

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Immunization Code
- 2) Code Citation: 77 Ill. Adm. Code 695
- 3)

| <u>Section Numbers:</u> | <u>Proposed Action:</u> |
|-------------------------|-------------------------|
| 695.5 | New |
| 695.7 | New |
| 695.10 | Amend |
| 695.20 | Amend |
| 695.30 | Amend |
| 695.40 | Amend |
| 695.50 | Amend |
| 695.Appendix B | New |
- 4) Statutory Authority: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].
- 5) A Complete Description of the Subjects and Issues Involved: Existing rules specify required immunizations, physical examinations, and acceptable exemptions for children attending child care facilities, children entering school-operated programs below the kindergarten level and kindergarten through 12th grade. Proposed changes in this rulemaking 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). Currently 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

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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 the routine first (at age 12 to 15 months) and second (at age 4 to 6 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 95-0159 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. This rulemaking will also align the Immunization Code with recent adopted changes to the Child Health Examination Code related to Tetanus/Diphtheria/Acellular Pertussis vaccine recommendations for students entering sixth grade and a prescribed catch-up program for older students as recommended by the ACIP. This rulemaking also includes a new Definitions Section and a new Referenced Materials Section.

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:

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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);

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

CDC. Preventing tetanus, diphtheria, and pertussis among adolescents: use of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccines; Recommendations of the Advisory Committee on Immunization Practices (ACIP); MMWR 2006; 55 (No. RR-3);

CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010 MMWR 2011; 60:13-15.

- 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:

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

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Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761
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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-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:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 695
IMMUNIZATION CODE

Section

| | |
|--------------|---|
| <u>695.5</u> | <u>Definitions</u> |
| <u>695.7</u> | <u>Referenced Materials</u> |
| 695.10 | Basic Immunization |
| 695.20 | Booster Immunizations |
| 695.30 | Exceptions |
| 695.40 | List of Non-Immunized Child Care Facility Attendees or Students |
| 695.50 | Proof of Immunity |

695.APPENDIX A Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)

695.APPENDIX B Vaccination Schedule for Pneumococcal Conjugate Vaccines(PCV13)

AUTHORITY: Implementing and authorized by the Communicable Disease Prevention Act [410 ILCS 315], Section 27-8.1 of the School Code [105 ILCS 5/27-8.1], and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

SOURCE: Emergency amendment effective June 23, 1977; emergency amendment at 3 Ill. Reg. 14, p. 88, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 134, effective December 17, 1979; codified at 8 Ill. Reg. 4512; amended at 11 Ill. Reg. 11799, effective June 29, 1987; emergency amendment at 14 Ill. Reg. 5890, effective March 30, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14562, effective August 27, 1990; amended at 15 Ill. Reg. 7712, effective May 1, 1991; amended at 17 Ill. Reg. 2975, effective February 11, 1993; amended at 20 Ill. Reg. 11962, effective August 15, 1996; emergency amendment at 21 Ill. Reg. 11973, effective August 15, 1997, for a maximum of 150 days; emergency expired on January 11, 1998; amended at 26 Ill. Reg. 5930, effective July 1, 2002; amended at 26 Ill. Reg. 10792, effective July 1, 2002; amended at 37 Ill. Reg. _____, effective _____.

Section 695.5 **Definitions**

Act -- Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

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Advanced practice nurse – a person who is licensed as an advanced practice nurse under the Nurse Practice Act [225 ILCS 65].

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

Child care facility -- any person, group of persons, center, organization, or institution who or that is established and maintained for the care of children outside of their home.

Department or IDPH – the Illinois Department of Public Health.

Health care official – a person with signature or administrative authority within a health care, child care, or school setting.

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.

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice 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 subsections 695.50(c), (e) and (g).

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

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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.

