New Jersey Department of Health, Vaccine Preventable Disease Program

Questions and Answers on Immunization Regulations Pertaining to Children Attending School/ Higher Education

Frequently Asked Questions

Please note that throughout this document, we will be referring to the Centers for Disease Control and Prevention as the CDC and the Advisory Committee on Immunization Practices as the ACIP.

NJ Immunization Requirements

Q: What are the minimum immunization requirements for preschool/child care, school, and college entry in New Jersey?

A: Please visit http://nj.gov/health/cd/imm.shtml

- Vaccination Requirements—Information for Schools and Parents
  - Child Care/Preschool  [pdf 114k]
  - K-12/Parents  [pdf 76k]

Immunization of Pupils in School (N.J.A.C. 8:57-4) and Higher Education Immunization (N.J.A.C. 8:57-6) can be accessed at: www.lexisnexis.com/njoal.


Q: Are NJ Immunization Requirements in accordance with the CDC/ACIP guidelines?

A: Yes, New Jersey’s immunization requirements are in accordance with the guidelines of the American Academy of Pediatrics (AAP), the American Academy of Family Physicians, and CDC/Advisory Committee on Immunization Practices (ACIP). However NJ establishes the minimum vaccine requirements for child-care centers, preschool, and school entry and attendance.

For example, NJ requires every child born on or after January 1, 1998 to receive one dose of a varicella virus containing vaccine. The CDC/ACIP schedule recommends 2 doses of varicella vaccine. A child would only be
required to receive one dose of a varicella virus containing vaccine for attendance in NJ, but two doses would be recommended for optimal protection. The New Jersey Department of Health (NJDOH) recommends following the CDC/ACIP schedule, as periodically revised, for optimal protection

**Child Care Pre-School Requirements**

**Influenza Vaccine**

**Q:** Is the seasonal influenza vaccine a requirement for child care and preschool?

**A:** Yes, it is a requirement as per N.J.A.C. 8:57-4.19 unless the Commissioner or his or her designee temporarily suspends the requirement due to limited vaccine availability.

As per N.J.A.C. 8:57-4.19, children six months through 59 months of age attending any licensed child care center, or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

**Q:** How many doses of the seasonal influenza vaccine are required for preschool/child care attendance?

**A:** Per N.J.A.C. 8:57-4.19, only 1 dose of seasonal flu vaccine is required for children 6-59 months of age attending child care/preschool. However, the CDC/ACIP recommends children 6 months through 8 years who are receiving influenza vaccine for the first time, and some in this age group who have previously been vaccinated, require 2 doses of vaccine administered ≥4 weeks apart.

**Q:** Why did the state health department make the influenza vaccine requirement only apply to preschool and licensed child care facilities?

**A:** Flu seasons are unpredictable and can be severe. Over a period of 30 years, between 1976 and 2006, estimates of flu-associated deaths range from a low of about 3,000 to a high of about 49,000 people. Hospitalization rates for influenza for children 12 months of age and younger are comparable to rates of persons 65 years and older. Among children 0 to 4 years of age, hospitalization rates due to influenza have varied from 100 per 100,000 healthy children to as high as 500 per 100,000 for children with underlying medical conditions. To reduce the risk of hospitalization from complications of influenza, the American Academy of Pediatrics (AAP) and the CDC recommend routine annual influenza vaccination of all children 6 months of age and older. However, annual vaccination of all children aged 6
months--4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts.

With regard to the influenza vaccine, a study in The American Journal of Epidemiology supports the recommendation to vaccinate all preschool children. The study tracked influenza cases by age groups and found that preschoolers were the first to be seen in flu-related doctor visits, with sick adults following about 29 days later. The findings revealed that flu-like illness in children under age five, compared with all other age groups, was the most predictive of pneumonia and influenza deaths in the general population.

Q: Is the flu vaccine required after January 1st for children coming in at that time or had not gotten it between Sept. 1- Dec. 31 of the prior year?

A: Yes, the flu vaccine is still required for children after January 1. As we all know, the flu season may not peak until February. The flu season can also extend until May in some cases. So getting a flu vaccine even late in the season is protective.

Q: Why then do the regulations specify a specific time frame?

A: Most flu vaccine is distributed to health care providers (HCPs) by October and November each year so most HCPs should have their supplies at that time. We also know that public requests for flu vaccine peaks around September to December. If we can get a majority of children immunized within that four month timeframe, it will make monitoring the immunization status of a large number of children more manageable by the school or public health agency.

Q: How much time after December 31 of a given year do I have to get my child vaccinated with the flu vaccine?

A: Students who do not receive the vaccine by December 31 will be excluded from school for the duration of influenza season (through March 31), until they receive at least one dose of the influenza vaccine, or until they reach 60 months of age.

Q: How should a school enforce the flu vaccine regulation for those students who have not received the flu shot after December 31?

A: Students who have not received the flu vaccine by December 31 must be excluded from school for the duration of influenza season (through March 31), until they receive at least one dose of the influenza vaccine or until they turn 60 months of age.
Q: Is the flu vaccine required for children who just turned 6 months of age in January since they were not age-eligible to receive the vaccine between Sept. 1- Dec. 31 of the prior year?

A: Yes, once the child becomes age-eligible the flu vaccine is still required until the end of flu season in New Jersey (through March 31). As we all know, the flu season may not peak until February. The flu season can also extend until May in some cases. So getting a flu vaccine even late in the season is protective.

Q: What if I am enrolling my child in January of the following year, is my child exempt from getting the mandatory flu vaccine?

A: No, the flu vaccine is still required for children after January 1. Flu season may not peak until February and can also extend until May in some cases. Getting a flu vaccine even late in the season is still protective.

If you enroll your child after December 31, you must provide documentation that your child received the flu vaccine prior to entering school.

Q: Is flu vaccine required after March?

A: No, students enrolling in school after March 31 are not required to get vaccinated; however, flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

Q: Is it acceptable for a child to receive flu vaccine in August when the regulations specifically state to receive one flu dose between September 1 to December 31 of each year?

A: Children who get vaccinated with the seasonal flu vaccine prior to September 1, will be considered compliant and these vaccinations will be accepted to meet the requirement as long as the vaccine is for the respective flu season.

Please note most seasonal flu vaccines expire on June 30.

Q: Where can a family go to get the flu vaccine if the pediatrician does not have any more flu vaccine?

A: The influenza vaccine is now recommended for all individuals ≥ 6 months. Discuss with your health care provider (HCP) what plans are in place to ensure an adequate supply of flu vaccine for all eligible clients at the practice.
If a national flu vaccine shortage has not been declared and your HCP cannot guarantee an adequate supply of flu vaccine, other alternatives must be sought by the family. Options include:
1. Asking your child’s HCP to assist with arranging for vaccination through another healthcare provider
2. Seeking out another HCP who can administer flu vaccine to children;
3. Checking with your local health department to see if they will administer flu vaccine to children less than 18 years of age;
5. Checking your local newspaper for flu clinic listings and verifying that they have flu vaccine available that is appropriate for your child’s age. As a reminder, some local health departments and FQHCs purchase flu vaccine through the Vaccine for Children (VFC) Program. A child must qualify to receive VFC vaccine; to view those eligibility requirements, go to the NJ VFC brochure for health care providers: [https://njiis.nj.gov/docs/VFCBrochure.pdf](https://njiis.nj.gov/docs/VFCBrochure.pdf)

**Q: What if there is a flu vaccine shortage or a flu vaccine distribution problem?**

**A:** The influenza vaccine regulation states that children six months through 59 months of age enrolling in or attending a child-care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year. After December 31, a student will be considered delinquent.

As far as distribution and shortages are concerned, the NJ regulations state the following: In the event of a national or state vaccine supply shortage, as determined by the CDC and Commissioner, respectively, the Commissioner or his or her designee may temporarily suspend the immunization requirement for the particular immunization affected by the supply shortage, after provision of notice to the public via print and electronic news media, NJ Local Information Network and Communications System (NJ LINCS), electronic posting on the Department's website, etc.

