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DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Child Health Examination Code
- 2) Code Citation: 77 Ill. Adm. Code 665
- 3) Section Number: 665.240      Adopted Action: Amended
- 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) Effective Date of Amendment:
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendment Published in Illinois Register: April 25, 2014; 38 Ill. Reg. 8726
- 10) Has JCAR issued a Statement of Objection to these amendments? No
- 11) Difference(s) between proposal and final version: None
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No changes were requested.
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: This Part specifies 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 12<sup>th</sup> grade. This rulemaking modifies 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

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Academy of Family Physicians (AFP). In March 2013, ACIP updated their recommendations for the prevention and control of meningococcal disease. Meningococcal disease can cause severe and devastating illness. The burden of disease is highest among infants aged less than one year, young adults aged 16 through 21 years, and persons aged 65 years and older. The vaccines licensed currently are recommended routinely for adolescents and other persons at increased risk for meningococcal disease. ACIP recommends routine administration of a MenACWY vaccine for all persons aged 11 through 18 years. A single booster dose recommendation is based on age and risk factors.

Public Act 098-0480 was signed into law on August 16, 2013 and requires that the Department of Public Health adopt a rule requiring students, upon entering the 6th and 12th grade of any public, private, or parochial school, to receive an immunization containing meningococcal conjugate vaccine that meets the standards approved by the U.S. Public Health Service for such biological products and is in accordance with the recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. The immunization shall consist of one dose of the MCV4 vaccine for 6th grade entrance and two doses for 12th grade entrance, unless the first dose was administered to a child who was 16 years of age or older, in which case only one dose is required at 12th grade entrance. However, if the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices' recommendations for adolescents are updated, then the requirement under this Section should reflect those changes to be current. Existing Illinois standards for parental or legal guardian objections or medical objections shall be applicable.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister  
Division of Legal Services  
Department of Public Health  
535 West Jefferson, 5<sup>th</sup> Floor  
Springfield, Illinois 62761

(217)782-2043  
e-mail: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

The full text of the adopted amendment begins on the next page:

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

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

SUBPART D: DENTAL EXAMINATION

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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
665.APPENDIX F	Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV13)

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

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the Communicable Disease Prevention Act [40 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. 13912, effective August 16, 2013; amended at 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART B: HEALTH EXAMINATION

**Section 665.240 Basic Immunization**

a) Diphtheria, Pertussis, Tetanus

- 1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof 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 shall be at least six months.
- 2) Any child entering kindergarten or first grade for the first time shall show proof 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 shall be at least six

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months. Children six 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) shall show proof of having received three or more doses of DTP, DTaP, pediatric DT or adult Tetanus and 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 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 2011-2012, any child entering sixth grade shall show proof of having received one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.
- 6) Students entering grades seven through 12 who have not already received Tdap are required to receive one Tdap dose regardless of the interval since the last DTaP, DT or Td dose.
- 7) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of one dose of Tdap vaccine as described in subsection (d)(5) shall be submitted prior to the school years in which the child reaches the ages of 11 and 15.

b) Polio

- 1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof 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 12)

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shall show proof 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 child care facility or school program below the kindergarten level shall show proof 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 12) shall show proof 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 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 measles virus vaccine as described in subsection (c)(2) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.

d) Rubella

- 1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof of having received 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) Beginning with the school year 2014-2015, children entering school at any grade level (kindergarten through 12) shall show proof of having received

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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) 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 child care facility or school program below the kindergarten level shall show proof of having received 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) Beginning with the school year 2014-2015, 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) 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 child care facility or school program below the kindergarten level 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



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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 child care facility or school program below the kindergarten level shall show proof 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 shall be at least two months. The interval between the first dose and the third dose shall be at least four months. The third dose shall have been administered on or after six 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 sixth grade shall show proof 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 shall be at least two months. The interval between the first and third doses shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination (see Section 665.250(f)).
- 3) 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

- 1) Any child two years of age or older entering a child care facility or school program below the kindergarten level shall show proof 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.

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- 2) Children who entered 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, proof of prior varicella disease as described in Section 665.250(g), or laboratory evidence of varicella immunity.
  - 3) Beginning with the 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), 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, proof of having received at least two doses of varicella vaccine or other proof of immunity as described in subsections (h)(2), (3) and (4) shall be submitted prior to the school year in which the child reaches the ages of five, 11 and 15.
- i) 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 F.
  - 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 after 24 months of age.
  - 3) Any child who has reached his or her fifth birthday shall not be required to provide proof of immunization with pneumococcal conjugate vaccine.

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j) Meningococcal Disease

- 1) Beginning with the school year 2015-2016, any child entering the sixth grade shall show proof of having received one dose of meningococcal conjugate vaccine on or after the 11th birthday. Children who do not meet the age requirement will be monitored in accordance with Section 665.270.
- 2) Beginning with the school year 2015-2016, any child entering the 12th grade shall show proof of having received two doses of meningococcal conjugate vaccine prior to entering the 12th grade. The first dose shall have been received on or after the 11th birthday, and the second dose shall have been received on or after the 16th birthday, at least eight weeks after the first dose. If the first dose is administered when the child is 16 years of age or older, only one dose is required.
- 3) For students attending school programs where grade levels (kindergarten through 12) are not assigned, including special education programs, proof of having received one dose of meningococcal conjugate vaccine shall be submitted in the school year in which the child reaches age 11 and a second dose in the school year in which the child reaches age 16. If the first dose is administered when the child is 16 years of age or older, only one dose is required.

k)† 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 38 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)