

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
665.105	Amend
665.240	Amend
665.Appendix F	New
- 4) Statutory Authority: Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and the Communicable Disease Prevention Act [410 ILCS 315].
- 5) A Complete Description of the Subjects and Issues Involved: Existing rules set forth the required physical examinations, immunizations and acceptable exemptions for children entering school-operated programs below the kindergarten level and kindergarten through 12th grade. Proposed changes to the immunizations rules will modify existing requirements to align with current accepted clinical practices as recommended by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the Academy of Family Physicians (AFP). Current requirements for Mumps, Rubella and Varicella vaccines reflect receipt of only one dose of each. Originally, one dose of the Measles-Mumps-Rubella (MMR) vaccine was recommended. In 1989, the American Academy of Family Physicians, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices changed the recommendation to two doses. As a result, Illinois established the routine two-dose measles vaccine requirement in 1990. Single antigen products for mumps and rubella vaccines are no longer available in the U.S., making the MMR vaccine the only recommended product of use. Therefore, a two-dose schedule for mumps and rubella vaccines is consistent with all nationally recognized medical practices. Varicella vaccine has been required for school entry since July 2002. In June 2006, ACIP approved a routine two-dose recommendation for children. The first dose should be administered at age 12 to 15 months and the second dose at age four to six years. The rationale for the second dose of varicella vaccine for children is to further decrease varicella disease and its complications in the United States. Despite the successes of the one-dose vaccination program in children, vaccine effectiveness has not been sufficient to prevent varicella outbreaks, which, although less than in the pre-vaccine era, have continued to occur in highly vaccinated school populations. Breakthrough varicella is contagious. The recommended ages for routine first (at age 12

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

to 15 months) and second (at age four to six years) doses of varicella vaccine are harmonized with the recommendations for MMR vaccine use. In addition, pneumococcal conjugate vaccine is required for children attending pre-school and/or day care facilities operated by school districts. Public Act 095-0159 was signed into law on August 14, 2007 and provides IDPH with the authority to prescribe rules. The Act requires that children under age two attending a day care facility shall receive the age appropriate series of pneumococcal conjugate vaccine, known as Prevnar, as recommended by the Advisory Committee on Immunization Practices. Definitions are being amended and added to eliminate the need for repetitive language in the rules.

The economic effect of this proposed rulemaking remains unknown. For the 2010-2011 school year, the 2.3 million students attending public and nonpublic schools in Illinois had a 97 percent compliance level within existing immunization requirements. In future years, we can expect that at least 3 percent of students (~69,000) may need vaccination(s) to comply with this proposed rule. According to the Kaiser Family Foundation, almost 280,000 of the 3.35 million Illinois children aged 0-18 years had no public or private health insurance coverage in 2010. All vaccines recommended with this rule change are readily available through the federal Vaccines for Children (VFC) program administered by the Department; uninsured children are eligible for vaccines through this program.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

6) Published studies or reports, and sources of underlying data used to compose this rulemaking:

CDC. Measles, mumps, and rubella – vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 1998; 47 (No. RR-8);

CDC. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56 (No. RR-4);

CDC. Licensure of a 13-valent pneumococcal conjugate vaccine [PCV13] and recommendations for use among children – Advisory Committee on Immunization Practices [ACIP], 2010. MMWR 2010; 59:258 - 61);

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

CDC. Recommended immunization schedules for persons aged 0 through 18 years – United States, 2011. MMWR 2011; 60(5).

- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand any state mandates on units of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761
217/782-2043
e-mail: dph.rules@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: These immunization rules will not have a direct impact on these stated entities. An indirect impact could occur to employer-provided health care coverage for the requirement for additional vaccination protection for children entering school-operated programs below the kindergarten level and attending kindergarten through 12th grades. However, the Department sponsors a Vaccines For Children (VFC) Plus program, which addresses vaccination needs for under-

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

insured children. This is in addition to the All Kids program, operated by the Department of Healthcare and Family Services.

