

PROTECTING OUR FUTURE

2014 Immunization Update
Immunization Program
Illinois Department of Public Health

Kankakee County Health Department Child Health
Conference February 27, 2014

OBJECTIVES

- Immunizations Requirements, including the Tdap requirement
- 2014-15 Revised Immunization requirements for PCV13, Mumps, Rubella, Varicella and Hepatitis B
- Meningococcal Disease and the Proposed Amendment to the Child Health Examination Code for MCV4

Definition of Immunization Intervals

- 1 Month = 4 Weeks / 28 Days
- 2 Months = 8 Weeks / 56 Days
- 4 Months = 16 Weeks / 112 Days
- One year of age = On or after the first birthday.

Day the student received the immunization is counted as day **ZERO**

***for preschool population hepatitis B only!**

6 months of age = 24 weeks = 168 days

REMINDER

There must be at least a 4 week / 28 day interval between two (2) live-virus vaccines (i.e. MMR, Varicella or FluMist).

- **IF LESS THAN 28 DAYS**, the vaccine administered second should not be counted as valid and must be repeated.
- The 4 Day “*Grace Period*” is not applied to the 28 day interval between 2 live-virus vaccines

- Physician notes that state adequately immunized or no need for additional vaccine, need to be sent to regional IDPH Immunization Staff (Section 665.280).
- When you send in a physical and/or doctor's note for review.... Students will be considered In Compliance **but** Unprotected pending further notice.
- These students would be put on the susceptible list

- IDPH has not changed their requirements... IDPH does not accept blanket “4 day grace periods”
- These notes are to be sent in to IDPH for review on an individual basis.
- The provider note must be acquired for each vaccine administered out of stated intervals

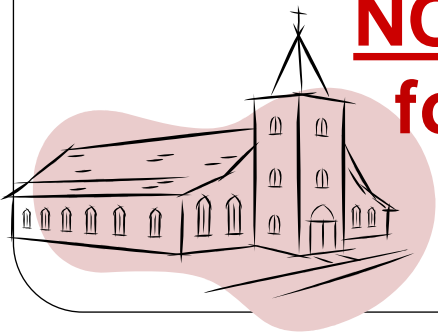
ONLY TWO EXEMPTIONS FOR IMMUNIZATION REQUIREMENTS IN ILLINOIS

1. MEDICAL
CONTRAINDIICATION



2. RELIGIOUS OBJECTION

NO LEGAL FORM
for religious objection



Child Health Examination Code 77 III. Adm. 665

Section 665.240 Basic Immunization

a) Diphtheria, Pertussis, Tetanus

5) Beginning with school year 2011-2012, any child entering sixth grade shall show proof of having received one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.

6) Students entering grades seven through 12 who have not already received Tdap are required to receive one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.

7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.

Tdap

- An inadvertent dose of DTaP vaccine administered to children aged 7 through 10 years can count as part of the catch-up series.
 - This dose can count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11–12 years.
- Tdap vaccine given on or after the 7th birthday would meet the new school requirement, though it is not routinely recommended
- Testing for pertussis immunity is not reliable **AND WILL NOT MEET THE REQUIREMENT**

Required Grades for Varicella Requirements

- 2002-03 **Preschool Kindergarten**
- 2003-04 **Preschool K 1**
- 2004-05 **Preschool K 1 2**
- 2005-06 **Preschool K 1 2 3**
- 2006-07 **Preschool K 1 2 3 4**
- 2007-08 **Preschool K 1 2 3 4 5**
- 2008-09 **Preschool K 1 2 3 4 5 6**
- 2009-10 **Preschool K 1 2 3 4 5 6 7**
- 2010-11 **Preschool K 1 2 3 4 5 6 7 8**
- 2011-12 **Preschool K 1 2 3 4 5 6 7 8 9**
- 2012-13 **Preschool K 1 2 3 4 5 6 7 8 9 10**
- 2013-14 **Preschool K 1 2 3 4 5 6 7 8 9 10 11****
- 2014-15 **Preschool K 1 2 3 4 5 6 7 8 9 10 11 12**



PROOF OF IMMUNITY

Section 665.250 Proof of Immunity

- Laboratory Evidence of immunity can be accepted for measles, rubella, mumps and varicella.
- 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.

The Child Health Examination Code does not include laboratory evidence for proof of immunity for diphtheria, tetanus, pertussis and polio vaccines.

