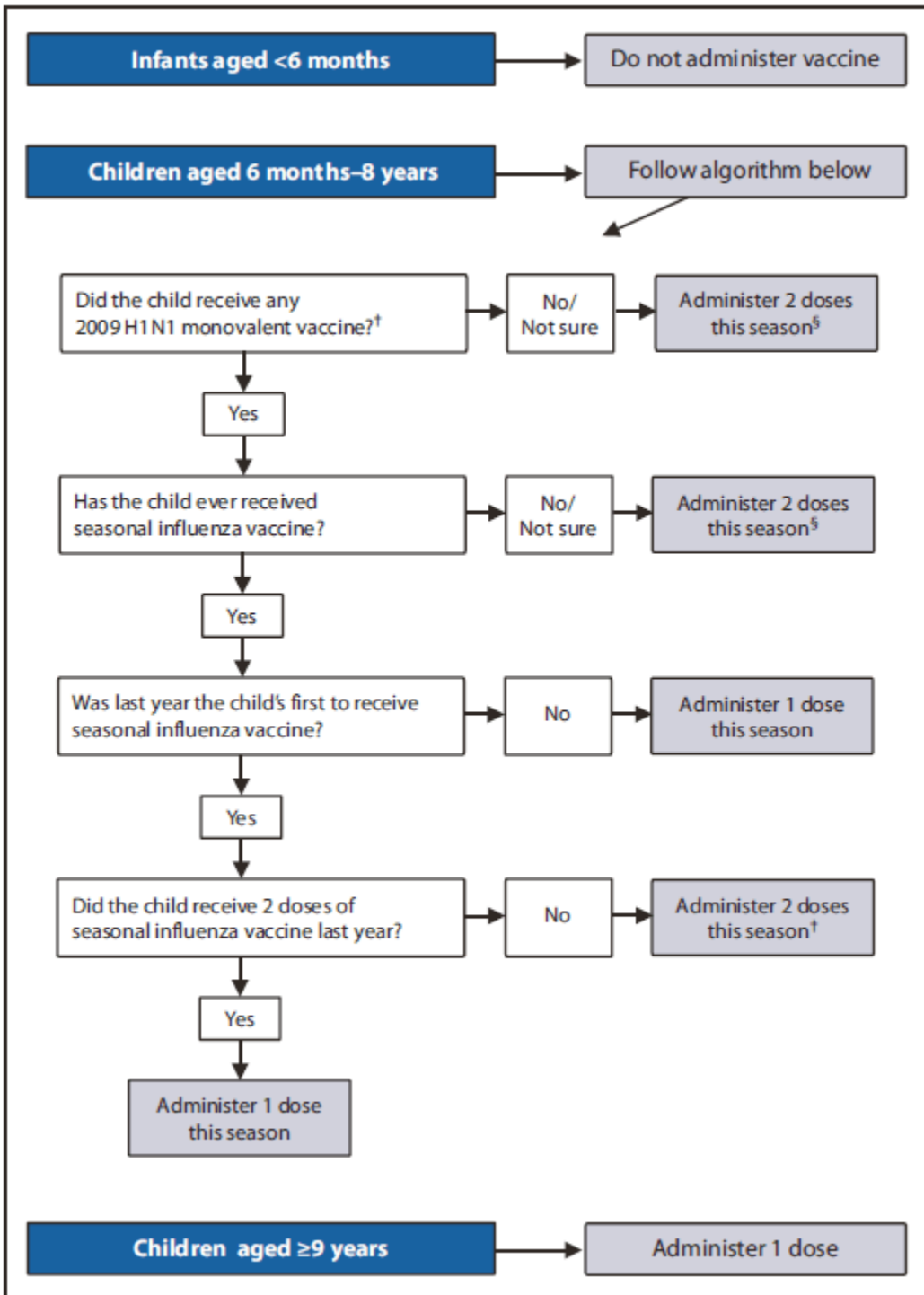
- 6 months through 8 years: 1 or 2* doses
- 9 through 18 years: 1 dose

*All children ages 6 months through 8 years who receive a seasonal influenza vaccine for the first time should be given 2 doses. Children who receive only one dose of a seasonal influenza vaccine in the first influenza season they receive vaccine should receive two doses, rather than one, in the following influenza season. In addition, for the 2010-11 influenza season, children ages 6 months through 8 years who did not receive at least 1 dose of an influenza A(H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children ages 6 months through 8 years for whom the 2009-10 seasonal vaccine or influenza A (H1N1) monovalent vaccine history cannot be determined should receive two doses of a 2010-2011 seasonal influenza vaccine.

