

## 2019-2020 SUMMARY OF STATE OF CONNECTICUT SCHOOL IMMUNIZATION REQUIREMENTS

New entrants are any students who are new to the school district, including preschoolers and all students coming in from Connecticut private, parochial and charter schools located in the same or another community. All students entering kindergarten, including those moving from any public or private pre-school program, even in the same school district, are considered new entrants. The one exception is students returning from private approved special education placements-they are not considered new entrants.

The minimum intervals listed between doses delineate the least amount of time which must pass between doses of vaccine in order for the latter vaccine dose to “count” as an acceptable dose.

**Students who are “in process” with their vaccine series may enter and attend school as long as they comply with the “Catch Up Immunization Schedule for Persons Aged Four Months Through Eighteen Years Who Start Late or Who are More Than One Month Behind”. In some instances, allowable intervals for receipt of vaccine doses according to this schedule exceed the minimum intervals between doses.**

\*Vaccinations may have been given in other combinations or given separately. See list on page 4.

Unless otherwise specified, “one-month” equals 28 days

<u>Age at Entry</u>	<u>Immunizations Require</u>
Pre-Kindergarten	<p><b>Diphtheria, Tetanus, Pertussis (DTP, DTaP)</b> – 4 doses. 3 doses given at least four weeks apart followed by a 4<sup>th</sup> dose at least six months after the 3<sup>rd</sup> dose. May have been given in combination with other antigens. May have been given as pediatric DT if child had contraindication to pertussis vaccine.</p> <p><b>Polio (IPV or OPV)</b> – 3 doses given at least four (4) weeks apart.</p> <p><b>Measles, Mumps, Rubella</b> (Usually given as MMR) – 1 dose given on or after the first birthday.</p> <p><b>Haemophilus Influenzae Type b (Hib)</b> For students <u>under</u> five years of age. One dose given on or after the first birthday.</p> <p><b>Hepatitis A</b> –2 doses given at least 6 calendar months apart. 1<sup>st</sup> dose given on or after the first birthday.</p> <p><b>Hepatitis B (HBV)</b> – 3 doses. 2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least eight weeks after the second. The interval between the 1<sup>st</sup> and 3<sup>rd</sup> dose must be at least sixteen weeks. The 3<sup>rd</sup> dose shall be given no earlier than twenty four weeks of age.</p> <p><b>Influenza</b> - For students <u>under</u> 5 years of age. 1 dose administered each year between August 1 – December 31<sup>st</sup>, 2 doses separated by at least 28 days required for those receiving influenza vaccine for the first time.</p> <p><b>Pneumococcal</b> - For students <u>under</u> 5 years of age – 1 dose on or after the first birthday.</p> <p><b>Varicella (VZV) (Chickenpox)</b> – 1 dose given on or after the first birthday.</p>

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<u>Age at Entry</u>	<u>Immunizations Required</u>
Kindergarten	<p><b>Diphtheria, Tetanus, Pertussis (DTP, DTaP)</b> – 4 doses. 3 doses given at least four weeks apart followed by a 4<sup>th</sup> dose at least six months after the 3<sup>rd</sup> dose. At least one dose must have been given on or after the fourth birthday. May have been given in combination with other antigens. May have been given as pediatric DT if child had contraindications to pertussis vaccine.</p> <p><b>Polio (IPV or OPV)</b> – 3 doses given at least four (4) weeks apart. The final dose should be given on or after the fourth birthday and at least 6 months from the previous dose.</p> <p><b>Measles, Mumps and Rubella</b> – (Usually given as MMR) 2 doses. First dose given on or after the first birthday and 2<sup>nd</sup> dose given at least 28 days after the first.</p> <p><b>Haemophilus Influenzae Type b (Hib)</b> For students <u>under</u> five years of age. One dose given on or after the first birthday.</p> <p><b>Hepatitis A</b> – 2 doses given at least 6 calendar months apart. 1<sup>st</sup> dose given on or after the first birthday.</p> <p><b>Hepatitis B (HBV)</b> – 3 doses. 2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least eight weeks after the 2<sup>nd</sup>. The interval between the 1<sup>st</sup> and 3<sup>rd</sup> doses must be at least sixteen weeks. The 3<sup>rd</sup> dose shall be given no earlier than twenty four weeks of age.</p> <p><b>Pneumococcal</b> - For students <u>under</u> 5 years of age - 1 dose given on or after the first birthday.</p> <p><b>Varicella (VZV) (Chickenpox)</b> –2 doses given at least 3 months apart. The 1<sup>st</sup> dose given on or after the first birthday.</p>

# 2019-2020 SUMMARY OF STATE OF CONNECTICUT SCHOOL IMMUNIZATION REQUIREMENTS

Age at Entry

Immunizations Required

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Grades 1-6

**Diphtheria, Tetanus, Pertussis – (up to age 7) 4 doses.** 3 doses given at least 4 in weeks apart followed by a 4<sup>th</sup> dose at least six months after the 3<sup>rd</sup> dose.

