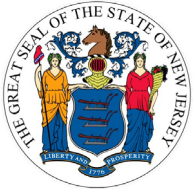




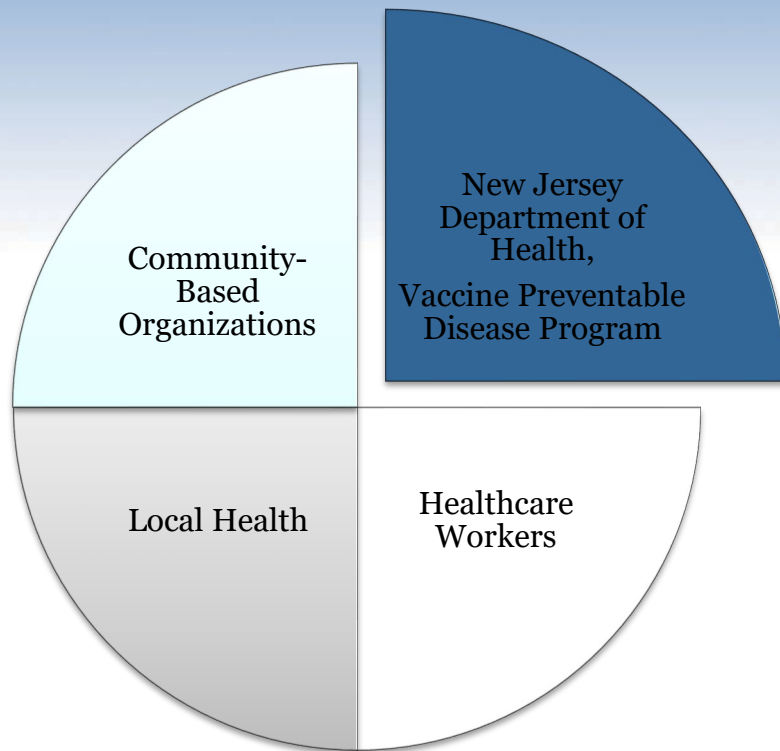
# **New Jersey School Immunization Requirements: *What You Need to Know***

*Jenish Sudhakaran, MPH*  
*Jennifer Smith, MPH, CHES*

**Vaccine Preventable Disease Program**  
**Phone: 609-826-4861**



# Partners in Prevention



Vaccines for Children (NJ VFC)

New Jersey Immunization Information System (NJIIS)

