

Immunization Manual

A Guide for Child Care Centers and Schools



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Immunization Implementation Guidance for Child Care Centers and Schools

I. Overview

The New Jersey Department of Health (NJDOH) has adopted amendments to [N.J.A.C. 8:57-4](#), Immunization of Children in Child Care Centers and Schools, which establishes minimum immunization requirements for children attending child care centers and schools in New Jersey. These amendments became effective on January 20, 2026.

This immunization implementation guidance is designed to support school administrators, child care center directors, school nurses, and local health departments in understanding and consistently applying the adopted amendments to N.J.A.C. 8:57-4.

II. Purpose of this Guidance Manual

- **Vaccine requirements:** Explain the immunization requirements for children entering child care centers and schools.
- **Enrollment and compliance procedures:** Offer practical guidance to child care centers and schools on enrollment, record review, and ongoing compliance with immunization requirements.
- **Exemptions and provisional admission:** Describe procedures for exemptions, provisional admission, grace periods, and transfer students.
- **Vaccine timing requirements:** Explain the minimum ages for vaccines and the required spacing between doses.
- **Recordkeeping and reporting:** Describe required documentation and reporting of immunization information.

III. Scope & Administrative Responsibility

Pursuant to N.J.A.C. 8:57-4, children attending child care centers and schools must meet the minimum immunization requirements appropriate for their age and grade level, unless a valid medical or religious exemption is documented. Administrators of public and private child care centers and schools are responsible for ensuring that all students meet the immunization requirements for attendance.

The following roles and responsibilities are necessary to maintain consistent immunization standards and student health:

A. Child Care Center and School Administrators

- **Reviewing records for new students:** Review vaccination records for all students at the time of enrollment.
- **Monitoring compliance:** Ensure students continue to meet State immunization requirements and monitor students admitted provisionally while completing required vaccinations.
- **Maintaining exemption records:** Maintain accurate and up-to-date records for students with approved medical or religious exemptions.
- **Reporting to NJDOH:** Submit the required Annual Immunization Status Report (ASR) to NJDOH by the December 1 deadline.

B. Nurses and Health Staff

- **Verifying vaccine timing:** Ensure vaccine doses are given at the appropriate ages and intervals, based on the American Academy of Pediatrics (AAP) recommended or catch-up schedule.
- **Identifying missing vaccines:** Identify missing required vaccines and notify parents or guardians.

- **Coordinating with health officials:** Serve as the primary contact between health care providers, local health departments, and the facility as needed.

C. Local Health Departments

- **Conducting annual audits:** Conduct annual audits of immunization records at child care centers and schools.
- **Guiding staff:** Assist facility staff in implementing immunization requirements.

IV. Implementation of Immunization Requirements

A. Immunization Requirements and Age-Appropriate Compliance

Children attending child care centers and schools in New Jersey must receive the vaccines required under N.J.A.C. 8:57-4. These requirements are based on the AAP Childhood Recommended Immunization Schedule.

Students must meet vaccine requirements based on their age and grade level, and doses must be administered at the required ages and minimum intervals in accordance with the recommended and/or applicable catch-up schedules.

NOTE: *Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. When components have differing minimum intervals, the longest interval applies.*

- **Child Care Centers:** Immunizations must be completed by the latter end of the recommended age timeframe to ensure protection during the primary series.
- **K–12:** Compliance is required at the earliest applicable age of school entry. The New Jersey Immunization Requirements charts for Child Care Centers and K–12 summarize the required vaccines.

The charts are available on the immunization requirements website:

nj.gov/health/cd/imm_requirements.

NOTE: *See the vaccine-specific sections of this guidance for detailed schedule and catch-up requirements.*

With the implementation of the newly adopted rule amendments effective September 1, 2026, the immunization requirements have changed. However, the amended requirements are not being applied retroactively. Students who attended a New Jersey child care center, preschool, or K–12 school prior to the 2026–2027 school year and were compliant with the requirements in effect at the time of their enrollment will be grandfathered in under the previous requirements. They will not be required to meet the amended requirements solely because the rules have changed.

The updated requirements apply to students who are newly enrolled (students who are from out of state, out of country, or who previously did not attend a NJ child care center or school) beginning with the 2026–2027 school year.

B. Catch-Up Schedules and Provisional Admission

Children who are more than one month behind the recommended immunization schedule must follow the [AAP Childhood Catch-Up Schedule](#) and may be granted provisional admission while completing required vaccinations.

Provisional admission allows attendance in child care centers and schools if a student has received at least one age-appropriate dose of each required vaccine and is actively following a catch-up schedule.

Provisional Students and Tracking

- **Tracking and Planning:** Facilities must track students admitted provisionally (not fully up to date on vaccines) and maintain a written plan for completing all remaining doses.
- **Timing for Doses:** Missing vaccine doses must be given within 14 days after the child becomes eligible for the next dose, according to the AAP Catch-Up Schedule.
- **Scheduling Exceptions:** If a health care provider or local health department cannot schedule an appointment within 14 days, the parent must provide written proof of the scheduled appointment (within a reasonable timeframe) for consideration.
- **Exclusion:** If the required timeline is not followed, the child may be excluded from the facility and cannot continue attendance until they meet all immunization requirements.

Implementation Guidance by Grade Level

Educational Level	Policy Approach	Application & Examples
Child Care Centers	Full Window Allowance: Requirements align with the end of the AAP recommended age range to provide families with maximum flexibility.	Example: The third dose of Polio (IPV) is recommended between 6 through 18 months. Documentation is not mandated until the child reaches 19 months, allowing families the entire window to complete the dose.
Grades K–12	Earliest Entry Requirement: Doses are due at the earliest age of school or grade entry.	Example: The final diphtheria, tetanus, pertussis (DTaP) vaccine dose is recommended between ages 4 through 6 years. A five-year-old entering Kindergarten must show proof of this dose before entry; they cannot wait until age 6.

Important Considerations for Administrators

- Since Kindergarten is not mandatory in New Jersey, some students may first enroll in the 1st Grade. Vaccine requirements must be met upon initial enrollment, regardless of grade level, or a provisional plan must be established.
- Although New Jersey allows the full child care center compliance window, many children receive vaccines earlier based on their well-child visit schedule.

C. Serology

Children may become immune (protected from disease) through vaccination or prior infection. In some cases, immunity may be demonstrated by a blood test (serology or titer). Both quantitative and qualitative results are permitted. This may be used when a child has completed a vaccine series but lacks proper documentation.

Serology may not be used to interrupt or shorten a vaccination series (e.g., testing after one dose of hepatitis B vaccine). Equivocal, borderline, or negative results are not acceptable evidence of immunity and require vaccination or revaccination.

Titers are accepted for these vaccines/diseases:

- Measles, Mumps, Rubella (MMR)
- Polio (demonstrated by a positive test result for types 1, 2, and 3)
- Hepatitis B
- Varicella (chickenpox)

NOTE: *Titers may not be used for pertussis since there are none available to meet New Jersey's immunization requirements for child care centers and schools. However, titers are available for diphtheria and tetanus.*

Antibody Titer Law

New Jersey law (P.L.2003, c.257) allows parents to obtain a blood test to assess immunity to measles, mumps, and rubella before the second MMR dose. If immunity is confirmed, lab results may be submitted to the school, and the second MMR dose is not required. For more information, see [Antibody Titer Law PDF](#).

Varicella (Chickenpox) Immunity

Children with a history of varicella infection (chickenpox) may develop immunity. Laboratory evidence of immunity may be used in place of vaccination. A parental written history of disease is not acceptable. Physician-diagnosed disease and/or laboratory evidence of immunity must be submitted to the school.

Hepatitis B Immunity

Children exposed to hepatitis B may develop immunity or chronic infection. Laboratory evidence of immunity or chronic infection (hepatitis B surface antigen positive) is acceptable in place of vaccination. All laboratory results must be submitted to the school for documentation.

D. Exemptions

Medical Exemptions: NJDOH permits medical exemptions from vaccination when a valid contraindication or precaution exists.