- B) Reporting, bookkeeping or other procedures required for compliance: Health care providers administering vaccinations are expected to record the following information as documentation for any vaccination provided: the type of vaccine, date administered, vaccine manufacturer, vaccine lot number and the date of the Vaccine Information Statement provided to the patient at the time of the vaccination.
- C) Types of professional skills necessary for compliance: Only licensed medical professionals can administer vaccinations.

14) Regulatory Agenda on which this rulemaking was summarized: January 2012

The full text of the Proposed Amendments begins on the next page:

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH

Formatted: Header distance from edge: 1",
Footer distance from edge: 1"

PART 665
CHILD HEALTH EXAMINATION CODE

SUBPART A: GENERAL PROVISIONS

Section	
665.100	Statutory Authority (Repealed)
665.105	Definitions
665.110	General Considerations (Repealed)
665.115	Referenced Materials

SUBPART B: HEALTH EXAMINATION

Section	
665.120	Health Examination Requirements
665.130	Performance of Health Examination and Verification of Certificate of Child Health Examination
665.140	Timetable for Examinations
665.150	Report Forms
665.160	Proof of Examination
665.210	Proof of Immunizations
665.220	Local School Authority (Repealed)
665.230	School Entrance
665.240	Basic Immunization
665.250	Proof of Immunity
665.260	Booster Immunizations
665.270	Compliance with the School Code
665.280	Physician Statement of Immunity
665.290	List of Non-immunized Students

SUBPART C: VISION AND HEARING SCREENING

Section	
665.310	Vision and Hearing Screening

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

SUBPART D: DENTAL EXAMINATION

Section	
665.410	Dental Examination Requirement
665.420	Dental Examination Timetable
665.430	Dental Examination
665.440	Guidelines (Repealed)
665.450	Waiver of Dental Examination Requirement

SUBPART E: EXCEPTIONS

Section	
665.510	Objection of Parent or Legal Guardian
665.520	Medical Objection

SUBPART F: EYE EXAMINATION

Section	
665.610	Eye Examination Requirement
665.620	Vision Examination (Repealed)
665.630	Eye Examination Report
665.640	Indigent Students (Repealed)
665.650	Waiver of Eye Examination Requirement

SUBPART G: DIABETES SCREENING

Section	
665.700	Diabetes Screening Requirement
665.710	Diabetes Screening
665.720	Testing Recommendations

665.APPENDIX A	Illinois Department of Public Health Eye Examination Report
665.APPENDIX B	Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)
665.APPENDIX C	Illinois Department of Public Health Eye Examination Waiver Form
665.APPENDIX D	Illinois Department of Public Health Dental Examination Form
665.APPENDIX E	Illinois Department of Public Health Dental Examination Waiver Form
<u>665.APPENDIX F</u>	<u>Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)</u>

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

AUTHORITY: Implementing and authorized by Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], ~~and~~ Section 6.2 of the Lead Poisoning Prevention Act [410 ILCS 45/6.2], and Section 2 of the Communicable Disease Prevention Act [410 ILCS 315/2].

SOURCE: Emergency rule adopted at 4 Ill. Reg. 38, p. 275, effective September 10, 1980, for a maximum of 150 days; emergency rule adopted at 4 Ill. Reg. 41, p. 176, effective October 1, 1980, for a maximum of 150 days; adopted at 5 Ill. Reg. 1403, effective January 29, 1981; codified at 8 Ill. Reg. 8921; amended at 11 Ill. Reg. 11791, effective June 29, 1987; amended at 13 Ill. Reg. 11565, effective July 1, 1989; amended at 13 Ill. Reg. 17047, effective November 1, 1989; emergency amendment at 14 Ill. Reg. 5617, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14543, effective August 27, 1990; amended at 15 Ill. Reg. 7706, effective May 1, 1991; amended at 18 Ill. Reg. 4296, effective March 5, 1994; amended at 20 Ill. Reg. 11950, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11966, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 1, 1998; amended at 26 Ill. Reg. 5921, effective July 1, 2002; amended at 26 Ill. Reg. 10689, effective July 1, 2002; amended at 29 Ill. Reg. 18127, effective October 24, 2005; emergency amendment at 32 Ill. Reg. 8778, effective May 30, 2008, for a maximum of 150 days; emergency expired October 26, 2008; emergency amendment at 32 Ill. Reg. 9055, effective June 6, 2008, for a maximum of 150 days; emergency expired November 2, 2008; amended at 33 Ill. Reg. 7011, effective May 11, 2009; amended at 33 Ill. Reg. 8459, effective June 8, 2009; amended at 35 Ill. Reg. 16723, effective September 27, 2011; amended at 37 Ill. Reg. _____, effective _____.