SUSCEPTIBLE LISTS

Child Health Examination Code/Part665 Section665.290

An accurate list shall be maintained at every attendance center for students who have not presented evidence of immunity for Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella and Varicella

And for the appropriate grade levels

Hepatitis B, Varicella , Hib and Pneumococcal Conjugate vaccines

SCHOOL YEAR 2014-2015

REVISIONS TO CHILD HEALTH EXAMINATION
CODE

RUBELLA REQUIREMENT 2014-2015

Section 665.240 Basic Immunization

d) Rubella

2) **Beginning with the school year 2014-2015**, children entering school at any grade level (kindergarten through 12) **shall show proof of having received two doses of live rubella virus vaccine**, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).

3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of live rubella virus vaccine as described in subsection (d)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

2015

Section 665.240 Basic Immunization

e) Mumps

- 2) **Beginning with the school year 2014-2015**, children entering school at any grade level (kindergarten through 12) **shall show proof of having received two doses of live mumps virus vaccine**, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other proof of immunity described in Section 665.250(c).
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received two doses of live mumps virus vaccine as described in subsection (e)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

HEPATITIS B REQUIREMENT 2014-2015

Section 665.240 Basic Immunization

g) Hepatitis B

2) **Children entering the sixth grade for the first time on or after July 1, 2002** shall show proof of having received three doses of hepatitis B vaccine, or other proof of immunity described in Section 665.250(f). The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first and third doses shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted.

VARICELLA REQUIREMENTS 2014-2015

Section 665.240 Basic Immunization

h) Varicella

2) Children who entered kindergarten for the first time on or after July 1, 2002, shall show proof of having received at least one dose of varicella vaccine on or after the first birthday, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.

3) **Beginning with school year 2014-2015, any child entering kindergarten, sixth grade, or ninth grade** for the first time shall show proof of having **received two doses of varicella vaccine**, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella

Varicella Requirements continued

- 4) Only those children who have been immunized with varicella vaccine in accordance with subsections (h)(1), (2) and (3), have had physician diagnosed varicella disease, have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or have laboratory evidence of immunity shall be considered to be immune.
- 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, proof of having received at least two doses of varicella vaccine on or after the first birthday or other proof of immunity as described in subsections (h)(2), (3) and (4) shall be submitted prior to the school year in which

REQUIRED GRADES FOR 2nd DOSE VARICELLA REQUIREMENTS

2014-15	<u>Kindergarten</u> , 1, 2, 3, 4, 5, <u>6</u> , 7, 8, <u>9</u> , 10, 11, 12
2015-16	<u>Kindergarten</u> , <u>1</u> , 2, 3, 4, 5, <u>6</u> , <u>7</u> , 8, <u>9</u> , <u>10</u> , 11, 12
2016-17	<u>Kindergarten</u> , <u>1</u> , <u>2</u> , <u>3</u> , 4, 5, <u>6</u> , <u>7</u> , <u>8</u> , <u>9</u> , <u>10</u> , <u>11</u> , <u>12</u>
2017-18	<u>Kindergarten</u> , <u>1</u> , <u>2</u> , <u>3</u> , <u>4</u> , 5, <u>6</u> , <u>7</u> , <u>8</u> , <u>9</u> , <u>10</u> , <u>11</u> , <u>12</u>
2018-19	<u>Kindergarten</u> , <u>1</u> , <u>2</u> , <u>3</u> , <u>4</u> , <u>5</u> , <u>6</u> , <u>7</u> , <u>8</u> , <u>9</u> , <u>10</u> , <u>11</u> , <u>12</u>
2019-20	<u>Kindergarten</u> , <u>1</u> , <u>2</u> , <u>3</u> , <u>4</u> , <u>5</u> , <u>6</u> , <u>7</u> , <u>8</u> , <u>9</u> , <u>10</u> , <u>11</u> , <u>12</u>

1 dose varicella requirement

2nd dose varicella requirement

PNEUMOCOCCAL CONJUGATE VACCINE

Section 665.240 Basic Immunization

i) Invasive Pneumococcal Disease

- 1) Any child under two years of age entering a child care facility or school program below the kindergarten level shall show proof of immunization that complies with the pneumococcal vaccination schedule in Appendix F.

