

## Clarification of the Immunization Status of Children and Compliance with State Law

The following definitions have been developed by the Illinois Department of Public Health to clarify the difference between (1) being protected against the specific immunizable 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.

<b>POLIO (IPV/OPV)</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>	<b>PROTECTED AND IN COMPLIANCE</b>	<b>UNPROTECTED AND IN COMPLIANCE*</b>	<b>UNPROTECTED AND IN NONCOMPLIANCE*</b>
<b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b>	<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 4<sup>th</sup> birthday.</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 date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</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>
<b>DIPHThERIA, TETANUS, PERTUSSIS (DTP/DTaP and Tdap)</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START</b>	<b>PROTECTED AND IN COMPLIANCE</b>	<b>UNPROTECTED AND IN COMPLIANCE*</b>	<b>UNPROTECTED AND IN NONCOMPLIANCE*</b>
<b>KINDERGARTEN OR FIRST GRADE</b>	<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 4<sup>th</sup> 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 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 date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</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>
<b>STUDENTS ENTERING SIXTH AND NINTH GRADES IN 2012-2013 SCHOOL YEAR</b>	<p>Has received one dose of Tdap vaccine.</p>		
<b>ALL OTHER GRADE LEVELS</b>	<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 4<sup>th</sup> 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 <u>final dose</u> must be at least six months.</p>		

\*Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

### MEASLES (RUBEOLA)

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p> <p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of measles vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday, had physician diagnosed measles disease, or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.</p> <p>Has received two doses of measles vaccine (usually given as MMR), with the first dose on or after the 1<sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed measles disease, or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received, or provided proof of, measles vaccine as required, nor had physician diagnosed measles disease, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date 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>Has received at least one dose of measles vaccine, but fewer than those required to be <b>PROTECTED AND IN COMPLIANCE</b>, but has presented a schedule from a physician or clinic indicating the date to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>	<p><b>UNPROTECTED AND IN NONCOMPLIANCE*</b></p> <p>Has <b>not</b> received, or provided proof of, measles vaccine as required, nor had physician diagnosed measles disease, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the 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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### RUBEOLA (3 DAY)

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p> <p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of rubella vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday or has laboratory evidence of rubella immunity.</p> <p>Has received one dose of rubella vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday or has laboratory evidence of rubella immunity.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received, or provided proof of, rubella vaccine as required, nor has laboratory evidence of immunity, but has 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><b>UNPROTECTED AND IN NONCOMPLIANCE*</b></p> <p>Has <b>not</b> received, or provided proof of, rubella vaccine as required, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the 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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### MUMPS

<p><b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p> <p><b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of mumps vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday, or had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.</p> <p>Has received one dose of mumps vaccine (usually given as MMR) on or after the 1<sup>st</sup> birthday, had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> received, or provided proof of, mumps vaccine as required, nor had physician diagnosed mumps disease, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic 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><b>UNPROTECTED AND IN NONCOMPLIANCE*</b></p> <p>Has <b>not</b> received, or provided proof of, mumps vaccine as required, nor had physician diagnosed mumps disease, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the 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**

<p><b>CHILDREN (AGE 2 OR OLDER) ENTERING, FOR THE FIRST TIME ON OR AFTER JULY 1, 2002, CHILD CARE PROGRAMS BELOW THE KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b></p> <p><b>STUDENTS ENTERING KINDERGARTEN, FOR THE FIRST TIME, ON OR AFTER JULY 1, 2002. APPLIES TO KINDERGARTEN THROUGH GRADE 10 FOR SCHOOL YEAR 2012-2013. AND STUDENTS ATTENDING SCHOOL PROGRAMS WHERE KINDERGARTEN GRADE LEVEL IS NOT ASSIGNED (PRIOR TO THE SCHOOL YEAR IN WHICH THE CHILD REACHES THE AGE OF 5).</b></p> <p><b>ALL OTHER GRADE LEVELS (for school year 2012-2013)</b></p>	<p><b>PROTECTED AND IN COMPLIANCE</b></p> <p>Has received one dose of varicella vaccine on or after the 1<sup>st</sup> 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 received one dose of varicella vaccine on or after the 1<sup>st</sup> 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>Varicella vaccine is <b>not</b> required.</p>	<p><b>UNPROTECTED AND IN COMPLIANCE*</b></p> <p>Has <b>not</b> 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 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><b>UNPROTECTED AND IN NONCOMPLIANCE*</b></p> <p>Has <b>not</b> 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>
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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.

**Vaccination Schedule for *Haemophilus influenzae* type b Conjugate Vaccine s (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 <sup>st</sup> Dose (months)	Primary Series	Booster	Total Number of Doses
HbOC HibTITER <sup>®</sup> Wyeth/Lederle or DTP/HbOC TETRAMUNE <sup>®</sup> Wyeth/Lederle or PRP-T ActHIB <sup>®</sup> Aventis Pasteur OmniHib <sup>®</sup> GlaxoSmithKline	2-6	3 doses, 2 months apart <sup>①</sup>	12-15 months ②, ③	4
	7-11	2 doses, 2 months apart <sup>①</sup>	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 <sup>®</sup> Merck COMVAX <sup>®</sup> Merck	2-6	2 doses, 2 months apart <sup>①</sup>	12-15 months ②, ③	3
	7-11	2 doses, 2 months apart <sup>①</sup>	12-18 months ②, ③	3
	12-14	1 dose	2 months later ③	2
	15-59	1 dose <sup>④</sup>	None	1
PRP-D ProHIBIT <sup>®</sup> Aventis Pasteur	15-59	1 dose <sup>④</sup>	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.

## Progression of Varicella Vaccine Requirement

2002-2003 K

2003-2004 K 1

2004-2005 K 1 2

2005-2006 K 1 2 3

2006-2007 K 1 2 3 4

2007-2008 K 1 2 3 4 5

2008-2009 K 1 2 3 4 5 6

2009-2010 K 1 2 3 4 5 6 7

2010-2011 K 1 2 3 4 5 6 7 8

2011-2012 K 1 2 3 4 5 6 7 8 9

**2012-2013 K 1 2 3 4 5 6 7 8 9 10**

2013-2014 K 1 2 3 4 5 6 7 8 9 10 11

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