SUBPART B: HEALTH EXAMINATION

Section 665.105 Definitions

The following terms have the meaning ascribed to them here whenever the term is used in this Part:

Advanced practice nurse – a person who is licensed as an advanced practice nurse under ~~a person who is licensed as an advanced practice nurse under~~ the Nurse Practice Act [225 ILCS 65]. ~~(Section 15-5 of the Nurse Practice Act)~~

Attendance center – an individual building or site responsible for taking and maintaining attendance records of students.

Body mass index (BMI) – the result of a calculation of weight and height measurement used to determine whether an individual's weight is appropriate for

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

his or her ~~his/her~~ height. Body mass index is calculated by dividing weight in pounds by height in inches squared ~~times~~ ~~time~~ $703 \text{ (wt (lbs)/ht (in}^2\text{)} \times 703)$.

Certified vision screener – a person who has been trained by the Illinois Department of Public Health and who holds a current and valid certification from the Department as a vision screener in accordance with the Illinois Child Vision and Hearing Test Act [410 ILCS 205].

Dental examination – an examination, performed by a dentist, that includes, at a minimum, oral health status and treatment needs.

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act [225 ILCS 25].

Eye examination – an examination, performed by an optometrist or a physician who provides eye examinations, that includes, *at a minimum, history, visual acuity, subjective refraction to best visual acuity near and far, internal and external examination, and a glaucoma evaluation, as well as any other tests or observations that, in the professional judgment of the physician or optometrist, are necessary.* (Section 27-8.1(2) of the School Code)

Glaucoma evaluation – an examination that includes the measurement by instrumentation of the intraocular pressure of the eye, and other tests focused on the optic nerve, as needed.

Health care provider – a physician, advanced practice nurse, or physician assistant who is authorized to conduct health examinations under Section 27-8.1(2) of the School Code.

Local school authority – that person having ultimate control and responsibility for any public, private/independent or parochial elementary or secondary school, or any attendance center or nursery school operated by an elementary or secondary school or institution of higher learning.

Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987 [225 ILCS 80].

Physician – a person who is licensed to practice medicine in all of its branches as

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

provided in the Medical Practice of Act of 1987 {225 ILCS 60}.

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987 {225 ILCS 95}.

Proof of immunity – documented evidence of the child’s having received a vaccine verified by a health care provider, laboratory evidence or proof of disease as described in Section 665.250(b).

Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act [225 ILCS 65].

School program – nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district.

Subjective refraction – determining the best visual status of the patient using ophthalmic lenses with directed patient response.

“Vision screening” – ~~for purposes of this Part, refers to~~ mandated vision screening by Department-certified vision screeners under the Child and Hearing Test Act and the Department’s rules titled Vision Screening (77 Ill. Adm. Code 685). Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

“Visual acuity testing” – a measurement of the resolving power of the human eye using standardized testing conditions, usually by distinguishing standardized targets such as letters or children’s symbols. It is done far at 20 feet and near at 16 inches without correction, with the present refractive correction, and with best correction by examination, and includes monocular and binocular findings.

