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**Immunization**  
**School Survey Instruction Booklet**  
**2009**

**New York State**  
**Department of Health**  
**Bureau of Immunization**

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**It is required by Public Health Law  
Section 2164 to complete and submit  
this School Immunization Survey.**



**Survey must be submitted by  
October 31, 2009.**



**Please use this instruction booklet  
when completing the survey.**

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## PRE-K/DAY CARE < 19 MONTHS OF AGE COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

Non-public schools and day cares in New York City must include immunization information on Universal Pre-k children on their survey form. School districts outside New York City are to enter immunization data on Universal Pre-k children on the Universal Pre-k survey form. Therefore, day cares, Head Start Programs and nursery schools outside of New York City should not enter immunization data for Universal Pre-K children on their survey form.

- Column #1 - Total Number of Children** – Enter the **total** number of pre-k children < 19 months of age, including infants.
- Column #2 - Children Without Immunization Record** - Enter the number of children who do **not** have an immunization record on file. **Do not include** a child who has a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of children who have either a written medical or religious exemption. **Please keep a separate list of all children who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those children who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these children in any other column.**
- Religious Exemption** - Enter the number of children for whom you have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school or day care. **Do not enter the information for these children in the columns that follow.**
- \*Column #4 - Diphtheria** - Enter the number of children who have received three or more doses of diphtheria toxoid-containing vaccines. Four doses are required for children enrolled in any pre-k program in the City of New York.
- \*Column #5 - Polio** - Enter the number of children who have received three or more doses of polio containing vaccine (IPV or OPV).
- \*Column #6 - Measles** - Enter the number of children who have received one dose of measles vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.
- \*Column #7 - Mumps** - Enter the number of children who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \*Column #8 - Rubella** - Enter the number of children who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is not acceptable as proof of immunity to rubella.
- \*Column #9 - Haemophilus influenzae type B (Hib)** - Enter the number of children who meet the requirements for this vaccine. A child fulfills the Hib requirement if they have either 3 doses of Hib administered when they were less than 15 months of age or 1 dose of Hib administered on or after 15 months of age.
- \*Column #10 - Hepatitis B** - Enter the number of children who have received three doses of hepatitis B vaccine, or have demonstrated serological evidence of immunity to hepatitis B disease.
- \*Column #11 - Varicella (chickenpox)** - Enter all children born on or after 1/1/00 who have received one dose of varicella vaccine no more than 4 days prior to the first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease.
- Column #12 - Completely Immunized** - Enter the number of children who meet all requirements for each column 4-11. Those entered in columns 2 and 3 should not be included in column 12. The number in column 12 may be equal to or less than the lowest entered in columns 4-11, but cannot exceed any number in those columns.
- \*Column #13 - Tetanus** - Enter only the number of children who have received three or more doses of tetanus toxoid-containing vaccines, if born on or after 1/1/05. Do not include any child born prior to 1/1/05 in this column.
- \*Column #14 - Pertussis (whooping cough)** - Enter only the number of children who have received three or more doses of pertussis containing vaccine if born on or after 1/1/05. Do not include any child born prior to 1/1/05 in this column.
- Column #15 - Pneumococcal** – Enter the number of children who were born on or after 1/1/08 and received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV7 vaccine chart on page 13 of this booklet.
- Column #16 - <1 year** - Enter the number of children who are less than 1 year of age.

**\*Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## **PRE-K/DAY CARE ≥ 19 MONTHS OF AGE COMPLETION INSTRUCTIONS**

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

Non-public schools and day cares in New York City must include immunization information on Universal Pre-k children on their survey form. School districts outside New York City are to enter immunization data on Universal and children on the Universal Pre-k survey form. Therefore, day cares, Head Start Programs and nursery schools outside of New York City should not enter immunization data for Universal Pre-K children on their survey form.

- Column #1 - Total Number of Children** – Enter the **total** number of pre-k children ≥ 19 months of age, including infants.
- Column #2 - Children Without Immunization Record** - Enter the number of children who do **not** have an immunization record on file. **Do not include** a child who has a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of children who have either a written medical or religious exemption. **Please keep a separate list of all children who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those children who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these children in any other column.**
- Religious Exemption** - Enter the number of children for whom you have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school or day care. **Do not enter the information for these children in the columns that follow.**
- \*Column #4 - Diphtheria** - Enter the number of children who have received three or more doses of diphtheria toxoid-containing vaccines. Four doses are required for children enrolled in any pre-k program in the City of New York.
- \*Column #5 - Polio** - Enter the number of children who have received three or more doses of polio containing vaccine (IPV or OPV).
- \*Column #6 - Measles** - Enter the number of children who have received one dose of measles vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles to measles disease.
- \*Column #7 - Mumps** - Enter the number of children who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \*Column #8 - Rubella** - Enter the number of children who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease.
- \*Column #9 - Haemophilus influenzae type B (Hib)** - Enter the number of children who meet the requirements for this vaccine. A child fulfills the Hib requirement if they have either 3 doses of Hib administered when they were less than 15 months of age or 1 dose of Hib administered on or after 15 months of age.
- \*Column #10 - Hepatitis B** - Enter the number of children who have received three doses of hepatitis B vaccine, or have demonstrated serological evidence of immunity to hepatitis B disease.
- \*Column #11 - Varicella (chickenpox)** - Enter all children born on or after 1/1/00 who have received one dose of varicella vaccine no more than 4 days prior to the first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease.
- Column #12 - Completely Immunized** - Enter the number of children who meet all requirements for each column 4-11. Those entered in columns 2 and 3 should not be included in column 12. The number in column 12 may be equal to or less than the lowest number entered in columns 4-11, but cannot exceed any number in those columns.
- \*Column #13 - Tetanus** - Enter only the number of children who have received three or more doses of tetanus toxoid-containing vaccines, if born on or after 1/1/05. Do not include any child born prior to 1/1/05 in this column.
- \*Column #14 - Pertussis (whooping cough)** - Enter only the number of children who have received three or more doses of pertussis containing vaccine if born on or after 1/1/05. Do not include any child born prior to 1/1/05 in this column.
- Column #15 - Pneumococcal** – Enter the number of children who were born on or after 1/1/08 and received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV7 vaccine chart on page 13 of this booklet.

