

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED REPEALER

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

<u>Section Numbers:</u>	<u>Proposed Actions:</u>
695.5	Repealed
695.7	Repealed
695.10	Repealed
695.20	Repealed
695.30	Repealed
695.40	Repealed
695.50	Repealed
695.APPENDIX A	Repealed
695.APPENDIX B	Repealed
- 4) Statutory Authority: 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- 5) A Complete Description of the Subjects and Issues Involved: The Immunization Code is being repealed and its provisions added to the Child Health Examination Code (77 Ill. Adm. Code 665) to create one comprehensive regulation covering child and student health examinations and immunizations. Currently, immunizations are covered in both the Immunization Code and the Child Health Exam Code resulting in redundant regulations. The repeal of the Immunization Code will remove the redundancy and create a central location for parents and health care providers to find the examination and immunization requirements.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

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: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No

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- 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 a state mandate.
- 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 this issue of the *Illinois Register* to:

Elizabeth Paton
Assistant General Counsel
Department of Public Health
Division of Legal Services
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: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None
- 14) Regulatory Agenda on which this rulemaking was summarized: July 2015

The full text of the Proposed Repealer 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 (REPEALED)

Section

695.5	Definitions
695.7	Referenced Materials
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. 13930, effective August 16, 2013; amended at 38 Ill. Reg. 18778, effective August 26, 2014; repealed at 40 Ill. Reg. _____, effective _____.

Section 695.5 Definitions

Act – Section 7 of the Child Care Act of 1969.

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Advanced practice nurse – a person who is licensed as an advanced practice nurse under the Nurse Practice Act.

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 and a pharmacist who is authorized to administer vaccinations under the Illinois Pharmacy Practice Act of 1975.

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.

Pharmacist – a person who is licensed to practice pharmacy under the Illinois Pharmacy Practice Act of 1975.

Physician – a person who is licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987.

Physician assistant – a person who is licensed as a physician assistant under the Physician Assistant Practice Act of 1987.

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 695.50(c), (e) and (g).

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Registered nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act.

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.

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 ILCS 10]
- f) Illinois Pharmacy Practice Act of 1975 [225 ILCS 85]

Section 695.10 Basic Immunization

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

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- 7) Mumps – 12 to 15 months
 - 8) Haemophilus – two to four months influenzae type b
 - 9) Hepatitis B – birth to two months
 - 10) Varicella – 12 to 18 months
 - 11) Invasive Pneumococcal disease (except as noted in subsection (l)) – two to four months
 - 12) Meningococcal Disease – six months to two years
- b) Upon first entering a child care facility, all children two months of age and older shall show proof that the child 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, hepatitis B, varicella, and invasive pneumococcal disease.
- c) All children entering school programs in Illinois for the first time shall show proof of immunity against:
- 1) Diphtheria
 - 2) Pertussis (except as noted in subsection (d))
 - 3) Tetanus
 - 4) Poliomyelitis
 - 5) Measles (except as noted in subsection (f))
 - 6) Rubella
 - 7) Mumps
 - 8) Haemophilus influenzae type b (except as noted in subsection (i))
 - 9) Hepatitis B (except as noted in subsection (j))

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- 10) Varicella (except as noted in subsection (k))
 - 11) Invasive pneumococcal disease (except as noted in subsection (l))
 - 12) Meningococcal Disease (except as noted in subsection (m))
- d) Diphtheria, Tetanus, Pertussis
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received three 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 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. Any child 24 months of age or older shall show proof of four doses of DTP or DTaP vaccine, appropriately spaced.
 - 2) Any child entering school (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 months. Children six years of age or older may receive adult Tetanus, Diphtheria (Td) vaccine in lieu of DTP or DTaP vaccine.
 - 3) Any child entering school at a grade level not included in subsection (d)(1) or (2) shall show proof of having received 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 doses shall be at least 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 be verified as specified in Section 695.30.
 - 5) Beginning with school year 2011-2012, any child entering sixth grade

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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.

- 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) 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.
 - 8) School-age children entering a child care facility shall comply with the immunization requirements in subsections (d)(2), (3), (4) and (5).
- e) Polio
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received two 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 have been received no less than four weeks (28 days) apart. Any child 24 months of age or older shall show proof of at least three doses of polio vaccine, appropriately spaced.
 - 2) Any child entering school at any grade level, kindergarten through 12, 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.
 - 3) School-age children entering a child care facility shall comply with the

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immunization requirements in subsection (e)(2).

f) Measles

- 1) Any child 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 by the second birthday. The measles vaccine shall have been received on or after the first birthday.
- 2) The child shall:
 - 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 the kindergarten level, for the first time; or
 - B) Present a statement from the physician that he or she has had measles as noted in Section 695.50(c); or
 - C) Present laboratory evidence of measles immunity.
- 3) 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 dose, or other proof of immunity as described in this Part.
- 4) 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 (f)(3) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in subsections (f)(2), (3) and (4).

g) Mumps

- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live

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mumps virus vaccine by the second birthday. The mumps vaccine shall have been received on or after the first birthday.

- 2) The child shall:
 - 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 the kindergarten level, for the first time; or
 - B) Present a statement from the physician that he or she has had mumps as noted in Section 695.50(e); or
 - C) Present laboratory evidence of mumps immunity (see Section 695.50(e)).
 - 3) 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 as described in this Part.
 - 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) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
 - 6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (g)(2), (3) and (4).
- h) Rubella
- 1) Any child entering a child care facility or school program below the kindergarten level shall show proof of having received one dose of live

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rubella virus vaccine by the second birthday. The rubella vaccine shall have been received on or after the first birthday.