(Source: Amended at 37 Ill. Reg. _____, effective _____)

Section 665.240 Basic Immunization

a) Diphtheria, Pertussis, Tetanus

1) Any child two years of age or older entering a school program ~~(defined as~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

~~nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~ shall show proof (~~see Section 665.250(b)~~) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall be at least six months.

- 2) Any child entering kindergarten or first grade for the first time shall show proof (~~see Section 665.250(b)~~) of having received four or more doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine, with the last dose being a booster and having been received on or after the fourth birthday. The first three doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall be at least six months. Children ~~six~~ 6 years of age and older may receive Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
- 3) Any child entering school at a grade level not included in subsection (a)(1) or (2) of this Section shall show proof (~~see Section 665.250(b)~~) of receiving three or more doses of DTP, DTaP, pediatric DT or adult Tetanus, Diphtheria (Td), with the last dose being a booster and having been received on or after the fourth birthday. The first two doses in the series shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~or final~~ doses shall be at least six months.
- 4) Receipt of pediatric Diphtheria Tetanus (DT) vaccine in lieu of DTP or DTaP is acceptable only if the pertussis component of the vaccine is medically contraindicated. Documentation of the medical contraindication shall be verified as specified in Section 665.520.
- 5) Beginning with school year 2011 to 2012 ~~-12~~, any child entering sixth grade shall show proof (~~see Section 665.250(b)~~) of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 6) Students entering grades seven through twelve who have not already received Tdap are required to receive one ~~1~~ Tdap dose regardless of the interval since the last DTaP, DT or Td dose.
- b) Polio
- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). Doses in the series shall have been received no less than four weeks (28 days) apart.
 - 2) Any child entering school at any grade level (kindergarten through K-~~K-~~12) shall show proof (~~see Section 665.250(b)~~) of having received three or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). A child who received any combination of IPV and OPV shall show proof of having received at least four doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall show proof of having received at least three doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall have been received no less than four weeks (28 days) apart.
- c) Measles
- 1) Any child two years of age or older entering a school program (~~defined as nursery schools, pre school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) shall show proof (~~see Section 665.250(b)~~) of having received one dose of live measles virus vaccine on or after the first birthday, or other proof of immunity described in Section 665.250(c).
 - 2) Children entering school at any grade level (kindergarten through K-12)

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

shall show ~~proof evidence~~ of having received two doses of live measles 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 K-12) are not assigned, including special education programs, proof of two doses of live measles virus vaccine as described in subsection (c)(2) of this Section shall be submitted prior to the school years year in which the child reaches the ages of five, ~~11~~10, and 15.
- d) Rubella
- 1) Any child two years of age or older entering a school program ~~at any grade level, including nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district,~~ shall show proof (~~see Section 665.250(b))~~ of receiving at least one dose of live rubella virus vaccine on or after the first birthday. Proof of disease is not acceptable unless laboratory evidence of rubella immunity is presented (see Section 665.250(d)).
 - 2) 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) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11, and 15.
- e) Mumps
- 1) Any child two years of age or older entering a school program ~~at any grade level, including nursery schools, pre-school programs, early~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

~~childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district, shall show proof (see Section 665.250(b)) of receiving at least one dose of live mumps virus vaccine on or after the first birthday. Proof of disease, if verified by a physician, or laboratory evidence of mumps immunity may be substituted for proof of vaccination (see Section 665.250(e)).~~

- 2) 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) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11, and 15.
- f) Haemophilus influenzae type b (Hib)
- 1) ~~Any child two years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) shall show proof of immunization that complies with the Hib vaccination schedule in Appendix B of this Part.~~
 - 2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.
 - 3) Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.
- g) Hepatitis B
- 1) ~~Any child two years of age or older entering a school program (defined as nursery schools, pre-school programs, early childhood programs, Head~~

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

~~Start, or other pre-kindergarten child care programs offered or operated by a school or school district) shall show proof (see Section 665.250(b)) of having received three doses of hepatitis B vaccine. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third ~~doses~~ dose shall be at least two months. ~~The~~ For children entering a school program for the first time on or after July 1, 2002, the interval between the first dose and the third dose shall ~~must~~ be at least ~~four~~ 4 months. The third dose shall ~~must~~ have been administered on or after ~~six~~ 6 months of age. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).~~