**\*Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

# KINDERGARTEN COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

**Column #1 - Total Number of Students** - Enter the **total** number of students enrolled in kindergarten.

**Column #2 - Students Without Immunization Record** - Enter the number of students who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.

**Column #3 - Exemptions** - Enter the number of students who have either a written medical or religious exemption. **Please keep a separate list of all students who have been exempted in case of a disease outbreak.**

**Medical Exemption** - Enter only those students who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**

**Religious Exemption** - Enter the number of students for whom you have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**

\***Column #4 - Diphtheria** - Enter the number of students who have received three or more doses of diphtheria toxoid-containing vaccines. Four doses are required for students enrolled in any school in the City of New York.

\***Column #5 - Polio** - Enter the number of students who have received three or more doses of polio containing vaccine (IPV or OPV).

\***Column #6 - Measles** - Enter the number of students who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.

\***Column #7 - Mumps** - Enter the number of students who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.

\***Column #8 - Rubella** - Enter the number of students who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.

\***Column #9 - Hepatitis B** - Enter the number of students who have received 3 doses of hepatitis B vaccine, or have demonstrated serological evidence of immunity to hepatitis B disease.

\***Column #10 - Varicella (chickenpox)** - Enter the number of students born on or after 1/1/98 who have received one dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease.

**Column #11 - Completely Immunized** - Enter the number of students who meet all requirements for each column 4-10. Those entered in columns 2 and 3 should not be included in column 11. The number in column 11 may be equal to or less than the lowest number entered in column 4 -10 but cannot exceed any number in those columns.

\***Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## GRADES 1-5 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - Total Number of Students** – Enter the **total** number of students enrolled in grades 1 through 5, not only new enterers.
- Column #2 - Students Without Immunization Record** - Enter the number of students who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of students who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**  
**Medical Exemption** - Enter only those students who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**  
**Religious Exemption** - Enter only those students who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \***Column #4 - Diphtheria** - Enter the number of students who have received three or more doses of diphtheria toxoid-containing vaccines.
- \***Column #5 - Polio** - Enter the number of students who have received three or more doses of polio containing vaccine (IPV or OPV).
- \***Column #6 - Measles** - Enter the number of students who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.
- \***Column #7 - Mumps** - Enter the number of students who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \***Column #8 - Rubella** - Enter the number of students who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \***Column #9 - Hepatitis B** - Enter the number of students who have received 3 doses of hepatitis B vaccine or have demonstrated serological evidence of immunity to hepatitis B disease.
- \***Column #10 - Varicella (chickenpox)** - Enter the number of students who have received one dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease.
- Column #11 - Completely Immunized** - Enter the number of students who meet all requirements for each column 4-10. Those entered in columns 2 and 3 should not be included in column 11. The number in column 11 may be equal to or less than the lowest number entered in columns 4-10 but cannot exceed any number in those columns.

**\*Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## GRADE 6 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - Total Number of Students** - Enter the total number of students enrolled in grade 6, not only the new enterers.
- Column #2 - Students Without Immunization Record** - Enter the number of students who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of students who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those students who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**
- Religious Exemption** - Enter only those students who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \*Column #4 - Diphtheria** - Enter the number of students who have received three or more doses of diphtheria toxoid-containing vaccines.
- \*Column #5 - Polio** - Enter the number of students who have received three or more doses of polio containing vaccine (IPV or OPV).
- \*Column #6 - Measles** - Enter the number of students who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have had demonstrated serological evidence of immunity to measles disease.
- \*Column #7 - Mumps** - Enter the number of students who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \*Column #8 - Rubella** - Enter the number of students who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \*Column #9 - Hepatitis B** - Enter the number of students who have received 3 doses of hepatitis B vaccine or have demonstrated serological evidence of immunity to hepatitis B disease.
- Column #10 - Completely Immunized** - Enter the number of students who meet all requirements for each column 4-9. Those entered in columns 2 and 3 should not be included in column 10. The number in column 10 may be equal to or less than the lowest number entered in columns 4-9 but cannot exceed any number in those columns.
- \*Column #11 - Varicella (chicken pox)** - Enter the number of students to grades 6 through 10 born on or after 1/1/94, (for Special Education students in gradeless classes enter those who were born on or after 1/1/94 and are age equivalent of grades 6 through 10) who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease. **Enrolled enterers include students who are repeating the grades 6 through 10.** Please note that any student born prior to January 1994 is **not required** to provide proof of immunity to varicella to be admitted/attend the grades 6 through 10.
- Column #12 - Tdap Booster** - Enter the number of students to grades 6 through 8 and new enterers of any comparable age level special education school or program who were born on or after 1/1/1994 and who have received a booster immunization containing tetanus and diphtheria toxoids, and pertussis vaccine.