- 2) The child shall:
 - 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 the kindergarten level, for the first time; or
 - B) Present laboratory evidence of immunity to rubella.
 - 3) 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 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.
 - 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) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
 - 6) School-age children entering a child care facility shall comply with the immunization requirements in subsections (h)(2), (3) and (4).
- i) Haemophilus influenzae type b (Hib)
- 1) Any child under five years of age 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 A 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 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 years of age or older enrolling in 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 and the third doses shall be at least four months. The third dose shall have been administered on or after six months of age. The child shall:
 - 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 the kindergarten level for the first time; or
 - B) Present laboratory evidence of prior or current hepatitis B infection.
- 2) Children entering the sixth grade 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 dose must be at least 2 months. The interval between the first dose and the third 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 695.50(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), the child was 11 to 15 years of age at the time of vaccine administration, and the interval between receipt of the two doses was at least four months.
- 4) Only those children who have been immunized with hepatitis B vaccine in accordance with subsections (j)(1), (2) and (3) or have laboratory evidence of prior or current hepatitis B infection shall be considered immune.

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- 5) School-age children entering a child care facility shall comply with the immunization requirements in this subsection (j).
- k) 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 or other proof of immunity as specified in Section 695.50(g). The varicella vaccine shall have been received on or after the first birthday.
 - 2) The child shall:
 - A) Show proof that he or she has been age-appropriately immunized against varicella prior to entering a child care facility or school program below 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 kindergarten for the first time on or after July 1, 2002 shall show proof 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 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, or other proof of immunity as specified in Section 695.50(g).

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- 5) Only those children who have been immunized with varicella vaccine in accordance with subsections (k)(1), (2)(A), (3) and (4), 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 subsections (k)(3) and (4) shall be submitted prior to the school years in which the child reaches the ages of five, 11 and 15.
 - 7) School-age children entering a child care facility shall comply with the immunization requirements in subsections (k)(2), (3) and (4).
- 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.
 - 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) 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.
 - 2) Beginning with the school year 2015-2016, any child entering the 12th grade shall show proof of receiving 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

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received 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 prior to the school year in which the child reaches age 11 and a second dose prior to the school year in which the child reaches age 15.
- n) 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.

Section 695.20 Booster Immunizations

Only those booster immunizations recommended in Section 695.10 are required.

Section 695.30 Exceptions

- a) The provisions of this Part shall not apply if:
 - 1) The parent or legal guardian of the child objects to the requirements of this Part on the grounds that the administration of immunizing agents conflicts with his or her religious tenets or practices, or
 - 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 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 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

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- 2) The objection by the parent or legal guardian of a child entering school (including programs below the kindergarten level) sets forth the specific religious belief that conflicts with the immunizations. 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 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 may be a signed statement from a health care provider 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.

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

Every child care facility or attendance center shall maintain an accurate list of all children who have not shown proof of immunity against diphtheria, pertussis (to age six), tetanus, poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 695.10(i)), varicella (as noted in Section 695.10(k)), hepatitis B (as noted in Section 695.10(j)) and invasive pneumococcal disease (as noted in Section 695.10(l)).

Section 695.50 Proof of Immunity

- a) Proof of immunity shall consist of documented evidence of the child's having received a vaccine (verified by a health care provider, defined as a physician, child care or school health professional, health official, or pharmacist) or proof of disease (as described in subsections (c) through (g)).
- b) The day and month of the vaccination are 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 be verified with the date of illness signed by a physician and confirmed by laboratory evidence, or laboratory evidence of measles immunity.
- d) The only acceptable proof of immunity for rubella is evidence of vaccine (see subsection (b)) or laboratory evidence of rubella immunity.

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- e) Proof of prior mumps disease shall be verified with date of illness signed by a physician and confirmed by laboratory evidence of mumps immunity.
- f) Proof of prior or current hepatitis B infection shall be verified by laboratory evidence. Laboratory evidence of prior or current hepatitis B infection is acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc or anti-HBs.
- g) Proof of prior varicella disease shall 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 laboratory evidence of varicella immunity.

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

Vaccine	Age at 1 st of doses for dose (mos.)	Primary series	Booster	Total number series
HbOC/PRP-T HibTITER™	2-6	3 doses, 2mo. apart ^a	1-15 mo. ^{bc}	4
	7-11	2 doses, 2mo. apart ^a	12-18 mo. ^{bc}	3
	12-14	1 dose	15 mo. ^{bc}	2
ActHib ^e ™ OmniHib™ TETRAMUNE™	15-59	1 dose ^d	None	1
PRP-OMP PedvaxHIB™	2-6	2 doses, 2mo.apart ^a	12 mo. ^{bc}	3
	7-11	2 doses, 2mo.apart ^a	12-18 mo. ^{bc}	3
	12-14	1 dose	15 mo. ^{bc}	2
	15-59	1 dose ^d	None	1
PRP-D ProHIBIT™	15-59	1 dose ^{cd}	None	1

^a Minimally acceptable interval between doses is one month.

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- ^b At least 2 months after previous dose.
- ^c After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.
- ^d Children 15-59 months of age should receive only a single dose of Hib vaccine.
- ^e Reconstituted with DTP as a combined DTP/Hib vaccine

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Note: A DTP/Hib combination vaccine can be used in place of HbOC or PRP-T

Section 695.APPENDIX B Vaccination Schedule for Pneumococcal Conjugate Vaccines (PVC13)

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

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	age 12 months		
24-59 Healthy Children	Any incomplete schedule	1 dose, \geq 2 months after most recent dose	1
Children at High Risk ^{II}	Any incomplete schedule	2 doses separated by 2 months	2

^{II} 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.