



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM

**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS  
IN YOUR PRACTICE**

**TO:** All Users of State Supplied Vaccine  
**FROM:** Vincent Sacco, MS *VAS*      Lynn Sosa, MD *Lynn Sosa*  
Immunization Program Manager      Deputy State Epidemiologist  
**DATE:** March 9, 2011  
**SUBJECT:** New School Entry Requirements for Fall 2011

The purpose of this communication is to inform you of new regulatory changes to school immunization entry requirements that were passed by the Regulations Review Committee on December 21<sup>st</sup>, 2010. **The new requirements, which bring the Connecticut requirements into agreement with national recommendations, are effective on August 1, 2011.**

### **Hepatitis A Requirement for Pre-K and K**

In early 2006, the Advisory Committee on Immunization Practices (ACIP) recommended universal vaccination against hepatitis A for all children beginning at 12 months of age. The vaccine is administered as a 2-dose series with doses given 6 months apart. Hepatitis A virus is transmitted by the fecal oral route, often from young children with mild or asymptomatic infection. Based on the success of universal vaccination of children in the western US and the fact that hepatitis A is now more common in the eastern than western US, recommendations were expanded to include the whole country.

**Effective August 1, 2011, all students born on or after January 1, 2007 who are enrolled in Pre-K or Kindergarten must show proof of having received two (2) doses of hepatitis A vaccine given at least six months apart with the first dose given on or after the student's first birthdate.**

### **Influenza Requirement for Pre-K**

Each year in the United States influenza causes approximately 20,000 hospitalizations and nearly 100 deaths in children younger than 5 years of age. In 2009, the ACIP recommended that all children aged 6 months–18 years receive an annual dose of influenza vaccine. Children typically have the highest attack rates of influenza during community outbreaks and serve as a major source of transmission within communities.

**Effective January 1, 2012 and each January 1 thereafter, children aged 24–59 months enrolled in Pre-K are required to receive at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24–59 months who have not received vaccination against influenza previously should receive 2 doses of vaccine the first influenza season that they are vaccinated. *Please see attached Q&A regarding school influenza requirement.***

Children enrolling between January 1 and March 31 are required to receive influenza vaccine prior to entry. Children enrolling after March 31 during any given year are not mandated to meet the influenza

vaccine requirement until the following January, as the influenza season has generally passed by this date and vaccine may no longer be available.

**Pneumococcal Conjugate Vaccine Requirement for Pre-K and K**

The vaccine was licensed for use in the United States in the year 2000 and is recommended for use in all children less than 5 years of age. The vaccine is highly efficacious in preventing serious pneumococcal disease, such as meningitis and bloodstream infections. It can also prevent some ear infections and pneumonia. Since 2000, it has been shown that vaccination of infants also is effective in preventing disease in adults and the elderly. Invasive pneumococcal disease is responsible for about 200 deaths each year among children under five years of age. It has been the leading cause of bacterial meningitis in the United States.

**Effective August 1, 2011, all students born on or after January 1, 2007 enrolled in Pre- K and Kindergarten who are less than 5 years of age, must show proof of having received one dose of pneumococcal conjugate vaccine given on or after the student's first birthdate.**

**2<sup>nd</sup> Dose Varicella Requirement for Kindergarten and 7<sup>th</sup> Grade School Entry**

In late June 2006, the ACIP voted to recommend a second dose of varicella-containing vaccine for children 4 to 6 years of age to improve primary and long-term protection against chickenpox. The ACIP also recommended that children, adolescents, and young adults who previously received a single dose of vaccine be given a second dose of varicella-containing vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in school settings.

**Effective August 1, 2011, all students entering kindergarten and 7<sup>th</sup> grade must show proof of having received two (2) doses of varicella vaccine.**

**2<sup>nd</sup> Dose Rubella and Mumps Requirement for K-12<sup>th</sup> Grade School Entry**

Following the resurgence of mumps outbreaks nationally in 2006, the ACIP recommended that children, adolescents, and young adults who previously received a single dose of mumps vaccine be given a second dose of mumps-containing vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in school and college settings. A 2<sup>nd</sup> dose rubella vaccine requirement will also be implemented in August for Kindergarten through 12<sup>th</sup> grade entry.