Q: Is there anything that can help me to determine the number of doses my child needs this season?

A: Yes, the CDC created the following flow chart to help health care providers to determine the number of flu doses that need to be administered. You may also find this information helpful.

Number of 2010–2011 Seasonal Influenza Vaccine Doses Recommended for Children



PNEUMOCOCCAL CONJUGATE VACCINE

Q: According to the regulations, your pneumococcal requirements of 1-2 doses (depending on age) does not provide sufficient protection from the disease with the current available formulation. Can you explain this?

A: Our regulations reflect the minimal requirements for vaccines needed to attend school in NJ. They do not however, comprise the full immunization series recommended by the CDC. It is the state's intention that parents will seek to meet their vaccination requirements for school and then begin a dialogue with their HCP who would educate them about the importance of completing the full vaccination series to achieve full protection from vaccine preventable diseases and set up subsequent appointments with the intention of giving them the age-appropriate vaccines at the next visit.

(This answer also applies to the haemophilus Influenzae b (Hib) vaccine as well).

Q: If a child entered pre-school/child care at the age of two and has received 4 doses of Pneumococcal (PCV) before 12 months of age, does this child need additional doses?

A: Yes, even though PCV are a 4 dose series, children are still required by NJ Regulations to receive one dose after twelve months of age..

(This answer also applies to the haemophilus Influenzae b (Hib) vaccine as well).

Q: If my child did not attend child care, preschool, or pre-Kindergarten, is my child required to receive a dose of PCV when he/she enters kindergarten if my child did not receive these vaccines after his/her first birthday?

A: If your child is at least 5 years old, he/she is not required to receive PCV prior to entry into kindergarten. NJ does not require PCV after the age of 59 months.

(This answer also applies to the haemophilus Influenzae b (Hib) vaccine as well).

Q: Why is pneumococcal vaccination required for child care/ preschool entry?

A: The pneumococcal conjugate vaccine protects against the bacterium *Streptococcus pneumoniae*. This bacteria is the most common cause of: lung infections (pneumonia), blood infections (bacteremia) and infection of the covering of the brain and spinal cord (meningitis). Two to five percent of children who get pneumococcal meningitis will die. Of those who survive, 25% to 35% will have hearing loss, mental retardation or paralysis. *Streptococcus pneumoniae* is also the most common cause of ear infections (otitis media) in young children. Children under two years of age average more than one middle ear infection each year, many of which are caused by *Streptococcus pneumoniae* infections. Young children are much more likely than older children and adults to get pneumococcal disease. Children in child care settings are two- to-three times at greater risk for pneumococcal disease.

For more pneumococcal vaccine information, go to:
www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm

Hib Vaccine Shortage

Q: Is the Hib vaccine shortage over?

Effective June 2009, CDC, in consultation with ACIP, AAFP, and AAP, is recommending reinstatement of the booster dose of Hib vaccine for children aged 12--15 months who have completed the primary 3-dose series. Infants should continue to receive the primary Hib vaccine series at ages 2, 4, and 6 months.

Children aged 12--15 months should receive the booster dose on time. Older children for whom the booster dose was deferred should receive their Hib booster dose at the next routinely scheduled visit or medical encounter. Although supply is sufficient to reinstate the booster dose and begin catch-up vaccination, supply is not yet ample enough to support a mass notification process to contact all children with deferred Hib booster doses.

Q: Is my child required to receive the Hib booster dose after the first birthday for preschool/child care attendance since my physician is still having trouble obtaining an adequate supply of Hib vaccine since the shortage?

Until such time as the Hib vaccine is unlimited, the NJDHSS VPDP continues to waive, until further notice the N.J.A.C. 8:57- 4.15 requirement which mandates that children who have completed the primary Hib

series and are attending any licensed child-care center receive the Hib booster dose on or after the first birthday. The waiver applies only to the booster dose. The requirement for children 2 – 11 months of age enrolling in or attending any child-care center to have received a minimum of two age-appropriate doses of a separate or combination Hib conjugate vaccine, or fewer as appropriate for the child's age, remains in effect.

