

School Survey Instruction Booklet Questions and Answers

IMMUNIZATION ASSESSMENT

Q1: Do the immunization requirements for school apply to day care and prekindergarten?

A1: Yes, the immunization requirements apply to children enrolling in and attending day care and prekindergarten.

Q2: Are school staff required to review student immunization records for intervals between vaccines as well as the number of doses of the required vaccines?

A2: Yes, for all grades, student immunization records must be assessed for the number of vaccine doses and the intervals between doses of vaccine to determine if the student meets the immunization requirements under the revised regulations.

Q3: How many days before the recommended minimum age or interval between vaccine doses can a vaccine be received and still be acceptable for school entrance and attendance?

A3: Vaccine doses administered within 4 calendar days of the recommended minimum age or interval will be considered valid. This 4-day grace period does not apply to the recommended 28 day minimum interval between doses of different live virus vaccines, including doses of MMRV.

Q4: If a dose of vaccine was received before the minimum age or interval, does the dose need to be repeated?

A4: Yes, the dose needs to be repeated or serological evidence of immunity obtained (where acceptable under NYS school immunization regulations) if a dose of vaccine was administered more than 4 calendar days before the recommended minimum age or interval. Students whose immunization records show invalid intervals between doses of vaccine as specified by the Advisory Committee on Immunization Practices (ACIP) catch-up schedule can be considered "in process."

Q5: If a dose of vaccine was received after the minimum age or interval, does the dose need to be repeated?

A5: No. For doses already received, there is no maximum age or interval between doses. However, if a student is in-process then they will need to receive subsequent doses according to the minimum ages and intervals established by the ACIP schedule.

Q6: Can I accept an out-of-country immunization record that does not have dates that the immunizations were given, only the ages at which they were received, e.g., 2 months, 4 months, 6 months?

A6: The regulations state that the certificate of immunization must specify the vaccines administered and the dates of administration. A record that only lists the child's age when the vaccines were given would not be acceptable for school entry or attendance. If

possible, the parent or guardian should work with the child's provider from the country of origin to obtain a record documenting the dates the vaccines were given. If the dates cannot be obtained, then the child will need to be revaccinated and/or demonstrate other acceptable evidence of immunity.

Q7: If a vaccine is recommended for day care to be given over a range of ages (e.g. 12 - 15 months), is the vaccine required at the start or by the end of that range?

A7: It is strongly recommended that vaccinations be given at the earliest appropriate time. The vaccine, however, would not be required until the end of that range. (For example, we recommend that a child receive an MMR at 12 months, but an MMR vaccine would be required by age 16 months to continue to attend day care.)

Q8: Are there any exceptions to these immunization requirements?

A8: New York State only recognizes medical exemptions to school immunization requirements.

DEFINITION OF A STUDENT

Q1: Are students aged 18 years and older required to provide proof of immunity?

A1: All children between the ages of 2 months and 18 years must show proof of compliance with immunization requirements under Public Health Law Section 2164. Once a student reaches age 18, he/she is no longer required to show proof of immunity.

CERTIFICATE OF IMMUNIZATION

Q1: If a parent provides the facility with the immunization card received when a child was born, and it has an administrator signature on it, can this be used as proof of vaccines?

A1: If the card was prepared and signed by a health practitioner licensed in New York State and specifies the products administered and the dates of administration, then it would meet the requirements for a certificate of immunization stated in Section 66-1.6.

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: An immunization record must be signed by a health practitioner licensed in New York State, either by handwritten signature, electronic signature, or signature stamp. An electronic health record from a provider's office is acceptable without a signature.

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

A3: An official record from a foreign nation may be accepted as a certificate of immunization without a health practitioner's signature. An unofficial record, such as one issued by a private clinic in another country, could not be accepted unless it was reviewed and signed by a health practitioner licensed in New York State.

Q4: Can an immunization registry record be accepted without a signature?

A4: Yes, a record issued by the New York State Immunization Information System (NYSIIS), the Citywide Immunization Registry (CIR), another state registry, an electronic health record and/or an official record from a foreign nation may be accepted as a certificate of immunization without a signature.

Q5: Is a school health record from a previous school acceptable proof of immunity?

A5: Yes, under Section 66-1.5, a school health record transferred directly from a previous school which contains all of the information specified in subdivision (a) of Section 66-1.3 is acceptable proof of immunity. The school health record is acceptable without a signature.

Q6: Are blanket statements (i.e. statements that merely indicate the child is up-to-date on all immunizations without providing specific dates and types of immunizations) from other states acceptable proof of immunization?

A6: No, blanket statements are not acceptable. The immunization record must indicate the immunizations given and the dates of administration.

ALTERNATIVE SCHEDULES

Q1: Some children are currently on “alternative” immunization schedules and may take months or years to get up-to-date on all of the vaccines required for school or pre-K. Can they be considered “in process” until they complete the “alternative” schedule?

