

R 5320 IMMUNIZATION

A. Immunizations on Admission

1. No Principal shall knowingly admit or retain any pupil who has not submitted acceptable evidence of immunization according to the schedule set forth at paragraph E, unless the pupil is provisionally admitted as provided at paragraph A2 or exempted as provided at paragraph B. N.J.A.C. 6:29-2.1 and N.J.A.C. 8:57-4.3 and 8:57-4.4
2. A pupil may be admitted to preschool or school on a provisional basis if a physician, a certified nurse practitioner or health department can document that at least one dose of each of the required vaccine(s) or antigen(s) which are age appropriate have been administered and that the pupil is in the process of receiving the remaining immunizations.
 - a. No child will be enrolled provisionally in a school or child care center without documentation of at least one dose of polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, and Hib vaccine (for child care centers only) which are age-appropriate for the child, and hepatitis B as described below. The child must also have an appointment for, and be in process of, receiving the remaining antigens.
 - b. A child under five years of age lacking all required vaccines shall have no more than seventeen months to meet all immunization requirements.
 - c. A child five years of age or older lacking all required vaccines shall have no more than one year to complete all immunization requirements.
 - d. Beginning in September 2001, a child born after January 1, 1990 and entering or attending Kindergarten or first grade (whichever occurs first) and grade six shall document receipt of at least one dose of a licensed hepatitis B vaccine and shall have no more than one year to meet the hepatitis B requirement. Physicians or certified nurse practitioners choosing to administer the specific hepatitis B vaccine product licensed for two doses when administered wholly to children eleven to fifteen years of age are to administer the second and final dose of that vaccine no later than six months following the first dose as recommended by the AAP, ACIP, FDA, and the vaccine manufacturer rather than waiting twelve months to complete the hepatitis B vaccine series.

- e. Provisional status shall be granted only one time to pupils entering or transferring into this district. If a pupil on provisional status transfers from this district, information on his/her status will be sent to the new school. Provisional status may be extended by a physician for medical reasons as indicated in N.J.A.C. 8:57-4.3.
- f. Pupils transferring into this district from another state or country shall be allowed a thirty day grace period in order to obtain past immunization documentation before provisional status shall begin. The thirty day grace period does not apply to pupils transferring from within the State of New Jersey.
- g. The Principal shall ensure that the provisionally admitted pupil is receiving required immunizations on schedule. If the pupil has not completed the immunizations at the end of the provisional period, the Principal shall exclude the pupil from school until appropriate documentation of completion has been presented.
- h. Pupils on provisional status may be temporarily excluded from school during a vaccine-preventable disease outbreak or threatened outbreak, as determined by the State Commissioner of Health and Senior Services.

B. Exemptions from Immunization

- 1. A pupil shall not be required to have any specific immunization(s) that are medically contraindicated.
 - a. A written statement from any physician licensed to practice medicine or osteopathy in any jurisdiction in the United States or a certified nurse practitioner indicating that an immunization is medically contraindicated as stated by the wholly accepted standards for the current Red Book or ACIP standards for a specified period of time, and the reasons for the medical contraindication, will exempt a pupil from the specific immunization requirements of law for the period of time specified in the physician's statement.
 - b. The physician's or a certified nurse practitioner's statement shall be maintained by the school as part of the immunization record of the pupil and shall be reviewed annually.

- c. When the pupil's medical condition permits immunization, this exemption shall thereupon terminate, and the pupil will be required to obtain the immunizations from which he/she has been exempted.
 2. A pupil shall be exempted from mandatory immunization if the parent(s) or legal guardian(s) submits a signed statement that explains how the administration of immunizing agents conflicts with the pupil's exercise of bona fide religious tenets or practices. General philosophical or moral objection to immunization shall not be sufficient for an exemption on religious grounds.
 - a. The written statement signed by the parent(s) or legal guardian(s) will be kept by the school as part of the pupil's immunization record.
 - b. This exemption may be suspended by the State Commissioner of Health during the existence of an emergency as determined by the State Commissioner of Health.
 - c. Pupils enrolled in school before September 1991 and granted a religious exemption to immunization before May 1990 shall not be required to reapply for a new religious exemption under N.J.A.C. 8:57-4.4(a).
 3. Pupils exempted on medical or religious grounds may be temporarily excluded from school during a vaccine-preventable disease outbreak or threatened outbreak, as determined by the State Commissioner of Health.
- C. Documentation of Immunization
 1. Any of the following documents will be accepted as evidence of a pupil's immunization history, provided that the document lists the type of immunization and the specific date (month, day and year) when each immunization was administered.
 - a. An official school record from any school or preschool indicating compliance with immunization requirements,
 - b. A record from any public health department indicating compliance with immunization requirements, or
 - c. A certificate signed by a physician licensed to practice medicine or osteopathy in any jurisdiction in the United States or a certified nurse practitioner indicating compliance with immunization requirements.

