

New Jersey Immunization Requirements



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March 2012**

Purpose of N.J.A.C. 8:57- 4

To establish minimum immunization requirements for attendance in New Jersey schools

Exemptions

- Medical
- Religious
- Philosophical or moral objections are not accepted in New Jersey

Religious Exemption (1)

Old Rule

“A child shall be exempted from mandatory immunization...in a written statement submitted to the school, preschool, or child care center...explaining how the administration of immunizing agents conflicts with the pupil’s exercise of bona fide religious tenets or practice.”

Religious Exemption (2)

Current Rule

“A parent may object to mandatory immunization if the parent or guardian objects thereto in a written statement signed by the parent or guardian upon the grounds that the proposed immunization interferes with the free exercise of the pupil’s religious rights.”

Religious Exemption (3)

- Must contain the word “religion” or “religious” or some reference thereto
- 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
- Religious-affiliated schools can not be challenged on decision

Medical Exemption

- Indicate specific period of time
- Reason(s) for medical contraindication must be enumerated by the ACIP and AAP
- Precautions are not contraindications:
<http://www.cdc.gov/vaccines/recs/vac-admin/downloads/contraindications-guide-508.pdf>

Exempted Students

Those children who have been granted medical and/or religious exemptions may be excluded from the school, preschool, or childcare facility during a vaccine preventable disease outbreak

Provisional Admission

Criteria for Granting:

- Granted **ONLY** one time
- Students must have at least one dose of each required vaccine
- Actively in process of completing series
 - Children \leq five allowed up to seventeen months to complete
 - Children \geq five years of age and older allowed up to twelve months to complete

**** Note:** 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.

Transfer Students

- Only out-of state or out-of-country may be allowed 30 day grace period
- Provisional status ONLY granted one time

**** Note: The Manual of Requirements for Childcare Centers state that all children have 30 days to show proof of Immunizations, which conflicts with N.J.A.C. 8:57-4**

Foreign Immunization Record

- Accept with proper written documentation
 - seal or stamp OR
 - signed and dated by physician
- Be skeptical
- Match up with U.S. requirements
- Revaccinate (may be simpler) or do serology (when possible)
- See AAP's Red Book for further guidance

Vaccine Requirements

Applicability

- All students
- All schools (public and private) including:
 - Day care,
 - Nursery school,
 - Preschool,
 - Kindergarten

Authority

- Principal/School Administrator
- Local Health Department

DTaP Vaccine

- Under age 7: Minimum of 4 doses with at least one dose given on or after fourth birthday, or
- Any combination to equal 5 dose total
- Age 7 and older: Any 3 doses
- Acceptance of DT requires valid medical contraindication to pertussis component

Polio Vaccine

- Under age 7: Minimum of 3 doses with at least one dose administered on or after the fourth birthday, or
- Any combination to equal a total of 4 doses
- Age 7 and older: Any 3 doses

Measles

- Two doses given minimum 28 days apart
- First dose given on or after first birthday
- School entry requirement is 15 months
- Laboratory evidence of immunity also accepted

Mumps & Rubella

- One dose each administered on or after first birthday
- Laboratory evidence of immunity also accepted

Hepatitis B

- Three doses of vaccine required (K-12)
- 2 dose adolescent series (ages 11-15)
- Laboratory evidence of immunity also accepted

Haemophilis Influenzae B

- 4 dose series (2,4,6,12-15 months)
- Two age-appropriate doses for children between 2 to 11 months of age
- One dose on or after first birthday for children between 12 to 59 months of age
- **Effective September 2011:**
NJDHSS reinstated booster dose

Varicella

- One dose on or after first birthday for children born on or after January 1, 1998
- School entry requirement is 19 months of age and older
- Laboratory evidence of immunity, physician's statement, and parental statement of previous history also accepted

Influenza

- Children six months through 59 months of age attending any child-care center or preschool facility shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year

Pneumococcal

- 4 dose series (2,4,6,12-15 months)
- Two age-appropriate doses for children between 2 to 11 months of age
- One dose on or after first birthday for children between 12 to 59 months of age

Meningococcal

One dose required for children entering, attending or transferring at the sixth grade or higher grade level

Tdap

One dose required for children entering, attending or transferring at the sixth grade or higher grade level and given no earlier than the 10th birthday provided at least five years have elapsed from the last documented Td dose

Four-Day Grace Period

- All 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
- Consistent with ACIP recommendations

Laboratory Evidence

- Accepted for measles, mumps, rubella, hepatitis B, diphtheria, tetanus, polio and varicella
- Serology should not be done in lieu of aborting series
- No reliable serologic test exists for *pertussis*, *Haemophilus influenza*, *pneumococcal* and *meningococcal*
- Copy of laboratory test must be in the record

Antibody Titer Law

- Not new - already part of N.J.A.C. 8:57- 4
- Allows parents to seek testing to determine child's immunity to measles, mumps, and rubella, before receiving second dose of vaccine

2012 CDC/ACIP Recommended Immunization Schedules

FIGURE 1: Recommended immunization schedule for persons aged 0 through 6 years—United States, 2012 (for those who fall behind or start late, see the catch-up schedule (Figure 3))