A1: No, children following “alternative” schedules will not be considered “in process.” Under the New York State definition of “in process,” children who are not fully immunized can only continue to attend school or pre-k if they are in the process of completing vaccinations according to the ACIP catch-up schedule. Other schedules that do not meet the vaccination intervals specified by the ACIP catch-up schedule would not be acceptable. If children do not receive required doses according to the intervals specified by the ACIP catch-up schedule, then they are no longer “in process” and must be excluded from school, unless they have an accepted valid medical exemption.

SEROLOGICAL EVIDENCE OF IMMUNITY

Q1: What does an equivocal serology mean?

A1: An equivocal serological result means that the antibody test did not produce a clear positive or negative result. An equivocal result is **not** acceptable proof of immunity.

Q2: Is serological evidence of immunity acceptable proof of immunization for school enrollment?

A2: A positive serologic test can be accepted as proof of immunity for school enrollment only for the following diseases: measles, mumps, rubella, varicella (chickenpox), hepatitis B. Positive serologic tests for all three serotypes of polio which were performed prior to September 1, 2019 may be accepted as proof of immunity, however serologic tests against

poliomyelitis may not be accepted in place of polio vaccination if performed on or after September 1, 2019.

MMR and VARICELLA

Q1: Can a diagnosis of measles, mumps, or rubella by a healthcare provider be accepted as evidence of immunity?

A1: Under New York State regulations, laboratory confirmation of measles, mumps or rubella disease, either a positive culture or polymerase chain reaction (PCR) test or, for measles or rubella, a positive blood test for Immunoglobulin M (IgM), may be accepted as evidence of immunity. However, a healthcare provider's statement that a child had measles, mumps or rubella disease which is not accompanied by a laboratory result confirming the infection is **not** acceptable proof of immunity.

Q2: Can a prior history of varicella (chickenpox) be accepted as proof of immunity to this disease?

A2: Yes, in contrast to other diseases, a prior history of varicella (chickenpox) can be accepted as proof of immunity. PHL § 2164 allows a student to offer as proof of his or her immunity to varicella (chickenpox), a medical history of prior varicella (chickenpox) infection if documented by a health care provider (physician, physician assistant or nurse practitioner) or serology. The health care provider does not have to have seen the patient while sick with varicella (chickenpox), but just needs to reasonably ascertain that the child had varicella (chickenpox).

Q3: Can we accept a note from an out-of-state physician stating that the student had varicella (chickenpox) disease?

A3: Yes. A statement or medical record from a physician, physician assistant, or nurse practitioner indicating that a student had varicella (chickenpox) disease is acceptable proof of immunity, regardless of whether the diagnosis was made in New York State or out-of-state.

Q4: Is a physician documented history of shingles acceptable proof of varicella (chickenpox) disease?

A4: Yes, a physician documented history of shingles is acceptable proof of varicella (chickenpox) disease.

Q5: Does a note written and signed by a doctor indicating a diagnosis of varicella (chickenpox) need to have a date for the disease?

A5: No, the note does not need to have a date. As long as the note or medical form is signed by the physician, nurse practitioner or physician assistant then the varicella (chickenpox) diagnosis can be accepted.

Q6: If a student receives an MMR and then less than 28 days later receives varicella (chickenpox) vaccine, is the varicella (chickenpox) vaccine considered valid proof of immunity?

A6: No, this dose of varicella (chickenpox) vaccine is not considered acceptable proof of immunity. Two different live virus vaccines not received on the same day must be separated by the minimum interval of 28 days between doses. The varicella (chickenpox) vaccine must be repeated a minimum of 28 days after the previous dose, but the MMR is considered valid. The grace period does not apply to the interval between two different live virus vaccines, including between doses of MMRV.

Q7: If MMR and varicella (chickenpox) vaccines are given on the same day are both doses of vaccine valid proof of immunity?

A7: Yes, in this case both doses of vaccine are valid proof of immunity.

Q8: If a physician, physician assistant, or nurse practitioner writes that the parent said the child had varicella (chickenpox) disease, is this acceptable?

A8: A parent's or a guardian's verbal attestation of his or her child's varicella (chickenpox) disease cannot be accepted as proof of immunity. Physicians, physician assistants, or nurse practitioners must verify that, in their best judgment, the student has had varicella (chickenpox).

Q9: If the student's immunization record is an electronic immunization registry record that denotes chickenpox disease, is this acceptable?

A9: Yes. An indication of varicella disease documented on an immunization registry record is a valid proof of immunity.

Q10: If a student or parent presents a school health record from a previous school that has chickenpox checked off on it, is this acceptable proof of immunity?

A10: Yes, a school health record may be accepted as proof of immunity for varicella (chickenpox) disease.

Q11: For what grades are students required to have received two doses of varicella vaccine?

A11: Students in grades K through 12 are required to have received 2 doses of varicella vaccine.

PNEUMOCOCCAL (PCV)

Q1: How many doses of PCV vaccine are required for children attending day care and prekindergarten?