Perinatal Hepatitis B Prevention

Epidemiology & Surveillance

Population Coverage & Assessment

Health Education

Adolescent & Adult Immunization

# Immunization & Early Childhood Development

Early years important to childhood growth and development

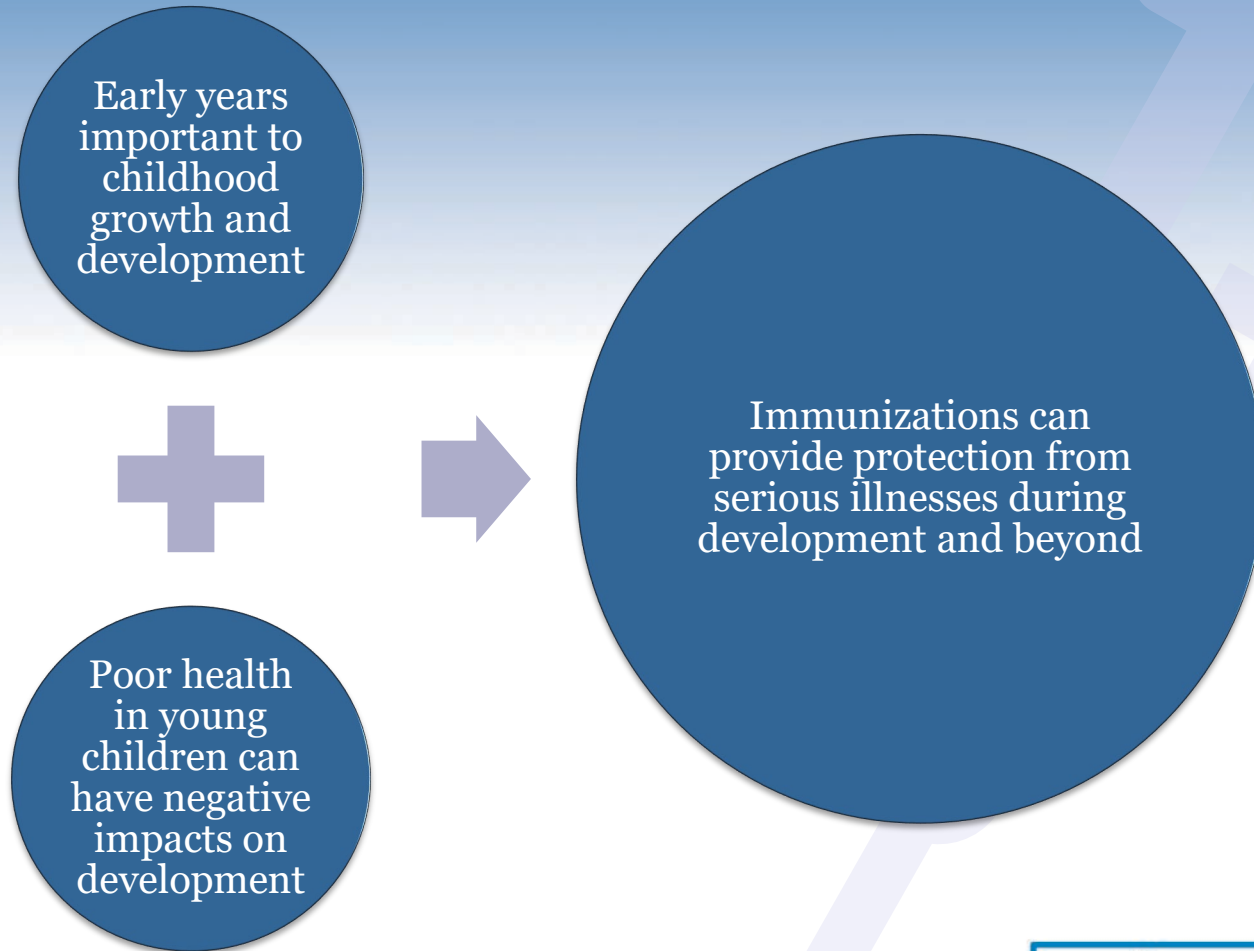
Multiple milestones in 1<sup>st</sup> year of life



- Social and Emotional
- Language/Communication
- Cognitive (learning, thinking, problem solving)
- Movement/Physical Development



# Immunization & Early Childhood Development



**SOURCE:** Centers for Disease Control and Prevention. Child Development.  
[www.cdc.gov/ncbddd/actearly/pdf/checklists/all\\_checklists.pdf](http://www.cdc.gov/ncbddd/actearly/pdf/checklists/all_checklists.pdf)

# Outbreaks in Child Care Centers

Outbreaks of vaccine preventable diseases have occurred in childcare centers

Unvaccinated children in your center/home are at risk

Children who are not caught up on their vaccinations may be excluded from child care if there are outbreaks

# IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE

# N.J.A.C. 8:57-4

## New Jersey Administrative Code

- Title 8: Health
- Chapter 57: Communicable Disease
- Subchapter 4: Immunization of Pupils in School



# Religious Exemptions

Parent or guardian must provide a signed written statement.

Religious affiliated schools can grant or deny

Does not need to indicate the child's religion or specific tenants, notarized, or signed by a religious leader

No annual update is required



# FAQ -1



**A parent filed a religious exemption for the flu vaccine, but their child received all other age-appropriate vaccines. Is this acceptable?**



# Religious Exemption (2)

Parents may object to one or more vaccines

Parents can file for a RE even if a child was previously vaccinated, because their beliefs have changed

RE are null & void if vaccines are received after filing date

Rules do not stipulate that religious beliefs have to be consistently held so parents can file for a new exemption anytime

# Medical Exemptions

- Can only be written by a medical doctor, doctor of osteopathic medicine or an advanced practice nurse licensed to practice in the United States
- Must indicate a specific time period
- Reasons enumerated by the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP)
- Do not necessarily need to be renewed, but must be reviewed annually

# Medical Exemption Form

**New Jersey Department of Health  
Vaccine Preventable Disease Program**

**REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION**

Name of Student: _____	State of Birth: _____
Name of Parent/Guardian (if under 18): _____	Primary Phone: _____
Patient/Parent Home Address: _____	
Patient/Parent Email Address: _____	

Medical contraindications and precautions for immunizations are based on the most recent General Recommendations of the Advisory Committee on Immunization Practices (ACIP), available at <https://www.cdc.gov/vaccines/imz/aciip/ncip-general-recs/contraindications.html> or <https://redbook.solutions.aso.org/redbook.aso>

Please check the website to ensure that you are reviewing the most recent ACIP information. Please note that the presence of a moderate to severe acute illness with or without fever is a precaution to administration of all vaccines. However, as acute illnesses are short-lived, medical exemptions should not be submitted for this indication.