- A contraindication is a condition in which a vaccine should not be administered.
- A precaution is a condition requiring careful consideration of risks and benefits before vaccination.
- For medically contraindicated or precautionary conditions based on the AAP Red Book, child care center and school administrators must require submission of the Request for Medical Exemption from Mandatory Immunization (IMM-53 Form), available at nj.gov/health/forms/imm-53.pdf. The [AAP Childhood Recommended Schedule](#) includes an appendix outlining contraindications and precautions for commonly used vaccines.

Health Care Provider Requirements:

The IMM-53 form must be fully completed and signed by a U.S.-licensed physician or advanced practice nurse and must:

- Identify the vaccine(s) for which a contraindication or precaution exists;
- Provide clinical justification consistent with AAP, ACIP, ACP, AAFP, or ACOG guidelines; and
- Specify whether the condition is temporary or permanent.

Administrative Requirements:

- Review IMM-53 forms for completeness, including required signatures and attestation.
- Re-evaluate exemption status at least annually or upon expiration of the contraindication or precaution period.

If a child receives a vaccine covered by a medical exemption and no adverse event occurs, the exemption becomes void, and the child must complete the required vaccine series. If an adverse reaction occurs and further doses are contraindicated, a new medical exemption must be submitted.

Religious Exemptions: Religious exemptions are governed by applicable New Jersey law and N.J.A.C. 8:57-4.8. Child care centers and schools must grant an exemption from mandatory immunizations if a parent or guardian provides a written statement explaining that the vaccine(s) interfere with the free exercise of the pupil's religious rights.

Parent Requirements:

- The parent or guardian must submit a signed and dated written request.
- Template forms that only require a name are not acceptable as standalone documentation. These may be used as a supplement, but do not replace the parent/guardian's signed statement. NJDOH does not have a template religious form available.
- The letter must specify whether the exemption applies to all vaccines or selected vaccines.
- Signatures must be original (ink) or hand-drawn electronic signatures (e.g., stylus or finger). Typed, stamped, or font-based signatures are not acceptable.

Administrative Requirements:

- Once filed, a religious exemption does not require annual renewal.
- Exemptions may not be based solely on personal, moral, or philosophical beliefs (e.g., statements such as "vaccines are not good for my child" are insufficient).
- If a partial exemption is requested, documentation of all non-exempt vaccines is still required.
- Private religious child care centers or schools can grant or deny exemptions under their policies without challenge from public health authorities.
- If a child receives a vaccine previously objected to, the exemption is void, and the child must complete all remaining required vaccines.
- Parents or guardians may submit a new exemption request at any time.

E. Outbreak and Exclusions:

During a suspected or confirmed communicable disease outbreak or public health emergency, State or local health authorities may implement measures to reduce transmission in child care centers and schools.

- **Temporary exclusions:** Students with exemptions or provisional status may be excluded if determined necessary by the Commissioner of Health or the local health department.
- **Attendance restrictions:** Administrators, in coordination with public health authorities, may restrict attendance when disease activity poses a transmission risk.
- **Tracking unimmunized students:** Facilities must maintain an up-to-date list of students who are not fully immunized, including those admitted provisionally, and make it available upon request during an outbreak.
- **Parent notification:** Parents should be informed at the time of exemption that exclusion may occur during outbreaks or public health emergencies.

F. Exclusions for Non-Compliance

Students who do not meet vaccination requirements, do not have a valid exemption on file, and are not eligible for provisional admission may be excluded from attendance.

G. Evidence of Immunization and Recordkeeping

Administrators must verify, maintain, and protect student immunization records. All records must include the month, day, and year of each vaccine dose.

Records listing only month and year are acceptable only if minimum intervals can be verified and are consistent with AAP-recommended or catch-up schedules.

Accepted Proof of Immunization

The official State of New Jersey School Immunization Record includes any of the following:

- Standard School/Child Care Center Immunization Record (IMM-8 yellow card);
- Health History and Appraisal form or equivalent district-maintained electronic record (e.g., A-45); and/or
- New Jersey Immunization Information System (NJIIS) record, including records from the Docket® app or website at myhealthnj.com.

Other acceptable documents:

- Health care provider documentation signed by a health care professional or pharmacist (U.S. or foreign);
- U.S. government health authority records; and/or
- Foreign-language records must include a certified English translation with the following translator attestation:

"I certify that the translation above faithfully and accurately reproduces in English the closest natural equivalent of the attached document without embellishment, omission, or explanation. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment."

NJ Immunization Record Filing Standards

To comply with New Jersey law, school administrators must follow these requirements:

- **Separate Files:** Each student must have a distinct immunization file, maintained separately from academic records.
- **Original Documents Required:** Paper originals must be retained; electronic copies may be used for reference.
- **Accessibility:** Records must be readily available for inspection by state or local health officials upon request.
- **Retention and Disposal:** Records must be maintained, transferred, and disposed of in accordance with New Jersey Department of Education requirements.

NOTE: Administrators should transcribe all immunization histories onto a single consolidated record for tracking and audit readiness.

H. Transfers and Record Review

Students transferring from out-of-state or out-of-country must provide acceptable documentation. All records must be reviewed to ensure they meet N.J.A.C 8:57-4.9.

I. Grace Periods

30-day Grace Period: Only applies to students entering from outside the United States.

Out-of-Country Students: A student may attend school for up to 30 days while obtaining acceptable immunization records. If documentation is not provided within 30 days, the student must be excluded until they:

- Provide proof of required immunizations;
- Submit a valid exemption;
- Provide proof of immunity; or
- Qualify for provisional admission.

Out-of-state Students: Students transferring from another state must provide valid immunization documentation before attending school. The 30-day grace period does not apply.

Four-Day Grace Period: All doses given within four days of the minimum age or dose spacing interval must be counted as valid and will not require revaccination. There are specific considerations for live virus vaccines:

- **Same Live Virus Vaccines:** The four-day grace period may be applied to the minimum 28-day interval between two doses of the same live virus vaccine if the interval was shortened unintentionally. However, providers should not intentionally schedule doses earlier than the full 28-day interval.
- **Different Live Virus Vaccines:** The four-day grace period cannot be applied to the required 28-day interval between two different live virus vaccines (such as MMR and varicella) when they are not administered during the same visit. In these situations, the full 28-day interval must be observed for the doses to be considered valid.

J. McKinney-Vento Students (Students experiencing homelessness)

The [McKinney-Vento Homeless Assistance Act](#) is a federal law that ensures children and youth experiencing homelessness have immediate access to a free, appropriate public education.

Administrators must allow 10 days for the transfer of the immunization record from a previously attended facility. During this time, the student is allowed to be admitted into the facility. Once the immunization records have been transferred, schools need to assess whether the student complies with the vaccination requirements or is eligible for provisional admission for continued attendance.

K. Annual Reporting Requirements:

Annual Reporting: By December 1 each year, administrators must submit the immunization status of all enrolled students using the Annual Immunization Status Report in the NJIIS school module.

Missed Deadline: If a facility fails to submit on time, the New Jersey Department of Health will notify the Department of Education, the Department of Children and Families, and local health departments.

V. Commitment to Public Health

This guidance is designed to provide clarity and consistency across all child care centers and school settings in New Jersey, helping everyone work together to protect public health.

About Us

New Jersey Vaccine Preventable Disease Program

The New Jersey Department of Health Vaccine Preventable Disease Program works to reduce and eliminate the incidence of vaccine-preventable diseases affecting children, adolescents, and older adults by raising the immunization coverage rates of New Jersey citizens.

The program includes the following:

- New Jersey Immunization Information System
- Perinatal Hepatitis B Prevention Program
- Vaccines for Children (VFC) Program
- 317-Funded Adult Program
- Population Assessment
- Epidemiology and Surveillance
- Health Education
- Acute Flaccid Myelitis Surveillance

Visit nj.gov/health/cd/vpdp.shtml for more information.

Vaccines for Children

The New Jersey Vaccines for Children (VFC) program provides free vaccines to eligible children through participating health care providers. This ensures all children—babies, kids, and teens—can get the vaccines they need to stay protected from vaccine-preventable diseases.

Children 18 years or younger may qualify if they are:

- Uninsured
- Underinsured
- Medicaid-eligible
- American Indian or Alaska Native

For more information, visit nj.gov/health/vaccines/programs/vfc/public/.