**\*Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## GRADE 7 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - # Enrolled Enterers** - Enter **only** those students who are new enterers. A new enterer is any of the following:
- a student who transfers from a public school in one school district to a public school in another school district,
  - a student who transfers from a public school to a private school either in or out of the district,
  - a student who transfers from a private to a public school either in or out of the district,
  - a student who transfers from a private school to another private school regardless of school district,
  - a student who transfers from out of country or out of state or,
  - a student who has left a school but returns to school the following year or later.
- Column #2 - Students Without Immunization Record** - Enter the number of new enterers who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of new enterers who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those new enterers who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**
- Religious Exemption** - Enter only those new enterers who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \***Column #4 - Diphtheria** - Enter the number of new enterers who have received three or more doses of diphtheria toxoid-containing vaccines.
- \***Column #5 - Polio** - Enter the number of new enterers who have received three or more doses of polio containing vaccine (IPV or OPV).
- \***Column #6 - Measles** - Enter the number of new enterers who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.
- \***Column #7 - Mumps** - Enter the number of new enterers who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \***Column #8 - Rubella** - Enter the number of new enterers who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \***Column #9 - Hepatitis B** - Enter the number of new enterers who have received either 2 doses of **adult** Recombivax hepatitis B vaccine or 3 doses of Recombivax HB or Engerix-B or have demonstrated serological evidence of immunity to hepatitis B disease. The two dose series is only valid for persons who received the 2 doses between the ages of 11 to 15 years.
- Column #10 - Completely Immunized** - Enter the number of new enterers who meet all requirements for each column 4-9. Those entered in columns 2 and 3 should not be included in column 10. The number in column 10 may be equal to or less than the lowest number entered in columns 4-9, but cannot exceed any number in those columns. **Do not include columns 11 and 12 (Varicella and Tdap) in the total for column 10 (Completely Immunized).**
- \***Column #11 - Varicella (chicken pox)** - Enter the number of new enterers to the grades 6 through 10 born on or after 1/1/94, (for Special Education students in gradeless classes enter those who were born on or after 1/1/94 **and** are age equivalent of grades 6 through 10) who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant, or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease. **New Enterers include students who are repeating the grades 6 through 10.** Please note that any student born prior to January 1994 is **not required** to provide proof of immunity to varicella to be admitted/attend the grades 6 through 10.
- Column #12- Tetanus (Tdap Booster)** - Enter the number of new enterers to grades 6 through 8 and new enterers of any comparable age level special education school or program who were born on or after 1/1/1994 and who have received a booster immunization containing tetanus and diphtheria toxoids, and pertussis vaccine.

\***Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## GRADE 8 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - # Enrolled Enterers** - Enter **only** those students who are new enterers. A new enterer is any of the following:
- a student who transfers from a public school in one school district to a public school in another school district,
  - a student who transfers from a public school to a private school either in or out of the district,
  - a student who transfers from a private to a public school either in or out of the district,
  - a student who transfers from a private school to another private school regardless of school district,
  - a student who transfers from out of country or out of state or,
  - a student who has left a school but returns to school the following year or later.
- Column #2 - Students Without Immunization Record** - Enter the number of new enterers who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of new enterers who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those new enterers who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**
- Religious Exemption** - Enter only those new enterers who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \*Column #4 - Diphtheria** - Enter the number of new enterers who have received three or more doses of diphtheria toxoid-containing vaccines.
- \*Column #5 - Polio** - Enter the number of new enterers who have received three or more doses of polio containing vaccine (IPV or OPV).
- \*Column #6 - Measles** - Enter the number of new enterers who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles, or have demonstrated serological evidence of immunity to measles disease.
- \*Column #7 - Mumps** - Enter the number of new enterers who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \*Column #8 - Rubella** - Enter the number of new enterers who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \*Column #9 - Hepatitis B** - Enter the number of new enterers who have received either 2 doses of **adult** Recombivax hepatitis B vaccine or 3 doses of Recombivax HB or Engerix-B or have demonstrated serological evidence of immunity to hepatitis B disease. The two dose series is only valid for persons who received the 2 doses between the ages of 11 to 15 years.
- Column #10 - Completely Immunized** - Enter the number of new enterers who meet all requirements for each column 4-9. Those entered in columns 2 and 3 should not be included in column 10. The number in column 10 may be equal to or less than the lowest number entered in columns 4-9 but cannot exceed any number in those columns.
- \*Column #11 - Varicella (chicken pox)** - Enter the number of new enterers to grades 6 through 10 born on or after 1/1/94, (for Special Education students in gradeless classes enter those who were born on or after 1/1/94 **and** are age equivalent of grades 6 through 10) who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease. **New Enterers include students who are repeating grades 6 through 10.** Please note that any student born prior to January 1994 is **not required** to provide proof of immunity to varicella to be admitted/attend grades 6 through 10.
- Column#12 - Tetanus (Tdap Booster)** - Enter the number of new enterers to grades 6 through 8 and new enterers of any comparable age level special education school or program who were born on or after 1/1/1994 and who have received a booster immunization containing tetanus and diphtheria toxoids, and pertussis vaccine

**\*Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## GRADE 9 & 10 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - # Enrolled Enterers** - Enter **only** those students who are new enterers. A new enterer is any of the following:
- a student who transfers from a public school in one school district to a public school in another school district,
  - a student who transfers from a public school to a private school either in or out of the district,
  - a student who transfers from a private to a public school either in or out of the district,
  - a student who transfers from a private school to another private school regardless of school district,
  - a student who transfers from out of country or out of state or,
  - a student who has left a school but returns to school the following year or later.
- Column #2 - Students Without Immunization Record** - Enter the number of new enterers who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of new enterers who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those new enterers who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**
- Religious Exemption** - Enter only those new enterers who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \*Column #4 - Diphtheria** - Enter the number of new enterers who have received three or more doses of diphtheria toxoid-containing vaccines.
- \*Column #5 - Polio** - Enter the number of new enterers who have received three or more doses of polio containing vaccine (IPV or OPV).
- \*Column #6 - Measles** - Enter the number of new enterers who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or have demonstrated serological evidence of immunity to measles disease.
- \*Column #7 - Mumps** - Enter the number of new enterers who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \*Column #8 - Rubella** - Enter the number of new enterers who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \*Column #9 - Hepatitis B** - Enter the number of new enterers who have received either 2 doses of **adult** Recombivax hepatitis B vaccine or 3 doses of Recombivax HB or Engerix-B or have demonstrated serological evidence of immunity to hepatitis B disease. The two dose series is only valid for persons who received the 2 doses between the ages of 11 to 15 years.
- Column #10 - Completely Immunized** - Enter the number of new enterers who meet all requirements for each column 4-9. Those entered in columns 2 and 3 should not be included in column 10. The number in column 10 may be equal to or less than the lowest number entered in columns 4-9 but cannot exceed any number in those columns.
- \*Column #11 - Varicella (chicken pox)** – Enter the number of new enterers to grades 6 through 10 born on or after 1/1/94, (for Special Education students in gradeless classes enter those who were born on or after 1/1/94 **and** are age equivalent of grades 6 through 10) who have received 1 dose of varicella vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had varicella disease, or have demonstrated serological evidence of immunity to varicella disease. **New Enterers include students who are repeating the grades 6 through 10.** Please note that any student born prior to January 1994 is **not required** to provide proof of immunity to varicella to be admitted/attend the grades 6 through 10.