One dose must have been given on or after the fourth birthday.

May have been given before age 7 as DPT, DTaP or DT if student had contraindications to pertussis. DTP, DTaP or Td, may have been given in combination with other antigens.

**Tetanus, Diphtheria – (Td, Tdap) (7 and older) 3 doses.**

2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least six months after the second. At least 1 dose must have been given on or after the fourth birthday.

Tdap may be given in lieu of Td for children 7 and older unless contraindicated.

Tdap is only licensed for one dose.

**Polio (IPV or OPV) – 3 doses given at least four (4) weeks apart.** The final dose should be given on or after the fourth birthday and at least 6 months from the previous dose.

**Measles, Mumps and Rubella – (Usually given as MMR) - 2 doses –** First dose given on or after the first birthday and a 2<sup>nd</sup> dose given at least 28 days after the first.

**Hepatitis A – 2 doses given at least 6 calendar months apart.** 1<sup>st</sup> dose given on or after the first birthday.

**Hepatitis B (HBV) – 3 doses.** 2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least eight weeks after the 2<sup>nd</sup>. The interval between the 1<sup>st</sup> and 3<sup>rd</sup> doses must be at least sixteen weeks. The 3<sup>rd</sup> dose shall be given no earlier than twenty four weeks of age.

For **Hepatitis B**, an alternative dosing schedule for children 11-15 years of age is acceptable – Recombivax (manufactured by Merck) 10 mcg: 2 doses given at least four months apart.

When this alternative dosing schedule is used, both doses must be documented as Recombivax 10 mcg and given when the child is 11-15 years of age.

**Varicella (VZV) (Chickenpox) – 2 doses given at least 3 months apart.** The first dose must have been given on or after the first birthday.

# 2019-2020 SUMMARY OF STATE OF CONNECTICUT SCHOOL IMMUNIZATION REQUIREMENTS

Age at Entry

Immunizations Required

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Grades 7

**Tetanus, Diphtheria (Td) – 3 doses**

2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least six months after the second. At least 1 dose must have been given on or after the fourth birthday. May have been given before age 7 as DPT, DTaP, or DT if student had contraindications to pertussis. DTP, DTaP or Td, may have given in combination with other antigens.

**Tdap – 1 dose.**

Tdap is licensed for only 1 dose and can be administered regardless of the interval since the last tetanus and diphtheria toxoid containing vaccine.

A medical exemption for Tdap vaccine must be confirmed in writing by a physician, physician's assistant or advanced practice registered nurse based on having last received **diphtheria, tetanus and pertussis** containing vaccine less than five years earlier and **no increased risk of pertussis disease**.

**Polio (IPV or OPV) – 3 doses** given at least four (4) weeks apart. The final dose should be given on or after the fourth birthday and at least 6 months from the previous dose.

**Measles, Mumps and Rubella – (Usually given as MMR) - 2 doses.** First dose given on or after the first birthday and a 2<sup>nd</sup> dose given at least 28 days after the first.

**Varicella (VZV )(Chickenpox) – 2 doses** given at least three months apart, the 1st dose on or after that individual's first birthday and before that individual's thirteenth birthday or two doses of live attenuated varicella vaccine given at least 28 days apart if the 1<sup>st</sup> dose was given on or after the individual's thirteenth birthday.

**Meningococcal – (MCV) 1 dose.**

**Hepatitis A – BORN ON OR AFTER JANUARY 1, 2007** and enrolled in pre-K or Kindergarten on or after August 1, 2011. 2 doses given at least 6 calendar months apart. 1<sup>st</sup> dose given on or after the first birthday.

**Hepatitis B (HBV) – 3 doses.** 2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least eight weeks after the 2<sup>nd</sup>. The interval between the 1st and 3<sup>rd</sup> doses must be at least sixteen weeks. The 3<sup>rd</sup> dose shall be given no earlier than twenty four weeks of age.

For **Hepatitis B**, an alternative dosing schedule for children 11-15 years of age is acceptable– Recombivax (manufactured by Merck) 10 mcg: 2 doses given at least four months apart. When this alternative dosing schedule is used, both doses must be documented as Recombivax 10 mcg and given when the child is 11-15 years of age.

# 2019-2020 SUMMARY OF STATE OF CONNECTICUT SCHOOL IMMUNIZATION REQUIREMENTS

Age at Entry

Immunizations Required

Grades 8, 9, 10,  
11 and 12

**Tetanus, Diphtheria (Td) – 3 doses**

2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least six months after the second. At least 1 dose must have been given on or after the fourth birthday. May have been given before age 7 as DPT, DTaP, or DT if student had contraindications to pertussis. DTP, DTaP or Td, may have given in combination with other antigens.