You can find locations that participate in VFC by visiting

nj.gov/health/vaccines/programs/vfc/vfc-317-vaccine-locations/.

About Us

New Jersey Immunization Information System (NJiIS)

The New Jersey Immunization Information System (NJiIS) is the official statewide immunization registry, established pursuant to N.J.S.A. 26:4-131 et seq. The NJiIS maintains immunization data on New Jersey residents across the lifespan and consolidates immunization information reported from multiple providers into individual patient records to help ensure providers have accurate information for clinical decision support. For more information, visit njiis.nj.gov.

Docket

Docket is an app that connects you directly with the New Jersey Immunization Information System (NJiIS) to deliver up-to-date personal and family immunization records. You can use the Docket app to provide proof of vaccination status as needed (e.g., school, work, travel, etc.).

Docket supports secure consumer access to all immunization records submitted to NJiIS by health care providers. The public can use the Docket app and myhealthnj.com/ to provide proof of vaccination status as needed.



Google Play



Apple Store

Immunization Schedule

The New Jersey Department of Health requires children attending child care centers, and K–12 schools to receive immunizations compliant with N.J.A.C. 8:57-4.3 and 4.4 and immunity pursuant to N.J.A.C. 8:57-4.5. These minimum immunization requirements are based on the childhood immunization schedule recommended by the American Academy of Pediatrics [AAP Childhood Recommended Schedule Table 1](#).

The following section provides details on the specific disease(s), vaccine requirements, frequently asked questions, and a list of vaccine brands to assist you when reviewing student records.

Children who are behind schedule will need to follow the AAP Catch-Up Schedule available by scanning the QR code or following the link below.



[AAP Childhood Catch-Up
Schedule Table 2](#)

Diphtheria, Tetanus, Pertussis (DTaP) Tetanus and diphtheria (Td) and Tetanus diphtheria pertussis (Tdap) Vaccines

What are these diseases?

Diphtheria and pertussis (whooping cough) are infections caused by bacteria that spread from person to person through coughs and sneezes. Tetanus, also known as lockjaw, is caused by bacteria, but it does not spread between people. Instead, the bacteria enter the body through cuts, scratches, or other wounds.

These diseases can cause symptoms such as muscle stiffness, trouble opening the mouth, difficulty swallowing or breathing, and severe, uncontrollable coughing.

Child Care Center Requirements

Age	Number of Doses
By 3 months	1 DTaP
By 5 months	2 DTaP
By 7 months	3 DTaP
By 16 months	3 DTaP
By 19 months	4 DTaP

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule, [AAP Childhood Catch-Up Schedule Table 2](#).

In addition to the catch-up schedule, the Immunization Action Coalition has the following tool for DTaP/Td/Tdap.



immunize.org/wp-content/uploads/catg.d/p2055.pdf

- The DTaP vaccine is approved for those who are six years of age and younger.
- DTaP dose five is not needed if dose four is given at age four or older and at least six months after the previous dose.

Example:

A parent wants their one-year-old child to enter a child care center, but the child only has one dose of DTaP given three months ago. By looking at the catch-up schedule, you learn there is a minimum interval of four weeks between dose one and two.

- The child will need their second dose **before** entering the child care center since they are three months behind schedule.
- Once the child is attending your child care center, you will need to keep track of when the next doses are due.
- The third dose would be given four weeks later, and the fourth dose would be given six months after the third dose.

K-12 Requirements

	Kindergarten/ Grade 1	Grades 2-6	Grades 7-12
DTaP/Td/Tdap	Primary Series: 4 or 5 doses (at least one dose on or after the 4 th birthday)	Proof of completing primary series (at least one dose on or after the 4 th birthday)	Proof of completing primary series AND at least 1 Tdap at age 10 or older.

Kindergarten or Grade 1:

The required doses are due by the earliest of school entry.

By the time children start school, they need four or five DTaP doses, depending on their age when they began the vaccination series. At least one dose must be given on or after their fourth birthday.

Examples:

- A five-year-old child will be entering Kindergarten with four doses of DTaP. Since the last dose was given at age four and at least six months after the previous dose, the child has met the DTaP requirements for Kindergarten.
- A five-year-old child has four doses of DTaP for Kindergarten entry. The last dose was given when the child was 18 months old. The child will need another DTaP dose to meet the requirements for Kindergarten entry.

Grades 2–6:

A **primary series** means completing the initial doses given to establish protection against a disease. Children age seven and older who are not up to date need to either finish their Td/Tdap vaccine series or show they have already had at least three total doses of DTaP, Td, or Tdap with one dose given on or after the fourth birthday.

Note: Tdap may be administered in any situation where Td was previously recommended. Your health care provider can help your child get caught up by using the catch-up schedule.

The DTaP vaccine is approved for those who are six years and younger. Td and Tdap are approved for those seven years and older.

Examples:

Child A showed proof of completing their primary series when they entered Kindergarten. No further doses are needed for grades two through six.

Child B is a seven-year-old who was homeschooled and is behind schedule. The child received one dose of DTaP when they were two years old. According to the catch-up schedule, they will need two more doses to complete a primary series.

- The time frame between dose one and dose two is four weeks.
- The child would receive their second dose (Tdap or Td) before entering your school, since the last dose was received when they were two years old.
- Keep track of when their next doses are due.
- The last and final dose (Tdap or Td) will be due six months after the second dose.

Grades 7 and higher:

Students must have one Tdap dose given at age 10 or older and show proof that they completed the primary series.

- One Tdap booster dose is required for all students in grades 7- 12.
- The four-day grace period cannot be applied to the minimum age of 10 years.
- Students who received a Td instead of a Tdap must get a dose of Tdap or have an exemption to Pertussis in place.
- The Tdap booster can be given regardless of the interval since the last tetanus or diphtheria toxoid-containing vaccine.

DTaP or Tdap given in error:

- **If Tdap was given instead of DTaP for:**
 - dose one, dose two, or dose three:** The dose is invalid and must be repeated with DTaP.
 - dose four or dose five:** The Tdap dose can be counted as valid, it does NOT need to be repeated with DTaP.
- **If DTaP was given instead of Tdap the dose can be counted as valid.**

Examples:

Child A showed proof of completing their primary series when they entered Kindergarten. Now, they will need to receive their Tdap vaccine before entering seventh grade at the age of 10 years or older.

Child B is an 11-year-old student transferring into your seventh-grade class. The child received a DTaP vaccine at age two and a Tdap vaccine at age seven. According to the immunization rules, the child must complete the primary vaccine series and also receive a Tdap dose at age 10 or older. In this situation, receiving a Tdap vaccine before entering seventh grade meets both requirements.

Child C received a DTaP at age seven months, a DTaP at age four, and a Tdap at age 10. Although they received a Tdap at age 10, the first dose of DTaP was given at age seven months. The catch-up schedule indicates this child will need another dose of Tdap or Td since the first dose was given before age one. The child would need to receive this fourth dose at least six months after the third dose.

U.S. DTaP, Tdap, Td Licensed Vaccines

Vaccine Name	Components
Daptacel	DTaP
Infanrix	DTaP
Pediarix*	DTaP, Hep B, IPV
Pentacel*	DTaP/IPV, Hib

U.S. DTaP, Tdap, Td Licensed Vaccines

Vaccine Name	Components
Kinrix*	DTaP-IPV
Quadracel*	DTaP-IPV
Vaxelis*	DTaP-IPV-Hib-Hep B
Adacel	Tdap
Boostrix	Tdap
Tenivac	Td
Tdvax	Td

***NOTE:** Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. In general, if a combination vaccine contains components with differing minimum intervals, the longest interval applies to ensure the child meets the minimum age and interval for each component of the combination vaccine.

Polio - Inactivated Polio Vaccine (IPV) Oral Polio Vaccine (OPV)

What is Polio?

Polio, short for poliomyelitis, is a disease caused by a virus that attacks the nervous system, especially the spinal cord and brain stem. In serious cases, it can cause paralysis, which means a person may lose the ability to move certain arms or legs. It can also affect the muscles used for breathing and, in severe cases, can be deadly.

Symptoms may include flu-like signs such as a sore throat, fever, tiredness, nausea, headache, and stomach pain.