**\*Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## GRADES 11 & 12 COMPLETION INSTRUCTIONS

PLEASE BE SURE THAT ALL NUMBERS ARE RIGHT JUSTIFIED. (SEE SAMPLE ON BACK OF SURVEY BOOKLET.)

- Column #1 - # Enrolled Enterers** - Enter **only** those students who are new enterers. A new enterer is any of the following:
- a student who transfers from a public school in one school district to a public school in another school district,
  - a student who transfers from a public school to a private school either in or out of the district,
  - a student who transfers from a private to a public school either in or out of the district,
  - a student who transfers from a private school to another private school regardless of school district,
  - a student who transfers from out of country or out of state or,
  - a student who has left a school but returns to school the following year or later.
- Column #2 - Students Without Immunization Record** - Enter the number of new enterers who do **not** have an immunization record on file at your school. **Do not include** a student who has either a medical or religious exemption in this column.
- Column #3 - Exemptions** - Enter the number of new enterers who have either a written medical or religious exemption. **Please keep separate list of all students who have been exempted in case of a disease outbreak.**
- Medical Exemption** - Enter only those new enterers who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not enter the information for these students in any other column.**
- Religious Exemption** - Enter only those new enterers who have a written and signed statement from a parent, parents or guardian exempting their child from immunization due to their religious beliefs that has been approved by the school. **Do not enter the information for these students in any other column.**
- \***Column #4 - Diphtheria** - Enter the number of new enterers who have received three or more doses of diphtheria toxoid-containing vaccines.
- \***Column #5 - Polio** - Enter the number of new enterers who have received three or more doses of polio containing vaccine (IPV or OPV).
- \***Column #6 - Measles** - Enter the number of new enterers who have received two doses of measles vaccine, the first of which must have been given no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had measles disease, or demonstrated serological evidence of immunity to measles disease.
- \***Column #7 - Mumps** - Enter the number of new enterers who have received one dose of mumps vaccine no more than 4 days prior to their first birthday, or have been diagnosed by a physician, physician assistant or nurse practitioner as having had mumps disease, or have demonstrated serological evidence of immunity to mumps disease.
- \***Column #8 - Rubella** - Enter the number of new enterers who have received one dose of rubella vaccine no more than 4 days prior to their first birthday or have demonstrated serological evidence of immunity to rubella disease. Physician diagnosis is **not** acceptable as proof of immunity to rubella.
- \***Column #9 - Hepatitis B** - Enter the number of new enterers who have received either 2 doses of **adult** Recombivax hepatitis B vaccine or 3 doses of Recombivax HB or Engerix-B or have demonstrated serological evidence of immunity to hepatitis B disease. The two dose series is only valid for persons who received the 2 doses between the ages of 11 to 15 years.
- Column #10 - Completely Immunized** - Enter the number of new enterers who meet all requirements for each column 4-9. Those entered in columns 2 and 3 should not be included in column 10. The number in column 10 may be equal to or less than the lowest number entered in columns 4-9 but cannot exceed any number in those columns.

\***Combined vaccines** - Children who received vaccines which combine more than one component such as MMR (measles, mumps, and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), DTaP/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, diphtheria, tetanus, pertussis, Hib, polio and hepatitis B.

## VACCINES THAT MAY BE RECORDED ON IMMUNIZATION RECORDS

### Abbreviations for Vaccines

<u>Abbreviations</u>	<u>Vaccine</u>
DT	Pediatric Diphtheria and Tetanus
DTaP	Diphtheria, Tetanus, Acellular Pertussis
DTP	Diphtheria, Tetanus, Whole Cell Pertussis
HAV	Hepatitis A
HBV	Hepatitis B
HIB	Haemophilus Influenza type b
HPV	Human Papillomavirus Vaccine
IPV/eIPV	Inactivated Polio Vaccine
LAIV	Live Attenuated Influenza Vaccine
MMR	Measles, Mumps, and Rubella
MMRV	Measles, Mumps, Rubella, Varicella
MPSV4	Meningococcal Polysaccharide Vaccine
MCV4	Meningococcal Conjugate Vaccine
OPV/TOPV	Oral Polio Vaccine
PCV7	Pneumococcal Conjugate Vaccine
PRV	Pentavalent Rotavirus Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Td	Adult Tetanus and Diphtheria
Tdap	Adult Tetanus, Diphtheria, Acellular Pertussis
TIV	Trivalent Inactivated Influenza
VZV	Varicella (Chickenpox)

### Trade Names for Vaccines

<u>Trade Name</u>	<u>Vaccine</u>
ACEL-IMUNE	DTaP
ACTHIB (PRP-T)	HIB
ADACEL	Tdap
AFLURIA	Influenza
ATTENUVAX	Measles
BOOSTRIX	Tdap
CERTIVA	DTaP
COMVAX	Hepatitis B/HIB
DAPTACEL	DTaP
DECAVAC	Td
DTP/ACTHIB	DTP/Hib
ENGERIX-B	Hepatitis B
FLUARIX	Influenza
FLULAVAL	Influenza
FLUMIST	Influenza, LAIV
FLUVIRIN	Influenza, TIV
FLUZONE	Influenza, TIV
GARDASIL	HPV
HAVRIX	Hepatitis A
HIBTITER (Hb-OC)	HIB
INFANRIX	DTaP
IPOL	Inactivated Polio

<u>Trade Name</u>	<u>Vaccine</u>
KINRIX	DTaP/IPV
M-M-R II	MMR
MENOMUNE	Meningococcal, MPSV4
PENTACEL	DTaP/IPV/HIB
MENACTRA	Meningococcal, MCV4
MERUVAX II	Rubella
MUMPSVAX	Mumps
ORIMUNE	Oral Polio Vaccine
PEDIARIX	Hepatitis B/DTaP/IPV
PEDVAX/HB (PRP-OMP)	HIB
PNEUMOVAX 23	Pneumococcal Polysaccharide
PREVNAR	Pneumococcal Conjugate PCV 7
PROQUAD	MMR/Varicella
RECOMBIVAX HB	Hepatitis B
ROTARIX	Rotavirus Vaccine
ROTATEQ	Rotavirus Vaccine, PRV
TETRAMUNE	DTP/Hib
TRIHIBIT	DTaP/Hib
TRIPEDIA	DTaP
TWINRIX	Hepatitis A/Hepatitis B
VAQTA	Hepatitis A (Inactivated)
VARIVAX	Varicella (Chickenpox)

## Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind - United States • 2009

(For DTaP, IPV, Hep B, Hib, Measles, Mumps, Rubella, Pneumococcal, Varicella, TD and Tdap)

Tables 1 and 2 provide catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age

**Table 1. Catch-up Schedule for Persons Aged 4 Months Through 6 Years**  
**Minimum Interval Between Doses**

Vaccine	Minimum Age for Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>i</sup>	Birth	4 weeks	8 weeks (16 weeks after first dose)		
Diphtheria, Tetanus, Pertussis <sup>2</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>ii</sup>
Haemophilus Influenzae type b <sup>iii</sup>	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose) if first dose administered at age 12-14 months No further doses needed if first dose administered at 15 months of age or older	4 weeks <sup>3</sup> if current age is younger than 12 months 8 weeks <sup>3</sup> (as final dose) if current age is 12 months or older and second dose administered at younger than 15 months of age No further doses needed if previous dose administered at age 15 months or older	8 weeks (as final dose) <sup>3</sup> . This dose only necessary for children aged 12 months – 5 years who received 3 doses before age 12 months	
Pneumococcal <sup>4</sup>	6 wks	4 weeks if first dose administered at younger than 12 months of age 8 weeks (as final dose for healthy children) if first dose administered at age 12 months or older or current age 24 through 59 months No further doses needed for healthy children if first dose administered at age 24 months or older	4 weeks if current age is younger than 12 months 8 weeks (as final dose for healthy children) if current age is 12 months or older No further doses needed for healthy children if previous dose administered at age 24 months or older	8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high risk children who receive 3 doses at any age	
Inactivated Poliovirus <sup>5</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>5</sup>	
Measles, Mumps, Rubella <sup>6</sup>	12 mos	4 weeks			
Varicella <sup>7</sup>	12 mos	3 months			

<sup>1</sup> **Hepatitis B vaccine (HepB)**

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2 dose series (separated by at least 4 months) of adult formulation Recombivax HB<sup>®</sup> is licensed for children aged 11 through 15 years.

<sup>2</sup> **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP)**

- The fifth dose is not necessary if the fourth dose was administered at age 4 years or older.

<sup>3</sup> **Haemophilus influenzae type b conjugate vaccine (Hib)**

- Hib vaccine is not generally recommended for persons aged 5 years or older. No efficacy data are available on which to base a recommendation concerning use of Hib vaccine for older children and adults. However, studies suggest good immunogenicity in persons who have sickle cell disease, leukemia, or HIV infection, or who have had a splenectomy; administering 1 dose of Hib vaccine to these persons is not contraindicated.
- If the first 2 doses were PRP-OMP (PedvaxHIB<sup>®</sup> or Comvax<sup>®</sup>), and administered at age 11 months or younger, the third (and final) dose should be administered at age 12 through 15 months and at least 8 weeks after the second dose.
- If first dose was administered at age 7 through 11 months, administer 2 doses separated by 4 weeks and a final dose at age 12 through 15 months.

<sup>4</sup> **Pneumococcal conjugate vaccine (PCV)**

- Administer 1 dose of pneumococcal conjugate vaccine (PCV) to all healthy children aged 24 through 59 months who have not received at least 1 dose of PCV on or after age 12 months.
- For children aged 24 through 59 months with underlying medical conditions, administer 1 dose of PCV if 3 doses were received previously or administer 2 doses of PCV at least 8 weeks apart if fewer than 3 doses were received previously.
- Administer pneumococcal polysaccharide vaccine (PPSV) to children aged 2 years or older with certain underlying medical conditions (see MMWR 2000;49[No. RR-9], including a cochlear implant, at least 8 weeks after the last dose of PCV.

<sup>5</sup> **Inactivated poliovirus vaccine (IPV)**

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

<sup>6</sup> **Measles, mumps, and rubella vaccine (MMR)**

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

<sup>7</sup> **Varicella Vaccine**

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 3 months have elapsed since the first dose.
- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.

**Table 2. Catch-up Schedule for Persons Aged 7 Through 18 Years**

Vaccine	Minimum Age for Dose 1	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4
<b>Tetanus, Diphtheria / Tetanus, Diphtheria, Pertussis<sup>1</sup></b>	<b>7 yrs<sup>1</sup></b>	<b>4 weeks</b>	<b>4 weeks</b> if first dose administered at younger than age 12 months <b>6 months</b> if first dose administered at age 12 months or older	<b>6 months</b> if first dose administered at younger than age 12 months
<b>Hepatitis B<sup>2</sup></b>	<b>Birth</b>	<b>4 weeks</b>	<b>8 weeks</b> (and at least 16 weeks after first dose)	
<b>Inactivated Poliovirus<sup>3</sup></b>	<b>6 wks</b>	<b>4 weeks</b>	<b>4 weeks</b>	<b>4 weeks<sup>3</sup></b>
<b>Measles, Mumps, Rubella<sup>4</sup></b>	<b>12 mos</b>	<b>4 weeks</b>		
<b>Varicella<sup>5</sup></b>	<b>12 mos</b>	<b>3 months</b> if the person is younger than age 13 years <b>4 weeks</b> if the person is age 13 years or older		

<sup>1</sup>**Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).**

- Doses of Dtap are counted as part of the Td/Tdap series.
- Tdap should be substituted for a single dose of Td in the catch-up series or as a booster for children aged 10 through 18 years; use Td for other doses.

<sup>2</sup>**Hepatitis B vaccine (HepB).**

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2 dose series (separated by at least 4 months) of adult formulation Recombivax HB<sup>®</sup> is licensed for children aged 11-15 years.

