

**Summary of Immunization Requirements as Specified in Chapter 14**  
**Immunization of Pupils in Schools**  
 N.J.A.C. 8:57-4.1 to 8:57-4.20

**EFFECTIVE SEPTEMBER 1, 2008**

<b>Pre-K, Nursery Schools, and Child Care Centers</b>		
<i>Required Vaccines</i>	<i># Doses</i>	<i>Comments</i>
DTaP (or DTP)	per ACIP	See attached ACIP guidelines for age-specific requirements
Polio		
Hib		
MMR		
Varicella	1	Administered no earlier than 4 days before 1 <sup>st</sup> birthday
Influenza	Every year	For those children between 6 and 59 months of age only; Annual immunization between September 1 <sup>st</sup> and December 31 <sup>st</sup> of each year
PCV	per ACIP	For those children who are two to 11 months
	1	For those children 12 through 59 months, at least one dose of PCV on or after 1 <sup>st</sup> birthday
<b>Kindergarten or Grade 1</b>		
<i>Required Vaccines</i>	<i># Total Doses</i>	<i>Comments</i>
DTaP	4	With at least one dose administered on or after the 4 <sup>th</sup> birthday or any combination to equal a 5 dose total
Polio	3	With at least one dose administered no earlier than on or after the 4 <sup>th</sup> birthday or any 4 doses administered at least 28 days apart
Measles	2	Given no less than 1 month (28 days) apart, with the first dose given no earlier than on or after the 1 <sup>st</sup> birthday; evidence of immunity also acceptable
Mumps and Rubella	1	Administered no earlier than on or after the 1 <sup>st</sup> birthday; evidence of immunity also acceptable
Hepatitis B	3	Laboratory evidence of immunity shall be accepted provided titers drawn at least 2 months after the last dose given. Titer should be positive or show value $\geq 10$
Varicella	1	First dose administered no earlier than on or after the 1 <sup>st</sup> birthday for children born after January 1 <sup>st</sup> , 1998. Laboratory evidence of immunity or physician or parental statement of previous varicella disease also acceptable

<b>Grade 6</b>		
<i>Required Vaccines</i>	<i># Total Doses</i>	<i>Comments</i>
Hepatitis B	3	For students born on or after January 1, 1990; Laboratory evidence of immunity shall be accepted provided titers drawn at least 2 months after the last dose given. Titer should be positive or show value > 10
<b>Grade 6 (continued)</b>		
<i>Required Vaccines</i>	<i># Total Doses</i>	<i># Doses</i>
Meningitis	1	For students born on or after January 1, 1997 and enrolled in Grade Six or transferring into a New Jersey school from another state or country
Tdap	1 booster	For students born on or after January 1, 1997 and enrolled in Grade Six or transferring into a New Jersey school from another state or country
All immunizations listed for Kindergarten and Grade 1	See above	See above
<b>High School Grades 9-12</b>		
<i>Required Vaccines</i>	<i># Total Doses</i>	<i>Comments</i>
Hepatitis B	3	For students born on or after January 1, 1990; Laboratory evidence of immunity shall be accepted provided titers drawn at least 2 months after the last dose given. Titer should be positive or show value $\geq$ 10
All immunizations listed for Kindergarten and Grade 1	See above	See above

**NOTES:**

- See N.J.A.C. 8:57-4.3 for guidelines concerning Medical Exemptions.
- See N.J.A.C. 8:57-4.4 for guidelines concerning Religious Exemptions.
- See N.J.A.C. 8:57-4.5 for guidelines concerning Provisional Admission. In addition, an amendment at N.J.A.C. 8:57-4.5(e) requires schools and child care centers to provide a 30-day grace period for pupils coming from out-of-State or out-of-country to remain in school while they obtain their immunization record documentation.
- An amendment at N.J.A.C. 8:57-4.23(b) permits all mandated vaccine doses required in this subchapter, when given within four days of the specified minimum age or a stated dose spacing interval, to be counted as a valid dose and not requiring revaccination.
- The new requirements for pneumococcal conjugate vaccine and annual influenza vaccine apply to both child care centers and preschool facilities.
- The varicella booster upon entering kindergarten is currently recommended by both CDC and NJDHSS but NOT mandated.

# Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>	HepB	HepB	HepB	HepB	HepB	HepB	HepB					
Rotavirus <sup>2</sup>			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP	DTaP	DTaP	DTaP				DTaP
<i>Haemophilus influenzae</i> type b <sup>4</sup>			Hib	Hib	Hib	Hib	Hib					
Pneumococcal <sup>5</sup>			PCV	PCV	PCV	PCV	PCV				PPV	
Inactivated Poliovirus			IPV	IPV			IPV					IPV
Influenza <sup>6</sup>								Influenza (Yearly)				
Measles, Mumps, Rubella <sup>7</sup>							MMR					MMR
Varicella <sup>8</sup>							Varicella					Varicella
Hepatitis A <sup>9</sup>								HepA (2 doses)			HepA Series	
Meningococcal <sup>10</sup>											MCV4	

Range of recommended ages

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2007, for children aged 0 through 6 years. Additional information is available at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules). Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not

contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations, including for **high risk conditions**: <http://www.cdc.gov/vaccines/pubs/ACIP-11st.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete VAERS form is available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

## 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

### At birth:

- Administer monovalent HepB to all newborns prior to hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can be delayed. In rare cases, with a provider's order and a copy of the mother's negative HBsAg laboratory report in the infant's medical record.

### After the birth dose:

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered no earlier than age 24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of at least 3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

### 4-month dose:

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

## 2. Rotavirus vaccine (Rota). (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks.
- Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer any dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

## 4. *Haemophilus influenzae* type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHib<sup>®</sup> or ComVax<sup>®</sup> [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TrHibit<sup>®</sup> (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children age 12 months or older.

## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer one dose of PCV to all healthy children aged 24–59 months having any incomplete schedule.
- Administer PPV to children aged 2 years and older with underlying medical conditions.

## 6. Influenza vaccine. (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- Administer annually to children aged 6–59 months and to all close contacts of children aged 0–59 months.
- Administer annually to children 5 years of age and older with certain risk factors, to other persons (including household members) in close contact with persons in groups at higher risk, and to any child whose parents request vaccination.
- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.
- Children receiving TIV should receive 0.25 mL if age 6–35 mos or 0.5 mL if age 3 years or older.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received one dose.

## 7. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided 4 weeks or more have elapsed since the first dose.

## 8. Varicella vaccine. (Minimum age: 12 months)

- Administer second dose at age 4–6 years; may be administered 3 months or more after first dose.
- Don't repeat second dose if administered 28 days or more after first dose.

## 9. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- HepA is recommended for all children aged 1 yr (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

## 10. Meningococcal vaccine. (Minimum age: 2 years for meningococcal conjugate vaccine [MCV4] and for meningococcal polysaccharide vaccine [MPSV4])

- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. Use of MPSV4 is also acceptable.
- Persons who received MPSV4 3 or more years prior and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip)), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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