**Q: What will be included in the 2013-2014 flu vaccine?**

**A:** Most of the flu vaccine offered for the 2013-2014 season will be trivalent (three component). Some seasonal flu vaccines will be formulated to protect against four flu viruses (quadrivalent vaccines) and will be available as well. All nasal spray vaccines are expected to be quadrivalent, however, this makes up only a small portion of total vaccine availability.
The 2013-14 U.S. trivalent influenza vaccines will contain the following three viruses:

- an A/California/7/2009 (H1N1)-like virus,
- an H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011,
- and a B/Massachusetts/2/2012-like virus (Yamagata lineage).

Quadrivalent vaccines will include an additional vaccine virus, a B/Brisbane/60/2008-like virus (Victoria lineage).

**Q: What is the H3N2 variant virus?**

**A:** Pigs can be infected with their own influenza viruses (called swine influenza) that are usually different from human flu viruses. While rare, influenza can spread from pigs to people and from people to pigs. However, sporadic human infections with influenza viruses that normally circulate in swine and not people have occurred. When this happens, these viruses are called “variant viruses.” A number of human infections with a variant influenza A H3N2 virus ("H3N2v") have been detected in the United States since August 2011.

This virus is related to human flu viruses from the 1990s, so adults should have some immunity against these viruses, but young children probably do not. Early steps to make a vaccine against H3N2v have been taken, but no decision to mass produce such a vaccine has been made. The 2013-2014 seasonal vaccine is not designed to protect against H3N2v. Public health authorities are watching this situation closely. For more information about H3N2v, please visit [http://www.cdc.gov/flu/swineflu/h3n2v-basics.htm](http://www.cdc.gov/flu/swineflu/h3n2v-basics.htm)

**Q: What types of flu vaccines are available?**

**A:** The single best way to prevent the flu is to get a flu vaccination each fall. There are two types of vaccines:

- The "flu shot" is an inactivated vaccine (containing killed virus) that is given with a needle. It can be given in the muscle or just under the skin. The flu shot that is given in the muscle is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions. The flu shot that is given below the skin (intradermal) is for those 18-64 years of age.

- The nasal-spray flu vaccine is a vaccine (sometimes called LAIV for "Live Attenuated Influenza Vaccine") made with live, weakened flu viruses that do not cause the flu. LAIV is approved for use in healthy people 2 years to 49 years of age who are not pregnant.
Talk to your provider to find out which vaccine is right for you and your family.

**Q: What are the specific influenza vaccine products available for the 2013-2014 influenza season?**

A: A variety of influenza vaccine products are available, including newly approved vaccines. For many vaccine recipients, more than one type or brand of vaccine may be appropriate within indications and ACIP recommendations. Where more than one type of vaccine is appropriate and available, no preferential recommendation is made for use of any influenza vaccine product over another. A listing of the different flu vaccine products can be accessed at the following CDC website, [http://www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm).

**Q: Although the flu vaccine, Afluria, is licensed for those aged 5 years and older, why is the CDC/ACIP only recommending it for those who are aged 9 years and older?**

A: The CDC/ACIP is recommending that Afluria not be used in children aged 5-8 years because of increased reports of febrile seizures in this age group. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5-8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. Afluria may be used in persons aged ≥9 years.

If you suspect a severe side effect after receiving any type of vaccination, you may ask your health care provider to report the reaction to the Vaccine Adverse Event Reporting System (VAERS), a national vaccine safety surveillance program co-sponsored by the CDC and the Food and Drug Administration (FDA).

Anyone can file a VAERS report, including health care providers, manufacturers, and vaccine recipients. You can find information about submitting a VAERS report at the following website: [http://vaers.hhs.gov/esub/index](http://vaers.hhs.gov/esub/index).

**Q: Is the flu vaccine effective against all types of flu and cold viruses?**

A: Seasonal flu vaccines are designed to protect against infection and illness caused by the three flu viruses research indicates will be most common this season. (Note that for the 2013-2014 flu season, some seasonal flu vaccines will be formulated to protect against four flu viruses. These vaccines are
called “quadrivalent” flu vaccines.) Flu vaccines will NOT protect against infection and illness caused by other viruses that can also cause flu-like symptoms. There are many other viruses besides flu viruses that can result in flu-like illness* (also known as influenza-like illness or “ILI”) that spread during the flu season.

**Q:** How is the ‘flu season’ defined?

**A:** Based on trend analysis of influenza seasons in New Jersey over the past five years, influenza and/or influenza-like illness (ILI) have been confirmed to be present during the months of November through to the end of March with the peak occurrence during January and February. However, cases of influenza can be seen at any time of the year.

**Q:** Is there flu vaccine available that does not contain the preservative thimerosal?

**A:** Most single dose vials or syringes of influenza vaccine do not contain the preservative thimerosal. A listing of thimerosal content in seasonal flu vaccines, can be accessed at: [http://www.cdc.gov/flu/protect/vaccine/vaccines.htm](http://www.cdc.gov/flu/protect/vaccine/vaccines.htm)

**Q:** Should I be concerned about thimerosal in my child’s vaccines?

**A:** Thimerosal is a mercury-containing preservative used in some vaccines and other products since the 1930s. There is no scientific evidence of harm caused by the low doses of thimerosal in vaccines, except for minor reactions like redness and swelling at the injection site. However, in July 1999, the Public Health Service agencies, the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal should be reduced or eliminated in vaccines as a precautionary measure.

Since 2001, with the exception of some influenza (flu) vaccines, thimerosal is not used as a preservative in routinely recommended childhood vaccines.

For more information about vaccine safety and thimerosal, go to:


**Q:** Aside from the flu vaccination requirement for children 6-59 months, who else should get vaccinated for flu?

**A:** All persons aged ≥6 months should be vaccinated annually. Vaccination to prevent influenza is particularly important for persons who are at increased risk for severe complications from influenza, or at higher risk for
influenza-related outpatient, emergency department, or hospital visits. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to the following persons (no hierarchy is implied by order of listing):

**Persons at Risk for Medical Complications Due to Influenza**

- All children aged 6 through 59 months;
- All persons aged ≥50 years;
- Adults and children who have chronic pulmonary (including asthma) or cardiovascular (except isolated hypertension), renal, hepatic, neurological, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who have immunosuppression (including immunosuppression caused by medications or by HIV infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months--18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye’s syndrome after influenza virus infection;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives;
- Persons who are morbidly obese (BMI ≥40).

**Persons Who Live With or Care for Persons at Higher Risk for Influenza-Related Complications**

Continued emphasis should be placed on vaccination of persons who live with or care for persons at higher risk for influenza-related complications. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons at higher risk for influenza-related complications listed above, as well as these persons:

- Healthcare personnel (HCP);
- Household contacts (including children) and caregivers of children aged ≤59 months (i.e., aged <5 years) and adults aged ≥50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
- Household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

**Use of the Nasal Spray Seasonal Flu Vaccine**

Vaccination with the nasal-spray flu vaccine is an option for healthy people 2 through 49 years of age who are not pregnant. Even people who live with or care for those in a high risk group (including health care workers) can get the nasal-spray flu vaccine as long as they are healthy themselves and are
not pregnant. The one exception is health care workers who care for people with severely weakened immune systems who require a special protected hospital environment (like those who had a bone marrow transplant); these people should get the inactivated flu vaccine (flu shot).

Q: **Who should not be vaccinated against seasonal flu?**

A: In general, anyone with a history of severe allergic reaction to any component of the vaccine should not be vaccinated.

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- Children younger than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.
- People with a history of Guillain-Barré Syndrome (a severe paralytic illness, also called GBS) that occurred after receiving influenza vaccine and who are not at risk for severe illness from influenza should generally not receive vaccine. Tell your doctor if you ever had Guillain-Barré Syndrome. Your doctor will help you decide whether the vaccine is recommended for you.