Table 1. ACIP Contraindications and Precautions to Vaccination for Mandatory Vaccines		
Vaccine	Exemption Length	ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)
<input type="checkbox"/> DTaP, Tdap	<input type="checkbox"/> Temporary Through: _____	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
	<input type="checkbox"/> Permanent	
<input type="checkbox"/> DT, Td	<input type="checkbox"/> Temporary Through: _____	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
	<input type="checkbox"/> Permanent	

IMM-53  
JULY 19

Page 3 of 7

**New Jersey Department of Health  
Vaccine Preventable Disease Program**

**REQUEST FOR MEDICAL EXEMPTION FROM MANDATORY IMMUNIZATION**

Vaccine	Exemption Length	ACIP Contraindications and Precautions (CHECK ALL THAT APPLY)
<input type="checkbox"/> Mvaricella	<input type="checkbox"/> Temporary Through: _____	<p><b>Contraindications</b></p> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
	<input type="checkbox"/> Permanent	
<input type="checkbox"/> Pregnancy		
<input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test		
<p><b>Precautions</b></p> <input type="checkbox"/> Recent (≤ 11 months) receipt of antibody-containing blood product (specific interval depends on product)		
<input type="checkbox"/> Receipt of specific antivirals (i.e., acyclovir, famciclovir, or valacyclovir) 24 hours before vaccination; avoid use of these antiviral drugs for 14 days after vaccination)		
<input type="checkbox"/> Use of aspirin or aspirin-containing products		
<input type="checkbox"/> Other: Please explain fully and attach additional sheets as necessary. Please be sure to check Table 2 below to ensure that the condition is not one incorrectly perceived as a contraindication or precaution.		

**Attestation**

I am a physician (M.D. or D.O.) licensed to practice medicine in a jurisdiction of the United States or an advanced practice nurse licensed in a jurisdiction of the United States.

By signing below, I affirm that I have reviewed the current ACIP Contraindications and Precautions and affirm that the stated contraindication(s)/precaution(s) is/are contraindicated by the ACIP and consistent with established national standards for vaccination practices. I understand that I might be required to submit supporting medical documentation. I also understand that any misrepresentation might result in referral to the New Jersey State Board of Medical Examiners and/or appropriate licensing/regulatory agency.

Healthcare Provider Name (please print): \_\_\_\_\_ Specialty: \_\_\_\_\_

NPI Number: \_\_\_\_\_ License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMM-53  
JULY 19

Page 6 of 7

<https://www.nj.gov/health/forms/imm-53.pdf>

# Provisional Admission

## Students must:

- Have at least one dose of each required vaccine
- Be actively in process of completing series as rapidly as medically feasible

**Table 2** Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2022

The table below provides 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. **Always use this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Minimum Interval Between Doses	
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	Dose 3 to Dose 4	Dose 4 to Dose 5
				6 months	6 months



**Timing Matters!**

# Out of Compliance

**No immunization record, RE or ME, or does not meet the provisional definition**



**Students should not be allowed to attend school until they are eligible to be admitted provisionally**

# 30-Day Grace Period

**Applies only to out-of-state or out-of-country transfer students**

**Admitted temporarily for up to 30 days if acceptable evidence of vaccination is not available**

**After 30 days, the child may not attend school until documentation is received and/or is eligible to be admitted provisionally**

# Four-Day Grace Period

All doses administered  $\leq 4$  days before either the specified minimum age or dose spacing interval



# Official Immunization Record

Presented on the first day of school



List the type of immunization and the date of administration



Vaccine administration dates should be listed by month, day and year.