[GRADE SIX REQUIREMENTS]

Tdap VACCINE

Q: Why did the state health department make Tdap a requirement for sixth grade entry?

A: Acellular pertussis antigen is given as part of the Tetanus toxoid, reduced diphtheria toxoid vaccine. Pertussis, an acute, infectious cough illness, remains endemic in the United States despite routine childhood pertussis vaccination for more than half a century and high coverage levels in children for more than a decade. A primary reason for the continued circulation of *Bordetella pertussis* is that immunity to pertussis wanes approximately 5–10 years after completion of childhood pertussis vaccination, leaving adolescents and adults susceptible to pertussis. Among the diseases for which universal childhood vaccination has been recommended, pertussis is the least well-controlled reportable bacterial vaccine-preventable disease in the United States. Since the 1980s, the number of reported pertussis cases has been steadily increasing, especially among adolescents and adults. Possible reasons for the increase in reported pertussis cases include a true increase in the burden of disease and an increase in the detection and reporting of cases; the relative contribution of each of these factors to the increase observed is unclear.

B. pertussis is primarily transmitted from person to person through large respiratory droplets generated by coughing or sneezing. Persons with pertussis are most infectious during the catarrhal and early paroxysmal phases of illness. The disease is highly communicable, with attack rates as high as 80%–90% among nonimmune household contacts.

Q: There are two vaccines for Tdap. Can you please clarify the difference between these vaccines?

A: The Tdap vaccines are made by two different manufacturers and are licensed for different age groups. Boostrix by Glaxo Smith Kline is licensed

for ages 10-64 years of age. Adacel by Sanofi Pasteur is licensed for ages 11-64. The Tdap vaccine provides protection from pertussis as immunity to pertussis wanes over time.

Q: Some 6th graders will not be 11 years old. I'm guessing that a 10 year old would not have to be in compliance with the 6th grade Tdap requirement until he or she reaches 11, is that correct?

A: Yes, a 10 year old would not be required to receive the Tdap vaccine until 11 years of age per NJ's Immunization Regulations. Note that while Boostrix is approved for 10 year olds, Adacel is not (11 to 64 years). If the child's physician only carries Adacel then the child will not be required to receive it until 11 years of age. If the physician carries Boostrix then we encourage them to use it for their 10 year olds. However, either brands of Tdap vaccine may be administered at the same visit when they turn 11.

Q: NJ's regulations for Tdap states that a dose is required for students entering or attending Grade Six, or a comparable age level special education program with an unassigned grade. What if a child is 11 years old, but has the mental abilities of a 5-year-old, would he still need to receive the vaccine for Tdap?

A: Yes, the child would still need to follow NJ's immunization requirements and receive one dose of Tdap vaccine. The vaccine recommendations refer to the age-appropriate grade for the child's biological age, and not the child's mental capacity.

(This answer also applies to all NJ Immunization Requirements).

Q: I understand the importance of the pertussis booster. But why should I give a Tetanus toxoid and diphtheria toxoid booster?

A: Just as with pertussis, immunity to tetanus and diphtheria wanes with time so it is important to get regularly scheduled vaccines, such as receiving the Tdap vaccine to maintain protective immunity.

Q: If a child is medically contraindicated from receiving pertussis vaccine, would receiving the Td vaccination suffice for the new 6th grade Tdap requirement?

A: The New Jersey immunization requirement is for all sixth graders to receive the Tdap vaccine. The purpose of this requirement is to provide protection to this age cohort whose immunity to pertussis wanes from their last DTaP vaccination at 4-6 years of age. If a child cannot receive the

pertussis component then they cannot receive Tdap and therefore would need to provide a medical exemption from their health care provider.

In this circumstance, the Td vaccine is not a required vaccine for sixth grade entry; the Td vaccine is recommended to be given 10 years after their last DT as long as they have received at least three doses of DT.

MENINGOCOCCAL VACCINE

Q: Why did the state health department make meningococcal disease a requirement for sixth grade entry?

A: Meningococcal disease is a severe infection of the blood or the meninges (the covering of the brain and spinal cord). It is caused by a bacterium (germ) called *Neisseria meningitidis*. Each year, up to 2,800 people get the disease.

Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease, but pre-teens and teens are at greater risk of contracting the disease. According to the CDC, pre-teens and teens account for nearly 30 percent of all cases of reported meningococcal infection in the U.S. and death rates are up to five times higher among 15-to 24-year olds compared with other age groups.