2. All immunization records submitted by a parent(s) or legal guardian(s) in a language other than English shall be accompanied by a translation provided by the parent(s) or legal guardian(s) sufficient to determine compliance with the immunization requirements of this regulation.
 3. Parental verbal history or recollection or previous immunization is unacceptable documentation or evidence of immunization.
- D. Immunization Records
1. Each school shall maintain an official State of New Jersey Immunization Record for every pupil which shall include the date of each individual immunization.
 - a. The New Jersey Department of Health and Senior Services' "School/Child Care Immunization Record" IMM-8 form or the New Jersey Education Department's "Health History and Appraisal" A-45 form for schools continue to be the only two acceptable immunization documentation records under these regulations.
 - b. When a child is transferring to a different school, and at the request of a parent or the receiving school, a copy of the school immunization form or the original form must be sent or communicated to the receiving school within twenty-four hours of such a request so that the child may be quickly enrolled at the new school. If the pupil leaves the school or child care center for any reason, and if the parent requests the State "School Immunization Record", a certified copy shall be provided to the parent within twenty-four hours (one working day) of such a request.
 - c. The immunization record shall be kept separate and apart from the pupil's other medical records for the purpose of immunization record audit.
 - d. If a pupil withdraws, is promoted, or transfers to another school, the record, including statements pertaining to medical or religious exemptions, or certified copies thereof, shall be sent to the new school or be given to the parent(s) or legal guardian(s) on request, within twenty-four hours of the request.

- e. Child care centers and elementary schools are to retain immunization records, or a copy thereof, for at least one year after the pupil has transferred or withdrawn from the facility. For children who are promoted from elementary to middle school or from middle school to high school within the same school system, this record retention requirement is not applicable in accordance with Department of Education rules and policies on transfer of pupil records.
 - f. Each pupil's immunization record or a copy thereof shall be retained by the high school for a minimum of four years after the pupil has left the school and shall be retained by the elementary school for a minimum of one year after the pupil has left the school.
 - g. When a pupil graduates from high school, a certified copy thereof shall be sent to an institution of higher education or may be given to the parent(s) or legal guardian(s) on request.
 - h. Any computer-generated document or list developed to record immunization information will be considered a supplement to, not a replacement of, the official New Jersey Immunization Record.
- 2. A report of the immunization status of the pupils in each school shall be sent each year to the State Department of Health and Senior Services by the Principal or other person in charge of a school. The form for the report will be provided by the State Department of Health and Senior Services. The report shall include all pupils and shall be submitted by December 1 of the respective academic year. A copy of this report shall be sent to the local Board of Health in whose jurisdiction the school is located.
 - 3. The Principal in charge of a school shall make immunization records available for inspection by authorized representatives of the State Department of Health and Senior Services or the local Board of Health in whose jurisdiction the school is located, within twenty-four hours of notification.
- E. Immunization Requirements (Effective September 2001)
- 1. Diphtheria and Tetanus Toxoids and Pertussis Vaccine

- a. For those children less than seven years of age, entering Kindergarten or first grade, a minimum of four doses of DTP are still required. One dose must have been administered on or after the fourth birthday. Children receiving any five doses of DTP, DTaP, DTP/Hib, DTaP/Hib, or DT (with a valid medical contraindication) shall also be in compliance with this regulation. For pupils entering grade 6 on or after September 1, 2008 and born on or after January 1, 1997. A child does not need a Tdap dose until five years after the last DTP/DTaP or Td dose.
 - b. DTaP vaccine doses are valid toward meeting the DTP requirement. DTP vaccine is no longer available in the United States.
 - c. Children under age one in child care centers are still covered by the DTP immunization regulations. Children too young to have four doses of DTP/DTaP with at least one dose being administered after the fourth birthday shall be appropriately immunized for their age to meet the DTP requirement.
 - d. For children over seven years of age, three doses of TD or a combination of DTP, DT, DTaP/Hib, DTP/Hib, DTaP, and Td to total three doses shall meet the DTP requirements.
 - e. For child care centers, what is routinely considered as the fifth dose of DTP or DTaP, is not required for a child to remain in a preschool class since it is routinely given as a school entry booster at 4, 5, or 6 years of age depending on when the child enters school (Kindergarten or Grade 1) and the physician's timing preference for this booster dose.
 - f. The regulation formally recognizes that the more recently licensed DTP/Hib, DTaP/Hib, and DTaP vaccines, as specified in licensure and these rules, constitute a valid DTP dose.
 - g. Pediatric Diphtheria-Tetanus (DT) toxoid is acceptable in lieu of DTP or DTaP, only if a valid medical contraindication is submitted by a physician or a certified registered nurse practitioner.
2. Polio Vaccine
- a. For those children less than seven years of age, a minimum of three doses of oral polio vaccine (OPV) and/or enhanced inactivated poliovirus vaccine (IPV), is required, provided at least one dose is given on or after the fourth birthday. Alternatively, children receiving four doses of polio vaccine, separated by a minimum of one month, shall also be in compliance with this requirement.