Child Care Center Requirements

Age	Number of Doses
By 3 months	1 IPV/OPV
By 5 months	2 IPV/OPV
By 7 months	2 IPV/OPV
By 16 months	2 IPV/OPV
By 19 months	3 IPV/OPV

IPV/OPV:

OPV is not recommended for use, nor is it available in the United States. However, OPV may be used in other countries. OPV doses are only accepted if given **before** April 1, 2016.

OPV doses given on or after 04/01/2016 do not protect against poliovirus type 2 and are not valid in the U.S. schedule. Children who receive OPV doses **after** April 1, 2016, must receive IPV doses instead. At least one dose must be given on or after their fourth birthday.

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule available at:

[AAP Childhood Catch-Up Schedule Table 2](#)

Example:

A one-year-old child is registered to attend your child care center, but the child only had one dose of IPV given yesterday. By this age, the child should have two doses of IPV, so you will use the catch-up schedule. By looking at the catch-up schedule, you learn there is a minimum interval of four weeks between dose one and two.

- The child can enter your child care center now since it is too soon to get the second dose.
- Keep track of when the next doses are due.
- The second dose will be due four weeks later.
- The child's third dose will be due four weeks after the second dose.
- A fourth dose will be needed on or after the child's fourth birthday before entering Kindergarten/Grade 1.

K-12 Requirements

The required doses are due by the earliest of school entry.

	Kindergarten/ Grade 1	Grades 2-6	Grades 7-12
IPV/OPV	Total of 3 or 4 doses (at least one dose on or after the 4 th birthday)		

- Please note, previously polio vaccine doses were not required for those 18 years of age and older; however, those 18 and older must now meet the requirements for school attendance.

Examples:

- A five-year-old child is entering Kindergarten with three doses of IPV. All doses were given before the child was four years old. The last dose was given when the child was 15 months old. When you look at the catch-up schedule, you see there should be a minimum of six months between the third and fourth dose. This minimum interval has been exceeded. Therefore, proof of receiving this fourth and final dose of IPV is required before the child can attend Kindergarten.
- A 12-year-old is new in your school. She received one dose of IPV to enter your school provisionally. Her second dose is due in four weeks. As the four weeks are approaching, you receive a note from the child's doctor stating the office is out of IPV, but it is expected to be in stock in a week.
 - After reviewing the introduction of this implementation guidance, you learn that missing vaccine doses must be given within 14 days after the child becomes eligible for the next dose, according to the AAP Catch-Up Schedule. If the vaccine is given within that time frame, the child can remain in school.
- A 16-year-old is entering your school. They have had one dose of OPV given in 2025 and an IPV last month. The OPV vaccine would not be acceptable since it was received in 2025. The IPV would be considered the first dose.
 - The second dose should be given before entering your school since the IPV was given a month ago. The last dose is due six months later.

U.S. Polio Licensed Vaccines

Vaccine Name	Components
Ipol	IPV
Pediarix*	DTaP, Hep B, IPV
Pentacel*	DTaP/IPV, Hib
Kinrix*	DTaP-IPV
Quadracel*	DTaP-IPV
Vaxelis*	DTaP-IPV-Hib-Hep B

***NOTE:** Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. In general, if a combination vaccine contains components with differing minimum intervals, the longest interval applies to ensure the child meets the minimum age and interval for each component of the combination vaccine.

Measles, Mumps, Rubella (MMR) Vaccine

What are these diseases?

Measles, mumps, and rubella are diseases caused by viruses. They spread through the air when an infected person coughs or sneezes.

Common symptoms include fever and cough. Measles and rubella can cause a rash, while mumps can cause swollen and painful cheeks and jaw.

Child Care Center Requirements

Age	Number of Doses
By 3 months	0 doses
By 5 months	0 doses
By 7 months	0 doses
By 16 months	1 MMR
By 19 months	1 MMR

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule available at [AAP Childhood Catch-Up Schedule Table 2](#).

- The first dose of MMR vaccine can be given as early as 12 months, but is required by 16 months.
- The four-day grace period can be applied to the minimum age and spacing between doses of the same live vaccine, such as two MMR doses. The four-day grace period **cannot be applied between doses of different live vaccines**, such as between MMR and varicella or MMRV (measles, mumps, rubella, and varicella) and MMR.
 - MMR administered five or more days before the first birthday cannot be counted as a valid dose.
- If not given on the same day, the minimum interval between MMR and other injected or intranasal live virus vaccines such as varicella, FluMist, and Yellow Fever must be at least 28 days.
 - A second live virus vaccine given less than 28 days after another live vaccine may not produce the desired immune response and is therefore not valid and must be repeated.
- There are no single-antigen vaccines for measles, mumps, and rubella available in the U.S. Only MMR and MMRV vaccines are available.
- New Jersey's Antibody Titer Law (P.L.2003, c.257) allows parents to have a blood test to check immunity to measles, mumps, and rubella before the second MMR dose. If the test shows the child is immune to **all three diseases**, the lab test must be supplied to the school, and the child will not be required to receive the second MMR vaccine. For more information, visit [Antibody Titer Law](#).

Examples:

- A child received their MMR vaccine at age 12 months. Although NJ does not require 1 dose of the MMR vaccine until 16 months, the vaccine can be given as early as 12 months. This child has fulfilled the MMR requirements for school attendance.
- A child has evidence of receiving a measles-only vaccine from another country when they were 15 months old. This child will need to receive the MMR vaccine by 16 months since they will need protection against all three diseases.

K-12 Requirements

The required doses are due by the earliest of school entry.

	Kindergarten/ Grade 1	Grades 2-6	Grades 7-12
MMR	Total of 2 MMR doses		

- The first dose of MMR vaccine can be given as early as 12 months, but is required by 16 months. A second dose of MMR vaccine is recommended between 4-6 years of age, but may be received earlier as long as there is a minimum interval of one month (28 days) from the first dose.
- Babies can get the MMR (measles, mumps, rubella) vaccine as early as six months old if there's a higher risk—like if they've been exposed to measles, there's an outbreak, or they're traveling somewhere measles is common. If a baby gets the shot before turning one year old, that early dose doesn't count as part of the regular schedule, so they'll still need two more doses later at the usual ages. The only exception is the "four-day grace period": if the dose is given within 4 days before their first birthday, it does count as the first routine dose.

Examples:

- A seven-year-old received the MMR vaccine at age 12 months. The parent doesn't have a record of their child receiving the second dose. Instead of getting the vaccine again, the parent decides to get a titer (blood work showing proof of immunity or protection from disease). This is referred to as the Antibody Titer (Holly's Law). If the titer shows proof of immunity for all three diseases, the child will fulfill NJ's requirements for school attendance. If the titer is negative, a dose of MMR is due for school attendance.
- A child received the MMR and varicella vaccines 20 days apart. You inform the parent that if two live vaccines are not given on the same day, they need to be spaced at least four weeks apart. If two such vaccines are administered less than four weeks apart, the second vaccine administered should not be counted, and the dose should be repeated. The varicella vaccine was the second vaccine, so it will need to be repeated at least four weeks later.

U.S. MMR Licensed Vaccines

Vaccine Name	Components
M-M-R II	MMR
Priorix	MMR
ProQuad*	MMR and VAR

***NOTE:** Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. In general, if a combination vaccine contains components with differing minimum intervals, the longest interval applies to ensure the child meets the minimum age and interval for each component of the combination vaccine.

***Haemophilus influenzae* type B (Hib) Vaccine**

What is Hib?

Hib is a disease caused by bacteria that can spread from person to person through coughs and sneezes. It can lead to serious health problems, such as meningitis (an infection of the brain and spinal cord), pneumonia (a lung infection), or infections in the bloodstream. Young children are especially at risk and can become very sick from it.

Symptoms can vary depending on which part of the body is affected, but common signs include fever, body aches, a stiff neck, and trouble breathing.

Child Care Center Requirements

Age	Number of Doses
By 3 months	1 Hib
By 5 months	2 Hib
By 7 months	2-3 Hib
By 16 months	3-4 Hib
By 19 months	3-4 Hib

By six months, children need at least two doses of Hib, but some children may have three doses depending on the vaccine brand they received.

