

K-12 School Immunization Requirements

77 ILLINOIS ADMINISTRATIVE CODE
TITLE 77: PUBLIC HEALTH
PART 665
CHILD HEALTH EXAMINATION CODE

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Section 665.100 Statutory Authority

The Illinois Department of Public Health (Department) is authorized under Section 27-8.1 of the School Code (Ill. Rev. Stat. 1991. Ch. 122. Par.27-8.1) [105 ILCS 5/27-8.1] TO PROMULGATE THE RULES AND REGULATIONS, SPECIFY THE EXAMINATIONS AND PROCEDURES WHICH SHALL CONSTITUTE A HEALTH EXAMINATION, AND TO PROMULGATE RULES AND REGULATIONS SPECIFYING IMMUNIZATIONS AGAINST PREVENTABLE COMMUNICABLE DISEASES.

Section 665.230 School Entrance

* a) Every child, prior to enrolling in any public, private/independent or parochial school (includes nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) in Illinois shall present to that school proof of immunity against:

- o 1) Diphtheria
- 2) Pertussis
- 3) Tetanus
- 4) Poliomyelitis
- 5) Measles
- 6) Rubella
- 7) Mumps
- 8) Haemophilus influenzae type B (as noted in Section 665.240(f))
- 9) Hepatitis B (as noted in Section 665.240 (g))

* b) The health care provider verifying the administration of the required immunization shall record as indicated on the Certificate of Child Health Examination that the immunizations were administered.

* c) Any child who does not submit proof of having protection by immunity as required must receive the needed vaccine. If for medical reasons one or more of the required immunizations must be given after the date of entrance of the current school year, a schedule for the administration of the immunizations and a statement of the medical reasons causing the delay must be signed by the health care provider who will administer the needed immunizations and be kept on file at the local school.

Section 665.240 Basic Immunization

* a) Diphtheria, Pertussis, Tetanus

o 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof (see Section 665.250 (b)) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP) vaccine. Individual doses in the series must have been received no less than four weeks apart. The interval between the third and fourth or final dose must be a least six months.

o 2) Any child entering school, kindergarten or first grade, for the first time must show proof (see Section 665.250 (b)) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP) with the last dose being a booster and having been received on or after the 4th birthday, but prior to school entrance. Individual doses in the series must have been received no less than four weeks apart. The interval between the third and fourth or final dose must be at least six months. Children six years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP vaccine. Pertussis vaccine is not medically recommended for children 7 years of age or older.

o 3) Any child entering school at a grade level not included in subsection (a)(1) or (2) of this Section must show proof (see Section 665.250 (b)) of receiving three or more doses of DTP or Tetanus, Diphtheria (Td) with the last dose being a booster and having been received on or after the 4th birthday. Individual doses in the series must have been received no less than four weeks apart.

o 4) If 10 years have elapsed since the last booster, an additional Td booster is required.

* b) Polio

o 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school

district) must show proof (see Section 665.250 (b)) of having received three or more doses of Trivalent Oral Polio Vaccine (TOPV). Individual doses in the series must have been received no less than six weeks apart.

o 2) Any child entering school, kindergarten or first grade, for the first time must show proof (see Section 665.250 (b)) of having received three or more doses of Trivalent Oral Polio Vaccine (TOPV) with the last dose being a booster and having been received on or after the 4th birthday, but prior to school entrance. The first two doses in the series must have been received no less than six weeks apart. The interval between the second and third or final dose must be a least six months.

o 3) Any child entering school at a grade level not included in subsection (b)(1) or (2) of this Section must show proof (see Section 665.250 (b)) of receiving three or more doses of TOPV with the last dose being a booster and having been received on or after the 4th birthday. The first two doses in the series must have been received no less than six weeks apart. The interval between the second and third or final dose (booster dose) must be at least six months.

o 4) A series of enhanced potency inactivated polio vaccine (e-IPV) or inactivated polio vaccine (IPV) and appropriate boosters may, for an individual, be substituted for vaccination with TOPV at the direction of a physician.

* c) Measles

o 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof (see Section 665.250 (b)) of having received one dose of live measles virus vaccine at 12 months of age or older, or other proof of immunity described in Section 665.250 (c).

o 2) Children entering at any grade level, K-12, must show evidence of having received two doses of live measles virus vaccine, the first dose at 12 months of age or older and the second dose no less than 1 month after the first or other proof of immunity described in Section 665.250 (c).

o 3) For students attending school programs where grade levels (K-12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (c)(2) of this Section shall be submitted prior to the school year in which the child reaches the ages of 5, 10, and 15.