A1: The number of doses required for children attending day care and prekindergarten depends upon the age of the child who is attending day care and prekindergarten. For the appropriate number of doses required, refer to the *Minimum Pneumococcal Vaccine (PCV) Requirements for Children Attending Child Care and Pre-Kindergarten Programs in New*

York State which is posted on the Department of Health web site in the *School Survey Instruction Booklet* at:
www.health.ny.gov/prevention/immunization/schools/docs/pneumococcal_schedule.pdf.

Q2: Are pneumococcal and *Haemophilus influenzae* type B vaccines required for kindergarten?

A2: No, pneumococcal and *Haemophilus influenzae* type B vaccines are only required for daycare and prekindergarten.

DTaP AND Tdap

Q1: Is there a difference between DTaP and Tdap?

A1: 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.

Q2: If a child inadvertently received a dose of DTaP on or after age 7 years, is the student required to receive a booster dose of Tdap upon entry into 6th grade or subsequent grades?

A2: In the 2021-2022 school year, only doses of DTaP inadvertently received at 10 years of age or older will satisfy the Tdap requirement for students in grades 6 and 7; however, doses of DTaP received at age 7 years or older will satisfy the requirement for students in grades 8 through 12. The minimum age for the Tdap adolescent booster dose will continue to roll out over additional grades in the coming years, as described in the table below. However, DTaP should not be intentionally given to a child on or after 7 years of age.

School Year	Tdap adolescent booster dose minimum age
2021-2022	Grades 6 and 7: 10 years Grades 8 through 12: 7 years
2022-2023	Grades 6 through 8: 10 years Grades 9 through 12: 7 years
2023-2024	Grades 6 through 9: 10 years Grades 10 through 12: 7 years
2024-2025	Grades 6 through 10: 10 years Grades 11 and 12: 7 years
2025-2026	Grades 6 through 11: 10 years Grade 12: 7 years
2026-2027 and beyond	Grades 6 through 12: 10 years

Q3: If a child was inadvertently administered DTaP in place of Tdap for their 6th grade dose, will they need to receive a booster dose of Tdap?

A3: In the 2021-2022 school year, only doses of DTaP received at 10 years of age or older will satisfy the booster dose of Tdap for grades 6 and 7. Students who received a DTaP at 7

through 9 years of age will need to receive a Tdap booster for entry into grades 6 or 7. The minimum age for the Tdap adolescent booster dose will roll out over additional grades in the coming years, as described in the table above.

Q4: Why is the minimum age for the Tdap booster dose for grades 6 and 7 different from grades 8 through 12?

A4: The 2020 ACIP schedule specified that doses of DTaP or Tdap received at age 7-9 years may count as part of the catch-up series but not as the adolescent booster of Tdap, whereas that doses of DTaP and Tdap received at age 10 years or older count for both the catch-up series and the adolescent Tdap booster. In order to minimize disruption, the NYSDOH will roll out the new minimum age one grade per school year in the coming years, as described in the table above.

Q5: When are 5 doses of DTaP required?

A5: The 5th dose of DTaP is required if the student received the 4th dose before 4 years of age. The 5th dose is not necessary if the 4th dose of DTaP was administered at age 4 years or older or if a dose of Tdap was received at 7 years of age or older.

Q6: If an incoming 5-year-old kindergarten student had 3 doses of DTaP, then how many additional doses will the child need to meet school requirements?

A6: The child will need 1 additional dose of DTaP. A fifth dose of DTaP is not necessary if the fourth dose is received at age 4 years or older.

Q7: If a student 7 years of age or older received 3 doses of DTaP, how many doses of DTaP or Tdap will they need to meet school requirements?

A7: If the 1st dose was administered before the 1st birthday, then the student will need a single dose of Tdap vaccine. If the first dose was administered on or after the 1st birthday, the third dose was received on or after the 4th birthday, there was a minimum of 6 months between doses 2 and 3 and the student is now 7 years of age or older, then 3 doses meet the DTaP requirement. However, students in grades 6 through 12 who received the 3rd DTaP before 7 years of age would still need to meet the Tdap booster requirement. Students entering grade 6 who received the 3rd DTaP or dose of Tdap before 10 years of age will need a Tdap booster.

Q8: Is it acceptable if the health care provider does not indicate which Tdap vaccine the student received?

A8: It is recommended that the health care provider indicate which Tdap vaccine the student received, but as long as the immunization record indicates that a Tdap vaccine was given and the date on which it was given, the requirement for school entry/attendance is met.

Q9: If a student has received the 5-dose series of DTaP, does he/she still need to have a dose of Tdap when entering 6th grade?

A9: Yes, the student must receive a booster dose of Tdap to be in compliance with New York State immunization requirements for 6th grade entrance/attendance. A booster dose of Tdap is recommended by ACIP between the ages of 11-12.

Q10: What if a student's medical provider wants to wait to give the Tdap booster until the student turns 11, or the insurance carrier will not pay for the immunization until the student turns 11?

A10: Students who are 10 years of age may remain “in process” for the Tdap vaccine until they turn 11, provided that they have received at least the first doses of all other required vaccine series.