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

Section 695.7 Referenced Materials

The following materials are referenced in this Part:

- a) School Code [105 ILCS 5]
- b) Medical Practice Act of 1987 [225 ILCS 60]
- c) Nurse Practice Act [225 ILCS 65]
- d) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- e) Child Care Act of 1969 [225 ILCS10]

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

Section 695.10 Basic Immunization

- a) The optimum starting ages for the specified immunizing procedures are as follows:
 - 1) Diphtheria – two to four 2-4 months
 - 2) Pertussis – two to four 2-4 months, combined with tetanus toxoid
 - 3) Tetanus – two to four 2-4 months
 - 4) Poliomyelitis – two to four 2-4 months
 - 5) Measles – 12 to 15 months

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- 6) Rubella ~~_ 12 to~~ —15 months
 - 7) Mumps ~~_ 12 to~~ —15 months
 - 8) Haemophilus influenzae type b ~~- two to four~~ 2-4 months
 - 9) Hepatitis B ~~_ Birth to two~~ -2 months
 - 10) Varicella ~~_ 12 to~~ —18 months
 - 11) Invasive Pneumococcal disease (except as noted in subsection (l) of this Section) – two to four months
- b) Upon first entering a child care facility, all ~~All~~ children two ~~2~~ months of age and older ~~over upon first entering a child care facility~~ shall show proof ~~present evidence~~ that the child ~~such person~~ has been immunized, or is in the process of being immunized, according to the recommended schedule, against diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, Haemophilus influenzae type b, ~~and~~ hepatitis B, ~~and~~ varicella, and invasive pneumococcal disease.
- c) All children entering school programs (~~includes 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~~) in Illinois for the first time shall show proof ~~present evidence~~ of immunity against:
- 1) Diphtheria
 - 2) Pertussis (except as noted in subsection (d) of this Section)
 - 3) Tetanus
 - 4) Poliomyelitis
 - 5) Measles (except as noted in subsection (f) of this Section)
 - 6) Rubella
 - 7) Mumps

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- 8) Haemophilus influenzae type b (except as noted in subsection (i) of this Section)
 - 9) Hepatitis B (except as noted in subsection (j) of this Section)
 - 10) Varicella (except as noted in subsection (k) of this Section)
 - 11) Invasive pneumococcal disease (except as noted in subsection (l) of this Section)
- d) Diphtheria, Tetanus, Pertussis
- 1) Any child entering a child care facility or school program ~~below~~ under 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~~) ~~shall~~ must show proof (~~see Section 695.50~~) of having received ~~three~~ 3 doses of Diphtheria, Tetanus, Pertussis (DTP or DTaP) vaccine by one year of age and one additional dose by the second birthday. The first ~~three~~ 3 doses in the series ~~shall~~ must have been received no less than ~~four~~ 4-weeks (28 days) apart. The interval between the third and fourth ~~doses or final dose~~ shall must be at least ~~six~~ 6 months. Any child 24 months of age or older shall ~~show present~~ proof of ~~four~~ 4 doses of DTP or DTaP vaccine, appropriately spaced.
 - 2) Any child entering school (~~;~~ kindergarten or first grade); for the first time ~~shall~~ must show proof (~~see Section 695.50~~) of having received ~~four~~ 4 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~~ 3 doses in the series ~~shall~~ must have been received no less than ~~four~~ 4 weeks (28 days) apart. The interval between the third and fourth ~~doses, or final dose,~~ shall must be at least ~~six~~ 6 months. Children ~~six~~ 6 years of age or older may receive adult Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine. ~~Pertussis vaccine is not medically recommended for children 7 years of age or older.~~
 - 3) Any child entering school at a grade level not included in subsection (d)(1)

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or (2) of this Section ~~shall~~ must show proof (~~see Section 695.50~~) of having received ~~three~~ 3 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~~ 2 doses in the series ~~shall~~ must have been received no less than ~~four~~ 4 weeks (28 days) apart. The interval between the second and third ~~doses, or final dose, shall~~ must be at least ~~six~~ 6 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~~ must be verified as specified in Section 695.30.
- 5) Beginning with school year 2011 to 2012, any child entering sixth grade shall show proof 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. If 10 years have elapsed since the last booster, an additional Td booster is required. Receipt of Tetanus Toxoid (T.T.) vaccine is not acceptable in fulfilling this requirement.
- 6) Students entering grades seven through 12 who have not already received Tdap are required to receive only one Tdap dose regardless of the interval since the last DTaP, DT, or Td dose.
- ~~7) 6)~~ School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (d)(2), (3), (4), and (5).

