Frequently Asked Questions for
Public Health Law (PHL) §§ 2164 and 2168
10 N.Y.C.R.R. Subpart 66-1
School Immunization Requirements

GENERAL QUESTIONS

Q1: Why did the New York State Department of Health (NYSDOH) change the regulations governing school immunization?

A1: The NYSDOH made these changes to ensure that children entering kindergarten through twelfth grade are fully vaccinated against measles, mumps, rubella (MMR), diphtheria, tetanus, pertussis (DTaP), and polio. The regulations also exempt students entering grades 8 through 12 (or comparable age level grade equivalents) during the 2015-16 school year from the new school immunization requirements if they had previously satisfied the school immunization requirements in effect on June 30, 2014. Finally, the regulations were also updated to incorporate the current Advisory Committee on Immunization Practices (ACIP) Recommended Schedules, to update the regulations for the New York State Immunization Information System (NYSIIS) to conform to recent changes in PHL 2168, and to clarify acceptable certificates of immunization. The regulations will be effective on July 1, 2015.

Q2: What is the legal basis for the school immunization requirements and the New York State Immunization Information System (NYSIIS)?

A2: The legal authority for school entry immunization requirements and NYSIIS stems from New York State Public Health Law (PHL) Article 21, Title VI, Sections 2164 and 2168, respectively.

Q3: When will these regulatory changes take effect?

A3: The revised regulations will take effect on July 1, 2015.

Q4: How have school immunization requirements been changed in the new regulations?

A4: Several changes have been made to the school immunization requirements for the 2015-16 school year.

- If students entering grades 8 through 12 (or comparable age level grade equivalents) in the 2015-16 school year satisfied the immunization dose requirements in effect in regulation on June 30, 2014, then they are in compliance with the immunization requirements for school entrance and attendance until they graduate from school.

- Students entering kindergarten through grade 7 in the 2015-2016 school year must have received, in accordance with ACIP minimum intervals:
  - TWO doses of measles-containing vaccine, two doses of mumps-containing vaccine, and at least one dose of rubella-containing vaccine. This requirement may also be satisfied by two doses of MMR vaccine.
  - FIVE doses of DTaP vaccine. However, if the fourth dose of DTaP was given at four years of age or older, then only four doses will be required.
The final dose of vaccine must be received no sooner than four years of age.

- Students entering kindergarten and grades 1, 6, and 7 in the 2015-16 school year are required to have FOUR doses of poliomyelitis vaccine in accordance with ACIP minimum intervals. However, if the third dose was given at four years of age or older, then only three doses will be required. The final dose of vaccine must be received no sooner than four years of age, with the exception of students that received dose four prior to August 7, 2010. As students enrolling in these grades move up a grade level each year, the students enrolling in those higher grades, or grade equivalent, will also be covered by this requirement.
- All other vaccine requirements established for the 2014-15 school year remain in effect. Refer to the "New York State Immunization Requirements for School Entrance/Attendance" for the 2015-16 school year for further detail.

To clarify the phase-in schedule for the new immunization requirements, refer to this chart:

| School Year 2015 – 2016: K, 1, 2*, 3*, 4*, 5*, 6, 7 |
| School Year 2016 – 2017: K, 1, 2, 3*, 4*, 5*, 6, 7, 8 |
| School Year 2017 – 2018: K, 1, 2, 3, 4*, 5*, 6, 7, 8, 9 |
| School Year 2018 – 2019: K, 1, 2, 3, 4, 5*, 6, 7, 8, 9, 10 |
| School Year 2019 – 2020: K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 |
| School Year 2020 – 2021: K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 |

*Students in starred grades will not be required to provide proof of a second dose of varicella nor a fourth dose of poliomyelitis vaccine at ACIP minimum intervals.

Q5: Are schools required to check intervals for students in grades 8 through 12 in the 2015-16 school year?