* d) Rubella

o Any child 2 years of age or older entering a school program at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district, must show proof (see Section 665.250 (b)) of receiving at least one dose of rubella vaccine at 12 months of age or older. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250 (d)).

* e) Mumps

o Any child 2 years of age or older entering a school program at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district, must show proof (see Section 665.250 (b)) of receiving at least one dose of mumps vaccine at 12 months of age or older. Proof of disease, if verified by a physician licensed to practice medicine in all of its branches, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250 (e)).

* f) Haemophilus influenzae type b

o 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) must show proof of immunization that complies with the Hib vaccination schedule in Appendix B of this Part.

o 2) Children 24-59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, must show proof of receiving one dose of Hib vaccine at 15 months of age or older.

o 3) Any child 5 years of age or older shall not be required to provide proof of immunizations with Hib vaccine.

* g) Hepatitis B

o 1) Any child 2 years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) after July 1997 must show proof (see Section 665.250 (b)) of having received three doses of hepatitis B vaccine. The first two doses must have been received no less than 4 weeks apart, and the interval between second and third dose must be at least two months (although it is recommended there be three or more months between second and third shots). Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250 (f)).

o 2) Children entering the 5th grade for the first time after July 1997, must show evidence of having received 3 doses of hepatitis B vaccine. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be at least two months (although it is recommended there be three or months between the second and third shots). Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 665.250 (f)).

Section 665.250 Proof of Immunity

a) Proof of immunity shall be documented evidence of having received vaccine or proof of disease (as described below) verified by a health care provider defined as: physician (see Section 665.13), school health professional, or health official.

b) Day and month is required if it can not otherwise be determined that the vaccine was given after the minimum interval or age.

c) Proof of prior measles disease must be verified with date of illness signed by a physician or laboratory evidence of measles immunity.

d) The only acceptable proof of immunity for rubella is evidence of vaccine (dates, see subsection (b) above) or laboratory evidence of rubella immunity.

e) Proof of prior mumps disease must be verified with date of illness signed by a physician or laboratory evidence of mumps immunity. Laboratory evidence of mumps immunity is only acceptable if the diagnostic test utilized to assess immunity is one with demonstrated reliability, including neutralization, enzyme-linked immunosorbent assay (ELISA or EIA), or radial hemolysis antibody test. A four-fold rise in mumps antibody titer between appropriately spaced acute convalescent sera is also acceptable as proof of immunity.

f) Proof of prior or current hepatitis B infection must be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is only acceptable if one of the following serologic tests indicates positivity: HbsAg, anti-HBc and/or anti-HBs.

Section 665.270 Compliance with the Law

A child shall be considered in compliance with the law if all immunizations which a child can medically receive are given prior to entering school and a signed statement from a health care provider is presented indicated when the remaining medically indicated immunization will be received. Immunization schedules must be monitored by local school authorities to assure completion of the immunization schedule. If a child is delinquent for a scheduled appointment for immunization he/she is no longer considered in compliance.

Section 665.280 Physician Statement of Immunity

A physician licensed to practice medicine in all of its branches, who believes a child to be protected against a disease for which immunization is required may so indicate in writing, stating the reasons, and certify that he/she believes the specific immunization in question is not necessary or indicated. Such a statement should be attached to the child's school health record and accepted as satisfying the medical exception provision of the regulation for that immunization. These statements of lack of medical need will be reviewed by the Department with appropriate medical consultation. After review, if a student is no longer considered to be in compliance, the student is subject to the exclusion provision of the law.

Section 665.510 Objection of Parent or Legal Guardian

Parent or legal guardian of a student may object to health examinations, immunizations, vision and hearing screening tests, and dental health examination for their children on religious grounds. If a religious objection is made, a written and signed statement from the parent or legal guardian detailing such objections must be presented to the local school authority. The objection must set forth the specific religious belief which conflicts with the examination, immunization or other medical intervention. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow physical examinations, immunizations, vision and hearing screening, and dental examinations will not provide a sufficient basis for an exception to statutory requirements. The local school authority is responsible for determining whether the written statement constitutes a valid religious objection. The parent or legal guardian must be informed by the local school authority of measles outbreak control exclusion procedures in accordance with the Department's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time such objection is presented.

Section 665.520 Medical Objection

* a) Any medical objection to an immunization must be: o 1) Made by a physician licensed to practice medicine in all its branches indicating what the medical condition is. o 2) Endorsed and signed by physician on the certificate of child health examination and placed on file in the child's permanent record.

* b) Should the condition of the child later permit immunization, this requirement will then have to be met. Parents or legal guardians must be informed of measles outbreak control exclusion procedures when such objection is presented per Section 665.510.