e) Polio

- 1) Any child entering a child care facility or school program ~~below~~ under 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~~) ~~shall~~ must show proof (~~see Section 695.50~~) of having received ~~two~~ 2 doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)) by one year of age and a third dose by the second birthday. Doses in the series ~~shall~~ must have been received no less

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than four ~~4~~ weeks (28 days) apart. Any child 24 months of age or older shall show ~~present~~ proof of at least three ~~3~~ doses of polio vaccine, appropriately spaced.

- 2) Any child entering school at any grade level, kindergarten through K ~~12~~, shall must show proof (~~see Section 695.50~~) of having received three ~~3~~ 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 must show proof of having received at least four ~~4~~ doses, with the last dose having been received on or after the fourth birthday. Doses in the series shall must have been received no less than four ~~4~~ weeks (28 days) apart. A child who received IPV exclusively or OPV exclusively shall must show proof of having received at least three ~~3~~ doses, with the last dose having been received on or after the fourth birthday, ~~but prior to school entrance~~. Doses in the series shall must have been received no less than four ~~4~~ weeks (28 days) apart.
- 3) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsection (e)(2).

f) Measles

- 1) Any child entering a child care facility or school program below ~~under~~ 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~~) shall show ~~proof present evidence~~ of having received one dose of live measles virus vaccine by the second birthday. The measles vaccine shall must have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has~~:
 - A) Show proof that he or she has been age-appropriately immunized against measles prior to entering a child care facility or school, including school programs below ~~under~~ the kindergarten level, for the first time; or
 - B) Present a statement from the physician that he or she has had

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measles as noted in Section 695.50(c);⁷ or

C) Present laboratory evidence of measles immunity.

- 3) Children entering school at any grade level, kindergarten through K --12, shall ~~must~~ show proof evidence of having received two 2 doses of live measles virus vaccine, the first dose on or after the first birthday and the second dose no less than four 4 weeks (28 days) after the first dose, or other proof of immunity as described in this Part.
- 4) For students attending school programs where grade levels (kindergarten through K ---12) are not assigned, including special education programs, proof of two 2 doses of live measles virus vaccine as described in subsection (f)(3) of this Section shall be submitted prior to the school years year in which the child reaches the ages of five 5, 11, and 15.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (f)(2), (3), and (4).

g) Mumps

- 1) Any child entering a child care facility or school program below under 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~~) shall show proof present evidence of having received one dose of live mumps virus vaccine by the second birthday. The mumps vaccine shall must have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has~~:
 - A) Show proof that he or she has been age-appropriately immunized against mumps prior to entering a child care facility or school, including school programs below under the kindergarten level, for the first time;⁷ or
 - B) Present a statement from the physician that he or she has had

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mumps; or

- C) Present laboratory evidence of mumps immunity (see Section 695.50(e)).
- 3) Children entering school at any grade level, kindergarten through K—12, ~~shall must~~ show proof evidence of having received two doses at least one dose 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 as described in this Part on or after the first birthday.
- 4) Only those children who have been immunized with live mumps virus vaccine on or after the first birthday, have had physician diagnosed mumps disease, or show 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 two doses of live mumps virus vaccine as described in subsection (f)(3) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11, and 15.
- 65) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (g)(2), (3) and (4).
- h) Rubella
- 1) Any child entering a child care facility or school program below under 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~~) shall show proof present evidence of having received one dose of live rubella virus vaccine by the second birthday. The rubella vaccine ~~shall must~~ have been received on or after the first birthday.
- 2) The child shall ~~present evidence that he or she has:~~