New Jersey Department of Health  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

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IMM-8

STATE OF NEW JERSEY  
HEALTH HISTORY AND APPRAISAL

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NJDOE A-45

# Acceptable Documents

# NJIIS Mandatory Participation



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



# Foreign Immunization Records

**Accept with proper written documentation**

**Match with U.S. requirements (specifically NJ)**

**Revaccinate in accordance with the ACIP recommended schedule (may be simpler) or do serology (when possible)**

**Translation of foreign vaccines**

[www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/foreign-products-tables.pdf)

**See AAP's Red Book or the ACIP for further guidance**

# Reporting Requirements: Annual Immunization Status Report (ASR)

ASR packets are mailed in November of the respective academic year

Reporting time frame is September through December 31<sup>st</sup>. Accessible on-line during the reporting period at: [www.nj.gov/health/cd/imm\\_requirements/annualstatusrpt.shtml](http://www.nj.gov/health/cd/imm_requirements/annualstatusrpt.shtml)

Due February 1<sup>st</sup> of respective academic year

\*Current ASR packet, ASR ID search tool and new ASR tutorial available on the VPDP Immunization Requirements page at: [www.nj.gov/health/cd/imm\\_requirements](http://www.nj.gov/health/cd/imm_requirements).

- [Flu Vaccine Tracking Form](#)
- [Cover Letter - Provisional Admission Student Tracking Form](#)
- [Provisional Admission Technical Guidance](#)
- [Provisional Admission Student Tracking Form](#)
- [Additional Immunization Requirements for School Attendance](#)
- [Childhood and Adolescent Recommended Vaccines \*\*UPDATED 03/2022\*\*](#)

[Slideset]

### Memo about School Immunization Requirements

- [Religious and Medical Exemptions](#)

### Annual Immunization Status Report

- [2022-2023 ASR Packet](#)
- [Form \(IMM-7\) and Instructions](#)
- [ASR School ID Finder](#)
- [NJDOH ASR ID Request & School Info Change Form](#)
- **For help completing the ASR, view the tutorial [here!](#)**



# Annual Immunization Status Report (ASR)

Annual Immunization Status Report

The Annual Status Report (ASR) is due February 1 of the respective academic year. If you have any questions, please contact the Vaccine Technical Assistance Program at 800-852-6862.

ASR Page 1 (of 2) (2/1/14)

Minimum Immunization Requirements for School Attendance (01-02) (of 2) (2/1/14)

Minimum Immunization Requirements for Childcare/Preschool (2/1/14)

**Required Fields**

School ID:

Agency:   District & County  Homebased  Homebased

School Name:

Name of School Child Care:

Child's Name:

Child's Birth Date:

Child's Sex:

Child's Address:

City:

State:

Zip:

Child's Address (if different from above):

City:

State:

Zip:

Name of Home Caregiver:

Home Caregiver Address:

Name of Hospital/Physician:

Hospital/Physician Address:

Homebased/Non-Public:  Public  Non-Public

The school is responsible for ensuring that all pupils are in compliance with the New Jersey

Immunization requirements. On the form below, enter the status of all pupils in your entry level grade, grade 6, and transfer students (any grade).

- Child care facilities must enter the immunization status of all enrolled children who are over 2 months of age on the year's first day.
- If your school has a preschool program, enter these children on the preschool line.
- If your school has a kindergarten program, enter these children on the kindergarten line.
- Enter your district/county on the grade 6 line.
- All pupils in your district/county must be included with the appropriate age school class.

Grade Level	Not Applicable	*Number of Pupils Enrolled	**Pupils Meeting All Immunization Requirements	+Pupils with Provisional Admittance	Pupils with Medical Exemptions	Pupils with Religious Exemptions	Pupils with Status Unknown
Pre-k/Childcare:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kindergarten:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 1 (First Time Enters Only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 6:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
***Transfer Students (Out of District/State/Country only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Level	Not Applicable	*Number of Pupils Enrolled	**Pupils Meeting All Immunization Requirements	+Pupils with Provisional Admittance	Pupils with Medical Exemptions	Pupils with Religious Exemptions	Pupils with Status Unknown
Pre-k/Childcare:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kindergarten:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 1 (First Time Enters Only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade 6:	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
***Transfer Students (Out of District/State/Country only):	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total # of Students between ages 6-59 mos. subject to the flu vaccine requirement

Total # of Students subject to the flu vaccine requirement who received flu vaccine by December 31st

Total # of Students subject to the flu vaccine requirement with a religious exemption for flu vaccine

Total # of Students subject to the flu vaccine requirement with a medical exemption for flu vaccine





Although the survey is voluntary, we need to evaluate the compliance with and the effectiveness of the influenza vaccination programs for preschool-aged children. We appreciate your cooperation in filling out this survey.