If you have questions about whether you should get a flu vaccine, consult your health care provider.

For more information, please visit, [http://www.cdc.gov/flu/professionals/acip/shouldnot.htm](http://www.cdc.gov/flu/professionals/acip/shouldnot.htm)

Q: **Who should not be vaccinated with the nasal spray flu vaccine?**

A: The following individuals should not be vaccinated with the nasal flu vaccine:

- People less than 2 years of age
- People 50 years of age and over
- People with a medical condition that places them at high risk for complications from influenza, including those with chronic heart or lung disease, such as asthma or reactive airways disease; people with medical conditions such as diabetes or kidney failure; or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system.
- Children younger than 5 years old with a history of recurrent wheezing
• Children or adolescents receiving aspirin
• Pregnant women
• People who have ever had a severe allergic reaction to eggs (any symptom other than hives). People who have had a mild reaction to egg—that is, one which only involved hives—may receive a flu shot (not nasal spray) with additional precautions. Make sure your health care provider knows about any allergic reactions. Most, but not all, types of flu vaccine contain small amount of egg.
• People with a history of Guillain–Barré Syndrome (a severe paralytic illness, also called GBS) that occurred after receiving influenza vaccine and who are not at risk for severe illness from influenza should generally not receive vaccine. Tell your doctor if you ever had Guillain-Barré Syndrome. Your doctor will help you decide whether the vaccine is recommended for you.

Q: Can individuals with egg allergies now receive the flu vaccine?


1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Because relatively little data are available for use of live attenuated vaccine in this setting, inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) should be used. RIV is egg-free and may be used for persons aged 18-49 years who have no other contraindications. However, IIV (egg- or cell-culture based) may also be used, with the following additional safety measures:
   a. Vaccine should be administered by a healthcare provider who is familiar with the potential manifestations of egg allergy; and
   b. Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose.

2. Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention may receive RIV, if aged 18 through 49 years and there are no other contraindications. If RIV is not available or the recipient is not within the indicated age range, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment before receipt of vaccine.
3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available.

4. Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy. Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.

5. For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained prior to vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.

6. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

Q: Is there a vaccine that people with egg allergies can receive?
A: Yes. The ACIP recommends that persons 18 through 49 years of age with egg allergy of any severity receive recombinant influenza vaccine (RIV) during the 2013-2014 influenza season. FluBlok is a RIV that was licensed by the Food and Drug Administration in January 2013. Unlike current production methods for other available seasonal influenza vaccines, FluBlok does not use the influenza virus or chicken eggs in its manufacturing process. The ACIP recommends that individuals with severe egg allergy consult with their physician about their allergic conditions prior to vaccination if FluBlok is not available. Additional information about FluBlok is available at http://www.cdc.gov/flu/protect/vaccine/qa_flublok-vaccine.htm.

Q: Will NJ continue to accept an allergy to eggs as a valid medical exemption for receiving the flu vaccine?
A: The NJDOH has received numerous inquiries from school health officials and parents regarding vaccination of persons with egg allergies. The current ACIP recommendation includes an algorithm for healthcare providers to manage patients with egg allergies. Since egg allergies range in severity,
school health officials may find it difficult to determine the validity of influenza vaccine medical exemptions.

After careful consideration, the DOH has made a decision to continue to accept egg allergy as a valid medical contraindication for the 2013-2014 school year and will continue to evaluate the feasibility of implementing this ACIP recommendation in the future. Please refer to the “Egg Allergies and Flu Vaccination Update” dated January 2013 for further information: http://nj.gov/health/cd/documents/egg_allergie_flu_vaccination.pdf

In the interim, we continue to encourage healthcare providers to follow ACIP’s guidelines and screening protocols to determine whether their patient can receive flu vaccine. For a summary of the ACIP 2013-2014 influenza recommendations, please visit http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#figure2

Q: How long after I get a flu vaccine will I become immune to the flu virus?

A: Flu vaccines cause antibodies to develop in the body. These antibodies provide protection against infection with the viruses that are in the vaccine. Once you get vaccinated, your body makes protective antibodies in about two weeks.

Q: Why do I need to receive a flu vaccine every year?

A: A flu vaccine is needed every year because flu viruses are constantly changing. It’s not unusual for new flu viruses to appear each year. The flu vaccine is formulated each year to keep up with the flu viruses as they change.

In addition, multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body’s immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time.

Getting vaccinated each year provides the best protection against influenza throughout flu season.

Q: Does getting a flu vaccine early in the season mean that I will not be protected later in the season?

A: No. Flu vaccination provides protection against the influenza strains contained in the seasonal vaccine for the entire season. Everyone six months
of age and older should be vaccinated as soon as the flu vaccine becomes available.

Q: Can flu vaccines be given at the same time as other vaccines?

A: Nasal mist (live) flu vaccines can be given at the same time as killed vaccines (e.g., pneumococcal or meningococcal vaccine) or any other live injectable vaccine (e.g., MMR, MMRV, varicella, yellow fever). If not given at the same time, nasal mist (live) flu vaccines and other live vaccines should be separated by at least 4 weeks. The injectable (killed) flu vaccine can be given at the same time as any other killed or live vaccine.

Tell your health care provider if you received any other vaccines within the past month or plan to get any within the next month.

Vaccination Dosage

Q: How do you determine the number of doses of 2013-2014 flu vaccine recommended for children 6 months through 8 years?

A: Children aged 6 months through 8 years who are receiving influenza vaccine for the first time, require two doses of vaccine administered ≥4 weeks apart.

Some children in this age group who have previously been vaccinated may require two doses. The ACIP has developed two approaches for determining the number of doses recommended for these children. Health care providers should refer to the following vaccine dosing algorithm for further information, http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm#figure1

Q: Will it be necessary for the first and second dose to be given by the same provider?

A: No. Patients should be given written documentation of the doses administered that can be presented to any health care provider in the future.

Q: Can the first dose be nasal mist and the second dose be injectable (and vice versa)?

A: Yes, but when feasible, the same brand and type of vaccine (live attenuated or inactivated) should be used.
Q: Will it be necessary for the first and second dose to be the same product?

A: When feasible, the same brand of vaccine should be used in a two dose schedule, but any vaccine FDA-approved for the age of the patient can be used to complete the series.

Q: If my child gets the 2nd dose more than 4 weeks after the 1st one, how does that affect his protection against the flu? Is my child protected against the flu with just one dose?

A: The span of 4 weeks between doses is a minimum time. With just one dose, your child has some protection against the flu, but for full protection a second dose should be administered. The level of protective immunity will not be affected by a delay in receiving the 2nd dose.

**Pneumococcal Conjugate Vaccine**

Q: According to the regulations, your pneumococcal conjugate vaccine (PCV) requirements of 1-2 doses (depending on age) does not provide sufficient protection from the disease with the current available formulation. Can you explain this?

A: Our regulations reflect the minimum requirements for vaccines needed to attend school in NJ. They do not, however, comprise the full immunization series recommended by the CDC. It is the state’s intention that parents will seek to meet their vaccination requirements for school and then begin a dialogue with their HCP who would educate them about the importance of completing the full vaccination series to achieve full protection from vaccine preventable diseases and set up subsequent appointments with the intention of giving them the age-appropriate vaccines at the next visit.

*(This answer also applies to the haemophilus Influenzae b (Hib) vaccine as well).*

Q: If a child entered pre-school/child care with 4 doses of PCV vaccine administered before 12 months of age, does this child need an additional dose?

A: Yes, even though PCV is a 4 dose series, children are still required by NJ Regulations to receive one dose after twelve months of age.

*(This answer also applies to the haemophilus Influenzae b (Hib) vaccine as well).*
Q: If my child did not attend child care, preschool, or pre-kindergarten, is my child required to receive a dose of PCV when he/she enters kindergarten if my child did not receive these vaccines after his/her first birthday?