A5: For the 2015-16 school year, students in grades 8 through 12 (or comparable age level grade equivalents) will be exempted from the new immunization requirements, including interval requirements, if they had the appropriate numbers of doses of vaccine in accordance with the requirements that had been in effect in the 2013-14 school year.

Q6: What are the changes to the definition of an acceptable certificate of immunization?

A6: The definition of a certificate of immunization has been expanded to allow schools to accept additional certificates of immunization without provider signature. The following documents may be accepted as certificates of immunization without provider signature:
- A record issued by NYSIIS or the Citywide Immunization Registry (CIR),
- An official registry record from another state,
- An electronic health record or
- An official record from a foreign nation.

Q7: If a student is four years of age and only has one dose of MMR vaccine, can they wait until they are five or six years of age to receive the second dose?
A7: No. The revised regulation eliminated the “four to six year age window” that had been in effect in the 2014-15 school year. Students four to six years of age who had previously been “in process” for their final doses of MMR, DTaP or polio vaccines will need to receive these doses of vaccine or provide acceptable evidence of immunity or a medical or religious exemption to vaccination in order to enter or attend school in the 2015-16 school year.

Q8: How will these regulations affect my workload as a school nurse?

A8: Students aged four to six years who were previously “in process” for their final doses of MMR, DTaP and polio vaccines will need to be assessed for these vaccines in order to enter or attend school in the 2015-16 school year. However, schools will no longer be required to check the intervals for students enrolling in grades 8 through 12 in the 2015-16 school year.

POLIO

Q1: When are three doses of polio vaccine acceptable?

A1: Students in grades covered by the new polio vaccine requirements are required to have four doses of polio vaccine. If, however, the third dose of polio vaccine was administered at age four years or older and at least six months after the second dose, then three doses will be acceptable. Students entering grades 2 through 5 or 8 through 12 in the 2015-16 school year are only required to have three doses of polio vaccine.

Q2: A 6th grader received four doses of IPV at ages 2, 4, 6, and 18 months of age. Will this student need an additional dose of IPV?

A2: No. The NYSDOH follows CDC guidance that for students who received their fourth dose prior to August 7, 2010, four doses separated by at least four weeks is sufficient.

Q3: Are schools required to check polio vaccine intervals for students entering grades 2 through 5 and 8 through 12 for the 2015-16 school year?

A3: For the 2015-16 school year, children entering kindergarten and grades 1, 6 and 7 are required to have age-appropriate doses of polio vaccine at intervals consistent with the ACIP schedule. Schools are not required to check polio vaccine intervals for students entering grades 2 through 5 or 8 through 12 for the 2015-16 school year.

DTaP AND Tdap

Q1: When are four doses of DTaP vaccine acceptable?

A1: Students are required to have five doses of DTaP vaccine. If, however, the fourth dose of diphtheria, tetanus, and pertussis-containing vaccine was administered at age four years or older and at least six months after the third dose, then four doses will be acceptable.

Q2: Are three doses of DTaP, DTP, DT or Td ever acceptable?
A2: For students in 6th grade or above, three doses of DTaP, DTP, DT or Td plus one dose of Tdap will satisfy diphtheria, tetanus, and pertussis-containing vaccine requirements. In addition, students starting the tetanus, diphtheria and pertussis vaccine series at age 7 or older will only be required to receive a total of three doses. Students starting the series at age 7 or older who were born on or after 1/1/2005 must receive a dose of Tdap as one (preferably the first) dose in the series, followed by two doses of Td vaccine in accordance with ACIP minimum intervals. For students born prior to 1/1/2005, three doses of Td vaccine administered in accordance with ACIP minimum intervals will meet the immunization requirements.

Q3: If a child was inadvertently administered DTaP in place of Tdap at age 7 years or older, will they need to receive a booster dose of Tdap?

A3: No, the child will not need to receive a booster dose of Tdap.

Q4: If a 5 year old kindergarten student had three doses of DTaP, then how many additional doses will the child need to meet school requirements?