Total # of students between ages 6-59 mos. subject to the flu vaccine requirement

Total # of students subject to the flu vaccine requirement who received flu vaccine by December 31st

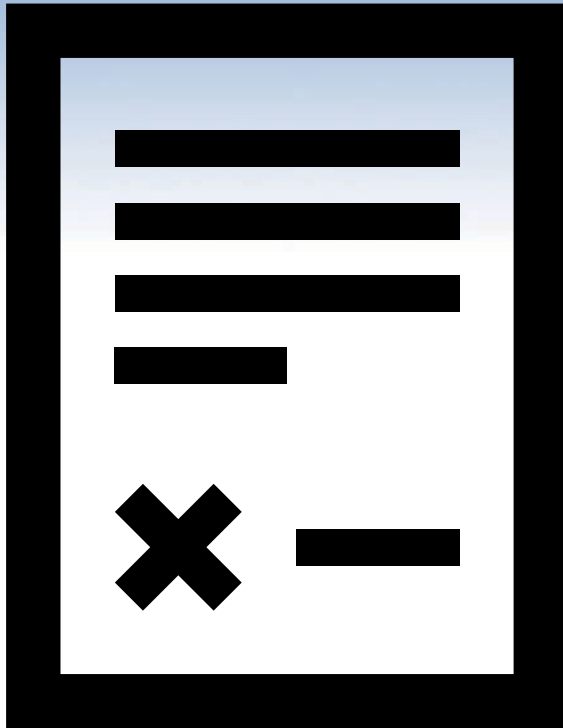
Total # of students subject to the flu vaccine requirement with a religious exemption for flu vaccine

Total # of students subject to the flu vaccine requirement with a medical exemption for flu vaccine

Submit Next



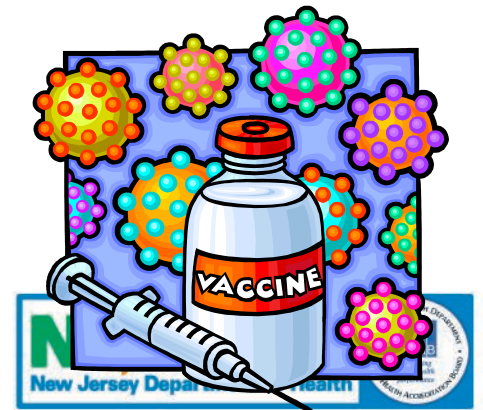
# Violation to the State Sanitary Code



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



# NJ School Immunization Requirements



# DTaP Vaccine

## Child Care/Preschool:

A minimum of four doses of a DTaP-containing vaccine or fewer as appropriate for the child's age per the ACIP Recommended Schedule

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Diphtheria, tetanus & acellular pertussis (DTaP)	Dose #1	Dose #2	Dose #3			Dose #4		

## Kindergarten/First Grade:

A total of 4 doses with one of these doses on or after the 4th birthday OR any 5 doses

## Second Grade and Higher (at least seven years of age):

A minimum of three doses of a DTaP-containing vaccine

# Tdap Vaccine

## **Sixth Grade and Higher:**

Those children born on or after January 1, 1997 **AND** who are at least 11 years of age and older are required to receive a one-time dose of tetanus, diphtheria, acellular pertussis (Tdap) vaccine at the six grade or higher grade level



**Table 2** Catch-up immunization schedule for persons aged 4 months—18 years who start late or who are more than 1 month behind, United States, 2019

The figure below provides 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. Always use this table in conjunction with Table 1 and the notes that follow.