- b. Children under one year of age enrolled in child care centers are still covered by the immunization regulations. Those children too young to have three doses of polio vaccine, with at least one dose after their fourth birthday, shall be appropriately immunized for their age.
- c. For children seven to eighteen years of age, three doses of oral polio vaccine or IPV will satisfy the polio vaccine requirement.
- d. Pupils eighteen years of age or older are not required to receive poliovirus vaccine in order to enter or remain in school. Physicians should continue to recommend that person eighteen years of age or older who have begun, yet not completed the primary series, finish the series.
- e. For child care centers, what is routinely considered as the fourth dose of poliovirus vaccine is not required to remain in a preschool class since it is routinely given as a school entry booster at 4, 5, or 6 years of age depending on when the child enters school (Kindergarten or Grade 1) and the physician's timing preference for this booster dose.

3. Measles Vaccine

- a. Two doses of a measles-containing vaccine given after the first birthday, preferably MMR, will be required of all children born on or after January 1, 1990, who are entering Kindergarten or Grade 1, or attending a New Jersey school. A measles or MMR dose of vaccine administered to a child before the first birthday will not be counted, and these children are to be reimmunized.
- b. The two doses of measles-containing vaccine must be separated by an interval of at least one month (twenty-eight days).
- c. Children presenting at Kindergarten or Grade 1, or higher grades as noted above, with no documented doses of measles-containing vaccine will be given provisional status after receiving one dose. These children shall be required to receive the second dose of measles vaccine, preferably as MMR, no sooner than one month and no later than the routine interval of two months following the first dose. Children who have not received the second dose on schedule during the second month will be subject to exclusion.

- d. One dose of measles vaccine administered on or after the first birthday continues to be acceptable for school enrollment and for continued attendance for children born before January 1, 1990.
- e. Child care pupils younger than fifteen months of age who lack measles vaccine are in compliance with this regulation until they become fifteen months of age, which is the recommended age for routine measles vaccination.
- f. Documented laboratory evidence of measles immunity continues to be acceptable.

4. Rubella Vaccine

- a. All school or child care pupils must still have rubella vaccine administered on or after the first birthday. Those children immunized before one year of age are to be reimmunized, preferably with MMR.
- b. Children lacking rubella vaccine who are younger than fifteen months of age are still considered to be in compliance with this regulation until they become fifteen months of age, which is the recommended age for rubella vaccination.
- c. Documented laboratory evidence of rubella immunity continues to be acceptable.

5. Mumps Vaccine

- a. All school or child care pupils must still have mumps vaccine administered on or after the first birthday. Those children immunized before one year of age are to be reimmunized, preferably with MMR.
- b. Children lacking mumps vaccine who are younger than fifteen months of age are in compliance with this regulation until they become fifteen months of age, which is the recommended age for mumps vaccination.
- c. A history of mumps disease from a parent or physician will not be acceptable proof of immunity for children entering school or a child care center after September 1, 1995. Child who previously attended a school or child care facility and have a physician's history of mumps disease on record before September 1, 1995 will still be considered to be in compliance with these requirements.

- d. Documented laboratory evidence of mumps immunity continues to be acceptable under this regulation.