Vaccine doses may be acceptable with fewer than listed, depending on when the vaccines were given and the vaccine type. In all instances, one or more doses must be administered on or after the first birthday.

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule available at: [AAP Childhood Catch-Up Schedule Table 2](#).

Children aged five or older do not need the Hib vaccine. It is only recommended for children five and older if they have a high-risk medical condition.

Examples:

- A seven-month-old received the first dose of the Hib vaccine three months ago (when the child was four months old). As a seven-month-old, they will need at least two doses at this point.
 - Since the last dose was given three months ago, the minimum interval between the first and second dose of four weeks has been exceeded. The second dose is due before entering your child care center.
 - By 16 months, the child will need to have at least three doses, and at least one dose will be needed on or after the first birthday.
- A 16-month-old received one dose of Hib yesterday and would like to enter your child care center. This is the child's only dose of Hib. Although three to four doses are listed in the child care center requirements chart, this child is using the catch-up schedule. No further doses are needed, and this fulfills NJ's requirements for child care center attendance.

K-12 Requirements

Hib vaccine is not required for K-12 attendance.

U.S. Hib Licensed Vaccines

Vaccine Name	Components
ActHib	Hib
Hiberix	Hib
PedVax HIB	Hib
Pentacel*	DTaP-IPV/Hib
Vaxelis*	DTaP-IPV-Hib-HepB

***NOTE:** Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. In general, if a combination vaccine contains components with differing minimum intervals, the longest interval applies to ensure the child meets the minimum age and interval for each component of the combination vaccine.

Hepatitis B (Hep B) Vaccine

What is Hepatitis B?

Hepatitis B is a disease caused by a virus that attacks the liver. It can lead to serious health problems such as cirrhosis (scarring of the liver), liver cancer, or liver failure. The virus spreads through contact with an infected person's blood or other body fluids. It can also be passed from an infected pregnant person to their baby during childbirth.

Symptoms can include fever, nausea, and yellowing of the skin or eyes.

Child Care Center Requirements

This vaccine is not required for child care center attendance.

K-12 Requirements

The required doses are due by the earliest of school entry.

	Kindergarten/ Grade 1	Grades 2-6	Grades 7-12
Hep B	Total of 3 doses (or an approved two-dose series)		

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule available at [AAP Childhood Catch-Up Schedule Table 2](#).

- The third hepatitis B shot must be given at 24 weeks of age or later. If it was given earlier, another dose is required.
- Children vaccinated with Pediarix (DTaP, IPV, HepB) or Vaxelis (DTaP, IPV, HepB, Hib) combination vaccines receive an extra hepatitis B dose at four months of age.

The time and date calculator is a resource you can use to help determine the number of days between doses, timeanddate.com/date/duration.html.*

**This website is for educational purposes, but the NJ Department of Health does not endorse or guarantee the content.*

Examples:

- A five-year-old child received the following three doses of hepatitis B vaccine:
 - Date of Birth: 5/12/2020
 - Dose 1: 5/12/2020
 - Dose 2: 7/14/2020
 - Dose 3: 9/1/2020

The catch-up schedule indicates that the minimum age of the last dose is 24 weeks or six months. Additionally, the last dose needs to be at least 16 weeks from the first dose. All vaccines need to meet the minimum age and minimum intervals between vaccine doses. Since this last dose was given too soon, the dose will need to be repeated. Proof of vaccination will be required so this child can attend Kindergarten. Alternatively, the child can get a titer (bloodwork). If the titer shows hepatitis B immunity (protection from disease), no further doses would be required. If the titer is negative, another dose of hepatitis B vaccine is due for school attendance.

- A 14-year-old child entering your school has two doses of hepatitis B vaccine instead of three doses. After further research, you discover the child received a special formulation of the Recombivax HB Vaccine. This vaccine has an adult formulation of two doses for those 11-15 years of age. This would be acceptable for meeting the Hep B school vaccination requirements. If you see two doses given to a child who is 11-15 years of age, check to see if it is this adult formulation.

U.S. Hep B Licensed Vaccines

Vaccine Name	Components
Engerix B	Hep B
Recombivax HB	Hep B
Pediarix*	DTaP-Hep B-IPV
Vaxelis*	DTaP-IPV-Hib-Hep B

***NOTE:** Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. In general, if a combination vaccine contains components with differing minimum intervals, the longest interval applies to ensure the child meets the minimum age and interval for each component of the combination vaccine.

Varicella (VAR) Vaccine

What is Varicella?

Varicella, commonly known as chickenpox, is a disease caused by a virus. It spreads easily through the air when an infected person coughs or sneezes, and it can also spread by touching the rash or fluid from the blisters of someone who is infected.

Common symptoms include fever, tiredness, and an itchy rash that turns into blisters. While most people only have mild symptoms, chickenpox can sometimes lead to more serious problems, such as skin infections or pneumonia (lung infection).

Child Care Center Requirements

Age	Number of Doses
By 3 months	0 doses
By 5 months	0 doses
By 7 months	0 doses
By 16 months	1 VAR
By 19 months	1 VAR

- The four-day grace period cannot be applied between doses of different live vaccines if not given on the same day, such as between MMR and varicella or MMRV and varicella.
 - Varicella administered five or more days before the first birthday cannot be counted as a valid dose.
- If not given on the same day, the minimum interval between varicella and other live virus vaccines such as MMR, FluMist, and Yellow Fever must be at least 28 days.
 - A second live virus vaccine given less than 28 days after another live vaccine may not produce the desired immune response and is therefore not valid and must be repeated.

Examples:

- A child received the VAR vaccine at age 12 months. Although NJ does not require one dose of the VAR vaccine until 16 months, the vaccine can be given as early as 12 months. This child has fulfilled the VAR requirement for school attendance.
- A child had varicella disease when they were younger. The following scenarios may apply:
 - If the parent provides blood work showing proof of immunity, the child will not need to receive the varicella vaccine.
 - If the child did not have immunity after contracting varicella, then showing proof of one dose of the VAR vaccine will be required.

K-12 Requirements

The required doses are due by the earliest of school entry.

	Kindergarten/ Grade 1	Grades 2-6	Grades 7-12
VAR	Total of 1 VAR dose		

Example:

A 15-year-old received one dose of ProQuad one month ago. This is a vaccine that protects against MMR and varicella. Therefore, the child has met the varicella requirement for school attendance. While looking at the child's record, you notice the second dose was given one month after the first dose. Since the child is 15 years old, there is a minimum of four weeks between dose one and two. Although, the child does not need this second dose for school attendance, but it was properly administered.

U.S. VAR Licensed Vaccines

Vaccine Name	Components
Varivax	VAR
ProQuad*	MMR and VAR

***NOTE:** Combination vaccines may have different recommended minimum intervals than individual antigen vaccines. In general, if a combination vaccine contains components with differing minimum intervals, the longest interval applies to ensure the child meets the minimum age and interval for each component of the combination vaccine.

Pneumococcal Conjugate Vaccine (PCV)

What is Pneumococcal disease?

Pneumococcal disease is an illness caused by bacteria. It can spread when an infected person coughs or sneezes, or by sharing items like cups, straws, or utensils that have germs on them. This disease can cause several health problems, such as sinus infections, pneumonia (a lung infection), meningitis (an infection of the brain and spinal cord), or infections in the bloodstream.

Symptoms depend on which part of the body is affected, but they may include fever, body aches, coughing, or trouble breathing.

Child Care Center Requirements

Age	Number of Doses
By 3 months	1 PCV
By 5 months	2 PCV
By 7 months	3 PCV
By 16 months	4 PCV
By 19 months	4 PCV

Vaccine doses may be acceptable with fewer than listed, depending on when the vaccines were given and the vaccine type. In all instances, one or more doses must be administered on or after the first birthday.

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule available at [AAP Childhood Catch-Up Schedule Table 2](#).

Children aged five or older do not need the PCV vaccine. It is only recommended for children five and older if they have a high-risk medical condition.

Examples:

- A 19-month-old has had three doses of PCV vaccine, but none were given on or after the first birthday. One dose is due before the child can attend your facility.
- A two-year-old child was given the PPSV23 vaccine three months ago. Although this is a pneumococcal vaccine, NJ requires the PCV vaccine. The child will need to receive the PCV vaccine before attending your facility.