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- A) Show proof that he or she has been age-appropriately immunized against rubella prior to entering a child care facility or school, including school programs below ~~under~~ the kindergarten level, for the first time; or
 - B) Present laboratory evidence of immunity to rubella.
- 3) Children entering school at any grade level, kindergarten through K—12, shall ~~must~~ show proof evidence of having received two doses at least one dose 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 as described in this Part ~~on or after the first birthday.~~
 - 4) Only those children who have been immunized with rubella vaccine on or after the first birthday, or have a laboratory (serologic) evidence of immunity to rubella, 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 two doses of live rubella virus vaccine as described in subsection (f)(3) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11, and 15.
 - 65) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (h)(2), (3) and (4).
- i) Haemophilus influenzae type b (Hib)
 - 1) Any child under five 5 years of age entering a child care facility or school program below ~~under~~ 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) shall show proof ~~present evidence~~ of immunization that complies with the Hib vaccination schedule in Appendix A of this Part.
 - 2) Children 24 to — 59 months of age who have not received the primary

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series of Hib vaccine, according to the Hib vaccination schedule, shall ~~must~~ show proof of receiving one dose of Hib vaccine at 15 months of age or older.

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

j) Hepatitis B

- 1) Any child two ~~2~~ years of age or older enrolling in a child care facility or school program below ~~under~~ 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~~) shall show proof ~~present evidence~~ of having received three ~~3~~ doses of hepatitis B vaccine. The first two ~~2~~ doses shall ~~must~~ have been received no less than four ~~4~~ weeks (28 days) apart. The interval between the second and third doses ~~dose~~ must be at least two ~~2~~ months. ~~The~~ For children entering a child care facility or school program for the first time on or after July 1, 2002, the interval between the first and the third doses ~~dose~~ must be at least four ~~4~~ months. The third dose shall ~~must~~ have been administered on or after six ~~6~~ months of age. The child shall ~~present evidence that he or she has:~~

A) Show proof that he or she has been age-appropriately immunized against hepatitis B prior to enrolling in a child care facility or school program below ~~under~~ the kindergarten level for the first time; ~~or~~

B) Present laboratory evidence of prior or current hepatitis B infection.

- 2) ~~Children entering the fifth grade for the first time between July 1997 and June 30, 2002 must show evidence of having received three 3 doses of hepatitis B vaccine. The first 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 695.50(f)).~~

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- 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 ~~3~~ doses of hepatitis B vaccine. The first two ~~2~~ doses shall ~~must~~ have been received no less than four ~~4~~ weeks (28 days) apart. The interval between the second and third doses shall ~~dose must~~ be at least two ~~2~~ months. The interval between the first dose and the third dose shall ~~must~~ be at least four ~~4~~ months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted ~~submitted~~ for proof of vaccination (see Section 695.50(f)).
- 3)4) The third dose of hepatitis B vaccine is not required if it can be documented that the child received two ~~2~~ doses of adult formulation Recombivax-HB vaccine (10 mcg), ~~the child and~~ was 11 to ~~15~~ years of age at the time of vaccine administration, and the interval between receipt of the two ~~2~~ doses was at least four ~~4~~ months.
- 4)5) Only those children who have been immunized with hepatitis B vaccine in accordance with subsections (j)(1), (2), and (3), ~~and~~ (4) of this Section or have laboratory evidence of prior or current hepatitis B infection shall be considered immune.
- 5)6) School-age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ this subsection (j).
- k) Varicella
- 1) Any child two ~~2~~ years of age or older entering a child care facility or school program below ~~under~~ 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 ~~present~~ proof ~~evidence~~ of having received one dose of varicella vaccine or other proof of immunity as specified in Section 695.50(g). The varicella vaccine shall ~~must~~ have been received on or after the first birthday.
- 2) The child shall ~~present~~:

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- A) Show proof evidence that he or she has been age-appropriately immunized against varicella prior to entering a child care facility or school program below ~~under~~ the kindergarten level for the first time, or
- B) Present a statement from a physician verifying that the child has had varicella, or
- C) Present a statement from a health care provider (as defined in Section 695.50(a)) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or
- D) Present laboratory evidence of immunity to varicella.
- 3) Children who entered entering kindergarten for the first time on or after July 1, 2002, ~~shall must~~ show proof evidence of having received one dose of varicella vaccine on or after the first birthday or other proof of immunity as specified in Section 695.50(g).
- 4) 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, or other proof of immunity as specified in Section 695.50(g).
- ~~54)~~ Only those children who have been immunized with varicella vaccine in accordance with subsections (k)(1), (2)(A), ~~and (3), and (4)~~ 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.
- 6) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of two doses of varicella vaccine as described in subsection (k)(3) and (4) of this Section shall be submitted prior to the school years in which the child reaches the ages of five, 11, and 15.