Children age 4 months through 6 years					
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	Birth	4 weeks	8 weeks <b>and</b> at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks Maximum age for final dose is 8 months, 0 days.		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months
<i>Haemophilus influenzae</i> type b	6 weeks	<b>No further doses needed</b> if first dose was administered at age 15 months or older. <b>4 weeks</b> if first dose was administered before the 1 <sup>st</sup> birthday. <b>8 weeks (as final dose)</b> if first dose was administered at age 12 through 14 months.	<b>No further doses needed</b> if previous dose was administered at age 15 months or older. <b>4 weeks</b> if current age is younger than 12 months <b>and</b> first dose was administered at younger than age 7 months, <b>and</b> at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. <b>8 weeks and age 12 through 59 months (as final dose)</b> if current age is younger than 12 months <b>and</b> first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months <b>and</b> first dose was administered before the 1 <sup>st</sup> birthday, <b>and</b> second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) <b>and</b> were administered before the 1 <sup>st</sup> birthday.	<b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 <sup>st</sup> birthday.	
Pneumococcal conjugate	6 weeks	<b>No further doses needed</b> for healthy children if first dose was administered at age 24 months or older. <b>4 weeks</b> if first dose administered before the 1 <sup>st</sup> birthday. <b>8 weeks (as final dose for healthy children)</b> if first dose was administered at the 1 <sup>st</sup> birthday or after.	<b>No further doses needed</b> for healthy children if previous dose administered at age 24 months or older. <b>4 weeks</b> if current age is younger than 12 months and previous dose given at <7 months old. <b>8 weeks (as final dose for healthy children)</b> if previous dose given between 7-11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was given before age 12 months.	<b>8 weeks (as final dose)</b> This dose only necessary for children age 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is < 4 years. 6 months (as final dose) if current age is 4 years or older.	6 months (minimum age 4 years for final dose).	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal	2 months MenACWY-CRM 9 months MenACWY-D	8 weeks	See Notes	See Notes	

# Polio Vaccine

## Child Care/Preschool:

A minimum of 3 doses of a polio-containing vaccine or fewer as appropriate for the child's age as per the ACIP Recommended Schedule

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Inactivated Polio Virus (IPV)	Dose #1	Dose #2				Dose #3		

## Kindergarten/First Grade

A total of 3 doses with one of these doses given on or after the 4th birthday  
OR any 4 doses

# FAQ -2



**A child is entering Kindergarten and received all 3 doses of polio vaccine administered before the fourth birthday. The last dose was given at age 3. Does he meet the polio vaccine requirement for Kindergarten entry?**



# IPV or OPV

## Vaccination:

- Inactivated Polio Vaccine (IPV) doses  
OR
- OPV doses given **before** April 1, 2016

# Polio Vaccine

## **Second grade and Higher (at least seven years of age):**

Children who are seven years of age and older are required to have a minimum of three doses of polio

Polio vaccine is not required for students 18 years of age and older



# Measles, Mumps, Rubella Vaccine

## **Child Care/Preschool:**

A minimum of one dose of MMR vaccine by 15 months of age



Travel Recommendation: 6 months through 11 months of age who will be traveling internationally This dose would not count towards completion of the routine schedule.

## **Kindergarten-Twelfth Grade:**

Two doses of measles, one dose of mumps, and one dose of rubella

# Haemophilus influenzae type b (Hib) Vaccine

## Child Care/Preschool:

Children who are 2 - 11 months of age: Minimum of 2 age-appropriate doses

Children who are 12 - 59 months of age: Minimum of 1 dose on or after the first birthday

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
Haemophilus influenzae type b (Hib)	Dose #1	Dose #2		1-4 doses		At least one dose given on or after the first birthday		

## Kindergarten-Twelfth Grade:

Not Required

# Hepatitis B Vaccine

## **Child Care/Preschool:**

Not required

## **Kindergarten-Twelfth Grade:**

- Three doses of hepatitis B vaccine or any vaccine combination containing hepatitis B virus
- OR
- An approved 2-dose adolescent vaccine is available for use at 11-15 years

# FAQ -3



**A Kindergarten student (DOB 9/15/2018) received 3 doses of Hepatitis B vaccine on the following dates:**

- 1<sup>st</sup> dose: 9/16/2018**
- 2<sup>nd</sup> dose: 10/19/2018**
- 3<sup>rd</sup> dose: 1/28/2019**

**Does he meet the requirements for Kindergarten?**



# Hepatitis B Intervals

The minimum interval between the first and second dose:

- Weeks after first dose - 4 weeks (28 days)

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

- Weeks after first dose - 16 weeks (112 days)
- Weeks after second dose - 8 weeks (56 days)
- Weeks after birth - 24 weeks (168 days)