Q11: How soon after a student turns 11 should parents of the student provide documentation of a Tdap booster?

A11: 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.

Q12: If a student inadvertently received a dose of Tdap before the age of 7, will he/she need another dose for entry into grade 6?

A12: Doses of Tdap that were inadvertently administered to children under 7 years of age cannot be counted as the Tdap booster dose for grade 6. If the dose was given before age 7 in place of either the first, second or third dose of DTaP, it is not valid and must be revaccinated. If the dose of Tdap was administered before age 7 in place of the fourth or fifth DTaP dose, the Tdap dose can be counted as valid only for the primary DTaP schedule. The student will still need another Tdap booster dose for grade 6.

Q13: If a student is 7 years of age or older and needs catch-up doses of Tdap and Td vaccine, is there a required minimum interval between a dose of Tdap and a prior dose of tetanus and diphtheria toxoid-containing vaccine?

A13: If a student is receiving catch-up doses of Tdap and Td vaccine, the minimum intervals between doses specified in the ACIP catch-up immunization schedule should be followed. This is important so that all components of the Tdap vaccine (tetanus, diphtheria and pertussis) can be considered valid. Tdap is recommended as the first dose in the catch-up series. If the dose of Tdap is the final dose in the catch-up series, the Tdap dose should be given at least 6 months after the prior dose in the series. If the Tdap is given before the recommended minimum interval in the catch-up series, only the pertussis component will be valid, but the Td component will not be valid and will need to be repeated.

In the 2021-2022 school year, only doses of Tdap received at 10 years of age or older will satisfy the Tdap requirement for students in grades 6 and 7; however, doses of Tdap received at age 7 years or older will satisfy both the primary DTaP schedule and the requirement for students in grades 8 through 12. The minimum age for the Tdap

adolescent booster dose will roll out over additional grades in the coming years, as described in question 2 of this section above.

HEPATITIS B

Q1: What are the immunization requirements for hepatitis B vaccine?

A1: Three doses of hepatitis B vaccine are required, at the intervals specified in the ACIP schedule. The ACIP schedule states that unvaccinated children completing the hepatitis B catch-up schedule should complete the 3-dose series at 0, 1-2 months, and 6 months following the first dose. Additionally, unvaccinated adolescents age 11-15 years may use an alternative 2-dose hepatitis B vaccine schedule using adult formulation Recombivax with at least 4 months between doses.

Q2: When are the second and third doses of hepatitis B vaccine due, and when are they overdue?

A2: As per the ACIP catch-up schedule, which is referenced in the NYS school regulations, unvaccinated children should complete the 3-dose hepatitis B vaccine series at 0, 1-2 months and 6 months following the first dose. Therefore, the second dose is due 1-2 months following dose #1 and is overdue at 3 months, 0 days after dose #1. Likewise, the third dose is due 6 months after dose #1 (provided that the minimum interval between doses 2 and 3 is also met), and the third dose is overdue on 7 months, 0 days after dose #1. Students must be excluded if they do not provide evidence of immunity within 14 days of the “missed”, or overdue, dose. For example, a student who has not submitted proof of having received dose #3 or other evidence of immunity must be excluded at 7 months, 14 days after dose #1.

Q3: What are the minimum ages and intervals for hepatitis B vaccine?

A3: Schools should follow the timelines described in answer 2 above to determine whether a student is in-process for hepatitis B vaccine and when a dose is due or overdue. However, there are additional hepatitis B vaccine minimum ages and intervals that schools need to consider when *retrospectively* reviewing a record of a vaccine that has already been administered. Dose 1 may be given at birth or anytime thereafter. The minimum interval for dose #2 is at least 4 weeks (28 days) after dose #1. The minimum interval for dose #3 is at least 8 weeks after dose #2 AND at least 16 weeks after dose #1. The minimum age for the third dose is 24 weeks. Doses of hepatitis B vaccine given more than 4 days before the minimum ages or intervals are invalid and must be repeated.

Q4: When is the 2-dose series for hepatitis B acceptable?

A4: The 2-dose series (adult Recombivax) is only valid for children who received the 2 doses between the ages of 11 and 15 years.

POLIO

Q1: How many doses of polio vaccine are required for school?

A1: Students in grades kindergarten through 12 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 pre-k are only required to have three doses of polio vaccine.

Q2: A student received four doses of polio vaccine before August 7, 2010. The fourth dose was given before four years of age. Will this student need an additional dose of polio vaccine?

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 school?

A3: Yes, children entering school are required to have age-appropriate doses of polio vaccine at intervals consistent with the ACIP schedule.

Q4: If a student's record simply indicates "polio vaccine", can schools assume it was inactivated polio vaccine (IPV), or must they determine whether it was IPV or oral polio vaccine (OPV)?

A4: OPV use was discontinued in the U.S. in 2000. If a student's vaccine record indicates that polio vaccine was administered in the U.S. after the year 2000, then schools may safely assume that it was IPV. However, OPV is still commonly in use in other countries. If a student's vaccine record indicates that polio vaccine was given in another country, then the vaccine record must specify what kind of polio vaccine was given.