A: If your child is at least 5 years old, he/she is not required to receive PCV prior to entry into kindergarten. NJ does not require PCV after the age of 59 months. 
(This answer also applies to the haemophilus Influenzae b (Hib) vaccine as well).

Q: Why is pneumococcal vaccination required for child care/ preschool entry?

A: The pneumococcal conjugate vaccine protects against the bacterium Streptococcus pneumoniae. This bacterium is the most common cause of: lung infections (pneumonia), blood infections (bacteremia) and infection of the covering of the brain and spinal cord (meningitis). Two to five percent of children who get pneumococcal meningitis will die. Of those who survive, 25% to 35% will have hearing loss, mental retardation or paralysis. Streptococcus pneumoniae is also the most common cause of ear infections (otitis media) in young children. Children under two years of age average more than one middle ear infection each year, many of which are caused by Streptococcus pneumoniae infections. Young children are much more likely than older children and adults to get pneumococcal disease. Children in child care settings are two- to-three times at greater risk for pneumococcal disease.

For more pneumococcal vaccine information, go to: www.cdc.gov/vaccines/vpd-vac/pneumo/default.htm

Hib Vaccine

Q: According to the regulations, the Haemophilus influenzae type b (Hib) conjugate vaccine requirements of 1-2 doses (depending on age) does not provide sufficient protection from the disease with the current available formulation. Can you explain this?

A: Our regulations reflect the minimum requirements for vaccines needed to attend school in NJ. They do not however, comprise the full immunization series recommended by the CDC. It is the state's intention that parents will seek to meet their vaccination requirements for school and then begin a dialogue with their HCP who would educate them about the importance of completing the full vaccination series to achieve full protection from vaccine preventable diseases and set up subsequent appointments with the intention of giving them the age-appropriate vaccines at the next visit.
(This answer also applies to the PCV as well).

**Q:** If a child entered pre-school/child care with 4 doses of Hib vaccine administered before 12 months of age, does this child need an additional dose?

**A:** Yes, even though Hib is a 3 or 4 dose series (depending on brand of vaccine), children are still required by NJ Regulations to receive one dose after twelve months of age.

(This answer also applies to the PCV as well).

**Q:** If my child did not attend child care, preschool, or pre-kindergarten, is my child required to receive a dose of Hib when he/she enters kindergarten if my child did not receive these vaccines after his/her first birthday?

**A:** If your child is at least 5 years old, he/she is not required to receive Hib prior to entry into kindergarten. NJ does not require Hib after the age of 59 months.

(This answer also applies to the PCV as well).

**GRADE SIX REQUIREMENTS**

**Tdap Vaccine**

**Q:** Why did the state health department make Tdap a requirement for sixth grade entry?

**A:** Acellular pertussis antigen is given as part of the Tetanus toxoid, reduced diphtheria toxoid vaccine. Pertussis, an acute, infectious cough illness, remains endemic in the United States despite routine childhood pertussis vaccination for more than half a century and high coverage levels in children for more than a decade. A primary reason for the continued circulation of *Bordetella pertussis* is that immunity to pertussis wanes approximately 5–10 years after completion of childhood pertussis vaccination, leaving adolescents and adults susceptible to pertussis. Among the diseases for which universal childhood vaccination has been recommended, pertussis is the least well-controlled reportable bacterial vaccine-preventable disease in the United States. Since the 1980s, the number of reported pertussis cases has been steadily increasing, especially among adolescents and adults. Possible reasons for the increase in reported pertussis cases include a true increase in the burden of disease and an increase in the detection and reporting of cases; the relative contribution of each of these factors to the increase observed is unclear.
B. pertussis is primarily transmitted from person-to-person through large respiratory droplets generated by coughing or sneezing. Persons with pertussis are most infectious during the catarrhal and early paroxysmal phases of illness. The disease is highly communicable, with attack rates as high as 80%–90% among nonimmune household contacts.

Q: There are two vaccines for Tdap. Can you please clarify the difference between these vaccines?

A: The Tdap vaccines are made by two different manufacturers and are licensed for different age groups. Boostrix by Glaxo Smith Kline is licensed for ages 10 and older. Adacel by Sanofi Pasteur is licensed for ages 11-64. The Tdap vaccine provides protection from pertussis as immunity to pertussis wanes over time.

Q: Some 6th graders will not be 11 years old. I’m guessing that a 10 year old would not have to be in compliance with the 6th grade Tdap requirement until he or she reaches 11, is that correct?

A: Yes, a 10 year old would not be required to receive the Tdap vaccine until 11 years of age per NJ’s Immunization Regulations. Note that while Boostrix is approved for 10 year olds, Adacel is not (11 to 64 years). If the child’s physician only carries Adacel then the child will not be required to receive it until 11 years of age. If the physician carries Boostrix then we encourage them to use it for their 10 year olds and this would fulfill NJ’s school immunization requirements. However, either brands of Tdap vaccine may be administered at the same visit when they turn 11.

Q: NJ’s regulations for Tdap states that a dose is required for students entering or attending Grade Six, or a comparable age level special education program with an unassigned grade. What if a child is 11 years old, but has the mental abilities of a 5-year-old, would he still need to receive the vaccine for Tdap?

A: Yes, the child would still need to follow NJ’s immunization requirements and receive one dose of Tdap vaccine. The vaccine recommendations refer to the age-appropriate grade for the child’s biological age, and not the child’s mental capacity.

(This answer also applies to all NJ Immunization Requirements).

Q: If a student was inadvertently overlooked for the 6th grade Tdap requirement, would he/she still need to meet this requirement in the higher grade levels?

A: Yes, all children born after January 1, 1997 attending or transferring into a NJ school at grade six or higher grade level from another state or country
are subject to the Tdap requirement provided at least five years have elapsed from the last documented Td dose.

(This answer also applies to the meningococcal vaccine requirement).

**Q:** Since the CDC/ACIP has new age recommendations for Tdap, will this effect NJ’s immunization requirements?

**A:** In an effort to protect more people from pertussis, the CDC/ACIP recently expanded the Tdap recommendations. For more information about the broadened recommendations, please visit: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_w)

NJ immunization regulations remain the same and reflect the minimum requirements for vaccines needed to attend school in NJ.

**Q:** I understand the importance of the pertussis booster. But why should I give a Tetanus toxoid and diphtheria toxoid booster?

**A:** Just as with pertussis, immunity to tetanus and diphtheria wanes with time so it is important to get regularly scheduled vaccines, such as receiving the Tdap vaccine to maintain protective immunity. There is no licensed vaccine that just provides protection against pertussis at this time.

**Q:** If a child is medically contraindicated from receiving pertussis vaccine, would receiving the Td vaccination suffice for the new 6th grade Tdap requirement?

**A:** The New Jersey immunization requirement is for all sixth graders to receive the Tdap vaccine. The purpose of this requirement is to provide protection to this age cohort whose immunity to pertussis wanes from their last DTaP vaccination at 4-6 years of age. If a child cannot receive the pertussis component then they cannot receive Tdap and therefore would need to provide a medical exemption from their health care provider.

In this circumstance, the Td vaccine is not a required vaccine for sixth grade entry; the Td vaccine is recommended to be given 10 years after their last DT as long as they have received at least three doses of DT.

**Meningococcal Vaccine**

**Q:** Why did the state health department make meningococcal disease a requirement for sixth grade entry?

**A:** Meningococcal disease is a severe infection of the blood or the meninges (the covering of the brain and spinal cord). It is caused by a bacterium
(germ) called Neisseria meningitidis. Each year, about 3,000 people in the U.S. get the disease. Adolescents die about 10 percent of the time, and one in four survivors has long-term disability, such as a loss of an arm or leg, deafness, nervous system problems, or even brain damage.