K-12 Requirements

PCV vaccine is not required for K-12.

U.S. PCV Licensed Vaccines

Vaccine Name	Components
Vaxneuvance	PCV15
Prevnar 20	PCV20
Pneumovax23	PPSV23

Influenza (Flu) Vaccine

What is influenza (flu)?

The flu is a virus that infects the nose, throat, and lungs. It spreads easily when someone with the flu coughs, sneezes, or talks. You can also get it by touching a surface with the virus on it and then touching your mouth, nose, or eyes.

Symptoms include fever, cough, sore throat, and body aches. In young children, the flu can sometimes lead to problems like ear infections, pneumonia (a lung infection), or dehydration (when the body does not have enough fluids).

Child Care Center Requirements

One dose of flu vaccine is due every year for children six months of age and older by November 30. There is no longer an age limit of 59 months.

Age	Number of Doses
By 3 months	0 doses
By 5 months	0 doses
By 7 months	1 Flu
By 16 months	1 Flu
By 19 months	1 Flu

Examples:

- A child received the flu vaccine in November last year. The parent asks you if it has to be a full year before the child can receive the flu vaccine again. You explain that the flu vaccine can be given as soon as it becomes available. Doctors usually have the vaccine in August. There is no need for the child to wait until November or a full year to receive the vaccine. However, the deadline is November 30 each year.
- A child will be entering your child care center next month (December). The parent asks you if the child still needs to receive the flu vaccine. You tell the parent that in New Jersey, influenza-like illness lasts until March 31 each year. Therefore, the child will still need to receive the vaccine until March 31. The purpose of the November 30 deadline is to get children vaccinated before the peak of flu season, but children who miss that deadline still need to receive the vaccine for the respective flu season. The child will need to show proof of flu vaccination before attending your child care center.

K-12 Requirements

The flu vaccine is not required for K-12.

U.S. Flu Licensed Vaccines

Flu vaccines change each year. For a list of flu vaccines for the current season, visit [immunize.org](https://www.immunize.org).

Meningococcal Disease (MenACWY) Vaccine

What is meningococcal disease?

Meningococcal disease is a serious illness caused by bacteria. It can lead to meningitis (swelling of the brain and spinal cord) or septicemia (a serious blood infection). The bacteria spread from person to person through saliva, coughing, or sneezing.

Symptoms can include confusion, feeling very tired, fever and chills, nausea, rapid breathing, headache, and a stiff neck.

Child Care Center Requirements

Meningococcal vaccine is not required for child care centers.

K-12 Requirements

	Kindergarten/ Grade 1	Grades 2-6	Grades 7-12
MenACWY	None	None	Total of 1 dose which must be given at age 10 and older.

Those who are four months old and at least one month behind schedule would need to follow the catch-up schedule available at [AAP Childhood Catch-Up Schedule Table 2](#).

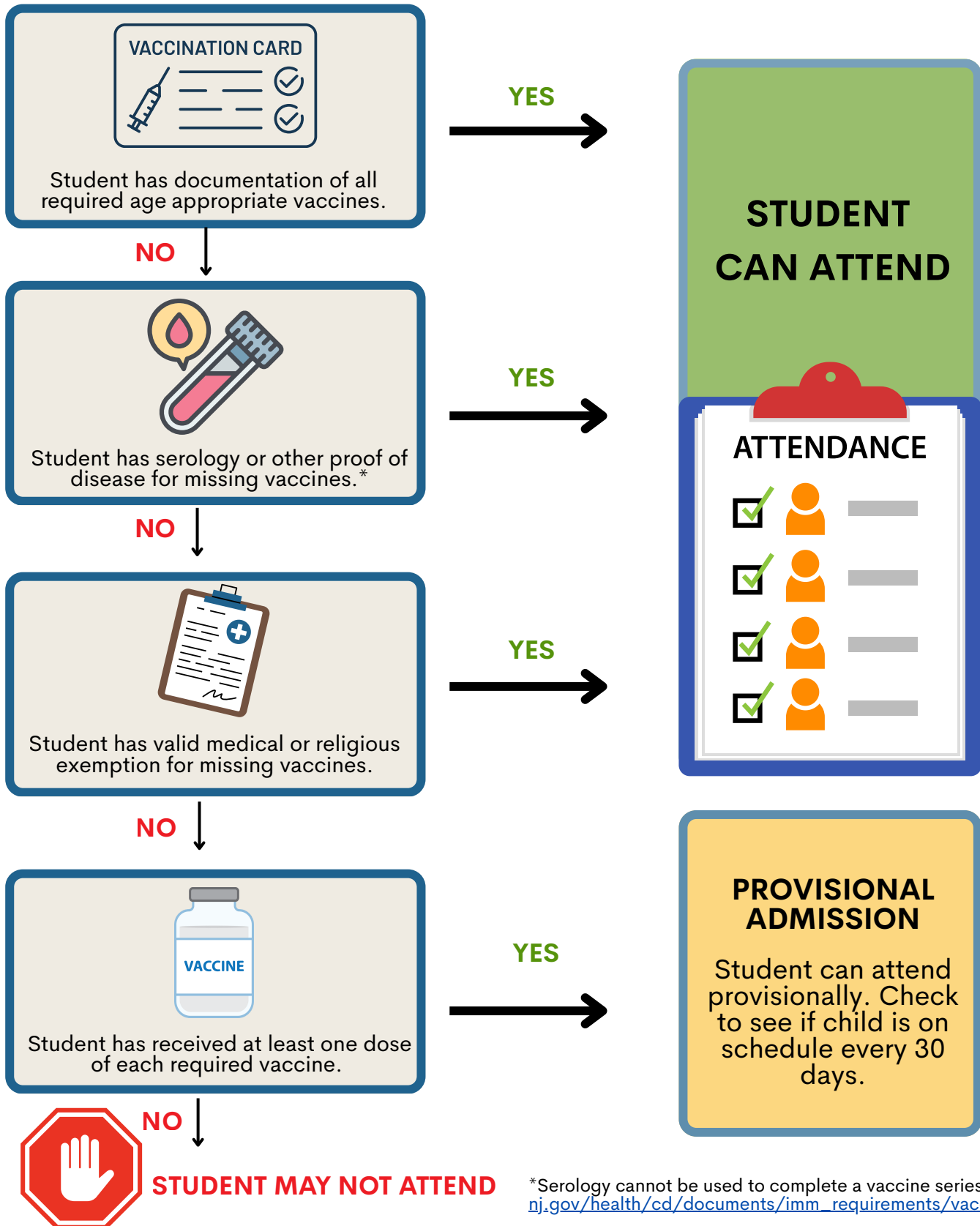
Examples:

- A seventh grader received the MenB vaccine. You notice this does not meet the school requirements because the child has no record of MenACWY. The child will need to receive the MenACWY within two weeks to continue attending school.
- An 11-year-old received the MenACWY when they were eight years old before traveling to a different country. You let the parent know that another dose of MenACWY is due for school attendance since NJ only accepts doses given at age 10 and older.

