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DEPARTMENT OF PUBLIC HEALTH

DRAFT NOTICE OF PROPOSED AMENDMENTS – 9-29-15

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

PART 665

CHILD AND STUDENT HEALTH EXAMINATION AND IMMUNIZATION CODE

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(Repealed)

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 the Communicable Disease Prevention Act [410~~40~~ ILCS 315/2] and Section 7 of the Child Care Act of 1969 [225 ILCS 10/7].

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. 18766, effective August 26, 2014; amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

SUBPART A: GENERAL PROVISIONS

**Section 665.105 Definitions**

Act – Section 7 of the Child Care Act of 1969

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

Advisory Committee on Immunization Practices (ACIP) – a group of medical and

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public health experts that develops recommendations on how to use vaccines to control diseases in the United States.

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

Body mass index or BMI – the result of a calculation of weight and height measurement used to determine whether an individual's weight is appropriate for his or her height. Body mass index is calculated by dividing weight in pounds by height in inches squared times 703 (wt (lbs)/ht (in<sup>2</sup>) X 703).

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

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.

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

Dentist – a person who is licensed to practice dentistry under the Illinois Dental Practice Act.

Department or IDPH – the Illinois Department of Public Health.

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

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

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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.

Optometrist – a person who is licensed to practice optometry under the Illinois Optometric Practice Act of 1987.

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 665.250~~(b)~~.

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.

Subjective refraction – determining the best visual status of the patient using

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ophthalmic lenses with directed patient response.

Vision screening – mandated vision screening by Department-certified vision screeners under the Child Vision and Hearing Test Act and the Department's rules titled Vision Screening. Vision screening services include testing, evaluation and follow-up, which may include a recommendation for an eye examination.

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

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.115 Referenced Materials**

a) The following materials are referenced in this Part:

1a) Illinois Statutes:

- A1) Child Vision and Hearing Test Act [410 ILCS 205]
- B2) Medical Practice Act of 1987 [225 ILCS 60]
- C3) Illinois Optometric Practice Act of 1987 [225 ILCS 80]
- D4) School Breakfast and Lunch Program Act [105 ILCS 125]
- E5) Illinois Dental Practice Act [225 ILCS 25]
- F6) Nurse Practice Act [225 ILCS 65]
- G7) Physician Assistant Practice Act of 1987 [225 ILCS 95]
- H8) Lead Poisoning Prevention Act [410 ILCS 45]
- I9) ~~Illinois~~ Pharmacy Practice Act of ~~1975~~ [225 ILCS 85].

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J) School Code [105 ILCS 5]

K) Child Care Act of 1969 [225 ILCS 10]

2b) Illinois Administrative Rules

A1) Control of Tuberculosis Code (77 Ill. Adm. Code 696)

B2) Vision Screening (77 Ill. Adm. Code 685)

C3) Hearing Screening (77 Ill. Adm. Code 675)

D4) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)

5) ~~Immunization Code (77 Ill. Adm. Code 695)~~

b) The following materials are incorporated in this Part:

- 1) Prevention and Control of *Haemophilus influenza* Type b Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report (MMRW), February 28, 2014, Vol. 63 #RR01 (available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6301a1.htm>).
- 2) Prevention of Pneumococcal Disease Among Infants and Children --- Use of 13-Valent Pneumococcal Conjugate Vaccines and 23-Valent Pneumococcal Polysaccharide Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP); Morbidity and Mortality Weekly Report (MMRW), December 10, 2010; Vol. 59, #RR-11 (available online at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm>).

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART B: HEALTH EXAMINATION

**Section 665.140 Timetable for Examinations**

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- a) The examination shall be conducted within one year:
- 1) ~~Before~~Prior to the date of entering school (this includes nursery school, special education, Head Start or other pre-kindergarten programs operated by elementary school systems or secondary level school units or institutions of higher learning; and students transferring into Illinois from outside of the State or outside of the country);
  - 2) ~~Before~~Prior to the date of entering kindergarten or first grade;
  - 3) ~~Before~~Prior to the date of entering the sixth grade. ~~For the 2008-2009 school year only, a health examination conducted from August 2006 through September 2007 (for a child who was entering fifth grade for the 2007-2008 school year) shall also be deemed to meet the requirements of the School Code [105 ILCS 5/27-8.1];~~
  - 4) ~~Before~~Prior to the date of entering the ninth grade.
- b) For students attending school programs where grade levels are not assigned, examinations shall be completed ~~before~~prior to the date of entering and within one year prior to the school year in which the child reaches the ages of 5, 11, and 15.
- c) For students from other countries who attend classes, regardless of the duration of stay, examinations shall be completed within one year ~~before~~prior to the date of entering the school and at other intervals as provided in this Section.
- d) Additional health examinations and further evaluations of students may be required when deemed necessary by local school authorities.
- e) In programs operated by elementary school systems or secondary level school units or institutions of higher learning, health examinations are recommended for children under ~~five~~5 years of age at intervals of not less than ~~two~~2 years.
- f) Lead screening is required as follows:
- 1) Lead screening is a required part of the health examination for children