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~~76)~~ School age children entering a child care facility shall comply with the immunization requirements in ~~accordance with~~ subsections (k)(2), (3), (4) and (5).

l) Invasive Pneumococcal Disease

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

m) 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 37 Ill. Reg. _____, effective _____)

Section 695.20 Booster Immunizations

Only those booster immunizations recommended in Section 695.10 ~~above~~ are required.

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

Section 695.30 Exceptions

a) The provisions of this Part ~~Act~~ shall not apply if:

1) The parent or legal guardian of the child objects to the requirements of this Part ~~thereto~~ on the grounds that the administration of immunizing agents conflicts with his or her religious tenets or practices, or

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- 2) A physician licensed to practice medicine in all its branches, an advanced practice nurse or a physician assistant states in writing that the physical condition of the child is such that the administration of one or more of the required immunizing agents is medically contraindicated.
- b) If a religious objection is made, a written and signed statement from the parent or legal guardian detailing the objection ~~shall such objections must~~ be presented to the child care facility or local school authority. The religious objection statement shall be considered valid if:
 - 1) The parent or legal guardian of a child entering a child care facility objects to the immunization or immunizations ~~immunization(s)~~ on the grounds that they conflict with the tenets and practices of a recognized church or religious organization of which the parent is an adherent or member; or
 - 2) The objection by the parent or legal guardian of a child entering school (including programs below ~~under~~ the kindergarten level) sets forth the specific religious belief that which conflicts with the immunization or immunizations ~~immunization(s)~~. The religious objection may be personal and need not be directed by the tenets of an established religious organization.
- c) It is not the intent of this Part that any child whose parents comply with the intent of the this Act should be excluded from a child care facility or school. A child or student shall be considered to be in compliance with the law if there is evidence of the intent to comply. Evidence ~~Such evidence~~ may be a signed statement from a health care provider ~~the physician~~ that he or she has begun, or will begin, the necessary immunization procedures, or the parent's or legal guardian's written consent for the child's participation in a school or other community immunization program.

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

Section 695.40 List of Non-Immunized Child Care Facility Attendees or Students

Every child care facility or attendance center shall maintain an ~~An~~ accurate list ~~shall be maintained at every child care facility or attendance center~~ of all children who have not shown proof ~~presented evidence~~ of immunity against diphtheria, pertussis (to age six ~~6~~), tetanus,

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poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 695.10(i)), varicella (as noted in Section 695.10(k)), ~~and~~ hepatitis B (as noted in Section 695.10(j)) and invasive pneumococcal disease (as noted in Section 695.10(l)).

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

Section 695.50 Proof of Immunity

- a) Proof of immunity shall consist of documented evidence of the child's ~~child~~ having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional, or health official) or proof of disease (as described in subsections (c) through (g)). ~~As used in this Section, "physician" means a physician licensed to practice medicine in all of its branches (M.D. or D.O).~~
- b) The day and month of the vaccination ~~vaccine~~ are ~~is~~ required if it cannot otherwise be determined that the vaccine was given after the minimum interval or age.
- c) Proof of prior measles disease shall ~~must~~ be verified with the date of illness signed by a physician and confirmed by laboratory evidence, 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.~~
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (see subsection (b)) or laboratory evidence of rubella immunity.
- e) Proof of prior mumps disease shall ~~must~~ be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection shall ~~must~~ be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is ~~only~~ acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc ~~and/or~~ anti-HBs.
- g) Proof of prior varicella disease shall ~~must~~ be verified with date of illness signed by a physician, 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

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laboratory evidence of varicella immunity.

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

Section 695.Appendix B 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 minimum age of six 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> |
| | <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> |

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* 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 _____)