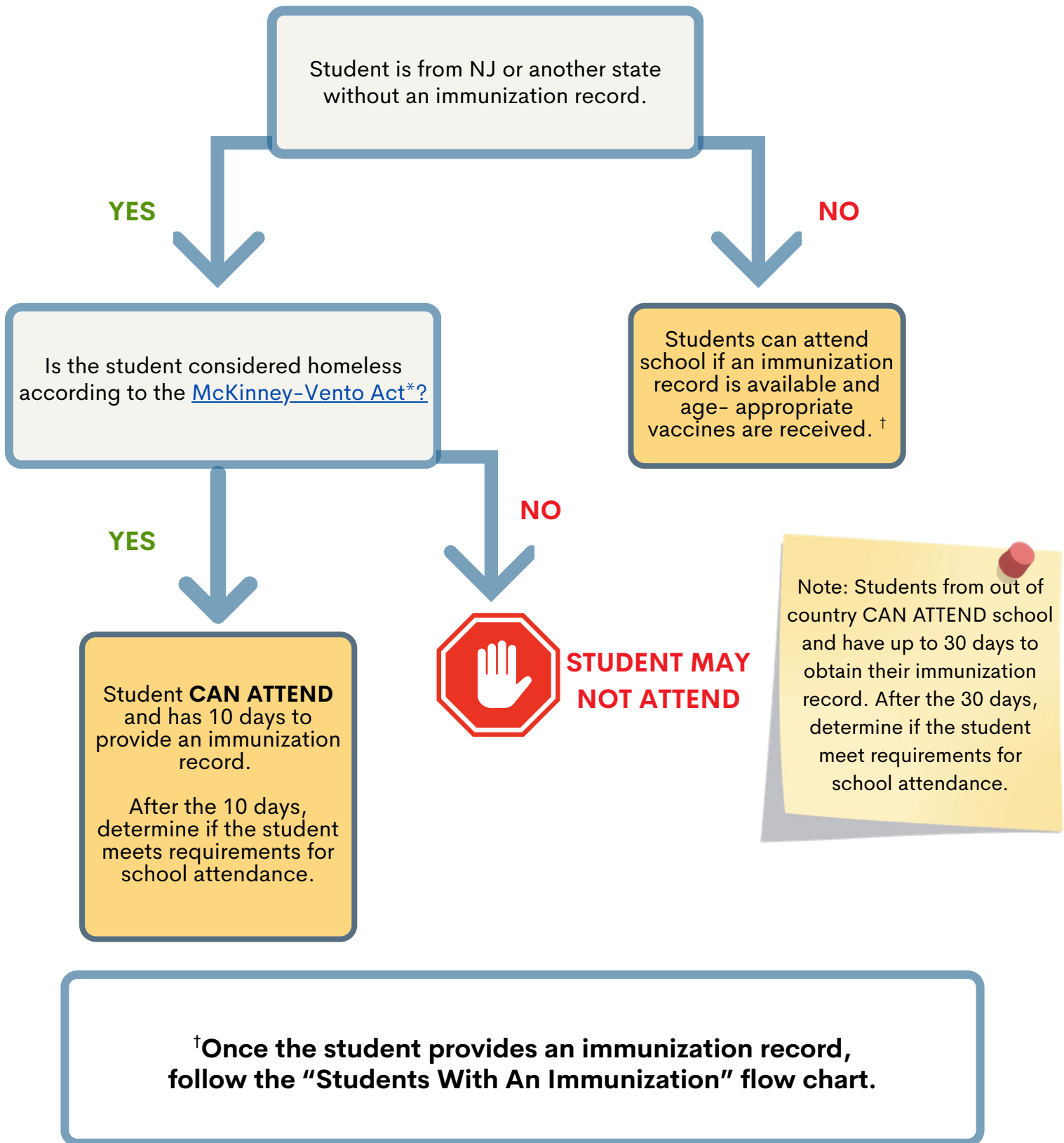
U.S. MenACWY Licensed Vaccines

Vaccine Name	Components
Menveo	MenACWY
MenQuadfi	MenACWY
Penbraya	MenABCWY
Penmenvy	MenABCWY

Students **With** An Immunization Record



Students **Without** An Immunization Record



*McKinney-Vento Act Homeless Definition
nche.ed.gov/mckinney-vento-definition/

Frequently Asked Questions

Who do the newly amended rules apply to, and how do you assess compliance?

Students who are new to New Jersey school requirements—including students coming from another state or country, or students who did not previously attend a New Jersey child care center or school — are considered *new enrollees* and must meet the amended requirements, regardless of the grade they enter.

Students who were already enrolled in a New Jersey child care center or school before the 2026–27 school year may be grandfathered under the previous immunization requirements until they reach the next designated entry grade. At that point, they must comply with the immunization requirements for that grade under the amended rules. Grandfathering does not continue beyond these entry grades other than the exceptions listed in the scenarios below. Students will be evaluated upon entry into a child care center, Kindergarten (or first-time Grade 1 attendees), or Grade 7 and must meet the updated immunization requirements applicable to that grade.

The following are some applicable scenarios:

DTaP/Td/Tdap

Requirements:

- Before the rules were amended, children were compliant with the DTap/Td/Tdap requirement if the following applied:
 - 4 doses of DTap with one dose on or after the 4th birthday; or
 - Alternatively, any 5 doses of DTap, even if given prior to the 4th birthday; or
 - 3 doses of DTap/Td/Tdap at ages 7 and older, even if given prior to the 4th birthday.
- Under the amended rules, the following would apply:
 - **Child Care/K-12 Grandfathering:** Children enrolled in a New Jersey child care center/K-12 under the previous rules for DTap/Td/Tdap may keep that status until they reach an entry grade.
 - **Entry Grade:** Upon entering Kindergarten (or first-time Grade 1 attendees), or Grade 7, students must comply with the current DTap/Td/Tdap requirements.

5-year interval:

- Before the rules were amended, Tdap was required in Grade 6, and a 5-year interval between the last tetanus-diphtheria-containing vaccine and Tdap was acceptable.
- Under the amended rules, the following would apply:
 - **Shift to Grade 7:** Tdap is now required upon entering Grade 7 instead of Grade 6.
 - **Impact on Grade 7 Students:** Students entering Grade 7 who previously relied on a 5-year interval must now receive the Tdap vaccine, as the interval period is no longer allowed.
 - **Older Students (Grade 8 and Above):** All other students in grades 8 and older will still be permitted to use their full 5-year interval to comply, since they are not being evaluated at a standard entry-level grade.

Frequently Asked Questions

Polio

Requirements:

- Before the rules were amended, children were compliant with the Polio requirement if the following applied:
 - 3 doses of Polio with one dose on or after the 4th birthday; or
 - Alternatively, any 4 doses of Polio, even if given prior to the 4th birthday; or
 - 3 doses of Polio at ages 7 and older, even if given prior to the 4th birthday.
- Under the amended rules, the following would apply:
 - **Child Care/K-12 Grandfathering:** Children enrolled in a New Jersey child care center/K-12 under the previous rules may keep that status until they reach an entry grade.
 - **Entry Grade:** Upon entering Kindergarten (or first-time Grade 1 attendees), or Grade 7, students must comply with the current Polio requirements.
 - **Grade 7 Exemption:** Students who met the previous Polio requirement upon their entrance (prior to the 2026-27 School Year) are grandfathered in and do not need to be evaluated when they reach Grade 7.

Varicella (parental written statement):

- Before the rule was amended, a parent could provide a written statement saying their child already had chickenpox. This was accepted instead of the Varicella vaccine.
- Under the amended rules, a parent's statement is no longer acceptable. The child must have either a doctor's documentation showing they had chickenpox or lab results showing they are immune to chickenpox.
 - **New Students:** Students transferring into a New Jersey school from out of state or another country must meet the requirements for their specific grade level upon enrollment.
 - **Child Care Grandfathering:** Children enrolled in a New Jersey child care center under previous rules (such as a parent's written statement of chickenpox) may keep that status while remaining in child care.
 - **Kindergarten (or first-time Grade 1 attendees):** Upon entering Kindergarten (or first-time Grade 1 attendees), students must comply with the current Varicella requirements by providing either physician-diagnosed chickenpox or laboratory evidence of immunity.
 - **Grade 7 Exemption:** Students who met the previous Varicella requirement upon their entrance (prior to the 2026-27 School Year) are grandfathered in and do not need to be evaluated when they reach Grade 7.

Influenza (Flu):

Who needs a flu vaccine to attend a child care center?

All children 6 months and older attending a New Jersey child care center must receive one flu vaccine dose by November 30 each year. There is no upper age limit. The vaccine may be given before September 1 if it is for the current flu season. Children who do not meet the requirement by November 30 must be excluded from child care through March 31, unless they have a valid medical or religious exemption. The requirement does not apply to children enrolled in before- or after-care programs or K–12 students.

National vaccine recommendations indicate that some children under age nine may need an additional dose for the best protection against flu. Getting all recommended doses is preferred, but only one dose of flu vaccine is required for child care center attendance in New Jersey.

Frequently Asked Questions

Is the flu vaccine still required if a child was already sick with the flu this year?