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between one and seven years of age entering a day care center, day care home, preschool, nursery school, kindergarten or other child care facility, including programs run by a public school district~~age six years or younger prior to admission to kindergarten or first grade.~~ Each parent or legal guardian shall~~Each parent or legal guardian shall~~ provide a statement from a physician or health care provider that the child has been risk assessed for risk of lead poisoning or tested or both, if the child resides in an area defined as high risk by the Department or if the child is potentially at high risk for lead poisoning. This statement shall be provided prior to admission and subsequently in conjunction with required physical examinations~~if the child resides in an area defined as low risk by the Department, or screened for lead poisoning if the child resides in an area defined as high risk.~~. (Section 7.1 of the Lead Poisoning Prevention Act)

- 2) *Physicians and other health care providers shall also screen children age ~~seven~~<sup>six</sup> years and older for lead poisoning in conjunction with the school health examination when, in the medical judgment of the physician, advanced practice nurse, or physician assistant, the child is potentially at high risk of lead poisoning. (Section 6.2 of the Lead Poisoning Prevention Act).*

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.210 Proof of Immunizations**

- a) At or about the same time that a child~~he/she~~ receives a health examination, the~~every~~ child shall present proof to the local school authority of having received such immunizations against preventable communicable diseases as required by this Part ~~and Section 695.10 of the Immunization Code (77 Ill. Adm. Code 695.10)~~. "Proof" means that the individual administering the required immunizations has verified by recording on the Certificate of Child Health Examination form that the immunizations were administered in accordance with this Part.
- b) Immunizations shall be administered in accordance with ~~the Immunization Code and~~ Section 665.240 of this Part.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 665.230 School Entrance**

- a) Every child, prior to enrolling in any public, private, ~~independent/private/independent~~ or parochial school (including nursery schools, preschool programs, early childhood programs, Head Start, or other pre-kindergarten child care programs offered or operated by a school or school district) in Illinois shall present to that school proof of immunity against:
- 1) Diphtheria
  - 2) Pertussis
  - 3) Tetanus
  - 4) Poliomyelitis
  - 5) Measles
  - 6) Rubella
  - 7) Mumps
  - 8) Haemophilus influenzae type b (as noted in Section 665.240(~~h~~))
  - 9) Hepatitis B (as noted in Section 665.240(~~g~~))
  - 10) Varicella (as noted in Section 665.240(~~h~~))
  - 11) Invasive pneumococcal disease (except as noted in Section 665.240(k))
  - 12) Meningococcal disease (except as noted in Section 665.240(l))
- b) The health care provider ~~or~~ and/or registered nurse verifying the administration of the required immunizations shall record as indicated on the Certificate of Child Health Examination that the immunizations were administered.
- c) Any child who does not submit proof of having protection by immunity as required ~~shall~~ must receive the needed vaccine. If, for medical reasons, one or

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more of the required immunizations ~~shall~~must be given after the date of entrance of the current school year, a schedule for the administration of the immunizations and a statement of the medical reasons causing the delay ~~shall~~must be signed by the health care provider or registered nurse who will administer the needed immunizations and shall be kept on file at the local school.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.240 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
  - 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 – two to four months
  - 12) Meningococcal Disease – 11 to 12 years
- b) Upon first entering a child care facility, all children two months of age and older

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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.

ca) 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 ~~three~~four or more 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. A fourth dose shall be administered on or after the fourth birthday.
- 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 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 ~~(c)(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.

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- 5) ~~Any~~ 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 ~~(c)(4)~~ (5) shall be submitted before prior to the school years in which the child reaches the ages of 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 8) School-age children entering a child care facility shall comply with the immunization requirements of subsections (c)(2), (3), (4), (5), (6), and (7).

db) 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 ~~two~~ three or more 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

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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) Beginning with the school year 2016-2017, any child entering kindergarten shall show proof of having received four or more doses of polio vaccine (defined as oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV)). The first three doses in the series shall have been received no less than four weeks (28 days) apart. The fourth or last dose shall be administered on or after the fourth birthday and at least six months after the previous dose.
- 4) For students attending school programs in which grade levels (kindergarten through 12) are not assigned, including special education programs, proof of polio vaccine shall be submitted before the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public schools beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 5) School-age children entering a child care facility shall comply with the immunization requirements in subsection (d)(2).

ee) 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

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of two doses of live measles virus vaccine as described in subsection (c)(2) shall be submitted ~~before~~prior to the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public schools beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.