**Effective August 1, 2011, all students in Kindergarten -12<sup>th</sup> grade must show proof of having received two (2) doses of rubella and mumps containing vaccines.**

Besides the above mentioned requirements there are two new adolescent immunization requirements that are scheduled to take effect on August 1<sup>st</sup> 2011.

**Adolescent Tdap Vaccine Requirement for 7<sup>th</sup> Graders**

In 2006, the ACIP recommended adolescents aged 11–18 years should receive a single dose of Tdap instead of tetanus and diphtheria toxoids vaccine (Td) for booster immunization against tetanus, diphtheria, and pertussis. The preferred age for receiving the vaccine is 11–12 years. The combined Tdap vaccine protects against tetanus, diphtheria and pertussis. Despite substantial success in vaccinating infants against these diseases, coverage is not complete, and protection against pertussis appears to wane after 5–10 years. Consequently, a large proportion of reported cases of pertussis in the United States are now found in the adolescent age group, and many outbreaks occur in school settings

where adolescents congregate. Further, adolescents are now a reservoir of disease, which can infect infants.

**Effective August 1, 2011, all 7th grade students must show proof of having received a Tdap booster vaccine.**

***Meningococcal Vaccine (MCV4) Requirement for 7<sup>th</sup> Graders***

In June 2007, the Centers for Disease Control and Prevention (CDC) recommended that all children 11–12 years of age be routinely vaccinated with a dose of meningococcal vaccine including children entering high school if not previously vaccinated. The goal is routine vaccination of all adolescents with meningococcal vaccine beginning at age 11 years. Meningococcal disease is a relatively rare but potentially tragic vaccine-preventable infectious disease. Each year, meningococcal disease strikes up to 3,000 Americans. Adolescents and young adults account for nearly 30 percent of all cases in the United States and have an unusually high death rate (nearly 25 percent) when compared to other age groups. In addition, 20 percent of survivors endure permanent consequences, such as brain damage, hearing loss, kidney disease and limb amputations.

**Effective August 1, 2011, all 7th grade students must show proof of having received a dose of meningococcal vaccine.**

The new school immunization regulations can be accessed on the Immunization Program's web page at [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations). The regulations can be found under <Immunization Laws and regulations>. This information is also being sent to all school administrators and school nursing supervisors. A summary of these changes is included in the table below.

As always if you have any questions, please contact the Immunization Program at (860) 509-7929.

### New School Immunization Entry Requirements Fall 2011

<b>VACCINE</b>	<b>GRADE</b>	<b># of doses</b>	<b>Start Date</b>
<b>Pneumococcal</b>	<b>Pre-K and K (born 1/1/2007 or later and less than 5 years old)</b>	<b>1 dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Hepatitis A</b>	<b>Pre-K and K (born 1/1/2007 or later)</b>	<b>2 doses given six months apart - 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Influenza</b>	<b>Pre-K (children age 24-59 months) given annually between August 1<sup>st</sup> and December 31<sup>st</sup> each year</b>	<b>1 dose - (2 doses for those receiving flu vaccine for 1<sup>st</sup> time)</b>	<b>August 1, 2011</b>
<b>MMR</b>	<b>K-12</b>	<b>2 doses given at least 28 days apart - 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Varicella</b>	<b>Pre-K</b>	<b>1 dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Varicella</b>	<b>K and 7<sup>th</sup> grade entry</b>	<b>2 doses given 3 months apart - 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Tdap</b>	<b>7<sup>th</sup> grade entry</b>	<b>1 dose</b>	<b>August 1, 2011</b>
<b>Meningococcal</b>	<b>7<sup>th</sup> grade entry</b>	<b>1 dose</b>	<b>August 1, 2011</b>



## School Flu Immunization Requirement: Q+A

### 1. Q: Why did the state health department make the influenza vaccine requirement only apply to children aged 24 months through 4 years (59 months)?

**A:** In the United States each year an average of 20,000 children younger than 5 years old are hospitalized because of flu complications. To reduce the risk of hospitalization from complications of influenza, the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) now recommend routine annual influenza vaccination of children older than 6 months. However, annual vaccination of all children aged 6 months–4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue to be a **primary** focus of vaccination efforts. By law, children age 6 months through 4 years who attend a licensed child care program and children age 24 months through 4 years who attend school must now receive an annual flu vaccination.