Yes, the flu vaccine is still required even if the child was previously sick with the flu. Since there are more than 100 viruses that can cause “cold and flu” symptoms, a clinical diagnosis may not be the best indicator of what made the child sick. Even if the diagnosis is confirmed as flu, there is more than one strain of the flu virus. Therefore, the child would still be required to receive the flu vaccine, as it may protect them from the other common strains that are circulating.

Can a child who has an allergy to eggs now receive the flu vaccine?

Yes, people with an egg allergy of any severity may receive any influenza vaccine appropriate for their age and health status. Previously, it was recommended that people with severe allergy to egg (those who have had any symptom other than hives with egg exposure) be vaccinated in an inpatient or outpatient medical setting. Since the 2023-24 flu season, additional safety measures are no longer recommended for flu vaccination of people with an egg allergy beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg. All vaccines should be given in settings where allergic reactions can be recognized and treated quickly. For more information, visit the [American Academy of Asthma, Allergy, & Immunology](#).

Will New Jersey accept an allergy to eggs as a valid medical exemption for receiving the flu vaccine?

Outside of the current recommendations, the NJDOH will continue accepting an egg allergy as a medical exemption as long as the severity is communicated. A medical exemption simply stating a child cannot receive the flu vaccine because of an egg allergy will not be accepted unless it is a severe (anaphylactic) reaction.

Furthermore, a previous severe allergic reaction to the flu vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.

Is the FluMist Home the same as the FluMist given by a health care provider?

The FluMist is a nasal spray flu vaccine that’s administered at a local pharmacy or doctor’s office. The FluMist Home is the same vaccine delivered to home for self- or caregiver administration.

Does FluMist for Self/Caregiver administration (FluMist Home) meet New Jersey’s child care center/prinfluenza vaccination requirement?

Yes, FluMist Home is acceptable for meeting the flu vaccine requirement for children who are age-eligible in childcare settings.

Frequently Asked Questions

Pneumococcal (PCV):

Are three doses of the PCV vaccine now due by seven months?

The PCV (pneumococcal) vaccine has always been a four-shot series, usually given at 2, 4, 6, and 12–15 months. The amended rules follow the current AAP schedule. For child care centers, there's some flexibility by using the end of those age ranges.

So, in practice:

- Babies don't need the third dose until they're 7 months old
- They don't need the fourth dose until they're 16 months old

If a child is behind, they can follow a catch-up schedule. The number of doses needed will be based on the child's age, vaccine type, and previously administered doses.

Haemophilus influenzae type B (Hib):

Why do the child care center charts list "2-3 doses" are due by seven months?

The Hib vaccine can be either a three-dose or four-dose series, depending on which brand is used. The amended rules follow the current AAP schedule, which recommends doses at 2, 4, and 12–15 months. Some brands also include an extra dose at 6 months, which is why some children get 3 doses early, and others get 2.

For child care centers, we allow until the end of the recommended age ranges, which gives families some flexibility. That's why the chart says:

- 2–3 doses by 7 months (depending on the vaccine brand)
- 3–4 doses by 16 months

If a child is behind, they can follow a catch-up schedule. The number of doses needed will be based on the child's age, vaccine type, and previously administered doses.

Meningococcal (MenACWY):

Should schools provide information about meningococcal disease?

Pursuant to N.J.S.A. 18A:40-21.2 (P.L.2006, c.64): The Commissioner of Health, in consultation with the Commissioner of Education, shall develop an educational fact sheet concerning meningitis for distribution to parents or guardians of students in grades 6 through 12. This is required for public schools and voluntary for private schools.

The New Jersey Department of Health has prepared a meningococcal educational brochure titled "**Meningococcal Disease: Are You Protected?**" It is available at the following website:

nj.gov/health/cd/topics/meningo.shtml. The direct link to the brochure is nj.gov/health/cd/documents/topics/meningo/are_you_protected.pdf.

Comparison of Old and Updated Immunization Rules

Vaccine	Old Language	New Language	Clarification
DTaP	4-5 doses with one dose after age 4 (or any 5 doses)	DTaP (based on AAP recommended schedule)	• A dose after the 4th birthday is required for K/Grade 1 • Number of doses depend on earliest age of school entry • At least 3 doses (1 dose after the fourth birthday for ages 7 and older)
Tdap/Td	• 1 dose for children in grade 6 and higher for children born on or after 1/1/1997 • Minimum of five years from the last tetanus-diphtheria containing vaccine	Tdap (based on AAP recommended schedule)	• Receive the adolescent dose at age 10 or older • Required before grade 7 entry • No five-year interval from the last tetanus-diphtheria containing vaccine

Comparison of Old and Updated Immunization Rules

Vaccine	Old Language	New Language	Clarification
Polio (IPV)	3-4 doses with one dose after age 4 (or any 4 doses)	Polio (based on AAP recommended schedule)	• Dose after the 4th birthday is required for K/Grade 1 • Number of doses depends on earliest age of school entry • At least 3 doses (1 dose after the fourth birthday) for ages 7 and older • Required for ages 18 and older attending K-12 school
MMR	2 measles, 1 mumps, 1 rubella by 15 months	MMR (based on AAP recommended schedule)	• 1 dose by 16 mos. if attending child care center • 2nd dose upon K/1st grade entry (earliest age of attendance) • Positive titer allowed instead of 2nd MMR dose (Holly's Law)
Hib	• Minimum of 2 doses between 2-11 months • Minimum of 1 dose on or after the first birthday	Hib (based on AAP recommended schedule)	• 3 or 4 doses • Number of doses depends on earliest age of school entry • Fewer doses may be needed if on a catch-up schedule • In all instances, one or more doses must be administered on or after the first birthday

Comparison of Old and Updated Immunization Rules

Vaccine	Old Language	New Language	Clarification
Hep B	3 doses or an approved two-dose series	Hep B (based on AAP recommended schedule)	• Not required for child care center attendance • 3 doses required before K-12 grade entry • 2 doses may be acceptable for unvaccinated 11-15-year-olds receiving an approved two-dose hepB series.
VAR	1 dose of varicella vaccine by 19 months	VAR (based on AAP recommended schedule)	• 1 dose by 16 mos. if attending child care center • 2nd dose recommended but minimum 1 dose is required • Parent-reported disease history no longer accepted
PCV	• Minimum 2 doses between 2-11 months • Minimum of 1 dose on or after the 1st birthday	PCV (based on AAP recommended schedule)	• 4 doses • Number of doses depends on earliest age at school entry • Fewer doses may be needed if on a catch-up schedule • In all instances, one or more doses must be administered on or after the first birthday

Comparison of Old and Updated Immunization Rules

Vaccine	Old Language	New Language	Clarification
Flu	Annual dose for ages 6-59 months by December 31	Flu (based AAP recommended schedule)	• 1 dose for child care center • Not required for K-12 • Deadline changed to 11/30 • 59-month cap removed
MenACWY	1 dose in grades 6 and higher for children born on or after 1/1/97	MenACWY (based on AAP recommended schedule)	• Receive adolescent dose at ages 10 and older • Required before 7th grade entry • 2nd dose recommended at age 16, but minimum of 1 dose is required

Resources

New Jersey Department of Health Vaccines

nj.gov/health/vaccines/

New Jersey Vaccine Preventable Disease Program

nj.gov/health/cd/vpdp.shtml

New Jersey Vaccine Preventable Disease Program Immunization Requirements

nj.gov/health/cd/imm_requirements/

New Jersey Vaccines for Children (VFC) Provider Search Tool

(Vaccine locations for children who qualify)

nj.gov/health/vaccines/programs/vfc/vfc-317-vaccine-locations/

New Jersey Immunization Information System (NJiIS) brochure for parents

njiis.nj.gov/docs/NJiIS_Your_Best_Shot.pdf

American Academy of Pediatrics (AAP)

aap.org/en/patient-care/immunizations/

Immunization Action Coalition*

immunize.org/

Let's Get Real about Vaccines*

letsgetrealaboutvaccines.org/

Voices for Vaccines*

voicesforvaccines.org/

Instructions for reviewing immunization rules

nj.gov/health/cd/imm_requirements/rcode/

Time and Date Calculator*

timeanddate.com/date/duration.html

*These organization websites are provided for educational purposes, but the NJ Department of Health does not endorse or guarantee the content on them.