- 2) ~~Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received three doses of hepatitis B vaccine. The first 2 doses must have been received no less than 4 weeks (28 days) apart. The interval between the second and third dose must be at least 2 months. Proof of prior or current infection, if verified by laboratory evidence, may be submitted for proof of vaccination (see Section 665.250(f)).~~
- 2)3) Children entering the ~~sixth~~ fifth grade for the first time on or after July 1, 2002 shall ~~must~~ show ~~proof~~ evidence 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~~ dose shall be at least two months. The interval between the first and third ~~doses~~ dose shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be ~~substituted~~ submitted for proof of vaccination (see Section 665.250(f)).
- 3)4) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg) and was 11 to 15 years of age at the time of vaccine administration, and that the interval between receipt of the two doses was at least four months.

h) Varicella

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Any child two years of age or older entering a school program below the kindergarten level (~~defined as nursery schools, pre-school programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district~~) for the first time on or after July 1, 2002, shall show proof (~~see Section 665.250(b)~~) of having received 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.
 - 2) Children ~~who entered~~ entering 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 or 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 immunity.
 - 4) Only those children who have been immunized with varicella vaccine in accordance with subsections (h)(1), (2), and (3) of this Section, 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, including special education programs, proof of having received two doses ~~one dose~~ of varicella vaccine ~~on or after the first birthday~~ or other proof of immunity as described in subsections ~~subsection~~ (h)(2), (3), and (4) of this Section shall be submitted prior to the school years in which the child reaches the ages ~~age~~ of five, 11 and 15.
- i) Invasive Pneumococcal Disease

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 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 of this Part.

- 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.

- j) The requirements of this Section also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 665.Appendix F Vaccination Schedule for Pneumococcal Conjugate Vaccines

<u>Age of Child (Months)</u>	<u>Vaccination History</u>	<u>Primary Series and Booster Intervals</u>	<u>Total Doses Required</u>
<u>2-6</u> <u>minimum</u> <u>age of six</u> <u>weeks:</u>	<u>0 doses</u>	<u>3 doses, 2 months apart; 4th dose at age 12-15 months</u>	<u>4</u>
	<u>1 dose</u>	<u>2 doses, 2 months apart; 4th dose at age 12-15 months</u>	<u>4</u>
	<u>2 doses</u>	<u>1 dose, 2 months after most recent dose; 4th dose at age 12-15 months</u>	<u>4</u>
<u>7-11</u>	<u>0 doses</u>	<u>2 doses, 2 months apart; 3rd dose at age 12 -15 months</u>	<u>3</u>
	<u>1 or 2 doses before age 7 months</u>	<u>1 dose, 2 months after most recent dose; 3rd dose at 12 months -15 months and > 2 months after prior dose</u>	<u>3-4</u>
<u>12-23</u>	<u>0 doses</u>	<u>2 doses, e 2 months apart</u>	<u>2</u>
	<u>1 dose administered before age 12 months</u>	<u>2 doses, e 2 months apart</u>	<u>2</u>

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

	<u>1 dose administered on or after 12 months of age</u>	<u>1 dose e 2 months after most recent dose</u>	<u>2</u>
	<u>2 or 3 doses administered before age 12 months</u>	<u>1 dose, e 2 months after most recent dose</u>	<u>3-4</u>
<u>24-59 Healthy Children</u>	<u>Any incomplete schedule</u>	<u>1 dose, e 2 months after most recent dose</u>	<u>1</u>
<u>Children at High risk[*]</u>	<u>Any incomplete schedule</u>	<u>2 doses separated by 2 months</u>	<u>2</u>

^{*} Children with certain chronic conditions or immuno-suppression conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV7 two months after the last PCV7.

(Source: Added at 37 Ill. Reg. _____, effective _____)