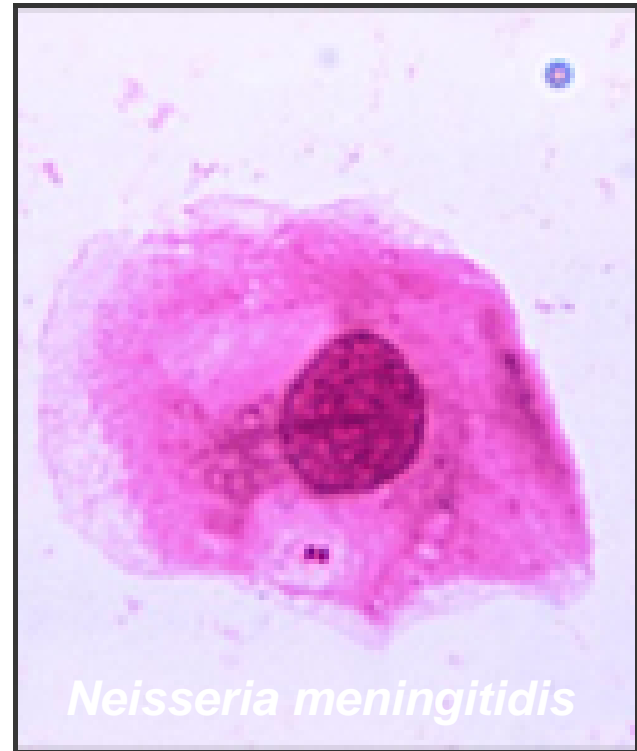
- 2) Children 24 to 59 months of age who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall show proof of receiving one dose of pneumococcal vaccine.

- 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine

DETAIL VACCINE SCHEDULE FOR PNEUMOCOCCAL CONJUGATE VACCINE

Age at 1 st dose (Months)	Primary Series	Booster	Total Doses Required
2-6	3 doses, 2 months apart	12-15 months	4
7-11	2 doses, 2 months apart	12-15 months	3
12-23	2 doses, 2 months apart	-----	2
24-59 (healthy children)	1 dose	-----	1
24-71 (children at high risk)	2 doses, 2 months apart	-----	2

MENINGOCOCCAL DISEASE



Meningococccemia



Septicemic
rash

MENINGOCOCCAL DISEASE

- What causes meningococcal disease?
 - Bacterium *Neisseria meningitidis* (13 different serogroups)
 - Serogroups A, B, C, and W-135 cause almost all invasive disease.
- How does meningococcal disease spread?
 - Person to person through direct contact with saliva and other respiratory droplets, through kissing, coughing sneezing, and sharing items that touch the mouth.
 - Outbreaks are associated most commonly with shared beverages.

Meningococcal Disease Rapid Onset and Progression – 24 Hour Cycle

- 1st symptoms : Fever
- 2 hours: Irritability
- 3 hours: Nausea/vomiting, decreased appetite
- 4 hours: Drowsy
- 6 hours: Leg Pain, headache
- 7 hours: Sore throat, runny nose, difficult breathing
- 9 hours: abnormal skin color, general aches, rash, seizure
- 10 hours: diarrhea
- 11 hours: cold hands and feet, confusion, neck stiffness
- 12 hours: sensitivity to light
- 13 hours: floppy muscle tone
- 14 hours: *Median time to first hospitalization*
- 23 hours: Unconscious



Meningococcal Disease

Two Most Common Manifestations & Their Symptoms*

Meningococemia (Blood infection)

Bacteria enters through the nose & throat

Bacteria in bloodstream

Purplish rash is a telltale symptom†

Meningitis (Spinal cord/ brain infection)

Severe headache & stiff neck signal infection**

Bacteria in spinal cord & brain membranes

Symptoms of Meningococemia†	Symptoms of Both	Symptoms of Meningitis**
Pale or mottled skin, purplish rash	Very sleepy & vacant	Sensitivity to bright light
Shivering & cold	High fever	Seizures
Breathing fast & breathless	Confused & delirious	Severe headaches
Limb, joint & muscle pain	Vomiting	Stiff neck

Courtesy of the National Meningitis Association
nmaus.org

*Symptoms can vary and may come on suddenly and/or severely. Please contact your health care provider with questions.