Q5: Can schools accept a record of oral polio vaccine administered in another country?

A5: Schools should review records of polio vaccines administered in other countries to determine the dates doses were administered, and the type of polio vaccine (e.g., inactivated vs. oral, trivalent vs. bivalent or monovalent), if noted. Since April 2016, all countries of the world that still used oral polio vaccine now use bivalent oral polio vaccine (bOPV) against only types 1 and 3. bOPV does not protect against poliovirus type 2.

Prior to April 1, 2016, all doses of OPV administered worldwide were trivalent (tOPV) against types 1, 2 and 3, and therefore met NYS school immunization requirements unless specifically noted to be bOPV, monovalent (mOPV) or given as part of a public health campaign. After April 1, 2016, all doses of OPV administered worldwide have been either bOPV or mOPV and do not meet NYS immunization requirements. All doses of inactivated polio vaccine (IPV) are trivalent and meet NYS school immunization requirements.

Q6: A student has a record of OPV administered before April 1, 2016, however the record does not indicate whether it was trivalent, bivalent or monovalent. Can the school accept this record?

A6: Yes. Doses of OPV given before April 1, 2016 may be assumed to be trivalent, and therefore meet NYS school immunization requirements, unless they were specifically noted to be bivalent (bOPV), monovalent (mOPV), or given as part of a public health campaign.

Q7: Can schools still accept polio serology results indicating immunity to all three serotypes?

A7: Serologic tests against polio performed on or after September 1, 2019 may **not** be accepted in place of poliovirus vaccination. Polio serology that was performed prior to September 1, 2019, and which indicates immunity to all three serotypes, is still acceptable evidence of polio immunity.

Q8: Can schools accept lab results that only indicate immunity to 1 or 2 polio serotypes?

A8: No. Section 66-1.1 of the regulations indicate that serologic tests for polio immunity are only acceptable if they are positive for all 3 serotypes (types 1, 2 & 3) found in the polio vaccine. If a student does not have positive serologic tests for all 3 polio serotypes then the student will need a complete age-appropriate polio vaccine series.

Q9: Why do NYS students need to be immune to all 3 serotypes of poliovirus if some countries only vaccinate against 2 strains?

A9: The CDC continues to recommend that all U.S. children need to be immune to all 3 poliovirus serotypes. NYS school immunization requirements follow CDC and ACIP recommendations.

MENINGOCOCCAL VACCINE

Q1: How many doses of meningococcal vaccine are required for grades 7 through 11?

A1: One dose of meningococcal conjugate vaccine (MenACWY; sometimes abbreviated as MCV4; brand names Menactra, Menveo or MenQuadfi) is required for entry into grades 7 through 11.

Q2: How many doses of meningococcal vaccine are required for grade 12?

A2: A total of two doses of MenACWY vaccine are required for entry into grade 12. The second dose must be administered no sooner than 16 years of age. However, if the first dose of MenACWY vaccine was received at 16 years of age or older, then only one dose is required for grade 12. The regulations allow for a grace period of up to 4 days before the 16th birthday.

Q3: Is there a minimum age for the first dose of MenACWY vaccine?

A3: In the 2021-2022 school year, the minimum age for the first dose of meningococcal conjugate vaccine for grades 7 and 8 is age 10 and for grades 9 through 11, the minimum age is 6 weeks. The *recommended* age for most healthy teens is 11 through 12 years of age. The minimum age for MenACWY vaccine will roll out over additional grades in the coming years, as described in the table below.

School Year	MenACWY minimum age
2021-2022	Grades 7 and 8: 10 years Grades 9 through 12: 6 weeks
2022-2023	Grades 7 through 9: 10 years Grades 10 through 12: 6 weeks
2023-2024	Grades 7 through 10: 10 years Grades 11 and 12: 6 weeks
2024-2025	Grades 7 through 11: 10 years Grade 12: 6 weeks
2025-2026 and beyond	Grades 6 through 12: 10 years

Q4: Why is the minimum age for the first dose of MenACWY for grades 6 and 7 different than for grades 8 through 12?

A4: The 2020 ACIP schedule specified that healthy children that received a dose of MenACWY prior to age 10 years need an additional dose at age 11-12 years, followed by a booster dose at age 16 years. In order to minimize disruption, the NYSDOH will roll out the new minimum age one grade per school year in the coming years, as described in the table above.

Q5: Is there a minimum age for the second dose of MenACWY vaccine?

A5: The minimum age for the second dose is 16 years of age.

Q6: What is the minimum interval between doses of MenACWY vaccine?

A6: The minimum interval is 8 weeks.

Q7: Will the 4-day grace period apply to doses of MenACWY vaccine?

A7: Yes. Doses of MenACWY vaccine received within 4 calendar days of the minimum age or interval will meet the school immunization requirements.

Q8: A student entering grade 12 received one dose of MenACWY vaccine at 16 years of age. Will he or she need a second dose?

A8: No. A second dose will not be required if the first dose was received at 16 years of age or older.