- 4) School-age children entering a child care facility shall comply with the immunization requirements in subsection (e)(2) and (3).

f(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) ~~Children 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 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 ~~before~~prior to the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 4) School-age children entering a child care facility shall comply with the immunization requirements in subsection (f)(2) and (3).

ge) Mumps

- 1) Any child ~~two years of age or older~~ entering a child care facility or school

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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) ~~Children~~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 ~~before~~prior to the school years in which the child reaches the ages of five, 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.
- 4) School-age children entering a child care facility shall comply with the immunization requirements in subsection (g)(2) and (3).

hf) 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 ACIP recommendation for Hib vaccination schedule in Appendix B of this Part.
- 2) Children 24 to 59 months of age who have not received the primary series of Hib vaccine, according to the Hib vaccination schedule, shall show proof of receiving one dose of Hib vaccine at 15 months of age or older.
- 3) Any child five years of age or older shall not be required to provide proof of immunization with Hib vaccine.



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ig) 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.
- 4) 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.
- 5) For students attending school programs where grade levels (kindergarten through 12) are not assigned, proof of having received three doses of hepatitis B vaccine or other proof of immunity as described in subsections (i)(2), (3) and (4) shall be submitted before the school year in which the child reaches the ages of 11 and 15. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements

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for 12<sup>th</sup> grade.

- 6) School-age children entering a child care facility shall comply with the immunization requirements in subsection (i)(2) and (3).

j~~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, or other proof of immunity prior varicella disease as described in Section 665.250(g), ~~or laboratory evidence of varicella immunity.~~
- 2) Children entering school at any grade level (kindergarten through 12) ~~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, or other proof of immunity prior varicella disease as described in Section 665.250(g), ~~or laboratory evidence of varicella immunity.~~
- 3) ~~Any~~ Beginning with the school year 2014-2015, any child entering kindergarten, sixth grade, or ninth grade for the first time on or after July 1, 2014, 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 other proof of immunity 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.~~

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 in accordance with subsections (j)(2) or (3) or other

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proof of immunity as described in Section 665.250(g) 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. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.

- 5) School-age children entering a child care facility shall comply with the immunization requirements in subsection (j)(2) and(3).

k) 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 ACIP recommendations for 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.

l) Meningococcal Disease

- 1) ~~Any~~Beginning with the school year 2015-2016, any child entering the sixth grade on or after July 1, 2015, shall show proof of having received one dose of meningococcal conjugate vaccine on or after the ~~tenth~~11<sup>th</sup> birthday. Children who do not meet the age requirement will be monitored in accordance with Section 665.270.
- 2) ~~Any~~Beginning with the school year 2015-2016, any child entering the 12<sup>th</sup> grade on or after July 1, 2015, shall show proof of having received two doses of meningococcal conjugate vaccine prior to entering the 12<sup>th</sup> grade. The first dose shall have been received on or after the ~~tenth~~11<sup>th</sup> birthday, and the second dose shall have been received ~~on or after the 16<sup>th</sup> birthday,~~ at least eight weeks after the first dose. If the first dose is administered

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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. Students eligible to remain in public school beyond grade 12 (special education) shall meet the requirements for 12<sup>th</sup> grade.

- mk) 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 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.250 Proof of Immunity**

- a) Proof of immunity shall consist of documented evidence of the 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 (e), (f) or (g) or documentation of laboratory evidence of immunity to a specific disease (as described in subsections (c), (d), (e) or (g))~~(e) through (f)~~). As used in this Section, "physician" (see Section 665.130) means a physician licensed to practice medicine in all of its branches (M.D., D.O.).
- b) Day and month 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 date of illness signed by a physician 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 (dates, see subsection (b)) or laboratory evidence of rubella immunity.