# Varicella (Chickenpox) Vaccine

## **Child Care/Preschool:**

A minimum of one dose of varicella vaccine by 19 months of age (for children born on or after January 1, 1998)

## **Kindergarten-Twelfth Grade:**

At least one dose of varicella vaccine

# Pneumococcal Vaccine

## Child Care/Preschool:

- Children who are 2 - 11 months of age: Minimum of 2 age-appropriate doses
- Children who are 12-59 months of age: Minimum of 1 dose on or after the first birthday

At this age the student should have received the following vaccine:	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19 mos.	20-59 mos.
<b>Pneumococcal conjugate (PCV 13)</b>	Dose #1	Dose #2		1-4 doses	At least one dose given on or after the first birthday			

## Kindergarten-Twelfth Grade:

Not Required



# Meningococcal Vaccine

**Child Care/Preschool:** Not required

**Sixth Grade and Higher:**

Those children who were born on or after January 1, 1997 **AND** who are at least 11 years of age and older are required to receive a one-time dose of meningococcal-containing vaccine at the six grade or higher grade level. Meningococcal Conjugate Vaccine is preferred.

Meningococcal Vaccine Recommendations by Age and/or Risk Factor:  
<http://www.immunize.org/catg.d/p2018.pdf>



# Influenza

**Childcare/Preschool:** 1 annual dose between September 1 and December 31 for children six months through 59 months of age.

**K-12:** Not required

# Laboratory Evidence of Immunity

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

Source: General Recommendations on Immunization: Recommendations of the Advisory Committee of Immunization Practices

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm>

Source: New Jersey Department of Health Vaccine Preventable Disease Program Immunization Requirements Frequently Asked Questions—Section on Serology Titers: [http://nj.gov/health/cd/documents/vaccine\\_qa.pdf](http://nj.gov/health/cd/documents/vaccine_qa.pdf)



# New Jersey Hot Shots for Tots



2020  
AIM  
Bull's-  
Eye  
Award  
Recipient

[https://www.nj.gov/health/cd/imm\\_requirements/vdpd\\_hotshots.shtml](https://www.nj.gov/health/cd/imm_requirements/vdpd_hotshots.shtml)

## Objective

- Empower child care and preschool providers to implement immunization best practices to maintain and/or improve immunization coverage

## Method

- Motivate through recognition and incentives via a point- based immunization campaign

# Resource Links

- **State VPDP**  
[nj.gov/health/cd/vpdp.shtml](http://nj.gov/health/cd/vpdp.shtml)
- **NJ Vaccine Requirements and Guidance Materials**  
[nj.gov/health/cd/imm\\_requirements/](http://nj.gov/health/cd/imm_requirements/)
- **NJIIS website**  
[njiis.nj.gov/njiis/](http://njiis.nj.gov/njiis/)
- **CDC Recommended Childhood & Adolescent Immunization and Catch-Up Schedule**  
[cdc.gov/vaccines/schedules/index.html](http://cdc.gov/vaccines/schedules/index.html)
- **Hot Shots for Tots Immunization Campaign**  
[nj.gov/health/cd/imm\\_requirements/vpdp\\_hotshots.shtml](http://nj.gov/health/cd/imm_requirements/vpdp_hotshots.shtml)

# It Takes a Village to Protect Our Children, Families, and Communities Against Vaccine- Preventable Diseases



**THANK YOU!**



# Contact

**Jenish Sudhakaran, MPH**  
**Population Assessment Coordinator**

**[Jenish.Sudhakaran@doh.nj.gov](mailto:Jenish.Sudhakaran@doh.nj.gov)**

**Phone: (609) 826-4861**

**Fax: (609) 826-4866**



# Transcription Activity

## SCENARIO:

A 3-year-old child is newly enrolling in a preschool facility in Fall 2023. The parents presented the following immunization record from their pediatrician. Please assess if this child is age-appropriately vaccinated.

- **DOB: 11/10/2020**
- **Pentacel: 2/12/21, 4/10/21, 6/12/21**
- **Hepatitis B: 11/10/2020**
- **PCV13: 1/22/2021**
- **MMR: 10/10/2021**
- **Varicella: 12/8/2021**
- **Flu vaccine: 8/15/2021**