Anyone can get meningococcal disease, but pre-teens and teens are at greater risk of contracting the disease. According to the CDC, pre-teens and teens account for nearly 30 percent of all cases of reported meningococcal infection in the U.S. and death rates are up to five times higher among 15-to-24-year olds compared with other age groups.

The disease is spread by exchange of respiratory droplets and close, personal contact with infected persons, such as through kissing, uncovered face-to-face coughing and sneezing, sharing eating utensils, food or drink or living in the same household or living quarters, such as a sleep-away camp or dormitory.

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend children aged 11-12 years receive the recommended vaccinations and indicated preventive services at that adolescent health care visit. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease increases during adolescence, health-care providers should vaccinate previously unvaccinated persons aged 11-18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously. Because of difficulties in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen.

Source: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5631a3.htm

Q: There are different vaccines for meningococcal disease. Can you please clarify the difference between these vaccines?

A: There are two kinds of meningococcal vaccine in the U.S.:
  • Meningococcal conjugate vaccine (MCV4) is the preferred vaccine for people 55 years of age and younger.
  • Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.
A Meningococcal and Haemophilus influenzae type b (Hib) conjugate vaccine (brand name, Menhibrix) was FDA-approved last year. This vaccine protects against two strains (C and Y) of meningococcal disease and is licensed for children 6 weeks through 18 months of age.

Q: Some 6th graders will not be 11 years old. I’m guessing that a 10 year old would not have to be in compliance with the 6th grade meningococcal vaccine requirement until he or she reaches 11, is that correct?

A: Yes, a 10 year old entering sixth grade will not be required to receive the Meningococcal containing vaccine until they turn 11 years of age.

Q: I have a transfer student who is in kindergarten this year. He/she was born after January 1997. How does the meningococcal vaccine regulation apply in this case?

A: With regard to transfer students, the requirement to receive the meningococcal conjugate vaccine applies to all students born on or after January 1, 1997 and attending/ transferring into a New Jersey school at the sixth grade or higher grade level.

Q: If a student was inadvertently overlooked for the 6th grade meningococcal requirement, would he/she still need to meet this requirement in the higher grade levels?

A: Yes, all children born after January 1, 1997 attending or transferring into a NJ school at grade six or higher grade level from another state or country are subject to the meningococcal vaccine requirement.

(This answer also applies to the Tdap vaccine requirement).

Q: Should a child or teen who received MCV4 at age 12 years receive a second dose if they will be a freshman in a college dorm?

A: Yes, the CDC/ACIP recently updated their recommendations for those who receive MCV4 at age 11 or 12 to receive a booster dose of MCV4 at age 16. Please see the question below for more information.

Q: I recently heard the CDC/ACIP updated recommendations for use of the MCV4. How will this impact NJ’s Immunization Requirements?

A: CDC/ACIP updated recommendations for the use of MCV4 (Menveo, Novartis; and Menactra, Sanofi Pasteur) in adolescents and persons at high risk for meningococcal disease. CDC/ACIP recommends routine vaccination of persons with MCV4 at age 11 or 12 years, with a booster dose at age 16
years. A booster dose of MCV4, is expected to protect adolescents through the period of increased risk through age 21 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years, before the peak in increased risk. Persons who receive their first dose of MCV4 at or after age 16 years do not need a booster dose. Routine vaccination of healthy persons who are not at increased risk for exposure to *N. meningitidis* is not recommended after age 21 years.

For additional information about the CDC/ACIP updated MCV4 recommendations, please visit:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e

NJ immunization regulations remain the same. Therefore a child will not be required to receive booster dose MCV4 for attendance or entry into a NJ school. However, following CDC/ACIP recommendations would be optimal.

**Q: A child received a meningococcal vaccine prior to 11 years of age. Would this satisfy NJ’s Immunization requirement?**

A: When meningococcal conjugate vaccine was licensed in January 2005, data were lacking on long-term efficacy and the need for additional vaccination. Therefore, NJDOH previously accepted doses given prior to 11 years of age without the need for revaccination. Since that time, studies have indicated that antibody level declines over time. ACIP now recommends any meningococcal vaccination given prior to the tenth birthday (either MCV4 or MPSV4) does NOT count toward routinely recommended doses (ages 11 and older). Since NJ follows ACIP recommendations, this child will need to be revaccinated.

Additionally, anyone who DOH previously granted compliance with receiving meningococcal vaccine prior to the 10th birthday will be retroactively grandfathered. Beginning with the 2012-2013 school year, schools should implement and follow the new ACIP recommendation.

**Q: A child transferred to a NJ school from out of the country. In the child’s country, he received a vaccine for meningococcal disease, but the vaccine did not protect from all of the strains present in the US vaccine. Does the child need to revaccinated with a meningococcal vaccine licensed in the US to meet NJ immunization requirements?**

A: NJDOH is requiring that children be immunized with the four strains (A,C, Y, and W-135) that are present in the meningococcal-containing vaccines licensed for use in the United States. If any vaccines administered in foreign countries do not match the strains in US licensed vaccines, these
vaccinations will not be accepted and will require revaccination to achieve optimal protection.

Other Vaccines

DTaP Vaccine

Q: How many doses of DTaP are required for school entry in NJ?

A: A child will need 4-5 doses of DTaP. The following two scenarios are acceptable:

- A total of 4 doses of DTaP (or any combination of DTP, DTaP, and DT) with one of these 4 doses administered after the child’s 4th birthday.
  
  OR

- A total of any 5 doses of DTaP (or any combination of DTP, DTaP, and DT) even if a dose was not given after the fourth birthday as long as the minimum intervals were maintained.

As a clarification to the DTaP requirements, a child needs 4-5 doses of DTaP however it is dependent on when the child enters school. Please review the following examples:

Children who are 18 months and older will need 4 doses if attending/entering child care/preschool. The requirement to receive the fourth birthday booster dose (**5th dose**) will not apply until the child attends Kindergarten. *Please note all other children must be age-appropriately vaccinated for child care/preschool entry.*

Children who are first entering a preschool program at 4 years of age or older will also need 4 doses prior to entry. If one of these 4 doses was given on or after the 4th birthday, this child will **NOT** need an additional dose for Kindergarten.

Children 7 years of age and older attending school must have documentation of having received a minimum of 3 doses of DTaP (or any combination of DTP, DTaP, and DT). Children 7 years of age and older, who have not been previously vaccinated with the primary DTaP series, should receive 3 doses of Td.

Polio Vaccine

Q: How many doses of polio are required for school entry in NJ?
A: A child will need 3-4 doses of polio. The following two scenarios are acceptable:

- A total of 3 doses of polio vaccine with one of these 3 doses after the child’s 4th birthday.

OR

- A total of any 4 doses of Polio

As a clarification to the Polio requirements, a child needs 3-4 doses of Polio, however it is dependent on when the child enters school. Please review the following examples:

Children who are 18 months and older will need 3 doses if attending/entering child care/preschool. The requirement to receive the fourth birthday booster dose (4th dose) will not apply until the child attends Kindergarten. Please note all other children must be age-appropriately vaccinated for child care/preschool entry.

Children who are first starting a preschool program at 4 years of age will also need 3 doses prior to entry. If one of these 3 doses was given on or after the 4th birthday, this child will NOT need an additional dose for Kindergarten.

Children 7 years of age and older attending school must have a minimum of 3 doses of polio.

Please note that the Polio vaccine is not required for students 18 years of age and older.

**Varicella (Chickenpox) Vaccine**

**Q: Is the varicella vaccine required for children entering a licensed child care and less than 19 months of age?**

A: According to the ACIP recommendations, the first dose of varicella vaccine can be given between the ages of 12-15 months of age. However, for requirements for school entry into a licensed child care facility in New Jersey you do not need a varicella vaccination until 19 months of age.