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- 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:
  - 1) date of illness signed by a physician; or
  - 2) 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
  - 3) laboratory evidence of varicella immunity.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.270 Compliance with the School Code**

A child shall be considered in compliance with the health examination and immunization requirement in Section 27-8.1 of the School Code if all applicable immunizations that a child can medically receive are given ~~before~~prior to entering school and a signed statement from a health care provider is presented indicating when the remaining medically indicated immunization will be administered within the current school year. Local school authorities shall monitor immunization schedules to assure their completion. If a child is delinquent for a scheduled appointment for immunization, ~~he or she~~he/she is no longer considered to be in compliance.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.280 Health Care Provider~~Physician~~ Statement of Immunity**

A physician licensed to practice medicine in all of its branches, a physician assistant or an advanced practice nurse who believes a child to be protected against a disease for which immunization is required may so indicate in writing, stating the reasons, providing documentation of proof of immunity, when applicable and certifying~~certify~~ that ~~he or she~~he/she believes the specific immunization in question is not necessary or indicated. ~~Such a statement~~

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~~should be attached to the child's school health record and accepted as satisfying the medical exception provision of the regulation for that immunization.~~ These statements of lack of medical, including documentation of proof of immunity, when applicable, shall be submitted to the Department by the attendance center accompanied by the necessary parental release. The Department will review the statements need will be reviewed by the Department with appropriate medical consultation. The Department's response shall be placed in the child's permanent health record. After review, if student is no longer considered to be in compliance, the student is subject to the exclusion provision of the School Code. If a school is not able to obtain parental release or the documented intervals of vaccinations administered are not approved by the Department to be in accordance with Section 665.240, the student shall be non-complaint and subject to exclusion~~law~~.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.290 List of Non-immunized Child Care Facility Attendees or Students**

~~Every child care facility and attendance center shall maintain an~~ An accurate list shall be maintained at every attendance center of all children and students who have not presented proof of immunity against any or all the required immunizations as noted in Section 665.240 or Section 665.280 against diphtheria, pertussis (to age 6), tetanus, poliomyelitis, measles, rubella, mumps, Haemophilus influenzae type b (as noted in Section 665.240(f)), hepatitis B (as noted in Section 665.240(g)), or Varicella (as noted in Section 665.240(h)).

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART E: EXCEPTIONS

**Section 665.510 Religious Objection of Parent or Legal Guardian**

- a) Children entering any public, private, or parochial school or a preschool program operated by an elementary or secondary school or institution of higher learning whose ~~parents~~Parents or legal guardians who object to health, dental or eye examinations or any part thereof, ~~or~~ to immunizations, or to vision and hearing screening tests~~or to vision and hearing screening tests~~, on religious grounds shall not be required to ~~undergo-submit their children or wards to the examinations, tests, or immunizations to which they so object if such parents or legal guardians present to the appropriate local school authority a signed~~ Certificate of Religious

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~~*Exemption statement of objection, detailing the grounds for the objection and the specific immunizations, tests, or examinations to which they object. (Section 27-8.1(8) of the School Code) The objection must set forth the specific religious belief that conflicts with the examination, immunization or other medical intervention. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screening, or dental examinations will not provide a sufficient basis for an exception to statutory requirements. The local school authority is responsible for determining whether the written statement constitutes a valid religious objection. The local school authority shall inform the parent or legal guardian of measles outbreak control exclusion procedures in accordance with the Department's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time the objection is presented.*~~

- b) *The grounds for the religious objection must set forth the specific religious belief that conflicts with the examination, test, immunization or other medical intervention. The religious objection stated need not be directed by the tenets of an established religious organization. However, general philosophical or moral reluctance to allow physical examinations, eye examinations, immunizations, vision and hearing screenings, or dental examinations does not provide a sufficient basis for an exception.*
- c) *The signed Certificate of Religious Exemption shall also reflect the parent's or legal guardian's understanding of the school's exclusion policies in the case of a vaccine-preventable disease outbreak or exposure.*
- d) *The Certificate of Religious Exemption must also be signed by the health care provider responsible for the performance of the child's health examination confirming that the provider provided education to the parent or legal guardian on the benefits of the immunization and the health risks to the student and to the community of the communicable diseases for which immunization is required. The health care provider's signature on the certificate reflects only that education was provided and does not allow the health care provider grounds to determine a religious exemption.*
- e) *The local school authority is responsible for determining if the content of the Certificate of Religious Exemption constitutes a valid religious objection. The*

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local school authority shall inform the parent or legal guardian of exclusion procedures in accordance with the Control of Communicable Diseases Code at the time the objection is presented. If the Certificate of Religious Exemption is approved, the form shall be placed on file in the student's permanent record.