The disease is spread by exchange of respiratory droplets and close, personal contact with infected persons, such as through kissing, uncovered face-to-face coughing and sneezing, sharing eating utensils, food or drink or living in the same household or living quarters, such as a sleep-away camp or dormitory.

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend children aged 11--12 years receive the recommended vaccinations and indicated preventive services at that adolescent health care visit. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease increases during adolescence, health-care providers should vaccinate previously unvaccinated persons aged 11--

18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously. Because of difficulties in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen.

Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5631a3.htm>

Q: There are three vaccines for meningococcal disease. Can you please clarify the difference between these vaccines?

A: The meningococcal vaccine protects against the bacterium *Neisseria meningitidis*. There are two types of meningococcal vaccines: the meningococcal polysaccharide (MPSV4, brand name, Menomune) and the meningococcal conjugate vaccine (MCV4, brand names, Menactra and the newly licensed vaccine Menveo). Although both are available, the MCV4 is currently preferred because it provides longer lasting immunity and can be used for all recommended groups. MPSV4 was used before 2005 and can still be used for high-risk children ages two to 10 years.

Q: Some 6th graders will not be 11 years old. I'm guessing that a 10 year old would not have to be in compliance with the 6th grade meningococcal vaccine requirement until he or she reaches 11, is that correct?

A: Yes, a 10 year old entering sixth grade will not be required to receive the Meningococcal containing vaccine until they turn 11 years of age.

Q: If a child received a meningococcal containing vaccine earlier than 11 years of age, does NJ still require the child to receive the vaccine again when he/she enters grade six?

A: No, in the event the meningococcal vaccine was given earlier than age 11, it would still be valid as long as it was administered within the licensed age. However, NJDHSS does not require it until age 11.

Q: I have a transfer student who is in kindergarten this year. He/she was born after January 1997. How does the meningococcal vaccine regulation apply in this case?

A: With regard to transfer students, the requirement to receive the meningococcal conjugate vaccine applies to all students born on or after January 1, 1997 and attending/ transferring into a New Jersey school at the sixth grade or higher grade level. Eleven to 55 years of age are the

recommended ages to be immunized as enumerated by the ACIP and the CDC. Although Menactra is licensed for persons 2-55 years of age, it is recommended to only be given to children ages 2-10 years if they are considered high-risk individuals susceptible to meningococcal disease (e.g. immunocompromised, terminal complement deficiencies or anatomic or functional asplenia). Assessment of the child's place of origin and their risk status for meningococcal disease would determine if they need to receive the meningococcal vaccine younger than 11 years of age.

Q: Should a child or teen who received MCV4 at age 12 years receive a second dose if they will be a freshman in a college dorm?

A: No, at this time only 1 dose of (MCV4) is recommended. However, if you are at high risk for meningococcal disease, CDC/ACIP recommend revaccination for children previously vaccinated with MCV4 or MPSV4 who remain at increased risk after 3 years (if first dose administered at age 2 through 6 years) or after 5 years (if first dose administered at age 7 years or older). Persons whose only risk factor is living in on-campus housing are not recommended to receive an additional dose.

See *MMWR* 2009;58:1042-3

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5837a4.htm>

Q: A child transferred to a NJ school from out of the country. In the child's country, he received a vaccine for Meningococcal disease, but the vaccine did not protect from all of the strains present in the US vaccine. Does the child need to be revaccinated with a meningococcal vaccine licensed in the US to meet NJ Immunization Requirements?

A: No, NJ immunization regulations state that you need to have documentation of one dose of meningococcal vaccine. The regulations do not specify which strains need to be included in the vaccine. Therefore, meningococcal containing vaccines received in other countries would be considered valid for school attendance in NJ. However, it is recommended that the child receive the additional dose to ensure protection against the additional vaccine strains.

Other Vaccines

DTaP VACCINE

Q: How many doses of DTaP are required for school entry in NJ?

A: As a clarification to the DTaP requirements, a child needs 4-5 doses of DTaP however it is dependent on when the child enters school. If the child is 18 months up to 4 years of age, they will be required to have 4 doses of DTaP in order to enter child care. This is consistent with ACIP/ CDC recommendations. If the child does not start school until 4 years of age, then only the following conditions would be acceptable:

- A total of 4 doses of DTaP (or any combination of DTP, DTaP, and DT) with one of these 4 doses administered after the child's 4th birthday.