6. Haemophilus Influenza Type B (Hib) Vaccine

- a. All infants, two to eleven months of age, enrolling or attending child care centers, shall have received at least two doses of age-appropriate Hib conjugate vaccine as a primary series, or fewer as age-appropriate. This rule recognizes that the various licensed Hib vaccines have different numbers of doses and intervals, that the number of Hib doses administered is also dependent upon the child's age at the time they begin the series, and the child's actual age.
- b. At least one booster dose of any licensed Hib conjugate vaccine is required of day care/child care enrollees after twelve months of age and before sixteen months of age. This rule recognizes that for all licensed Hib vaccine products, the booster dose can be given at twelve to fifteen months of age. For most Hib vaccine products, it is recommended that the booster be routinely given at fifteen months, while for one vaccine product the booster dose is recommended at twelve months of age. A child shall not be considered delinquent nor subject to exclusion unless the booster dose has not been given by the sixteenth month of age.
- c. All unvaccinated children fifteen to fifty-nine months of age attending a child care center or preschool, not previously vaccinated with any Hib vaccine must document receipt of at least one dose of any Hib conjugate vaccine.
- d. A dose of any licensed combination DTP/Hib vaccine is considered a valid Hib dose. The DTaP/Hib combination vaccine is only valid as a Hib dose when given as the fourth Hib dose.

7. Hepatitis B Vaccine

- a. Children born on or after January 1, 1996 and entering Kindergarten or first grade (whichever occurs first) or a comparable special education unassigned grade, shall receive three doses of a hepatitis B vaccine.
- b. All children born on or after January 1, 1996 and attending or transferring into a New Jersey school from out-of-state in subsequent years beyond the initial September 2001 implementation date, shall also receive three doses of a hepatitis B vaccine.

- c. For children granted provisional admittance status by having received one documented dose of a hepatitis B vaccine, the second dose shall be received no later than three months following the first initial dose. Children in provisional status must receive the third and final dose of the hepatitis B vaccine series no later than twelve months following the first dose which established the provisional status.
- d. Beginning September 1, 2001, children born on or after January 1, 1990 and entering grade 6 or a comparable special education unassigned grade, shall be required to receive three doses of a hepatitis B vaccine.
- e. All children born on or after January 1, 1990 and attending or transferring into a New Jersey school from out-of-state in subsequent years beyond the initial September 1, 2001 implementation date, shall also receive three doses of a hepatitis B vaccine.
- f. The recently licensed two dose hepatitis B vaccine and its unique regimen is also recognized as an acceptable alternative to the three dose hepatitis B requirement provided that the medical provider appropriately documents it as HepB Adult Formulation 1.0 mL Merck or RecombivaxHB 1.0 mL to differentiate it from the three dose regimen and that both doses of that specific vaccine be administered to a pupil eleven to fifteen years of age.
- g. Children presenting documented laboratory evidence of hepatitis B immunity or a physician's written certification of past hepatitis B disease constitutes a medical exemption and shall not be required to receive hepatitis B vaccine.

8. Meningococcal Vaccine

- a. Entering grade 6 or comparable age level for special education programs: one dose. For pupils entering grade 6 on or after September 1, 2008 and born on or after January 1, 1997.

F. Emergency Powers

If a threatened outbreak or outbreak exists at a school, as determined by the State Commissioner of Health, all pupils with provisional, religious, or medical exemptions (which relate to the specific disease threatening or occurring) shall be excluded for a specific period of time or until the outbreak is declared over as determined by the New Jersey Department of Health. If these pupils become immunized or produce serologic evidence of immunity to the specific disease the pupil may immediately be readmitted to school.

G. Required Immunizations by Age for New Jersey Child Care Centers.

By This Age	Child shall have received a total of	Intervals between Immunizations
2-3 months	1 dose of DTP/DTaP (Diphtheria-Tetanus-Pertussis) 1 dose Hib 1 dose Polio Vaccine	
4-5 months	2 doses DTP/DTaP 2 doses Hib 2 doses Polio	2 months
6-7 months	3 doses DTP/DTaP 2-3 doses Hib* 2 doses Polio	2 months
8-14 months	3 doses DTP/DTaP 2-3 doses Hib* 2 doses Polio	
15-17 months	3 doses DTP/DTaP 1 dose Hib 2 doses Polio 1 dose MMR (Measles, Mumps, Rubella)	9 months
18-19 months	4 doses DTP/DTaP 1 dose Hib 3 doses Polio 1 dose MMR	3 months
19 months- 4 years	4 doses DTP/DTaP 1 dose Hib 3 doses Polio 1 dose MMR	16-17 months to complete the required series

* Haemophilus influenzae b (Hib) vaccine has different schedules depending on the type of vaccine used and when the child started the series.