Q9: A student entering grade 12 received one dose of MenACWY vaccine at 15 years of age. Will he or she need a second dose?

A9: Yes. If the first dose of MenACWY vaccine was received more than 4 days before the 16th birthday, then a second dose, received a minimum of 8 weeks after the first dose, will be required for grade 12.

Q10: A student entering grade 12 received 2 doses of MenACWY vaccine before 16 years of age. Will he or she need a third dose?

A10: Most likely, yes. Students entering grade 12 must have a booster dose of MenACWY vaccine on or after the 16th birthday. If the second dose was received more than 4 days before the 16th birthday then a third dose, received a minimum of 8 weeks after the second dose, will be required for grade 12.

Some students with rare medical conditions may have received several doses of MenACWY vaccine before 16 years of age. Schools are encouraged to call the NYSDOH if they have any students entering grade 12 that have received multiple doses of MenACWY vaccine before 16 years of age. The NYSDOH Bureau of Immunization Medical Director is available for consultation upon request of the school.

Q11: I have heard that there are several kinds of meningococcal vaccines. Which vaccine(s) are required for school, and which will meet school immunization requirements?

A11: There are several kinds of meningococcal vaccines available in the United States:

- Meningococcal conjugate vaccines (MenACWY; sometimes abbreviated as MCV4; brand names Menactra, Menveo and MenQuadfi) are required for students entering or attending grades 7 through 11.
- Vaccines against serogroup B of meningococcal disease (brand names Bexsero or Trumenba, sometimes abbreviated as MenB) are not required for school in New York State. Additionally, doses of MenB vaccine will not meet the meningococcal conjugate vaccine requirement. However, in the event of an outbreak of serogroup B meningococcal disease in a school, the New York State Commissioner of Health may order students to either receive the MenB vaccine or be excluded from school. If an outbreak occurs, the health department will work closely with the school.

Q12: Are students required to document vaccination with MenB vaccine?

A12: Students are not required to document MenB vaccination at this time. In the event of an outbreak of serogroup B meningococcal disease in a school, the health department will work closely with the school to identify students that have not received MenB vaccine.

Q13: A student entering grade 12 has two doses of MenB vaccine and no doses of MenACWY vaccine. Does he or she meet the meningococcal vaccine requirements?

A13: No. Doses of MenB vaccine do not meet the MenACWY vaccine requirement. If the student is 16 years of age or older, then the student will need one dose of MenACWY vaccine. If the student is less than 16 years of age, then he or she will need a first dose now and a second dose at 16 years of age or older, and at least 8 weeks after the first dose.

Q14: If an immunization record just states “meningococcal” or “meningitis”, but doesn’t specify the brand name, what steps will the school need to take to determine whether it meets the school meningococcal vaccine requirement?

A14: MenACWY vaccine may be documented in a variety of ways. It may not be necessary to document the brand name if the vaccine is identifiable as MenACWY vaccine. An immunization record indicating any of the following will satisfy the NYS school meningococcal vaccine requirements:

- MenACWY
- MCV4
- Menactra
- Menveo
- MenQuadfi
- MPSV4
- Menomune
- Meningococcal conjugate vaccine
- Quadrivalent meningococcal vaccine.

If the record does not clearly indicate any of the above information, then parents and healthcare providers should be asked to specify which meningococcal vaccine was given. In addition, schools should check students' immunization records in NYSIS or the Citywide Immunization Registry (CIR) if the specific meningococcal vaccine is not clear in the immunization record. Most immunization records in NYSIS and the CIR will state the specific vaccine that was given. If the specific vaccine cannot be identified or assumed through any of these methods, then the student will need to be revaccinated with MenACWY vaccine.

Please note that students entering grade 12 will meet the grade 12 requirements if they have a single dose of MenACWY vaccine on or after 16 years of age, even if an earlier dose was not clearly specified.

Q15: Will serological evidence of immunity to meningococcal disease be acceptable as evidence of immunity to meningococcal disease?

A15: No. The CDC does not recognize any serologic tests as useful for determining immunity to meningococcal disease. Serological evidence of immunity to meningococcal disease will not meet the meningococcal vaccine requirement for school.

COVID-19 VACCINE

Q1: Is COVID-19 vaccine required for NYS schools and child cares?

A1: No. At this time, NYS is not requiring COVID-19 vaccine for children attending public, private or parochial child care, nursery school, prekindergarten or K-12 in NYS.

GRACE PERIOD

Q1: Is there still only a 14-day grace period for a child to be in compliance with immunization requirements?

A1: Yes, Public Health Law 2164 and Section 66-1.4 of the regulations require that a child shall not continue to attend school for more than 14 days (30 days may be granted for children from out of the state or out of the country) unless the school has received a certificate of immunization, documentation that the child is "in process," or has a medical exemption.

Q2: If a "grace period" is granted, are these calendar days or school days?

A2: The 14 days refer to calendar days.

MEDICAL EXEMPTION

Q1: What is a medical exemption?