**Q: Is the second dose of varicella vaccine a requirement for school entry?**

A: No, the second dose of varicella vaccine is not a requirement but a strong recommendation by NJDOH. The ACIP recommends a second dose of varicella vaccine to be given between four to six years of age for optimal protection.
Q: According to New Jersey immunization regulations, who needs the varicella vaccine?

A: All children, born on or after January 1, 1998 and is at least 19 months of age or older and attending a New Jersey school is required to receive one dose of varicella vaccine. This applies to all transfer students, both out of state/ out of country and those transferring from another school district within the state.

**Hepatitis B Vaccine**

Q: How many doses of hepatitis B are required for school entry?

A: According to New Jersey immunization regulations, the three-dose hepatitis B series is not required until a child enters kindergarten. By kindergarten entry, a child must enter school with three doses of hepatitis B vaccine. Previously unvaccinated adolescents, between the ages of 11-15 years, can receive the two-dose hepatitis B vaccine adolescent series (Recombivax).

Q: What are the minimum intervals between hepatitis B vaccine doses?

With the introduction of new vaccines and combination vaccines, it is becoming increasingly difficult for health care providers to keep track of minimum dosing intervals.

There has been confusion regarding the hepatitis B vaccine schedule for children. NJDOH supports the recommendation of the CDC to vaccinate children at birth.

Please note the following minimum intervals after the birth dose:

**The minimum interval between the first and second dose:**

- Weeks after first dose - 1 month or 4 weeks or 28 days

**There are three minimum intervals that must be met for the third dose:**

- Weeks after first dose - 4 months or 16 weeks or 112 days
- Weeks after second dose - 2 months or 8 weeks or 56 days
- Weeks after birth - 6 months or 24 weeks or 168 days.

Q: Can an adolescent receive the two-dose adolescent series outside the licensed age?

A: No, the two-dose adolescent series is only licensed for persons 11-15 years of age. Talk with your health care provider for further guidance.
Q: A student's immunization record indicates that the first dose of hepatitis B vaccine was given “at Hospital” or “at Birth” rather than specifying a date of administration. Would this be an acceptable form of documentation?

A: Yes, you can accept “at Hospital” or “at Birth” as the date of administration for the first dose.

Other vaccine requirement questions

Minimum Dose Spacing Intervals

Q: What is considered acceptable documentation for receipt of a vaccine?

A: Ideally all immunization dates should include a month, day, and year; however, NJ will accept a documented date of just month and year if the doses administered are determined to be in compliance with the minimum age or dose spacing intervals.

For example, a student born on August 20, 2011 received a dose of MMR vaccine in August 2012. Since you cannot determine when the MMR vaccine was administered, a documented date of just month and year would not be sufficient. This dose could have been administered on August 1, 2011, which would be prior to the child’s first birthday.

Q: How do I determine the minimum dose spacing intervals between vaccinations?

A: NJ follows CDC/ACIP Recommend Catch-Up Immunization Schedule. Please see the following link for guidance: http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf

Grace Periods and Provisional Admission

Q: Can you please explain the Four-Day Grace Period?

A: All vaccines administered less than or equal to 4 days before either the specified minimum age or dose spacing intervals shall be counted as valid and shall not require revaccination in order to enter or remain in a school, preschool, or child care facility.
Please note that ACIP does not recommend applying the four-day grace period for the dose spacing interval between two live vaccines. However, for school attendance and auditing purposes, this will be acceptable.

**Q: Can you please explain the 30-day grace period?**

Students entering a NJ school from out of state or out of country are allowed up to 30 days to provide proof of immunization history before their provisional status begins.

Please review the following scenarios for further clarification:

If after the 30 days have elapsed and no documentation of previous vaccination is provided; the child may not attend school until one dose of all age-appropriate required vaccines are received before being provisionally admitted.

If schools are notified within the 30 days that documentation cannot be provided; the child may continue attending school since the 30 days have not elapsed. However, it is the responsibility of the school nurse or person in charge of the school to inform the parents that their child must receive one dose of all age-appropriate required vaccines before provisional status begins.

Please reference below for clarification of provisional admission.

**Q: To whom does the 30-Day Grace Period apply?**

A: According to the New Jersey immunization regulations, the 30-day grace period only applies to transfer students, coming from out of state/out of country. This does not apply to *in-state* transfer students.

**Q: What is Provisional Admission?**

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

Seventeen months and twelve months for completion apply only to those who have never been vaccinated and are starting their vaccination series for the first time. All others should follow the minimum interval schedule.
Exclusions and Exemptions

Q: When would a child need to be excluded from school?

A: There are two situations in which a child would be excluded from school:

1. Non-compliance with vaccine requirements: A child must be in compliance with vaccination requirements by the time they enter school. In the instance of sixth grade entry, where a child is younger than the licensed age to be given a vaccine, the child can wait until they are age eligible to receive the adolescent vaccine. The child should be given two weeks to comply with vaccination requirements by either providing documentation that they received the vaccine, or a note from the health care provider with an appointment date to receive the vaccine. This documentation needs to be provided to the school nurse to include in their immunization record. Depending on individual circumstances, a scheduled appointment outside the two-week period may be acceptable. The Department's goal is not to exclude anyone, but if the child does not receive the vaccine in a reasonable period, he/she will be asked to leave school.

2. In the event of an outbreak: 8:57-4.19 Emergency powers of the Commissioner of Health and Senior Services
   (a) In the event that the Commissioner, Department of Health and Senior Services or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.
   (b) All children failing to meet these additional requirements shall be excluded from a school, preschool, or child care center until the outbreak or threatened outbreak is over.
   (c) These requirements or amendments to the requirements shall remain in effect until such time as the Commissioner, Department of Health and Senior Services or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over, or for three months after the declaration of the emergency, whichever one comes first. The Commissioner, Department of Health and Senior Services or his or her designee may re-declare a state of emergency if the emergency has not ended.

8:57-4.4 Religious exemptions
   (d) Those children with religious exemptions from receiving immunizing agents may be excluded from the school, preschool, or child care center during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Department of Health and Senior Services or his or her designee.
8:57-4.3 Medical exemptions
(d) Those children with medical exemptions to receiving specific immunizations may be excluded from the school, preschool, or child care facility during a vaccine-preventable disease outbreak or threatened outbreak as determined by the Commissioner, Health and Senior Services or his or her designee.

Q: **What type of health care provider can write an acceptable medical exemption?**

A: According to the NJDOH Vaccine Preventable Disease Program, only a physician licensed to practice medicine/osteopathic medicine and a nurse practitioner can write a medical exemption.

Q: **What is considered grounds for filing a medical exemption?**

A: A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations. Reason(s) for medical contraindication must be enumerated by the ACIP and the American Academy of Pediatrics (AAP). Precautions to receiving a vaccine are not contraindications but a provider must take into consideration [http://www.immunize.org/catg.d/p3072a.pdf](http://www.immunize.org/catg.d/p3072a.pdf)

Q: **Do medical exemptions have to be renewed annually?**

A: Medical exemptions need to be reviewed, but not necessarily updated, annually. Per NJAC 8:57-4.3 (c), when a child’s medical condition permits immunization, this exemption terminates and the child will be required to obtain the immunization(s) from which he/she has been exempted. A medical exemption must indicate a specific period of time in which the child cannot receive specific vaccinations.

For example if a child was granted a medical exemption because he/she was on medication that was contraindicated for one or more vaccines, that child would not be required to receive those specific vaccinations until the specified time period has elapsed. If the child is still medically contraindicated and the time period has elapsed, a new medical exemption would need to be submitted.

Q: **What should be included in an acceptable religious exemption?**

A: A religious exemption is not the same as a philosophical, moral or conscientious exemption. A religious exemption does not have to include the name of the religion, nor does it need to be notarized nor does it need to
be signed by a religious leader. It can be filed by a parent or guardian of a
minor or by an adult individual.