OR

- A total of any 5 doses of DTaP (or any combination of DTP, DTaP, and DT) even if a dose was not given after the fourth birthday

The requirement to receive the fourth birthday booster does not apply while they are enrolled in child care/ preschool. They must receive the 4-6 year old booster dose once they enter kindergarten. So, if a child enters child care at 18 months, by kindergarten they should have a total of five DTaP doses. If a child first enters the school system at 4 years of age, they could technically have 4-5 doses of DTaP by kindergarten entry.

Children 7 years of age and older attending school must have documentation of having received a minimum of 3 doses of DTaP (or any combination of DTP, DTaP, and DT). Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Td.

POLIO VACCINE

Q: How many doses of polio are required for school entry in NJ?

A: As a clarification to the polio requirements, a child needs 3-4 doses of polio however it is dependent on when the child enters school. If the child is 18 months up to 4 years of age, they will be required to have 3 doses of polio in order to enter child care. This is consistent with ACIP/ CDC recommendations. If the child does not start school until 4 years of age, then only the following conditions would be acceptable:

- A total of 3 doses of polio vaccine with one of these 3 doses after the child's 4th birthday.

OR

- A total of any 4 doses of Polio even if a dose was not given after the fourth birthday.

The requirement to receive the fourth birthday booster does not apply while they are enrolled in child care/ preschool. They must receive the 4-6 year old booster dose once they enter kindergarten. So, if a child enters child care at 18 months, by kindergarten they should have a total of 4 polio doses. If a child first enters the school system at 4 years of age, they could technically have 3-4 doses of polio by kindergarten entry.

Children 7 years of age and older attending school must have a minimum of 3 doses of polio.

Please note that the Polio vaccine is not required for students 18 years of age and older.

VARICELLA (CHICKENPOX) VACCINE

Q: Is the varicella vaccine required for children entering a licensed child care and less than 19 months of age?

A: According to the ACIP recommendations, the first dose of varicella vaccine can be given between the ages of 12-15 months of age. However, for requirements for school entry into a licensed child care facility in New Jersey you do not need a varicella vaccination until 19 months of age.

Q: Is the second dose of varicella vaccine a requirement for school entry?

A: No, the second dose of varicella vaccine is not a requirement but a strong recommendation by NJDHSS. The ACIP recommends a second dose of varicella vaccine to be given between four to six years of age for optimal protection.

Q: According to New Jersey immunization regulations, who needs the varicella vaccine?

A: All children, born on or after January 1, 1998 and is at least 19 months of age or older and attending a New Jersey school is required to receive one dose of varicella vaccine. This applies to all transfer students, both out of state/ out of country and those transferring from another school district within the state.

HEPATITIS B VACCINE

Q: How many doses of hepatitis B are required for school entry?

A: According to New Jersey immunization regulations, the three-dose hepatitis B series is not required until a child enters kindergarten. By kindergarten entry, a child must enter school with three doses of hepatitis B vaccine. Previously unvaccinated adolescents, between the ages of 11-15 years, can receive the two-dose hepatitis B vaccine adolescent series (Recombivax).

Q: Can an adolescent receive the two-dose adolescent series outside the licensed age?

A: No, the two-dose adolescent series is only licensed for persons 11-15 years of age. Talk with your health care provider for further guidance.

Other vaccine requirement questions

Grace Periods and Provisional Admission

Q: Can you please explain the Four-Day Grace Period?

A: All vaccine doses administered less than, or equal to, four days before either the specified minimum age or dose spacing interval, shall be counted as valid and revaccination would not be required.

Q: To whom does the 30-Day Grace Period apply?

A: According to the New Jersey immunization regulations, the 30-day grace period only applies to transfer students, coming from out of state/out of country. This does not apply to *in-state* transfer students.

Q: What is Provisional Admission?

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

Seventeen months and twelve months for completion apply only to those who have never been vaccinated and are starting their vaccination series for the first time. All others should follow the minimum interval schedule.

Exclusions and Exemptions

Q: When would a child need to be excluded from school?