A4: The child will need one additional dose of DTaP. A fifth dose of DTaP is not necessary if the fourth dose is received at age 4 years or older.

Q5: If an 8 year old in 3rd grade had three doses of DTaP, how many doses of DTaP or Tdap will they need to meet school requirements?

A5: The 8 year old will need a single dose of Tdap vaccine. DTaP should not be given to a child 7 years of age or older. A fifth dose of diphtheria, tetanus, and pertussis containing vaccine would not be necessary because the fourth dose (Tdap) was administered at age 4 years or older. The dose of Tdap given at age 8 will also meet the 6th grade Tdap requirement.

Q6: Is there a difference between DTaP and Tdap?

A6: Yes, the amounts of diphtheria and pertussis in these vaccines are different. Upper-case letters in these abbreviations denote full-strength doses of diphtheria (D) and tetanus (T) toxoids and pertussis (P) vaccines. Lower-case "d" and "p" denote lower doses of diphtheria and pertussis. DTaP is given to children younger than 7 years of age. Tdap is given to older children and adults.

Q7: Some students aged 7 years of age and older did not complete the primary diphtheria, tetanus, and pertussis series. Since DTaP and DT vaccines are only licensed through age 6 years, how should they complete their vaccine series?

A7: Students aged 7 years or older who are not fully vaccinated against diphtheria, tetanus, and pertussis (i.e., less than 4 doses of DTaP or DTP, or less than 5 doses if the most recent dose was received before 4 years of age) are required to complete the vaccine series with doses of Tdap and/or Td. Students born on or after 1/1/2005 are required to receive a single dose of Tdap, followed by Td in accordance with ACIP minimum intervals if one or more additional doses are needed to complete the series. Students born prior to
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1/1/2005 may complete the series with doses of Td in accordance with ACIP minimum intervals. Tdap vaccine may be administered as early as 7 years of age.

Q8: What should a school do if a student’s healthcare provider refuses to provide Tdap vaccine to children less than 10 years of age?

A8: The school should contact their local health department and the NYSDOH for further assistance.

Q9: Are students who enter 6th grade at 10 years of age required to receive Tdap prior to 6th grade entry or may they defer Tdap vaccine until age 11?

A9: Students who enter 6th grade at 10 years of age and who completed the primary diphtheria, tetanus, and pertussis series may defer Tdap vaccine until they turn 11. However, students who did not complete the primary series will be required to meet the primary diphtheria, tetanus, and pertussis vaccine series requirements.

Q10: How soon after a student turns 11 should parents of the student provide documentation of a Tdap booster?

A10: Once a student turns 11, he/she is no longer considered in process and must provide documentation of a booster dose of Tdap, or provide proof of an appointment for the booster dose within 14 days.

Q11: If a student receives a dose of Tdap before the age of 10, will he/she need another dose?

A11: No. Tdap is licensed for only one dose, so the student will not need another dose of Tdap.

**MMR and Varicella**

Q1: Some students entering grades 1 and 2 in the 2015-16 school year are still in the “4 to 6 year age window” and were “in process” for the second dose of MMR vaccine in the 2014-15 school year. Can they remain “in process” until their 7th birthday, or will they be required to receive the second dose of MMR in order to enter or attend school in the 2015-16 school year?

A1: All students in kindergarten through grade 12 will be required to receive two doses of MMR vaccine (or two doses of measles containing vaccine, two doses of mumps containing vaccine, and at least one dose of rubella containing vaccine) or provide acceptable evidence of immunity or a medical or religious exemption to vaccination in order to enter or attend school in the 2015-16 school year. The revised regulation eliminated the “four to six year age window” that had been in effect in the 2014-15 school year.

Q2: If a student had a past diagnosis of measles, mumps or rubella disease, does the student have to be immunized or provide serological evidence of immunity?
A2: Healthcare provider diagnosis of measles, mumps, or rubella is not acceptable evidence of immunity under the current regulations. A student previously diagnosed with measles, mumps or rubella disease would be required to provide laboratory documentation of serological evidence of immunity to measles or mumps or to be immunized.

