

IMMUNIZATION PROGRAM

04/2014

Legislative Background

Communicable disease control is a primary responsibility of school and public health authorities. Mandatory immunization is one aspect of a comprehensive communicable disease control program.

New York State Public Health Law, Section 2164, requires every person in parental relation to a child have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria, rubella, Haemophilus influenzae type b (Hib), hepatitis B and varicella which meets the standards approved by the United States Public Health Service for such biological products, and which is approved by the State Department of Health under such conditions as may be specified by the Public Health Council.

New York State Education Law, Article 14, Section 914, requires the parent/guardian of every child entering school to demonstrate proof of immunization required by Public Health Law, Section 2164.

Public Health Law and Section 914 of the State Education Law further requires school districts to participate in surveys of the immunization level of the children entering and attending school within such district. These surveys will be subject to audit by the State Commissioner of Health.

Legal Requirements for School Enrollment

Vaccines	Prekindergarten(Day Care, Head Start, Nursery or Pre-k)	Kindergarten	Grades 1 through 5	Grade 6	Grades 7 through 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap) ²	4 doses	4 to 5 doses (See footnote 2b)	4 to 5 doses (See footnote 2b-e)	3 doses (See footnote 2c-e)	3 doses (See footnote 2d-e)
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap) ³ (Required only for students enrolling in grades 6-12 who have not previously received a Tdap at 7 years of age or older)	Not applicable	Not applicable	Not applicable	1 dose (See footnote 3b)	1 dose (See footnote 3b)
Polio vaccine (IPV/OPV) ⁴	3 doses	3 to 4 doses (See footnote 4b-d)	3 doses	3 to 4 doses (See footnote 4c-d)	3 doses
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	1 dose	2 doses 2 doses required by age 7	2 doses	2 doses

Hepatitis B vaccine ⁶	3 doses	3 doses	3 doses	3 doses	3 doses
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Haemophilus influenzae type b conjugate vaccine (Hib) ⁸	1 to 4 doses (See footnote 8a-g)	Not applicable	Not applicable	Not applicable	Not applicable
Pneumococcal Conjugate vaccine (PCV) ⁹	1 to 4 doses (See footnote 9a-f)	Not applicable	Not applicable	Not applicable	Not applicable

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks) a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 through 6 years. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary. c. For children born prior to 1/1/2005, doses of DT and Td meet the immunization requirement for diphtheria toxoid-containing vaccine. d. Children ages 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. For these children, the required 6th grade adolescent Tdap vaccine should not also be given. e. For previously unvaccinated children 7 years of age and older, the immunization requirement is 3 doses. Tdap should be given for the first dose, followed by 2 doses of Td in accordance with the ACIP-recommended immunization schedule for persons 0-18 years of age.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years) a. Tdap can be received regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine. b. For children enrolling in grades 6 through 12 who received a dose of Tdap at 7 years of age or older, the booster dose of Tdap is not required.

4. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks) a. Children starting the series on time should receive a series of IPV at ages 2, 4, 6 through 18 months, with a booster at age 4 through 6 years. The final dose in the series should be received on or after the fourth birthday and at least 6 months after the previous dose. b. If 4 or more doses were administered before age 4 years, an additional dose should be received on or after age 4 years. c. If both OPV and IPV were administered as part of a series, a total of 4 doses should be received, regardless of the child's current age. d. For children 4 years of age or older who have previously received less than 3 doses, a total of 3 doses are required.

5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months for routine vaccination) a. The first dose of MMR vaccine should be received at age 12 through 15 months, and the second dose at age 4 through 6 years. The second dose may be received before age 4

years, provided at least 4 weeks have elapsed since the first dose. b. Students 7 years of age and older must have 2 doses of measles-containing vaccine, 2 doses of mumps containing vaccine and at least 1 dose of rubella-containing vaccine.

6. Hepatitis B vaccine a. For children in grades 7 through 12, either 3 doses of pediatric hepatitis B vaccine or 2 doses of adult hepatitis B vaccine (Recombivax), administered at least 4 months apart are required (applies only to children 11 through 15 years old).

b. Administration of a total of 4 doses of hepatitis B vaccine may be necessary when a combination vaccine containing hepatitis B is administered after the birth dose resulting in an inadequate interval between doses.