A: There are two situations in which a child would be excluded from school:

1. *Non-compliance with vaccine requirements:* A child must be in compliance with vaccination requirements by the time they enter school. In the instance of sixth grade entry, where a child is younger than the licensed age to be given a vaccine, the child can wait until they are age eligible to receive the adolescent vaccine. The child should be given two weeks to comply with vaccination requirements by either providing documentation that they received the vaccine, or a note from the health care provider with an appointment date to receive the vaccine. This documentation needs to be provided to the school nurse to include in their immunization record. Depending on individual circumstances, a scheduled appointment outside the two-week period may be acceptable. The Department's goal is not to exclude anyone, but if the child does not receive the vaccine in a reasonable period, he/she will be asked to leave school.

2. *In the event of an outbreak:* 8:57-4.19 Emergency powers of the Commissioner of Health and Senior Services

(a) In the event that the Commissioner, Department of Health and Senior Services or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.

(b) All children failing to meet these additional requirements shall be excluded from a school, preschool, or child care center until the outbreak or threatened outbreak is over.

(c) These requirements or amendments to the requirements shall remain in effect until such time as the Commissioner, Department of Health and Senior Services or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over, or for three months after the declaration of the emergency, whichever one comes first. The Commissioner, Department of Health and Senior Services or his or her designee may re-declare a state of emergency if the emergency has not ended.

3. *8:57-4.4 Religious exemptions*

(d) Those children with religious exemptions from receiving immunizing agents may be excluded from the school, preschool, or child care center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health and Senior Services or his or her designee.

4. *8:57-4.3 Medical exemptions*

(d) Those children with medical exemptions to receiving specific immunizations may be excluded from the school, preschool, or child care facility during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Health and Senior Services or his or her designee.

Q: What type of health care provider can write an acceptable medical exemption?

A: According to the NJDHSS Vaccine Preventable Disease Program, only a physician licensed to practice medicine/ osteopathic medicine and a nurse practitioner can write a medical exemption.

Q: What is considered grounds for filing a medical exemption?

A: A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations. Reason(s) for medical contraindication must be enumerated by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP). Precautions to receiving a vaccine are not contraindications but a provider must take into consideration:

<http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf>

Q: What should be included in an acceptable religious exemption?

A: A religious exemption is not the same as a philosophical, moral or conscientious exemption. A religious exemption does not have to include the name of the religion, nor does it need to be notarized nor does it need to be signed by a religious leader. It can be filed by a parent or guardian of a minor or by an adult individual.

All schools, child care centers, and local health officers may be advised that the religious exemption extends to private, parochial, and public institutions. When a parent or guardian submits their written religious exemption to

immunization, which contains some religious reference, those persons charged with implementing administrative rules at N.J.A.C. 8:57 – 4.4, should not question whether the parent’s professed religious statement or stated belief is reasonable, acceptable, sincere and bona fide. In practice, if the written statement contains the word “religion” or “religious” or some reference thereto, then the statement should be accepted and the religious exemption of mandatory immunization(s) granted. Please note, religious-affiliated schools cannot be challenged on their decision.

Q: Are there any forms parents can complete for religious and medical exemptions?

A: The New Jersey Department of Health does not have religious and medical exemption forms. Please refer to the above questions to see what constitutes a valid religious or medical exemption.

Q: Are Philosophical or moral objections now acceptable in New Jersey?

A: No, currently the only 2 exemptions allowed in New Jersey are religious and medical exemptions.

Serology Titers

Q: Are serology titers acceptable as laboratory evidence of immunity in lieu of completing a vaccination series?

A: The subchapter 8:57-4 on immunization requirements specifically addresses the acceptance of serology titers. According to the New Jersey Administrative Code 8:57-4.6(c):

“Laboratory evidence of protective immunity, as enumerated by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service, shall be accepted as evidence of immunization if a parent or guardian cannot produce a documented history of immunization.”

In addition, The Antibody Titer Law (Holly’s Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the New Jersey Department of Health and Senior Services (NJDHSS) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACIP recommended measles, mumps and rubella vaccine.

The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified. The reference ranges and interpretation must be included with the laboratory results and the documentation must be

placed in the record. Borderline, equivocal and negative titers necessitate vaccination/re-vaccination.

The use of serology to evaluate exposure or immunity to infectious diseases is complicated and is the topic of a great deal of medical literature. There are considerations that need to be addressed when one considers serology titer results. For example, the time interval from receiving the last vaccination and when the serology titer sample is drawn may produce a false sense of security that an individual is fully protected (as immune levels may initially peak immediately after receiving a dose but taper down over time). Likewise for some vaccines, the ACIP and NJDHSS do not recognize serology as an alternative to vaccination since serologic correlates for protection do not exist for some diseases (e.g. *Bordetella pertussis*).

