

**Clarification of the Immunization Status
of Children and Compliance with State Law for 2014-2015 School Year**

The following definitions have been developed by the Illinois Department of Public Health to clarify the difference between (1) being protected against the specific vaccine-preventable diseases and in compliance, (2) being unprotected and in compliance, and (3) being unprotected and in noncompliance.

In addition to being in compliance relative to immunizations, children must receive physical examinations prior to entering Illinois schools for the first time, prior to the date of entering kindergarten or first grade, prior to entering sixth grade, and prior to entering ninth grade. Children who have not received physical examinations, as required, are considered to be in noncompliance whether or not they have received the required immunizations.

POLIO (IPV/OPV)

<p>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</p> <p>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</p>	<p>PROTECTED AND IN COMPLIANCE</p> <p>Has received three or more doses of Polio (IPV/OPV) administered at intervals of no less than four weeks apart.</p> <p>Has received four or more doses of any combination of IPV and OPV, or three or more doses of all-IPV or all-OPV, at intervals of no less than four weeks apart, with the last dose having been received on or after the 4th birthday.</p>	<p>UNPROTECTED AND IN COMPLIANCE*</p> <p>Has received at least one dose of Polio (IPV/OPV), but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the medical reason vaccine cannot be given prior to due date and the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds; or temporarily compliant under McKinney-Vento Act.</p>	<p>UNPROTECTED AND NONCOMPLIANT *</p> <p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented a schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
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DIPHTHERIA, TETANUS, PERTUSSIS (DTP/DTaP and Tdap)

<p>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START</p> <p>KINDERGARTEN or FIRST GRADE</p> <p>STUDENTS ENTERING SIXTH THROUGH TWELFTH GRADES IN 2014-2015 SCHOOL YEAR</p> <p>ALL OTHER GRADE LEVELS</p>	<p>PROTECTED AND IN COMPLIANCE</p> <p>Has received four doses of DTP/DTaP. The first three doses in the series must have been received no less than four weeks apart. The interval between the third and fourth dose must be at least six months.</p> <p>Has received four or more doses of DTP/DTaP with the last dose being a booster and having been received on or after the 4th birthday. The first three 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.</p> <p>Has received one dose of Tdap vaccine.</p> <p>Has received three or more doses of DTP/DTaP or Td, 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 four weeks apart. The interval between the second and third or final dose must be at least six months.</p>	<p>UNPROTECTED AND IN COMPLIANCE*</p> <p>Has received at least one dose of DTP/DTaP/Td/Tdap, but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the medical reason vaccine cannot be given prior to due date and the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporarily compliant under McKinney-Vento Act.</p>	<p>UNPROTECTED AND NONCOMPLIANT *</p> <p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented a schedule from a physician or clinic indicating the date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
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*Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

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HEPATITIS B

	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT *
<p>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</p> <p>STUDENTS ENTERING GRADES SIX THROUGH TWELVE</p>	<p>Has received three doses of hepatitis B vaccine administered at the appropriate intervals, or has laboratory evidence of prior or current hepatitis B infection. 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 two months. The interval between the first and third dose must be at least 4 months. The third dose must have been administered on or after 6 months of age.</p> <p>Has received three doses of hepatitis B vaccine at the appropriate intervals or has laboratory evidence of prior or current hepatitis B infection. 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 two months. The interval between the first and third dose must be at least four months.</p>	<p>Has not received, or provided proof of, hepatitis B vaccine as required, nor has laboratory evidence of prior or current hepatitis B infection, but has received at least one dose of hepatitis B vaccine and has presented a schedule from a physician or clinic indicating the medical reason vaccine cannot be given prior to due date and the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporarily compliant under McKinney-Vento Act.</p>	<p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, nor has laboratory evidence of prior or current hepatitis B infection, nor presented a schedule from a physician or clinic indicating date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>

HAEMOPHILUS INFLUENZAE TYPE B (Hib)

	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT *
<p>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</p> <p>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</p>	<p>Has received the primary series of Hib vaccine according to the Hib vaccination schedule or a single dose of Hib vaccine between 15-59 months of age.</p> <p>Hib vaccine not required for children 5 years of age or older.</p>	<p>Has not received, or provided proof of, Hib vaccine as indicated by the Hib vaccination schedule, but has presented a statement from a physician or clinic indicating the medical reason vaccine cannot be given prior to due date and the date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporarily compliant under McKinney-Vento Act.</p>	<p>Has not provided proof of Hib vaccine as indicated by the Hib vaccination schedule, and has not presented a schedule from a physician or clinic indicating a date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>