7. Varicella (chickenpox) vaccine. (Minimum age: 12 months) a. The ACIP routinely recommends that the first dose of varicella vaccine should be received at age 12 through 15 months and the second dose at age 4 through 6 years. The second dose may be received before age 4 years, provided at least 3 months have elapsed since the first dose. NYS requires 2 doses of varicella vaccine for kindergarten entry. b. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

8. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children who start the series on time should receive a Hib vaccine primary series and a booster dose to all infants. The primary series doses should be received at 2, 4, and 6 months of age. One booster dose should be received at age 12 through 15 months.

b. If the first dose was administered at ages 7 through 11 months, a second dose should be received at least 4 weeks later and a final dose at 12 through 15 months of age. c. If 2 doses of vaccine were administered at 11 months of age or younger, a third and final dose should be received at 12 through 15 months of age and at least 8 weeks after the second dose. d. If dose 1 was administered at ages 12 through 14 months, a final dose should be received at least 8 weeks after dose 1.

e. For children who received 1 dose of vaccine at 15 months of age or older, no further doses are necessary. f. For unvaccinated children 15 months of age or older, 1 dose of vaccine is required. g. Hib vaccine is not routinely required for children 5 years of age or older.

9. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks) a. Children starting the series on time should receive a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12 through 15 months. b. Unvaccinated children 7 through 11 months of age should receive 2 doses, at least 4 weeks apart, followed by a 3rd dose at age 12 through 15 months. c. Unvaccinated children 12 through 23 months of age should receive 2 doses of vaccine at least 8 weeks apart. d. Previously unvaccinated children 24 through 59 months of age should receive only 1 dose.

e. PCV13 is the preferred vaccine for use in healthy unvaccinated/partially vaccinated children 2 through 59 months of age. A single supplemental dose of PCV13 is recommended for children 14 through 59 months who have already completed the age appropriate series of PCV7. (Note: PCV13 has been licensed and recommended for children in the U.S. since 2/2010. PCV13

replaced the previous version of Prevnar, known as PCV7, which included 7 pneumococcal serotypes.)

Record Requirements

Schools must maintain an immunization record for each student and a listing of students who are susceptible to vaccine preventable disease(s) due to religious or medical exemptions or incomplete immunization series. This list is to be used to identify susceptible children rapidly in the event of a disease outbreak.

An immunization record must show dates that are complete enough to determine whether measles, rubella, and mumps vaccine were given no more than 4 days before the child's first birthday. For polio, measles, rubella, and mumps the record must specify whether live vaccine was administered. Check marks without dates or vaccine description are not acceptable. "Disease" is accepted as proof of immunity, if it is noted on the immunization record obtained from the student's health care provider. It is not acceptable proof if it indicates "disease as reported by the parent". Whenever necessary or possible, the month, day and year of immunization should be noted.

SNAP NOTE:

Immunization records for students in public schools are to be maintained in SNAP.

Exemptions

Medical

A student may be exempt from any or all immunizations if a physician licensed to practice medicine in New York State certifies that such immunization/s may be detrimental to the child's health. This exemption is applicable until such immunization is no longer found to be detrimental to the child's health. The physician's certificate of exemption must be maintained in the cumulative health folder and must contain the following information:

1. Name, address and phone number of the physician
2. Listing of immunizations which if administered would be detrimental to the child's health
3. The length of time for which the exemption must be in effect
4. Medical exemption form is required to be submitted on a yearly basis

Religious

No certificate of immunization will be required as a prerequisite to attending school for children whose parents/guardians hold genuine and sincere religious beliefs that are contrary to the practice of immunization. The beliefs must be religious in nature, not health related or philosophical. Such parents/guardians must submit a written statement that must be maintained in the cumulative health folder and that must contain the following:

1. Name, address and phone number of the religious leader or advisor

2. An explanation of the specific belief that is contrary to the practice of immunization
3. The signature of the parent/guardian

Enrollment Requirements - District Policy

The principal, teacher, owner, or other person in charge of any school is required by Public Health Law, Section 2164, to refuse to admit a child to school without acceptable proof of the required immunizations. It is the responsibility of the parent/guardian to furnish such proof at the time of registration. The principal or School Nurse will advise the parent/guardian of any child lacking adequate proof of immunization to contact his/her health provider or the Albany County Health Department to obtain the necessary proof or the required immunizations. (See: H.E. 261, "Immunizations - Registration Requirements")