NJDHSS does not support the use of serology to “abort” a vaccine schedule as approved by the US Food and Drug Administration and recommended by the ACIP (e.g., check serology after 1 dose of hepatitis B vaccine). However, NJDHSS recognizes that serology is useful for individuals to:

- Document natural infection to certain diseases.
- Document immunity in an individual who received a complete vaccination series but lacks documentation – and revaccination is not practical (e.g., refugees).
- Document immunity in an individual who received a complete vaccination series but vaccination practices were questionable – and revaccination is not practical (e.g., vaccination with expired vaccine).
- Document post-vaccination response in those individuals who are at high risk of infection with a particular disease (hepatitis BSAb in infants born to Sag positive mothers, health care workers).

As more reliable data on serology titers becomes available from the ACIP, we will incorporate that into our consideration of the use of serology titers for acceptable laboratory evidence of immunity.

<http://www.cdc.gov/vaccines/pubs/surv-manual/chpt22-lab-support.htm>

Q: What serology titer tests are currently available for mandatory vaccines and how will the serology results be evaluated?

- Measles, Mumps and Rubella
In most cases, an antibody level considered protective is a good indicator of immunity and must be accepted in lieu of a second MMR vaccine as per Holly’s Law. Serology does not need to be repeated once an antibody level in the protective range is documented or the individual receives 2 MMR vaccines.

- Varicella
In most cases, an antibody level in the protective range is a good indicator of immunity and may be accepted in lieu of vaccination. Serology does not need to be repeated once an antibody level in the protective range is documented or the individual receives 2 varicella vaccines.
- Inactivated Polio Vaccine
Serologic testing for protective antibody to poliovirus types 1, 2, and 3 can be obtained commercially.
- Diphtheria, Tetanus and Pertussis
Serologic testing for protective antibody to tetanus and diphtheria can be obtained commercially. No established serologic correlates exist for protection against pertussis.
- *Haemophilus influenzae* type b, pneumococcal, meningococcal and influenza
There is no serology alternative to vaccination.
- Hepatitis B
Hepatitis B serology and the interpretation is complicated and is beyond the scope of this document. *Pre-vaccination* testing is not routinely recommended for infants or children. Pre-vaccination testing is recommended only for
 - all persons born in Africa, Asia, the Pacific Islands, and other regions with HBSAg prevalence of $\geq 8\%$;
 - household, sex, and needle-sharing contacts of HBSAg-positive persons; and
 - persons with HIV infection.

Pre-vaccination testing can be considered for groups with high risk of HBV infection (i.e., men who have sex with men, intravenous drug users and incarcerated persons).

Post-vaccination serology is not routinely recommended for infants, children, adolescents and most adults. *Post-vaccination* serology is only recommended for those whose medical management is based on knowledge of antibody status. Individuals for whom post-vaccination serology is recommended include, chronic hemodialysis patients, other immunocompromised patients, persons with HIV infection, sex partners of HBSAg-positive persons, infants born to HBSAg-positive women and certain health care workers. Vaccine is 80-100% effective in preventing infection or clinical hepatitis in those who receive the complete course of vaccine (3 doses or 2 doses of the adolescent formulation). Antibody levels might wane with time. However, individuals who demonstrate an anti-HBs antibody titer of 10mIU/ml or higher at least 1-2 months after completing the series are considered protected for life even if detectable antibody levels wane.

Serum antibody titer cannot be used in lieu of completing the FDA-approved/ACIP-recommended vaccine series.

Q: What are considered acceptable values for serology titer results?

A: The titer results depend on the specific test used and the reference ranges applicable to that particular test. Equivocal and/ or borderline results are not acceptable and require vaccination/revaccination. Negative results require vaccination/revaccination. NJDHSS recommends that they discuss ACIP revaccination guidelines and follow-up serology with their health care providers, as appropriate.

Q: If a family is requesting a serology titer to circumvent the required immunizations and the family has health insurance which covers immunizations but the insurance does not cover serology titers, whose responsibility is it to pay for the serology titers?