Q3: If a student receives an MMR and then less than 28 days later receives varicella (chickenpox) vaccine, is the varicella (chickenpox) vaccine considered acceptable proof of immunity?

A3: No, varicella (chickenpox) vaccine administered less than 28 days after a dose of MMR vaccine is not considered acceptable proof of immunity. The MMR is considered valid, but the dose of varicella (chickenpox) vaccine must be repeated. Two live virus vaccines must be separated by the minimum interval of 28 days between doses.

CERTIFICATE OF IMMUNIZATION

Q1: What is a valid certificate of immunization?

A1: A valid certificate of immunization must be prepared and signed by a health care practitioner and must specify the products administered and the dates of administration. It may also show physician, nurse practitioner, or physician assistant-verified history of varicella disease and/or laboratory evidence of immunity to measles, mumps, rubella, varicella, hepatitis B and/or all three serotypes of poliomyelitis contained in the polio vaccines. A record issued by NYSIIS, the CIR, an official immunization registry from another state, an electronic health record, and/or an official record from a foreign nation may be accepted as a certificate of immunization without a health practitioner’s signature.

Q2: If an immunization record from a health care provider’s office has a stamp on it, is it considered acceptable proof of immunity for school immunization requirements?

A2: Under the revised regulations, a record issued by NYSIIS, the CIR, an official immunization registry from another state, an electronic health record, and/or an official record from a foreign nation may be accepted as a certificate of immunization without a health care practitioner’s signature. Other immunization records must be signed, either by handwritten signature, electronic signature, or signature stamp. If the student has an unsigned paper record and has all required doses of vaccines at the correct intervals, then he or she may continue to attend school, but the student’s parent or guardian should be advised to obtain a health care provider’s signature on the immunization record as soon as possible.

Q3: Is an immunization record from another country acceptable proof of immunity?

A3: Yes, if it meets the requirements for a certificate of immunization set forth in Section 66-1.6.

Q4: Is a school health record from a previous school acceptable proof of immunity?
A4: Yes, under Section 66-1.5, a school health record from a previous school which contains all of the information specified in subdivision (a) of Section 66-1.3 is acceptable proof of immunity.

NYSIIS

Q1: What are the changes to regulations for NYSIIS?

A1: The changes to the regulations for NYSIIS add colleges, professional and technical schools, children’s overnight and summer day camps, the Indian Health Service and tribal nations as authorized users of NYSIIS, and grant access to de-identified registry information for research purposes. In addition, two exemptions to NYSIIS reporting and the ability to request an extension on the required 14 day reporting period are removed.

Q2: Are schools allowed access to the NYSIIS?

A2: Yes, schools have read-only access for student look-up. School users cannot enter or edit immunization data in NYSIIS. School nurses must participate in a recorded NYSIIS “School Access User” training to gain access to NYSIIS. Users must first obtain their own NYSDOH Health Commerce System (HCS) account to access NYSIIS. Additional information on how to get an HCS account, NYSIIS user guides, and NYSIIS school access user training can be found at http://www.health.ny.gov/prevention/immunization/information_system/schools/.

Q3: How can a school nurse or pre-K provider keep track of whether doses of vaccines were administered at the correct interval?

A3: In NYSIIS, school users have the ability to search for students and review their immunization history and recommended vaccinations. NYSIIS tracks vaccine doses by the recommended ACIP schedule. When those doses were not administered at the correct interval they are marked as “Invalid.” The “Date Administered” for that invalid dose will become a blue hyperlink that you can click on for an explanation of why the dose is invalid and displays the appropriate age and intervals for the series. Keep in mind, NYSIIS only displays immunizations that have been recorded by the physician’s office. If there are vaccine doses missing, schools must work with the parent or physician to determine if missing immunizations in NYSIIS are truly missing or, alternatively, just not entered into NYSIIS.