All schools, child care centers, and local health officers may be advised that
the religious exemption extends to private, parochial, and public institutions.
When a parent or guardian submits their written religious exemption to
immunization, which contains some religious reference, those persons
charged with implementing administrative rules at N.J.A.C. 8:57 – 4.4,
should not question whether the parent’s professed religious statement or
stated belief is reasonable, acceptable, sincere and bona fide. In practice, if
the written statement contains the word “religion” or “religious” or some
reference thereto, then the statement should be accepted and the religious
exemption of mandatory immunization(s) granted. Please note, religious-
affiliated schools cannot be challenged on their decision.

Q: Do religious exemptions have to be renewed annually?
A: Religious exemptions do not need to be updated yearly. However, if
children receive vaccines after a religious exemption has been granted, the
exemption would become null and void.

The following example may provide some clarification: In the beginning of
the school year, a child was granted a religious exemption so he/she did not
have to receive any of the required vaccines. Later on in the school year,
the child provides documentation of receiving one dose of Tdap (or another
required vaccine). Since the child now has received a vaccine from which he
was previously exempted, the religious exemption is now null and void. This
means he would now be responsible for receiving all of the required vaccines
from which he was previously exempted.

If a religious exemption was granted for a specific vaccine (i.e. varicella),
the child would only be exempted from that particular vaccine and would be
responsible for meeting all other vaccine requirements to continue attending
school.

Q: Are there any forms parents can complete for religious and
medical exemptions?
A: The New Jersey Department of Health does not have religious and
medical exemption forms. Please refer to the above questions to see what
constitutes a valid religious or medical exemption.

Q: Are philosophical or moral objections now acceptable in New
Jersey?
A: No, currently the only 2 exemptions allowed in New Jersey are religious
and medical exemptions.
Serology Titers

Q: Are serology titers acceptable as laboratory evidence of immunity in lieu of completing a vaccination series?

A: The subchapter 8:57-4 on immunization requirements specifically addresses the acceptance of serology titers. According to the New Jersey Administrative Code 8:57-4.6(c):

“Laboratory evidence of protective immunity, as enumerated by the ACIP of the United States Public Health Service, shall be accepted as evidence of immunization if a parent or guardian cannot produce a documented history of immunization.”

In addition, The Antibody Titer Law (Holly’s Law, NJSA 26:2N-8-11), passed on January 14, 2004, requires the New Jersey Department of Health (NJDOH) to accept serologic evidence of protective immunity to measles, mumps and rubella in lieu of the second ACIP recommended measles, mumps and rubella vaccine.

The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified. The reference ranges and interpretation must be included with the laboratory results and the documentation must be placed in the record. Borderline, equivocal and negative titers necessitate vaccination/re-vaccination.

The use of serology to evaluate exposure or immunity to infectious diseases is complicated and is the topic of a great deal of medical literature. There are considerations that need to be addressed when one considers serology titer results. For example, the time interval from receiving the last vaccination and when the serology titer sample is drawn may produce a false sense of security that an individual is fully protected (as immune levels may initially peak immediately after receiving a dose but taper down over time). Likewise for some vaccines, the ACIP and NJDOH do not recognize serology as an alternative to vaccination since serologic correlates for protection do not exist for some diseases (e.g. Bordetella pertussis).

NJDOH does not support the use of serology to “abort” a vaccine schedule as approved by the US Food and Drug Administration and recommended by the ACIP (e.g., check serology after 1 dose of hepatitis B vaccine). However, NJDOH recognizes that serology is useful for individuals to:

- Document natural infection to certain diseases.
- Document immunity in an individual who received a complete vaccination series but lacks documentation – and revaccination is not practical (e.g., refugees).
• Document immunity in an individual who received a complete vaccination series but vaccination practices were questionable – and revaccination is not practical (e.g., vaccination with expired vaccine).
• Document post-vaccination response in those individuals who are at high risk of infection with a particular disease (hepatitis BSAb in infants born to Sag positive mothers, health care workers).

As more reliable data on serology titers becomes available from the ACIP, we will incorporate that into our consideration of the use of serology titers for acceptable laboratory evidence of immunity.

Q: What serology titer tests are currently available for mandatory vaccines and how will the serology results be evaluated?

• Measles, Mumps and Rubella
  In most cases, an antibody level considered protective is a good indicator of immunity and must be accepted in lieu of a second MMR vaccine as per Holly’s Law. Serology does not need to be repeated once an antibody level in the protective range is documented or the individual receives 2 MMR vaccines.
• Varicella
  In most cases, an antibody level in the protective range is a good indicator of immunity and may be accepted in lieu of vaccination. Serology does not need to be repeated once an antibody level in the protective range is documented or the individual receives 2 varicella vaccines.
• Inactivated Polio Vaccine
  Serologic testing for protective antibody to poliovirus types 1, 2, and 3 can be obtained commercially.
• Diptheria, Tetanus and Pertussis
  Serologic testing for protective antibody to tetanus and diphtheria can be obtained commercially. No established serologic correlates exist for protection against pertussis.
• Haemophilus influenzae type b, pneumococcal, meningococcal and influenza
  There is no serology alternative to vaccination.
• Hepatitis B
  Hepatitis B serology and the interpretation is complicated and is beyond the scope of this document. Pre-vaccination testing is not routinely recommended for infants or children. Pre-vaccination testing is recommended only for
  o all persons born in Africa, Asia, the Pacific Islands, and other regions with HBSAg prevalence of ≥ 8%;
  o household, sex, and needle-sharing contacts of HBSAg-positive persons; and
  o persons with HIV infection.
Pre-vaccination testing can be considered for groups with high risk of HBV infection (i.e., men who have sex with men, intravenous drug users and incarcerated persons).

Post-vaccination serology is not routinely recommended for infants, children, adolescents and most adults. Post-vaccination serology is only recommended for those whose medical management is based on knowledge of antibody status. Individuals for whom post-vaccination serology is recommended include, chronic hemodialysis patients, other immunocompromised patients, persons with HIV infection, sex partners of HBSAg-positive persons, infants born to HBSAg-positive women and certain health care workers. Vaccine is 80-100% effective in preventing infection or clinical hepatitis in those who receive the complete course of vaccine (3 doses or 2 doses of the adolescent formulation). Antibody levels might wane with time. However, individuals who demonstrate an anti-HBs antibody titer of 10mIU/ml or higher at least 1-2 months after completing the series are considered protected for life even if detectable antibody levels wane. Serum antibody titer cannot be used in lieu of completing the FDA-approved/ACIP-recommended vaccine series.

Q: What are considered acceptable values for serology titer results?

A: The titer results depend on the specific test used and the reference ranges applicable to that particular test. Equivocal and/or borderline results are not acceptable and require vaccination/revaccination. Negative results require vaccination/revaccination. NJDOH recommends that they discuss ACIP revaccination guidelines and follow-up serology with their health care providers, as appropriate.

Q: If a family is requesting a serology titer to circumvent the required immunizations and the family has health insurance which covers immunizations but the insurance does not cover serology titers, whose responsibility is it to pay for the serology titers?

A: It is not a recommendation or acceptable practice by the ACIP to use serology titers in lieu of completing a vaccination series or to avoid receiving subsequent vaccinations within a series. Additionally, in this circumstance it would be the family’s responsibility to pay for the serology titer tests since they are choosing not to vaccinate their child as medically appropriate.

Q: What happens if a person receives a complete vaccine series and for some reason has a titer done that shows the person is not immune?

A: NJDOH and the ACIP do not recommend routine serology titer tests to document immunity. Once a person has received the complete series of a
recommended vaccination, he/she is assumed to have produced the needed immunity level to protect them from the disease. The ACIP has identified specific scenarios when the use of serology titer testing is recommended. A serology test done without a specific public health or medical reason can be difficult to interpret and can sometimes lead to a person receiving extra vaccines. However, a negative or equivocal serology titer might mean that the individual is susceptible to the disease even if he/she completed the full series of vaccines. Therefore, the NJDOH recommends that these individuals with negative or equivocal serology titers discuss ACIP revaccination guidelines and follow-up serology with their health care providers. Please also refer to the question, “Q: Are serology titers acceptable as laboratory evidence of immunity in lieu of completing a vaccination series?”