- f) Parents or legal guardians must submit the Certificate of Religious Exemption shall be presented to the local school authority for entry into kindergarten, sixth, and ninth grade for each child for which they are requesting an exemption. (Section 27-8.1(8) of the School Code)
- g) Use of the Certificate of Religious Exemption applies to students transferring into schools at any grade or students entering preschool programs operated by elementary or secondary schools.
- h) The Certificate of Religious Exemption and subsections (a), (b), (c), (d), (e), (f), and (g) are also applicable to children entering child care facilities not operated by an elementary or secondary school or institution of higher learning whose parents or legal guardians object to health, dental or eye examinations, immunizations or to vision or hearing screening tests on religious grounds.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665.520 Medical Objection**

- a) Any medical objection to an immunization ~~shall~~**must** be:
  - 1) Made by ~~the examining~~a-physician licensed to practice medicine in all its branches, an advanced practice nurse or a physician assistant responsible for the performance of the health examination indicating what the medical condition of the child is that makes administration of one or more of the required immunizing agents medically contraindicated and,
  - 2) Endorsed and signed by the examining physician, advanced practice nurse or physician assistant responsible for the performance of the health examination on the ~~certificate of child~~ health examination form ~~and placed on file in the child's permanent record.~~
- b) The childcare facility or local school authority is responsible for determining if



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the content of the medical objection constitutes a valid medical objection. If the medical objection is approved, the form shall be placed on file in the child’s permanent record.

- c) Should the condition of the child later permit immunization, this requirement will then have to be met. The child care facility or local school authority shall inform the parents Parents or legal guardians must be informed of measles outbreak control exclusion procedures in accordance with the Control of Communicable Diseases Code at the time the medical when such objection is presented per Section 665.510.

(Source: Amended at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 665. APPENDIX B Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib) (Repealed)**

~~Vaccination Schedule for Haemophilus influenzae type b Conjugate Vaccines (Hib)~~

Note: ~~Vaccines are interchangeable. Any combination of 3 doses of conjugate vaccine constitutes a primary series. Similarly, a DTP/Hib combination vaccine can be used in place of HbOC or PRP-T.~~

Vaccine	Age at 1 <sup>st</sup> Dose (months)	Primary Series	Booster	Total Number of Doses
<del>HbOC</del> <del>HibTITER<sup>®</sup></del> <del>Wyeth/Lederle</del> <del>or</del>	2-6	3 doses, 2 months apart <sup>⊕</sup>	12-15 months	4
<del>DTP/HbOC</del> <del>TETRAMUNE<sup>®</sup></del> <del>Wyeth/Lederle</del> <del>or</del>	7-11	2 doses, 2 months apart <sup>⊕</sup>	12-18 months <del>⊕, ⊕</del>	3
<del>PRP-T</del> <del>ActHIB<sup>®</sup></del> <del>Aventis Pasteur</del>	12-14	1 dose	2 months later <sup>⊕</sup>	2

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OmniHib® GlaxoSmithKline	15-59	1 dose⊕	None	1
PRP-OMP  PedvaxHIB® Merck COMVAX® Merck	2-6	2 doses, 2 months apart⊕	12-15 months⊖, ⊕	3
	7-11	2 doses, 2 months apart⊕	12-18 months⊖, ⊕	3
	12-14	1 dose	2 months later⊕	2
	15-59	1 dose⊕	None	1
PRP-D ProHIBIT® Aventis Pasteur	15-59	1 dose⊕	None	1

1. Minimally acceptable interval between doses is one month.
2. At least 2 months after previous dose.
3. After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.
4. Children 15-59 months of age should receive only a single dose of Hib vaccine.

R Registered name

(Source: Repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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

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<b>Age of Child (Months)</b>	<b>Vaccination History</b>	<b>Primary Series and Booster Intervals</b>	<b>Total Doses Required</b>
<b>2-6 minimum age of six weeks</b>	0 doses	3 doses, 2 months apart; 4 <sup>th</sup> dose at age 12-15 months	4
	1 dose	2 doses, 2 months apart; 4 <sup>th</sup> dose at age 12-15 months	4
	2 doses	1 dose, 2 months after most recent dose; 4 <sup>th</sup> dose at age 12-15 months	4
<b>7-11</b>	0 doses	2 doses, 2 months apart; 3 <sup>rd</sup> dose at age 12-15 months	3
	1 or 2 doses before age 7 months	1 dose, 2 months after most recent dose; 3 <sup>rd</sup> dose at 12-15 months and > 2 months after prior dose	3-4
<b>12-23</b>	0 doses	2 doses, $\geq 2$ months apart	2
	1 dose administered before age 12 months	2 doses, $\geq 2$ months apart	2
	1 dose administered on or after 12 months of age	1 dose $\geq 2$ months after most recent dose	2
	2 or 3 doses administered before age 12 months	1 dose, $\geq 2$ months after most recent dose	3-4
<b>24-59 Healthy Children</b>	Any incomplete schedule	1 dose, $\geq 2$ months after most recent dose	1
<b>Children at High Risk<sup>†</sup></b>	Any incomplete schedule	2 doses separated by 2 months	2

<sup>†</sup>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: Repealed at 40 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)