A1: A medical exemption is given when a valid contraindication to a vaccination exists. A student may submit either a completed medical exemption form issued by NYSDOH or NYC Department of Education signed by a physician licensed to practice medicine in NYS certifying that an immunization may be detrimental to the child's health, which:

- Specifies which immunizations may be medically contraindicated;
- Contains sufficient information to determine if a medical contraindication to a specific immunization exists;
- Specifies the length of time the immunization is medically contraindicated.

The principal or person in charge of the school may require additional information supporting the exemption.

Q2: Do medical exemptions need to be reassessed for all students with medical exemptions or just new students enrolling in school?

A2: Medical exemptions must be reissued annually.

Q3: Is there a standardized medical exemption form that healthcare providers may use?

A3: Yes, two forms are available. NYSDOH has a medical exemption form which can be found at the following NYSDOH web page: <http://www.health.ny.gov/forms/doh-5077.pdf>. The NYC Department of Education also has a medical request for immunization exemption form at <https://www.schools.nyc.gov/docs/default-source/default-document-library/medical-request-for-immunization-exemption-english>.

Q4: Why is it necessary to require a medical exemption statement each year?

A4: Annual reissuing of medical exemptions allows a physician to reevaluate the need for an exemption based on student's current health status.

Q5: If immunization records from a school not located in NYS indicate that the student is medically exempt from one or more immunizations, can we accept it?

A5: No. Medical exemptions must be written by a physician licensed to practice in the State of New York. They must specify which immunizations may be detrimental to the student, contain sufficient information to identify a medical contraindication to a specific immunization and specify the length of time the immunization is medically contraindicated.

Q6: Does the American Academy of Pediatrics "Parental Refusal to Vaccinate" meet the definition of a medical exemption?

A6: No. Medical exemptions may only be issued if a physician licensed to practice medicine in NYS certifies that such immunization may be detrimental to a child's health. A physician's documentation that a parent refused vaccine does not constitute a medical exemption. Any

Medical exemption statement that does not contain all of the elements as specified in Section 66-1.3 and described in answer 1 of this section above cannot be accepted unless the missing elements are provided by a physician licensed to practice medicine in the State of New York.

IN PROCESS

Q1: What does it mean to be “in process”?

A1: “In process” is defined as a child that has received at least the first dose of each required vaccine series and has age appropriate appointments to complete the series according to the ACIP catch-up schedule. If a child is obtaining serologic tests, he or she has a total of 14 days, without school exclusion, to provide test results and if the results are equivocal or negative, the child has appointments to be immunized within 30 days of receiving the test results.

- The ACIP catch-up schedule will be used to determine the appropriate intervals between doses of vaccines (<http://www.cdc.gov/vaccines/schedules/index.html>).
- A school shall not refuse to admit a child based on immunization requirements, if that child is “in process.”
- The 14-day grace period (which may be extended to 30 days for students from out of state) that schools may grant to students who have not yet furnished proof of immunity (as specified in section 66-1.4) remains the same.

Q2: Can a child remain in school if they are “in process”?

A2: Children who are not fully immunized can continue to attend school if they are in the process of completing the ACIP catch-up schedule or if they are otherwise medically exempt from immunization requirements. A school shall not refuse to admit a child based on immunization requirements, if that child is “in process.”

Q3: Can a school exclude a child who has an appointment for a vaccination?

A3: If a student has received at least the first dose of each required vaccine series and if the appointment is age-appropriate according to the ACIP schedule, a school may not exclude the student.

Q4: Can a school refuse a student if he or she has not received at least the first vaccination in a series?

A4: For school entrance and attendance, a student must provide proof of immunity or a valid medical exemption or meet the definition of in process. Students that have not received at least the first dose in each required vaccine series are not considered “in process” and do not comply with section 2164 of the Public Health Law unless they have a valid medical exemption. Schools may not permit students who do not comply with section 2164 of the Public Health Law to attend school for more than 14 days.

Q5: Is a student with NO record of any immunizations considered to be “in process”?

A5: To be “in process” a child must have “received at least the first dose of all required immunization series required by section 2164 of the Public Health Law and has age appropriate appointments to complete the immunization series.” If a child has not had at least the first dose, he/she would not be considered “in process” and would be required to get the dose in 14 days.

Q6: When a student is considered “in process” of completing immunizations, what are considered appropriately spaced appointments between vaccine doses?

A6: Children who are “in process” must have scheduled immunization appointments that coincide with recommended interval spacing between doses as determined by the ACIP catch-up schedule.

EXCLUSION

Q1: If a child is not in compliance with immunization requirements, should a school refuse to admit the child to school?

A1: Yes. The principal or person in charge of any school is required to do this. PHL § 2164 allows for the provision of a limited period of attendance of 14 calendar days. This period may be extended to 30 calendar days only for children transferring from another state or country who show a good faith effort to comply with the law.

Q2: Are schools required to exclude students who don’t provide the required documentation for a yearly medical exemption form?