<sup>3</sup>**Inactivated poliovirus vaccine (IPV).**

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

<sup>4</sup>**Measles, mumps, and rubella vaccine (MMR).**

- Administer the second dose at age 4 through 6 years. However, the second dose may be administered before age 4, provided at least 28 days have elapsed since the first dose.
- If not previously vaccinated, administer 2 doses with at least 28 days between doses.

<sup>5</sup>**Varicella Vaccine.**

- For persons aged 12 months through 12 years, the minimum interval between doses is 3 months. However, if the second dose was administered at least 28 days after the first dose, it can be accepted as valid.
- For persons aged 13 years and older, the minimum interval between doses is 28 days.

## New York State Immunization Schedule for Pneumococcal Vaccine

**Pneumococcal Conjugate Vaccine (PCV7):** required for Pre-k and day care entrance/attendance for children born on or after 1/1/08

### Vaccine Schedule for Children Starting the Series on Time at 2 Months of Age

2 Months*	4 Months**	6 Months**	12-15 Months***
1 dose	1 dose	1 dose	1 dose

\*May be given as early as 6 weeks of age.

\*\*The minimum interval between the first and second doses, and the second and third doses, is 4 weeks.

\*\*\*Should be administered at least 8 weeks after the third dose, and not before 12 months of age.

### Vaccine Schedule for Children Starting the Series Between 3 and 59 Months of Age

Age:	Required Doses of Vaccine for Pre-k and Day Care Entrance/Attendance
3-6 months of age	3 doses, 4-8 weeks apart and a 4 <sup>th</sup> dose at 12-15 months
7-11 Months of Age	3 doses, two doses at least 4 weeks apart; third dose after 12 months of age, and at least 2 months after the second dose.
12-23 Months of Age	2 doses, two doses at least 8 weeks apart.
≥ 24 – 59 Months of Age	1 dose

# QUESTIONS & ANSWERS

***At what age does a student no longer need to provide proof of immunization?***

All children, **between** the ages of two months and 18 years must show proof of compliance with the immunization requirements in Public Health Law Section 2164. Once a student reaches age 18, they are no longer required to show proof of immunization.

***If a child is not in compliance, or does not present acceptable evidence of compliance, should we refuse to admit the child to school?***

Yes. The principal or other person in charge of any school is required to do this. However, when a child/family has shown a good faith effort to obtain the necessary documentation, Public Health Law (PHL), Section 2164.7 allows for the provision of a limited period of attendance. The basic “grace period” is 14 days. However, when the child is transferring from another state or country, the grace period may be extended to not more than 30 days.

***If a “grace period” is granted, are these calendar days or school days?***

The law is silent on this point. However, in general application, the 14 days are considered to refer to calendar days.

***Are blanket statements from other states acceptable proof of immunization?***

No. The immunization record must be an official document from a health care provider indicating the immunizations given and the dates of administration.

***Is it true that the New York State Department of Health has the authority to audit any school’s immunization records?***

Yes. Section 613 of Public Health Law (PHL) and Article 19, Section 914 of Education Law (EL) provide the authority.

***Should a public school district include the immunization data from a private or parochial school in its school immunization survey summary report?***

No. A public school district immunization survey summary report is a combined report of all the public schools within the district.

***Is there a specific date that schools should use to determine the number of new enterers that should be included on the survey form?***

No. At the time that schools are completing their Annual School Survey Form for submission, all new enterers up to that point in time should be included on the survey form. Any students that enter after that point should be included on the following year’s survey.

***If a day care has children that also attend a Head Start program, do they still need to include them on their survey from?***

No, the Head Start program will report the children on their survey form.

***Are there any exceptions to these immunization requirements?***

There are two (2) exceptions. A child may be exempt from one or more of the required immunizations for medical or religious reasons.

# QUESTIONS & ANSWERS - Continued

## ***What is a medical exemption?***

A medical exemption is given when a valid contraindication to vaccination exists. The medical exemption must be certified by a physician licensed to practice in the State of New York and must specify which immunizations are contraindicated and why.

## ***What is a religious exemption?***

A religious exemption is a written and signed statement from the parent, parents or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child. The principal or person in charge of the school may require supporting documents. The school decides whether to accept or reject the request for a religious exemption.

## ***Does the State of New York allow a philosophical exemption?***

No. New York State Public Health Law Section 2164 only allows for a medical or religious exemption.

## ***Is it necessary to require a medical exemption statement each year?***

If the medical exemption is for a permanent condition, such as an anaphylactic reaction to a vaccine or component of a vaccine, then the student wouldn't need another exemption. If the medical exemption is based on a temporary condition, such as pregnancy or severe acute illness, then the medical exemption would be valid for the duration of the pregnancy or illness (The Centers for Disease Control and Prevention publishes a Guide to Contraindications to Vaccination which is available on their website: [www.cdc.gov](http://www.cdc.gov)).

## ***If we receive immunization records from a school not located in New York State and the school indicates that the student is medically exempt, can we accept it?***

No. Medical exemptions must be written by a physician licensed to practice in the State of New York. They must specify which immunizations may be detrimental to the student's health. Medical exemptions cannot be transferred from another school.

## ***Can we accept a note from an out-of-state physician stating that the student had measles, mumps or varicella disease?***

Yes. A statement from a physician, physician assistant, or nurse practitioner from out-of-state that a student had varicella disease is acceptable proof of immunity. A health care provider's signed medical record indicating the student had measles, mumps or varicella disease is also acceptable proof of immunity.

## ***Is a school required to verify if a physician is licensed to practice in New York State?***

Yes, the intent of the law is that the license should be verified. This can be done using the New York State official web site ([www.state.ny.us](http://www.state.ny.us)) on the "Licensing and Credentials" page, under "Professional Licensing" and "Professional Licensing Verification – Education Department." (or point your browser directly to <http://www.op.nysed.gov/opsearches.htm>).

## ***Is a physician's diagnosis of disease acceptable proof of immunization for school enrollment?***

A physician's diagnosis of only mumps, measles, or varicella disease is acceptable proof of immunization for school enrollment.