H. Recommended Booster Vaccine Doses for Children Between 4-6 Years Before Entering School (Kindergarten/Grade 1)

By Age 4-6	Vaccines	Interval
School Boosters	Child should have received school entry boosters; these consist of 1 dose of DTP/DTaP and 1 dose of poliovirus vaccine given on or after the fourth birthday; and 1 dose of measles/MMR if not given before.	Variable: Dependent upon when the child will be entering a school setting and physician's preference.

I. Required Immunizations for New Jersey Child Care Centers and Schools for Children Entering Kindergarten or Grade 1 Not Previously Immunized

Visit Number	Child shall receive at each physician visit	Intervals between Immunizations
1	1 dose DTP/DTaP (Diphtheria-Tetanus-Pertussis) 1 dose Polio Vaccine 1 dose MMR (Measles, Mumps, Rubella) 1 dose Hep B (Hepatitis B)*	Provisional status granted
2	1 dose Hep B* 1 dose DTP/DTaP 1 dose Polio Vaccine 1 dose MMR/measles**	2 months
3	1 dose DTP/DTaP	2 months
4	1 dose Hep B* 1 dose DTP/DTaP 1 dose Polio vaccine	6-8 months
Totals	3 doses Hep B* 4 doses DTP/DTaP 3 doses Polio vaccine 2 doses MMR	10-12 months to complete required vaccines

* Beginning September 1, 2001, pupils born on or after January 1, 1996 are required to document three doses of Hepatitis B prior to Kindergarten or Grade 1 as appropriate.

** Second dose of a measles-containing vaccine, preferably MMR, required for children born on or after January 1, 1990.

J. Required Immunizations for New Jersey Schools for Children Age 7 or Older Not Previously Immunized

Visit Number	Child shall receive at each physician visit	Intervals between Immunizations
1	1 dose Td (Tetanus-Diphtheria) 1 dose Polio Vaccine 1 dose MMR (Measles, Mumps, Rubella)* 1 dose Hepatitis B (Hep B)**	Provisional status granted
2	1 dose MMR* 1 dose Td 1 dose Polio Vaccine 1 dose Hep B -dependent on regimen and pupil age**	2 months
3	1 dose Td 1 dose Polio Vaccine 1 dose Hep B**	6-10 months
Totals	3 doses Td 3 doses Polio Vaccine 1 or 2 doses MMR* 2 or 3 doses Hep B**	8-12 months to complete required vaccines

* If born on or after January 1, 1990, a second dose of a measles-containing or MMR vaccine is required.

** NOTE: Beginning September 1, 2001, if born on or after January 1, 1990 and entering Grade 6, two or three doses of Hepatitis B vaccine as appropriate to regimen used are required.

K. Hib and Hep B Vaccine Information

Preschools and child care centers are advised that physicians are likely to document Hib conjugate and hepatitis B vaccine administration in various ways.

There are currently eleven basic separate or combination Hib or hepatitis B vaccines available in the United States. The table below summarizes these vaccines for your reference:

Separate Hib Vaccines	Routine Infant Schedule
HbOC (HibTiter) by Wyeth-Ayerst routinely 4 doses given	2,4,6,12-15 months
PRP-T (ActHib or OmniHib) by Aventis routinely 4 doses given	2,4,6,12-15 months
PRP-OMP (PedvaxHib) by Merck routinely 3 doses given	2,4,12 months
PRP-D (ProHIBit) by Aventis routinely 1 dose after 15 months of age (Can also be used as a booster dose 12-15 months)	15 months

Combination Hib Vaccines	
DTP/HbOC (Tetramune) by Wyeth-Ayerst	2,4,6,12-15 months
DTP/PRP-T (ActHib, OmniHIB) reconstituted with special DTP vaccine by Aventis	2,4,6,12-15 months
DTaP/Hib (TriHIBit) by Wyeth-Ayerst	4th dose of Hib only (12-15 months)
Hib/Hepatitis B (Comvax) (6 weeks-4 years) by Merck	2,4,12-15 months

Hepatitis B Vaccine	Routine Infant Schedule
Recombivax HB 0.5 mL (for pediatrics 0-18) by Merck 3 dose	2,4,6-18 months
Recombivax HB 1.0 mL (for adolescents 11-15) by Merck 2 dose	11 years, 11 years 6 months
Engerix B 0.5 mL (pediatrics 0-18) by SmithKline 3 dose	2,4,6-18 months