### 2. Q: Why is it required that the flu vaccine be given during a specific time frame?

**A:** 1) Most flu vaccine is distributed to health care providers (HCPs) by October and November each year so most HCPs should have their supplies at that time.

2) We also know that public requests for flu vaccine peaks around September–December.

3) If we can get a majority of children immunized within that four month timeframe, it will make monitoring the immunization status of a large number of children more manageable by the school or public health agency.

### 3. Q: What is the recommended dosing schedule for influenza vaccine?

**A:** According to the CDC recommended immunization schedule 2008, administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season but only received one dose. Only one dose is recommended per flu season thereafter for children 6 months and over.

The CT immunization regulation requires at a minimum 1 dose of influenza vaccine for school entry, each year between August 1st and December 31. For more information on influenza vaccines, visit: [www.cdc.gov/flu/protect/vaccine/](http://www.cdc.gov/flu/protect/vaccine/)

### 4. Q: How should a school enforce the flu vaccine regulation for those children who have not received the flu shot by December 31<sup>st</sup>?

**A:** Children who have not received the flu vaccine by December 31<sup>st</sup> must be excluded from school for the duration of influenza season (through March 31<sup>st</sup>) or until they receive at least one dose of the influenza vaccine.

### 5. Q: Do all children aged 24 months–4 years (59 months) who have not received a flu vaccine by December 31<sup>st</sup> need to be excluded from school?

**A:** Children do not have to be excluded from school if the following conditions are met:

1) the school has received a statement signed by the child's HCP indicating that the child has an appointment to receive the required immunization (this is considered "immunization in progress"). Continued enrollment in school for more than thirty days after the named immunization appointment shall be contingent on the school receiving written documentation from the HCP stating either: that the named appointment was kept and the child received the

scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named;

2) the school has received a statement signed and dated by the child's HCP indicating that the child has a medical contraindication to immunization;

3) the school has received a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child's parent.

**6. Q: Where can a family go to get the flu vaccine if the pediatrician does not have any more flu vaccine?**

**A:** If a HCP cannot provide the flu vaccine within the given time frame of August 1–December 31<sup>st</sup>, documentation stating that the child has an appointment to receive the flu vaccine from his or her HCP would be acceptable.

Barring that there is no national flu vaccine shortage and a HCP cannot guarantee an adequate supply of flu vaccine, other alternatives must be sought by the family. Options include:

1) Seeking out another HCP who can administer flu vaccine to children;

2) Checking with the local health department to see if they administer flu vaccine to children of the necessary age and health insurance status;

3) Checking your local newspaper for flu clinic listings and verifying that they have flu vaccine available for children of the necessary age and health insurance status.

**7. Q: What if there is a flu vaccine shortage or a flu vaccine distribution problem?**

**A:** In the event of a national or state vaccine supply shortage, as determined by the Centers for Disease Control and Prevention and the Department of Public Health Commissioner, respectively, the Commissioner or his or her designee may temporarily suspend the immunization requirement for the particular immunization affected by the supply shortage.

**8. Q: How is the 'flu season' defined?**

**A:** Influenza season generally occurs during November through the end of March.

**9. Q: Is flu vaccine required after March?**

**A:** No, students enrolling in school after March 31<sup>st</sup> are not required to get vaccinated but flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

**10. Q: Is there flu vaccine available that does not contain the preservative, thimerosal?**

**A:** Most single dose vials or syringes of influenza vaccine do not contain the preservative, thimerosal. The live, attenuated, influenza vaccine, (Brand Name: FluMist) given intra-nasally, is thimerosal-free. For a listing of thimerosal content in U.S. licensed vaccines, go to:

<http://www.vaccinesafety.edu/thi-table.htm>. For more information about vaccine safety and thimerosal, go to: <http://www.fda.gov/cber/vaccine/thimerosal.htm>

**11. Q: Aside from the flu vaccination requirement for children 24–59 months, who else should get vaccinated for flu?**

**A:** All people age 6 months and older are now recommended to receive annual influenza vaccination beginning with the 2010–2011 influenza season. Annual vaccination should begin as soon as the 2010–11 influenza vaccine is available.