MENINGOCOCCAL CONJUGATE VACCINE (MCV4) **“PROPOSED”** for 2015-16 School Year

- PROPOSED REQUIREMENT WILL BE FOR 6TH AND 12TH GRADE ENTRY

- PROPOSED REQUIREMENTS:
 - 6TH GRADE ENTRY MUST SHOW PROOF OF ONE DOSE OF MCV4

 - 12TH GRADE ENTRY MUST SHOW PROOF OF TWO DOSES OF MCV4. THE SECOND DOSE MUST BE AFTER 16 YEARS OF AGE

 - IF THE FIRST DOSE OF MCV4 WAS ADMINISTERED ≥ 16 YEARS THEN ONLY ONE DOSE IS REQUIRED AT 12TH

I-CARE

Illinois Comprehensive Automated Immunization Registry Exchange

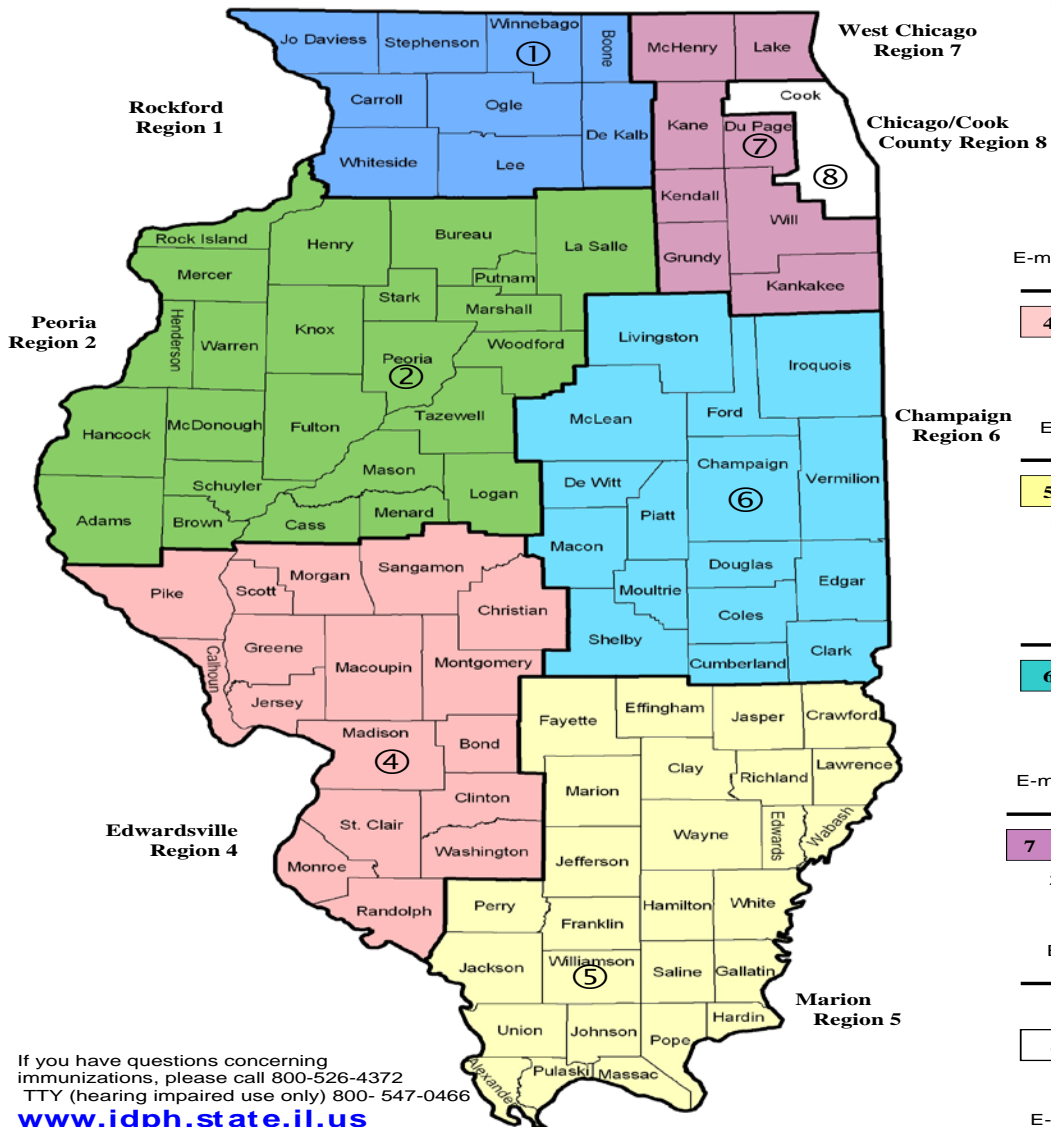


- Schools can now access immunization records from the State Immunization Registry, I-CARE.
- Allows view and print immunization records.
- Must register for I-CARE by completing the memorandum of agreement , then going on line to sign on through the web portal
- To register for I-CARE either email dph.icare@illinois.gov
- or call 800-526-4372

**BY MID 2014 ALL VFC PROVIDERS WILL BE REQUIRED
TO ENTER ALL IMMUNIZATIONS INTO I-CARE**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION SECTION
Regional Contacts for
Medical Exemption Reviews**

Updated 9/4/13



If you have questions concerning immunizations, please call 800-526-4372
TTY (hearing impaired use only) 800-547-0466
www.idph.state.il.us

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