INVASIVE PNEUMOCOCCAL DISEASE

	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANT *
<p>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</p> <p>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</p>	<p>Has received the primary series of pneumococcal vaccine according to the pneumococcal vaccination schedule or a single dose of pneumococcal vaccine between 24-59 months of age.</p> <p>Pneumococcal vaccine not required for children 5 years of age or older.</p>	<p>Has not received, or provided proof of, pneumococcal vaccine as indicated by the pneumococcal vaccination schedule, but has presented a statement from a physician or clinic indicating the medical reason vaccine cannot be given prior to due date and the date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporarily compliant under McKinney-Vento.</p>	<p>Has not provided proof of pneumococcal vaccine as indicated by the pneumococcal vaccination schedule, and has not presented a schedule from a physician or clinic indicating a date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>

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VARICELLA/CHICKENPOX			
	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT*
<p>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE), INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</p>	<p>Has received one dose of varicella vaccine on or after the 1st birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.</p>	<p>Has not received or provided proof of, varicella vaccine as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the medical reason vaccine cannot be given prior to due date and the date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporarily compliant under McKinney-Vento Act.</p>	<p>Has not received or provided proof of, varicella vaccine as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, and has not presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>
<p>STUDENTS ENTERING AT ANY GRADE LEVEL (except Kdg, sixth, and ninth grades in 2014-15; see below for K, 6 and 9)</p>	<p>Has received one dose of varicella vaccine on or after the 1st birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.</p>		
<p>STUDENTS ENTERING KINDERGARTEN, SIXTH and NINTH GRADES FOR THE FIRST TIME, ON OR AFTER JULY 1, 2014.</p>	<p>Has received two doses of varicella vaccine with the first dose on or after the 1st birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.</p>		

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Vaccination Schedule for *Haemophilus influenzae* type b Conjugate Vaccines (Hib)

Note: Vaccines are interchangeable. Any combination of 3 doses of conjugate vaccine constitutes a primary series. Similarly, a DTP/Hib combination vaccine can be used in place of HbOC or PRT-T.

Vaccine	Age at 1 st Dose (months)	Primary Series	Booster	Total Number of Doses
HbOC HibTITER ® Wyeth/Lederle or DTP/HbOC TETRAMUNE ® Wyeth/Lederle or PRP-T ActHIB ® Aventis Pasteur OmniHib ® GlaxoSmithKline	2-6	3 doses, 2 months apart ^①	12-15 months ②, ③	4
	7-11	2 doses, 2 months apart ^①	12-18 months ②, ③	3
	12-14	1 dose	2 months later ③	2
	15-59	1 dose ④	None	1
PRP-OMP PedvaxHIB ® Merck COMVAX ® Merck	2-6	2 doses, 2 months apart ^①	12-15 months ②, ③	3
	7-11	2 doses, 2 months apart ^①	12-18 months ②, ③	3
	12-14	1 dose	2 months later ③	2
	15-59	1 dose ^④	None	1
PRP-D ProHIBIT ® Aventis Pasteur	15-59	1 dose ^④	None	1

1. Minimally acceptable interval between doses is one month.
2. At least 2 months after previous dose.
3. After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.
4. Children 15-59 months of age should receive only a single dose of Hib vaccine.

Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV)

Age of Child (Months)	Vaccination History	Primary Series and Booster Intervals	Total Doses Required
2-6 minimum age of six weeks:	0 doses	3 doses, 2 months apart; 4 th dose at age 12-15 months	4
	1 dose	2 doses, 2 months apart; 4 th dose at age 12-15 months	4
	2 doses	1 dose, 2 months after most recent dose; 4 th dose at age 12-15 months	4
7-11	0 doses	2 doses, 2 months apart; 3 rd dose at age 12 -15 months	3
	1 or 2 doses before age 7 months	1 dose, 2 months after most recent dose; 3 rd dose at 12 months -15 months and > 2 months after prior dose	3-4
12-23	0 doses	2 doses, ≥ 2 months apart	2
	1 dose administered before age 12 months	2 doses, ≥ 2 months apart	2
	1 dose administered on or after 12 months of age	1 dose ≥ 2 months after most recent dose	2
	2 or 3 doses administered before age 12 months	1 dose, ≥ 2 months after most recent dose	3-4
24-59 Healthy Children	Any incomplete schedule	1 dose, ≥ 2 months after most recent dose	1
Children at High risk ^{II}	Any incomplete schedule	2 doses separated by 2 months	2

Progression of 2 Dose Varicella Vaccine Requirement for Completion by All grades (K-12) by 2019

(Underlined Grade Level Indicates 2 doses required)

2014-2015 K 1 2 3 4 5 6 7 8 9 10 11 12

2015-2016 K 1 2 3 4 5 6 7 8 9 10 11 12

2016-2017 K 1 2 3 4 5 6 7 8 9 10 11 12

2017-2018 K 1 2 3 4 5 6 7 8 9 10 11 12

2018-2019 K 1 2 3 4 5 6 7 8 9 10 11 12

2019-2020 K 1 2 3 4 5 6 7 8 9 10 11 12