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹	Hep B	HepB						HepB					
Rotavirus ²			RV	RV	RV ³								
Diphtheria, tetanus, pertussis ⁴			DTaP	DTaP	DTaP		see footnote ⁵	DTaP				DTaP	
Haemophilus influenzae type b ⁶			Hib	Hib	Hib ⁷			Hib					
Pneumococcal ⁸			PCV	PCV	PCV			PCV				PPSV	
Inactivated poliovirus ⁹			IPV	IPV				IPV					IPV
Influenza ¹⁰								Influenza (Yearly)					
Measles, mumps, rubella ¹¹								MMR		see footnote ¹²		MMR	
Varicella ¹³								Varicella		see footnote ¹⁴		Varicella	
Hepatitis A ¹⁵								Dose 1 ¹⁶				HepA Series ¹⁷	
Meningococcal ¹⁸								MCV4 — see footnote ¹⁹					

FIGURE 2: Recommended immunization schedule for persons aged 7 through 18 years—United States, 2012 (for those who fall behind or start late, see the schedule below and the catch-up schedule (Figure 3))

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Tetanus, diphtheria, pertussis ¹		1 dose (if indicated)	1 dose	1 dose (if indicated)
Human papillomavirus ²		see footnote ³	3 doses	Complete 3-dose series
Meningococcal ⁴		See footnote ⁵	Dose 1	Booster at 16 years old
Influenza ⁶		Influenza (yearly)		
Pneumococcal ⁷		See footnote ⁸		
Hepatitis A ⁹		Complete 2-dose series		
Hepatitis B ¹⁰		Complete 3-dose series		
Inactivated poliovirus ¹¹		Complete 3-dose series		
Measles, mumps, rubella ¹²		Complete 2-dose series		
Varicella ¹³		Complete 2-dose series		

CDC/ACIP Vaccine Updates (1)

- **CDC catch-up schedule:** One dose of Hib vaccine should be considered for unvaccinated persons aged 5 years or older who have sickle cell disease, leukemia, HIV infection, or anatomic/functional asplenia.*

CDC/ACIP Vaccine Updates (2)

Pneumococcal Vaccine

- ACIP recommends the 13-valent pneumococcal conjugate vaccine (PCV13) among infants and children
- PCV13 recommended for children 2 through 59 months of age and a single supplemental dose for children aged 60 through 71 months of age who have underlying medical conditions that increase their risk of pneumococcal disease or complications
- A single supplemental dose of PCV13 is recommended for all children 14 through 59 months of age who have received 4 doses of PCV7
- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

CDC/ACIP Vaccine Updates (3)

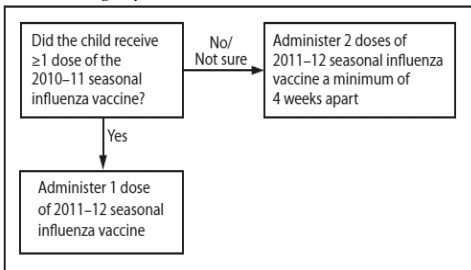
Inactivated poliovirus vaccine (IPV).

(Minimum age: 6 weeks)

- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

CDC/ACIP Vaccine Updates (4)

Influenza vaccine dosing algorithm for children aged 6 months through 8 years



CDC/ACIP Vaccine Updates (5)

MMR:

Administer MMR vaccine to infants aged 6 through 11 months who are traveling internationally. These children should be revaccinated with 2 doses of MMR vaccine, the first at ages 12 through 15 months and at least 4 weeks after the previous dose, and the second at ages 4 through 6

CDC/ACIP Vaccine Updates (6)

Meningococcal

- Minimum age for Menactra is 9 months; Minimum age for Menveo (2 years) for the high risk population.
- Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

CDC/ACIP Vaccine Updates (8)

Tdap

- Children ages 7-10 who have not been adequately vaccinated with DTP/DTaP, and for whom no contraindications exist, should receive a single dose of Tdap. If further doses are needed to fully immunize against tetanus and diphtheria, children ages 7-10 should be vaccinated according to the catch up guidance.
- Adults ages 19-64 should receive a single dose of Tdap in place of a Td vaccine dose.
- Adults ages 65 and older who have or who anticipate having close contact with an infant aged less than 12 months should receive a single dose of Tdap to protect against pertussis and reduce the likelihood of transmission of pertussis to infants. Other adults in this age group may also get Tdap.
- Pregnant women who have not been previously vaccinated with Tdap should get one dose during the third trimester or late second trimester

HPV

- Recommend in a 3 dose series for males and females aged 11-12 years of age.
- The vaccine is also recommended for 13-26 year old girls/women and 13-21 year-old boys and men who have not yet received or completed the full series of shots. The vaccine should also be considered for men 22-26 years of age.
- Two vaccines are available:
HPV4 (Gardasil)
HPV2 (Cervarix)
Only Gardasil is approved for use in males.