# QUESTIONS & ANSWERS - Continued

***Is serological evidence of immunity acceptable proof of immunization for school enrollment?***

A positive serology of only measles, mumps, rubella, hepatitis B or varicella/chickenpox is considered acceptable proof of immunization for school enrollment.

***Who else besides a physician may diagnose disease?***

A nurse practitioner and a physician assistant may diagnose measles, mumps or varicella (chickenpox).

***How many doses of polio vaccine must a child receive to meet the New York State Immunization Requirements for school entrance and/or attendance?***

Three or more doses of polio vaccine (IPV, OPV or any combination of IPV and OPV) are necessary to meet the requirements.

***Can a student offer a prior history of varicella (chickenpox) as proof of their immunity to this disease?***

Yes. Public Health Law Section 2164 allows a student to offer as proof of his or her immunity to varicella a medical history of prior varicella infection if documented by a health care provider (physician, physician assistant or nurse practitioner) or serology. The health care provider does not have to have seen the patient while sick with varicella, but just needs to decide if he/she can reasonably ascertain that the child had chickenpox.

***Is a physician documented history of shingles acceptable proof of varicella disease?***

Yes.

***Does a note written and signed by a doctor indicating a diagnosis of varicella need to have a date for the disease?***

No. As long as the note or medical form is signed by the physician, nurse practitioner or physician assistant then the varicella diagnosis can be accepted.

***If a student receives an MMR and then <28 days later receives varicella vaccine, is the varicella vaccine considered acceptable proof of immunity?***

No. Two live virus vaccines should be separated by the minimum interval of 28 days between doses. The first vaccine given (in this case the MMR) is acceptable proof of immunity.

***If MMR and varicella vaccines are given simultaneously are both doses of vaccine acceptable proof of immunity?***

Yes.

***If a physician, physician assistant, or nurse practitioner writes that the parent said the child had varicella disease, can we accept it?***

No. Physicians, physician assistants, or nurse practitioners must write a note that indicates in their best judgment that the student has had varicella (chickenpox). The health care provider cannot simply write that the parent said the student had chickenpox.

***Which immunization dates for measles, mumps, rubella and varicella are acceptable prior to the first birthday?***

Immunization for measles, mumps, rubella and varicella are acceptable up to 4 days prior to the 1<sup>st</sup> birthday and later. Immunizations given 5 days or more before the first birthday for measles, mumps, rubella and varicella are not valid.

# QUESTIONS & ANSWERS - Continued

***When is the 2 dose series for hepatitis B acceptable?***

The 2 dose series (adult Recombivax) is only valid for persons who received the 2 doses between the ages of 11 and 15 years.

***When a student is in the process of completing immunizations, what are considered appropriately spaced appointments between doses?***

The minimum recommended interval between doses should be used for students in process of completing immunizations. Please see pages 11 and 12 in the Immunization School Survey Instruction Booklet.

***If a home schooled student participates in a group setting at school, do they have to provide proof of immunization in compliance with PHL Section 2164?***

Yes.

***Do home schooled children have to provide the district with immunization records?***

No. Home schooled students are not required to provide immunization records to their school district.

***If the student's immunization record is an electronic immunization registry record that denotes chickenpox disease, is this acceptable?***

Yes. Immunization registry records are valid proofs of immunization and immunity.

***If a student or parent presents a school health record from a previous school that has chickenpox checked off on it, is this acceptable proof of immunity?***

No. A school health record must be accompanied by a copy of the immunization record or note from the physician, physician assistant or nurse practitioner indicating that the student has had varicella disease.

***If a student is enrolled in a BOCES program, who is responsible for obtaining immunization records and enforcing compliance, the district or the BOCES?***

According to the State Education Department, both are responsible. When the student enrolls in the public district, it is the district's responsibility to obtain proof of immunization. When the student is transferred to the BOCES program, authorities at the center should require proof of immunization from the sending school as part of the placement process.

***If a student is enrolled in a partial day BOCES program, who is responsible for including the student in the mandated annual immunization school survey form?***

The home school district is responsible for counting the student on the survey form.

## Hepatitis B, Varicella, Polio, Measles, Mumps, and Rubella Vaccines Requirements and Minimum Intervals

### Hepatitis B Vaccine

All students/children entering/attending school (grades Pre-K through 12) must have proof of 3 doses of hepatitis B vaccine.

Vaccine brands are interchangeable for 3 dose schedules.

Two doses of adult hepatitis B vaccine (Recombivax) meets New York State (NYS) immunization requirements for school entry/attendance for adolescents vaccinated between the ages of 11 through 15 years only.

A positive hepatitis B serology is an acceptable proof of immunity to hepatitis B and meets NYS immunization requirements for school entry/attendance.

### Varicella Vaccine (Varicella is commonly known as chickenpox)

1 dose of varicella vaccine is required for school entry and attendance for students/children who are

- enrolling in Pre-K;
- born on or after 1/1/98 for grades K through 12;
- born on or after 1/1/94 **and** enrolling in grades 6 through 10 (entering, transferring into or repeating grades 6 through 10);
- born on or after 1/1/94, enrolling in gradeless classes, **and** who are age equivalent of grades 6 through 10.

A dose of live virus varicella vaccine may be administered no more than 4 days prior to a child's first birthday to be considered a valid dose of vaccine for NYS school requirements.

Diagnosis of varicella disease by a physician, physician assistant, or nurse practitioner is acceptable proof of immunity for school entry/attendance.

A positive serology of varicella is also acceptable proof of immunity for school entry/attendance.

### Polio Vaccine

3 doses of polio vaccine are required for school entry and attendance in NYS. IPV, OPV or any combination of IPV and OPV (for example: 1 dose of OPV and 2 doses of IPV) meet the NYS Immunization requirements for school entry/attendance.

### Measles, Mumps and Rubella (MMR) Vaccine

A dose of live virus measles, mumps and rubella vaccine may be administered no more than 4 days prior to a child's first birthday to be considered a valid dose of vaccine for NYS school requirements.

A diagnosis of measles or mumps (**not rubella**) by a physician, physician assistant or nurse practitioner is acceptable proof of immunity for school entry/attendance.