A: It is not a recommendation or acceptable practice by the ACIP to use serology titers in lieu of completing a vaccination series or to avoid receiving subsequent vaccinations within a series. Additionally, in this circumstance it would be the family's responsibility to pay for the serology titer tests since they are choosing not to vaccinate their child as medically appropriate.

Q: What happens if a person receives a complete vaccine series and for some reason has a titer done that shows the person is not immune?

A: NJDHSS and the Advisory Committee on Immunization Practices (ACIP) do not recommend routine serology titer tests to document immunity. Once a person has received the complete series of a recommended vaccination, he/she is assumed to have produced the needed immunity level to protect them from the disease. The ACIP has identified specific scenarios when the use of serology titer testing is recommended. A serology test done without a specific public health or medical reason can be difficult to interpret and can sometimes lead to a person receiving extra vaccines. However, a negative or equivocal serology titer might mean that the individual is susceptible to the disease even if he/she completed the full series of vaccines. Therefore, the NJDHSS recommends that these individuals with negative or equivocal serology titers discuss ACIP revaccination guidelines and follow-up serology with their health care providers. Please also refer to the question, "**Q: Are serology titers acceptable as laboratory evidence of immunity in lieu of completing a vaccination series?**"

Enforcement of Immunization Regulations

Q: Where can a parent get a personal immunization record card for their child?

A: Anyone wishing to obtain a personal immunization record card (IMM-9 yellow, tri-fold document) can contact the New Jersey Department of Health and Senior Services, Vaccine Preventable Disease Program at (609) 826-4861.

Q: Where can a school nurse obtain the Standard School/ Child Care Center Immunization Record (IMM-8) or the A45 (Health and Appraisal Record) for school records?

A: Anyone wishing to obtain a Standard School/ Child Care Center Immunization Record (IMM-8) can contact the New Jersey Department of Health and Senior Services, Vaccine Preventable Disease Program at (609) 826-4861. To obtain the A45 Health and Appraisal Record, please contact your local board of education.

New Jersey Immunization Information System e.g. 'Immunization Registry' (NJIIS)

Q: What is NJIIS?

A: The New Jersey immunization Information System (NJIIS) is a secure, computerized immunization registry that keeps a permanent immunization record for your child, doctors, schools, day care centers, colleges and parents

For more information on NJIIS, go to: <http://njiis.nj.gov/njiis/>

Clinician Resources

Q: Where can I obtain the Vaccine Declination ("Refusal to Vaccinate") form?

A: Clinicians may refer to the American Academy of Pediatrics website <http://www.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf>

Q: What is required of a health care provider before giving a vaccination?

A: By Federal law, all vaccine providers must give patients, or their parents or legal representatives, the appropriate Vaccine Information Statement (VIS) whenever a vaccination is given.

Q: Where can I obtain the latest Vaccine Information Statements (VIS)?

A: All current VISs are available on the internet at two websites — the CDC's Vaccines & Immunizations site <http://www.cdc.gov/vaccines/pubs/vis/default.htm> and the Immunization Action Coalition www.immunize.org/vis/. You can also order single hard copies of the VISs using NIP's Online Order Form: <http://wwwn.cdc.gov/pubs/ncird.aspx> VISs from these sites can be downloaded as pdf files and printed. For more information on VIS, go to: <http://www.cdc.gov/vaccines/pubs/vis/vis-facts.htm>

Q: Where can I get a list of combination vaccinations?

A: Go to the CDC's "Epidemiology and Prevention of Vaccine Preventable Diseases, 11th edition and go to page 12 (xii): <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/table-of-contents-508.pdf>

Q: I receive several patients/ students from other countries. Where can I find a resource on vaccination schedules, by country?

A: Search by country of origin and scroll down to the country's recommended immunization schedule. <http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm>

Q: I received a foreign immunization record. Is this acceptable?

A: Yes, it is acceptable as long as the record contains proper written documentation with a seal or a stamp from the facility where the vaccine was administered or signed and dated by a physician.

You should be skeptical when reviewing the record. Match the record with the CDC/ACIP recommended schedule and more specifically NJ's Immunization requirements.

If unsure about vaccination status, revaccination may be simpler or do serology if appropriate. Please see the section on serology to see what is acceptable.

Q: Is it a violation of HIPAA to include the date that a child will be given a vaccine dose needed for school, to be submitted by the parent to the school for their records?

A: No it is not a violation of HIPAA to include the appointment date that a child plans to receive a vaccine to show documentation for the child's immunization record.