Annual Immunization Status Reports

ASR

- Accessible on-line at:
<http://nj.gov/health/cd/imm7/annualstatusrpt.shtml>
- Instructions and Immunization Grid available on-line at: <http://nj.gov/health/cd/vpdphome.htm>
- Reporting time frame is from September through December 31st
- Due **February 1st** of respective academic year

ASR Follow-up

- All schools (including childcare and preschool facilities) who have not submitted the ASR by February 1st will be considered delinquent.
- Delinquent notices are mailed to the schools informing them that they must submit the report by the extension.
- A delinquent school list is shared with each respective Local Health Department so they can follow up with schools in their jurisdiction.
- Schools who do not submit the report by the extension date may be reported to the respective State agency (i.e. Department of Children and Families/Office of Licensing or Department of Education)

School Immunization Audits

AUDIT METHODOLOGY:

- **Pre-Kindergarten/Daycare:** Review 100% of records.
- **Kindergarten or Grade 1:** Review 100% of records.
- **Grade 6:** Review 100% of records.
- **Grades 9-12:** Randomly select 50 records per grade to total 200 records. If a school has less than 200 pupils, review 100% of immunization records to assess minimum requirements. If other grades are also audited, randomly choose records from the remaining classes to total 200 records.

PRE-AUDIT PROCESS

- Auditor schedules mutually agreed upon date and time of audit with person in charge at facility
- Auditor advises that she will need a current class roster
- Auditor explains that all children's records need to be on appropriate State Forms
- If necessary, tells the person at the facility how to get the appropriate forms

Official Forms

- "Yellow Card" (IMM-8)
- State Health History and Appraisal Form (A-45)
- NJIIS Personal Immunization Record

Day of Audit

- Auditor arrives at the facility and reports to the person in charge
- Auditor asks for the current roster
- Auditor reviews the children's immunization records
- During the audit process, the auditor provides guidance and assistance according to the need

Post-Audit Onsite

- Auditor fill out Immunization Audit Report Worksheet (State Form IMM-14) if there are deficiencies and gives a copy to the person in charge
- If necessary, gives the person in charge a copy of the immunization regulations and any appropriate educational materials.
- If no record for a child on the current roster is available, school official is advised that the child must be excluded from school until immunization records are received

General Guideline for Follow-up

- The school nurse will have up to 30 days from the date of the original audit to send a letter home to the parents AND provide an updated status for any discrepancies on the audit report worksheet regarding a student's immunization record
- Copy of documentation of the corrected discrepancies should be forwarded to the auditor so they can update their record and reflect those changes on the audit report before submitting to the State
- If after one month many of the deficiencies are not corrected, the nurse will go onsite to do re-audit visit

Re-Audits

- Childcare with less than 90% compliance
- Elementary and high school with less than 95% compliance

Post-Audit Follow-up

The auditor will then fill out Immunization Audit Report (State Form IMM-15) and sends a copy to NJDHSS and retains a copy for their file

**** Note:** If a re-audit was conducted then only the final audit report has to be submitted to the NJDHSS. The audit worksheet is to be kept as an internal tracking record for LHDs to follow up. It should not be submitted to NJDHSS.

Violation to the State Sanitary Code

Each violation of any provision of the State Sanitary Code shall constitute a separate offense and shall be punishable by a penalty of not less than \$50 nor more than \$1000 .

New Jersey Immunization Information System (NJIIS): Overview

- Web-enabled system operating since 1998
--Official State system since 2004
- Populated with electronic birth records (EBC)
- Providers can obtain a complete and accurate immunization history for a new or continuing patients
- Produce immunization records
- Incorporate new vaccines or changes in the vaccine schedule
- Help interpret complex immunization schedule
- Support immunization tracking with reminders/recall
- Obtain an accurate immunization history for personal use and day care, school, or camp entry requirements
- Provide immunization coverage data for your clinic / practice, health plans, and national organizations

New Jersey Immunization Information System

New legislation requires mandatory participation
of health care providers

- “N.J.A.C. 8:57-3.16 a : Every healthcare provider administering vaccines to children less than seven years of age shall register as an NJIIS site and authorized user and commence online reporting of vaccinations prior to December 31, 2011, in compliance with this subchapter.”

Resource Links

- State VPDP : <http://www.nj.gov/health/cd/vpdp>
- N.J.A.C. 8:57-4: <http://lexisnexis.com/njoal>
- Instructions for viewing regulations:
[http://nj.gov/health/cd/documents/
instructions_viewing_regulations.pdf](http://nj.gov/health/cd/documents/instructions_viewing_regulations.pdf)
- List of NJ Vaccine Requirements:
<http://nj.gov/health/cd/imm.shtml>
- Immunization Regulations FAQs:
http://nj.gov/health/cd/documents/vaccine_qa.pdf

Resource Links

- Immunization Audit Report Worksheet
<http://www.state.nj.us/health/forms/imm-14.pdf>
- Immunization Audit Report
<http://www.state.nj.us/health/forms/imm-15.pdf>
- NJIIS website: <https://njiis.nj.gov/njiis/>
- 2012 Recommended Childhood & Adolescent Immunization Schedule:
<http://www.cdc.gov/vaccines/recs/schedules/default.htm>
- ACIP recommendations
<http://www.cdc.gov/vaccines/pubs/acip-list.htm#comp>

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