In order to control the outbreak of vaccine preventable communicable diseases and thus assure the health and safety of the school population, the City School District of Albany strongly urges compliance with the above request for immunization information at the time of registration. However, if parents/guardians refuse or are unable to provide proof of immunization at the time of registration, the District, acting in accordance with Public Health Law, will allow students with inadequate proof of immunization to attend school for 14 calendar days if they are transferring within New York State and 30 calendar days if they are transferring from outside New York State. The parents/guardians of such students will be notified of these time frames at the time of registration or entry. (See: H.E. 262, "Immunizations - Pre-Exclusion Notice")

A child can be admitted or continue to attend school if the parent/guardian can show acceptable proof that the child is "in the process of receiving" the required immunizations. A child must have received at least one dose of each antigen and the parent/guardian must provide written documentation of the date(s) of appointments with a specified physician or health facility for completion of the required immunizations. The School Nurse must maintain supervision of such a child until the immunization process has been completed. The principal and/or School Nurse must inform the parent/guardian, in writing, that failure to complete the process by the appointed dates will result in the child's exclusion from school as well as a report to Child Protective Services. (See: H.E. 263, "Immunizations - 'In Process' Notification".) A copy of the "Immunizations In Process Notification" must be filed in the student's cumulative health folder.

Exclusion Procedures

Parents/guardians who do not provide adequate proof of immunization at the time of enrollment must be informed in writing that they have 14 days (when transferring from within the State) or 30 days (when transferring from out of State) to provide the required proof of immunization. ("Immunization - Pre-Exclusion Notice")

If the necessary documentation is not received within 7 days (when transferring from within the State) or 23 days (when transferring from out of State), parents/guardians must receive either in person or by certified mail an "Immunization Exclusion Notice" (H.E. 264) seven days prior to the date of exclusion. A copy of the "Exclusion Notice" must be filed in the student's cumulative health folder. In

addition, a report to Child Protective Services must be initiated according to District policy.

At the time of enrollment, the parent/guardian of any student who is “in the process of receiving” the required immunizations must be informed in writing that failure to complete the process will result in the student’s exclusion from school as well as a report to Child Protective Services. (See: “Immunization - ‘In Process’ Notification”). A copy of the “Immunization - ‘In Process’ Notification” must be filed in the student’s cumulative health folder until such time as the student is fully immunized.

If the parent fails to complete the required immunizations on the scheduled date the child must be excluded from school and the parent/guardian sent a letter of exclusion. (See: “Immunization - Exclusion Notice”). A copy of the “Exclusion Notice” must be filed in the student’s cumulative health folder. In addition, a report to Child Protective Services must be initiated according to District policy.

Immunization Survey

Each school in the District will conduct an annual survey of the immunization status of all new entrants to the District and a survey once every five years of all enrolled students. These surveys are directed by New York State Public Health Law, Section 680, and are subject to audit by the State Commissioner of Health. This survey identifies students who are inadequately immunized. A copy of the immunization survey and a list of inadequately immunized students must be kept in the health office so that the students at risk may be excluded and/or referred for health counseling in the event of a disease outbreak.

Public School Surveys

The New York State Health Department will send all public school survey forms to the District. School Nurse/Teaches must obtain the necessary forms from the principal. The completed survey must be returned to the Bureau of Health and Physical Education. A written explanation for any enrolled students with incomplete immunization records must accompany the completed survey. This explanation should contain the following information:

1. Name/s, address/es and telephone number/s for the student/s indicated
2. A listing of the immunizations that the student/s lack
3. An explanation for the incomplete immunization status (i.e. medical exemption, religious exemption, “in process”)

Non Public School Surveys

The New York State Health Department will send immunization survey forms to the principals of all non public schools. The School Nurse must obtain the forms from the principal. The completed survey must be returned directly to the New York State Health Department. A written explanation for any enrolled students with incomplete immunization records must accompany the completed survey. This explanation should contain the information listed above. A copy of the completed survey and the written explanation for student/s with incomplete immunization records must be forwarded to the Bureau of Health and Physical Education.

Outbreak Control

Diagnosed or suspected cases of a reportable vaccine-preventable communicable disease must be reported immediately to the Bureau of Health and Physical Education and to the Albany County Health Department. Students who are diagnosed with or suspected of having reportable vaccine-preventable communicable diseases must be excluded from school and school related activities.

In the event of an outbreak, in cooperation with the Albany County Health Department, all susceptible students (those with inadequate immunization) will be excluded from school and school related activities. The Bureau of Health and Physical Education will confer with the Albany County Health Department to determine the length of exclusion and any necessary steps that must be taken to control the outbreak.