A positive serology of measles, mumps, or rubella is acceptable proof of immunity for school entry/attendance.

### Minimum Intervals

There is no immunologic response difference between one month, four (4) weeks, and 28 days. Therefore, a minimum of 28 days between any two doses of vaccine is acceptable. Revaccination of a child should occur only in the case of the minimum interval being less than 28 days.

# Public Health Law

## TITLE VI- POLIOMYELITIS AND OTHER DISEASES

§ 2164. Definitions; immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B.

1. As used in this section, unless the context requires otherwise:
  - a. The term “school” means and includes any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.
  - b. The term “child” shall mean and include any person between the ages of two months and eighteen years.
  - c. The term “person in parental relation to a child” shall mean and include his father or mother, by birth or adoption, his legally appointed guardian, or his custodian. A person shall be regarded as the custodian of a child if he has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown.
  - d. The term “health practitioner” shall mean any person authorized by law to administer an immunization.
2. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B, 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.
  - \*2.a. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenzae type b (Hib), pertussis, tetanus, pneumococcal disease, and hepatitis B, 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.
  - b. Every person in parental relation to a child in this state born on or after January first, nineteen hundred ninety-four and entering sixth grade or a comparable age level special education program with an unassigned grade on or after September first, two thousand seven, shall have administered to such child a booster immunization containing diphtheria and tetanus toxoids, and an acellular pertussis vaccine, 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.

\*NB Effective September 1, 2007
3. The person in parental relation to any such child who has not previously received such immunization shall present the child to a health practitioner and request such health practitioner to administer the necessary immunization against poliomyelitis, mumps, measles, diphtheria. Haemophilus influenzae type b (Hib), rubella, varicella, pertussis, tetanus, pneumococcal disease, and hepatitis B as provided in subdivision two of this section.

4. If any person in parental relation to such child is unable to pay for the services of a private health practitioner, such person shall present such child to the health officer of the county in which the child resides, who shall then administer the immunizing agent without charge.
5. The health practitioner who administers such immunizing agent against poliomyelitis, mumps, measles, diphtheria. Haemophilus influenzae type b (Hib), rubella, varicella, pertussis, tetanus, pneumococcal disease, and hepatitis B to any such child shall give a certificate of such immunization to the person in parental relation to such child.
6. In the event that a person in parental relation to a child makes application for admission of such child to a school or has a child attending school and there exists no certificate or other acceptable evidence of the child’s immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib) and pneumococcal disease, the principal, teacher, owner or person in charge of the school shall inform such person of the necessity to have the child immunized, that such immunization may be administered by any health practitioner, or that the child may be immunized without charge by the health officer in the county where the child resides, if such person executes a consent therefore. In the event that such person does not wish to select a health practitioner to administer the immunization, he shall be provided with a form, which shall give notice that as a prerequisite to processing the application for admission to, or for continued attendance at, the school such person shall state a valid reason for withholding consent or consent shall be given for immunization to be administered by a health officer in the public employ, or by a school physician or nurse. The form shall provide for the execution of a consent by such person and it shall also state that such person need not execute such consent if subdivision eight or nine of this section apply to such child.
7. (a) No principal, teacher, owner or person in charge of a school shall permit any child to be admitted to such school, or to attend such school, in excess of fourteen days, without the certificate provided for in subdivision five of this section or some other acceptable evidence of the child’s immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib) and pneumococcal disease; provided, however, such fourteen day period may be extended to not more than thirty days for an individual student by the appropriate principal, teacher, owner or other person in charge where such student is transferring from out-of-state or from another country and can show a good faith effort to get the necessary certification or other evidence of immunization.  
  
(b) A parent, a guardian or any other person in parental relationship to a child denied school entrance or attendance may appeal by petition to the commissioner of education in accordance with the provisions of section three hundred ten of the education law.
8. If any physician licensed to practice medicine in this state certifies that such immunization may be detrimental to a child’s health, the requirements of this section shall be inapplicable until such immunization is found no longer to be detrimental to the child’s health.
- 8-a. Whenever a child has been refused admission to, or continued attendance at, a school as provided for in subdivision seven of this section because there exists no certificate provided for in subdivision five of this section or other acceptable evidence of the child’s immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, hepatitis B, pertussis, tetanus, and, where

applicable, Haemophilus influenzae type b (Hib) and pneumococcal disease, the principal, teacher, owner or person in charge of the school shall:

- a. forward a report of such exclusion and the name and address of such child to the local health authority and to the person in parental relation to the child together with a notification of the responsibility of such person under subdivision two of this section and a form of consent as prescribed by regulation of the commissioner, and
- b. provide, with the cooperation of the appropriate local health authority, for a time and place at which an immunizing agent or agents shall be administered, as required by subdivision two of this section, to a child for whom a consent has been obtained. Upon failure of a local health authority to cooperate in arranging for a time and place at which an immunizing agent or agents shall be administered as required

by subdivision two of this section, the commissioner shall arrange for such administration and may recover the cost thereof from the amount of state aid to which the local health authority would otherwise be entitled.

9. This section shall not apply to children whose parent, parents, or guardian holds genuine and sincere religious beliefs which are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school.
10. The commissioner may adopt and amend rules and regulations to effectuate the provisions and purposes of this section.
11. Every school shall annually provide the commissioner, on forms provided by the commissioner, a summary regarding compliance with the provisions of this section.

## **New York State Department of Health Immunization Policy Minimum Intervals**

Clarification of the minimum time interval between two doses of vaccine as stated by the Advisory Committee on Immunization Practices (ACIP) as one month or as four (4) weeks.

There is no immunologic response difference between one month, four (4) weeks, and 28 days. Therefore, a minimum of 28 days between any two doses of vaccine is acceptable. Revaccination of a child should occur only in the case of the minimal interval being less than 28 days.

A dose of live virus measles, mumps and rubella vaccine may be administered no more than four days prior to a child's first birthday, and a second dose of live virus measles, mumps and rubella vaccine may be administered no less than 28 days after the first dose.

Endorsements:

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