A2: Pursuant to Section 66-1.4, a principal or person in charge of a school shall not permit a child to continue to attend such school for more than 14 days unless a person in parental relation to the child has furnished the school with a signed, completed medical exemption or proof of immunity. The 14-day calendar period may be extended to 30 days for students transferring from out-of-state or another country who show a good faith effort to comply with the law.

NYSIIS AND THE CIR

Q1: Are schools allowed access to NYSIIS or the CIR?

A1: Yes, schools have the ability to look up and read the immunization records of students. School users cannot enter or edit immunization data in NYSIIS. Users must first obtain their **own** NYSDOH Health Commerce System (HCS) account to access NYSIIS. School nurses must then participate in a recorded NYSIIS “School Access User” training to gain access to 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/

Additional information on the CIR can be found at www.nyc.gov/health/cir. All questions regarding the CIR can be directed to (347) 396 - 2400 or nycimmunize@health.nyc.gov

Q2: How can a school nurse or pre-K provider keep track of whether doses of vaccines were administered at the correct interval?

A2: In NYSIIS and the CIR, school users have the ability to search for students and review their immunization history and recommended vaccinations. NYSIIS and CIR track vaccine doses by the recommended ACIP schedule. When those doses are not administered at the correct interval, they are marked in NYSIIS or CIR as “Not Valid.” Keep in mind, NYSIIS and CIR only display immunizations that have been recorded by the provider’s office.

Q3: What if the vaccine information on the immunization record from NYSIIS or CIR is not as complete as the vaccine information on the provider immunization record, or the vaccine information on the provider immunization record is not as complete as the vaccine information on the NYSIIS or CIR record?

A3: The school should accept the immunization record that has the most complete vaccine information or may accept information combined from both records.

Q4: What if the vaccine dates on the NYSIIS or CIR record are different from the vaccine dates on the provider immunization record?

A4: The school should request that the parent contact the provider regarding the different vaccine dates and then provide the school with a corrected immunization record.

Q5: A student’s NYSIIS record indicates that a dose of vaccine was “Not Valid”. However, upon reviewing the ACIP schedule, the dose appears to have been administered according to the recommended schedule. Can a school accept a dose of vaccine if the NYSIIS record indicates that it was “Not Valid” but the age and interval at which it was administered was consistent with the ACIP schedule?

A5: If a dose of vaccine was administered consistently with the minimum ages and intervals of the ACIP schedule, then the school should accept the dose as valid even if it is indicated as “Not Valid” in NYSIIS. Please notify the NYSDOH NYSIIS program if a vaccine dose that is consistent with the ACIP schedule is nonetheless indicated as “Not Valid” in NYSIIS, and the NYSDOH will examine why the dose was indicated as “Not Valid”. The NYSDOH has been able to identify and correct programming glitches in NYSIIS thanks to notifications from schools and providers.

SCHOOL SURVEY

Q1: Is there a specific date that schools should use to determine the number of students that should be included on the survey form?

A1: No. At the time that schools are completing their Annual School Survey Form for submission, all students enrolled at the school up to that point in time should be included on the survey form. Any students that enroll after that point should be included on the following year’s survey.

Q2: If a day care has children that also attend a Head Start program, do they still need to include them on their survey form?

A2: No. The Head Start program will report the children on their survey form.

Q3: Should a public school district include the immunization data from a private or parochial school in its school immunization survey summary report?

A3: No. A public school district immunization survey summary report is a combined report of all the public schools within the district.

Q4: Should students who are 18 years of age or older be counted on the school immunization survey?

A4: No. Students who are 18 years of age or older are not required under PHL to provide proof of immunity and should not be counted on the immunization survey.

AUDIT

Q1: Is it true that the New York State Department of Health has the authority to audit any school's immunization records?

A1: Yes. Section 613 of Public Health Law and Article 19, Section 914 of Education Law provide the authority. However, for public schools to be in compliance with the requirements of the Federal Family Educational Rights and Privacy Act (FERPA) all personally identifiable information should be redacted from the materials being reviewed in the audit. Group family day care operations, day care centers, nursery schools and Head Start programs are not subject to FERPA. Nonpublic schools that do not receive funding from the United States Department of Education are also not subject to FERPA.

RECORD RETENTION

Q1: How long should schools retain student immunization records?

A1: Schools should retain copies of all immunization records, and evidence of medical exemptions, for 6 years, or 3 years after the individual attains the age of 18, whichever is longer.

BOCES

Q1: If a student is enrolled in a BOCES program, who is responsible for obtaining immunization records and enforcing compliance, the district or the BOCES?

A1: Students who attend a program full time should have their cumulative health record kept in the full-time school. For students attending a part-time program, the home school retains responsibility for the cumulative health record.

Q2: If a student is enrolled in a partial day BOCES program, who is responsible for including the student in the mandated annual immunization school survey form?

A2: The home school district is responsible for counting the student on the survey form.

HOME SCHOOL

Q1: Do homeschooled children have to provide the district with immunization records?

A1: No. Homeschooled students are not required to provide immunization records to their school district.