**Enforcement of Immunization Regulations**

**Q: Where can a parent get a personal immunization record card for their child?**

A: Anyone wishing to obtain a personal immunization record card (IMM-9 yellow, tri-fold document) can contact the New Jersey Department of Health, Vaccine Preventable Disease Program at (609) 826-4861.

**Q: Where can a school nurse obtain the Standard School/ Child Care Center Immunization Record (IMM-8) or the A45 (Health and Appraisal Record) for school records?**

A: Anyone wishing to obtain a Standard School/ Child Care Center Immunization Record (IMM-8) can contact the New Jersey Department of Health, Vaccine Preventable Disease Program at (609) 826-4860. To obtain the A45 Health and Appraisal Record, please contact your local board of education.

**Higher Education Regulations**

**Q: What are the immunization requirements for students entering institutions of higher education?**

A: According to the Higher Education Rules, N.J.A.C. 8:57-6.1, the requirements within this subchapter apply to the following:

(a) All new or continuing full- and part-time undergraduate and graduate students enrolled in a program of study leading to an academic degree at any public or independent institution of higher education in New Jersey.
(b) Two-year institutions shall apply these rules only to those students entering the college for the first time and registering for 12 or more credit hours of course study per semester/term.

(c) Four-year institutions shall apply the rules to all full- or part-time students enrolled in a program leading to an academic degree.

(d) Two-year institutions and Thomas Edison State College shall not be required to apply the meningococcal rule at N.J.A.C. 8:57-6.6 and 6.7.

**Below are the specific vaccination requirements for attendance:**

**Hepatitis B:** Students entering a two- or four-year institution and enrolled with a course study of 12 or more credit hours per semester or term shall have received three doses of a hepatitis B containing vaccine, or alternatively any two doses of a hepatitis B vaccine licensed and approved for a two dose regimen administered to the student between 11 through 15 years of age.

**Measles, Mumps, Rubella:** Two doses of measles vaccine and 1 dose of mumps and rubella vaccine are required. Two MMR vaccines are also acceptable.

**Meningococcal:** One dose of meningococcal vaccine is required for students entering a four-year institution and who reside in a campus dormitory. Students attending two-year institutions and students who do not reside in a campus dormitory are exempt from this requirement.

All four-year institutions are required to provide information on meningococcal disease to all new students (including those students who are commuters) prior to matriculation. This information will need to include the nature and severity, causes, disease prevention and treatments, and the availability of a meningococcal vaccine to prevent disease.

**Q: Are students 31 years of age and older subject to the immunization requirements set forth in N.J.A.C. 8:57-6.4 (b)1 since the Higher Education statute N.J.S.A. 18A:61D-1 states that the immunization requirements specifically apply to students 30 years of age and under?**


*Every public and independent institution of higher education in this State shall, as a condition of admission or continued enrollment, require every graduate and undergraduate student who is 30 years of age or less and is*
enrolled full-time or part-time in a program or course of study leading to an academic degree, to submit to the institution a valid immunization record which documents the administration of all required immunizations against vaccine-preventable disease, or evidence of immunity from these diseases, in accordance with regulations promulgated by the Department of Health. The institution shall keep the records on file in such form and manner as prescribed by the department.

The New Jersey Department of Health and Senior Services (NJDOH) administrative code, N.J.A.C. 8:57-6.4, states that students born before 1957 are exempt from the measles, mumps, and rubella (MMR) vaccination requirement.

Since the Education Statute at N.J.S.A. 18A:61D-1 specifically states that only students 30 years of age or less must show proof of vaccination, NJDOH cannot require a college student over 30 years of age that meets all the other requirements set forth at N.J.S.A. 18A:61D-1 to present proof of vaccine or immunity for any of the required college vaccines. However, NJDOH still highly recommends that students are age appropriately immunized.

**New Jersey Immunization Information System**
e.g. ‘Immunization Registry’ (NJIIS)

**Q:** What is NJIIS?

**A:** The New Jersey Immunization Information System (NJIIS) is a secure, computerized, statewide immunization registry that can help parents and health care providers keep track of immunizations given from birth through adulthood. NJIIS is managed by the New Jersey Department of Health, Vaccine Preventable Disease Program and has been operating since 1997. [For more information about joining NJIIS, go to:](https://njiis.nj.gov/njiis/)

**Q:** What is the NJIIS mandate for physicians?

**A:** Effective December 31, 2011, every health care provider administering vaccine to children less than seven years of age shall register as an NJIIS site and authorized user and commence online reporting of vaccinations (N.J.A. C. 8:57-3.16a)
Q: Is NJIIS only for providers who vaccinate children under the age of seven?

A: No, NJIIS can be used for entering all vaccine doses administered regardless of patient age. Clinicians who administer vaccines to adolescents and adults are strongly recommended to become NJIIS users to ensure that the database is as robust as possible.

Clinician Resources

Q: Where can I obtain the Vaccine Declination (“Refusal to Vaccinate”) form?

A: Clinicians may refer to the American Academy of Pediatrics website http://www2.aap.org/immunization/pediatricians/pdf/refusaltovaccinate.pdf

Q: Does New Jersey Department of Health (NJDOH) require a signed consent form prior to administering a vaccination? What is required of a health care provider before giving a vaccination?

A: No, NJDOH does not require a signed consent form prior to administering vaccination. However, healthcare institutions and facilities may have their own policies and procedures which may require a signature as a form of consent prior to the administration of vaccine.

By Federal law, all vaccine providers must give patients, or their parents or legal representatives, the appropriate Vaccine Information Statement (VIS) whenever a vaccination is given. For further information about the National Childhood Vaccine Injury Act (NCVIA) please see the following link: http://www.immunize.org/catg.d/p2027.pdf

Q: Where can I obtain the latest Vaccine Information Statements (VIS)?

A: All current VISs are available on the internet at two websites — the CDC’s Vaccines & Immunizations site http://www.cdc.gov/vaccines/pubs/vis/default.htm and the Immunization Action Coalition http://www.immunize.org/vis/. VISs from these sites can be downloaded as pdf files and printed. For more information on VIS, go to: http://www.cdc.gov/vaccines/pubs/vis/vis-facts.htm
**Q:** Where can I get a list of combination vaccinations?

**A:** Go to the CDC’s “Epidemiology and Prevention of Vaccine Preventable Diseases, 12th edition Appendix B:


Another source is the “Childhood and Adolescent Recommended Vaccines” booklet which can be found at: http://nj.gov/health/cd/imm.shtml

**Q:** I receive several patients/ students from other countries. Where can I find a resource on vaccination schedules, by country?

**A:** Search by country of origin and scroll down to the country’s recommended immunization schedule.

http://apps.who.int/immunization_monitoring/globalsummary

**Q:** I received a foreign immunization record. Is this acceptable?

**A:** Yes, it is acceptable as long as the record contains proper written documentation with a seal or a stamp from the facility where the vaccine was administered or signed and dated by a physician.

You should be skeptical when reviewing the record. Match the record with the CDC/ACIP recommended schedule and more specifically NJ’s Immunization requirements.

If unsure about vaccination status, revaccination may be simpler or do serology if appropriate. Please see the section on serology to see what is acceptable.

**Q:** Is it a violation of HIPAA to include the date that a child will be given a vaccine dose needed for school, to be submitted by the parent to the school for their records?

**A:** No it is not a violation of HIPAA to include the appointment date that a child plans to receive a vaccine to show documentation for the child’s immunization record.

For further questions pertaining to school immunization requirements, please send an email to immschoolquestions@doh.state.nj.us. Please include all of your contact information, including your phone number, so your inquiry can be addressed in a timely manner.