**Tdap – 1 dose.**

Tdap is licensed for only 1 dose and can be administered regardless of the interval since the last tetanus and diphtheria toxoid containing vaccine.

A medical exemption for Tdap vaccine must be confirmed in writing by a physician, physician's assistant or advanced practice registered nurse based on having last received **diphtheria, tetanus and pertussis** containing vaccine less than five years earlier and **no increased risk of pertussis disease.**

**Polio (IPV or OPV) – 3 doses** given at least four (4) weeks apart. The final dose should be given on or after the fourth birthday and at least 6 months from the previous dose.

**Measles, Mumps and Rubella – (Usually given as MMR) - 2 doses.** First dose given on or after the first birthday and a 2<sup>nd</sup> dose given at least 28 days after the first.

**Varicella (VZV )(Chickenpox) – 2 doses** given at least three months apart, the 1st dose on or after that individual's first birthday and before that individual's thirteenth birthday or two doses of live attenuated varicella vaccine given at least 28 days apart if the 1<sup>st</sup> dose was given on or after the individual's thirteenth birthday.

**Meningococcal – (MCV) 1 dose.**

**Hepatitis B (HBV) – 3 doses.** 2 doses given at least four weeks apart followed by a 3<sup>rd</sup> dose at least eight weeks after the 2<sup>nd</sup> . The interval between the 1st and 3<sup>rd</sup> doses must be at least sixteen weeks. The 3<sup>rd</sup> dose shall be given no earlier than twenty four weeks of age.

For **Hepatitis B**, an alternative dosing schedule for children 11-15 years of age is acceptable– Recombivax (manufactured by Merck) 10 mcg: 2 doses given at least four months apart. When this alternative dosing schedule is used, both doses must be documented as Recombivax 10 mcg and given when the child is 11-15 years of age.

**Vaccines**

**Brand Name**

DTaP	Daptacel, Infanrix
DTaP-IPV-Hib	Pentacel
DTaP-HIB	TriHibit
DTaP-IPV	Kinrix, Quadracel
DTaP-IPV-Hep B	Pediarix
Hepatitis A	Havrix, Vaqta
Hepatitis B	Engerix-B, Recombivax HB
HIB	ActHIB, Hiberix, PedvaxHIB
HIB-Hep B	Comvax
HPV	Gardasil
Influenza	Fluzone, Flumist, Fluviron, Fluarix, FluLaval
Meningococcal (MCV4)	Menomune, Menactra, Menveo
Meningococcal B	Trumenba, Bexsero
MMRV	ProQuad
PCV 7	Pevnar
PCV 13	Pevnar 13
Rotavirus	Rotarix, Rotateq
Td	Tenivac
Tdap	Adacel, Boostrix

# 2019-2020 SUMMARY OF STATE OF CONNECTICUT SCHOOL IMMUNIZATION REQUIREMENTS

## **The following exceptions to immunization requirements apply:**

**Immunizations in-process** – A child who does not meet immunization requirements for school entry may attend school provided that the child is up-to-date with receiving immunizations according to the applicable schedule found in the “Catch Up Immunization Schedule for Persons Aged Four Months Through Eighteen Years Who Start Late or Who are More Than One Month Behind”.

**Religious Exemption** – Any individual whose parent or guardian presents a statement that such immunization is contrary to the religious beliefs of such child is exempted from immunization requirements. To claim a religious exemption, the form must be submitted before enrolling for the first time and before entering the 7<sup>th</sup> grade.

**Medical Exemption** – A child who does not meet immunization requirements may attend school if he/she presents a written statement from a physician licensed to practice medicine in the United States which indicates that receipt of an immunization would not be in the best interest of the child, i.e., is contraindicated, in accordance with:

- (1) the current recommendation of the U.S. Public Health Service Advisory Committee On Immunization Practices, Centers for Disease Control or American Academy of Pediatrics Committee on Infectious Diseases; or
- (2) written approval of the State of CT Commissioner of Public Health for any case not resolvable by reference to the recommendations specified in (1) above.

A medical exemption, which is of a temporary nature, must be received at least annually to determine whether the contraindication continues to exist. If the contraindication is no longer valid, the child must comply with the immunization(s) requirement or be excluded from school until compliance is established.

A medical exemption, which is of a permanent nature, shall not be subject to further review once it is established.

### **Other Methods of Compliance**

- a) **Measles** – A child who has had protection against measles confirmed in writing by a physician, Physician’s Assistant, or Advanced Practice Registered Nurse **based on specific blood testing by a certified laboratory** need not receive measles vaccine and may attend school.
- b) **Rubella** – A child who has had protection against rubella confirmed in writing by **specific blood testing by a certified laboratory** need not receive rubella vaccine and may attend school.
- c) **Mumps** – A child who has had protection against mumps confirmed in writing by a physician **based on specific blood testing by a certified laboratory** need not receive mumps vaccine and may attend school.
- d) **Haemophilus Influenza Type b (Hib)** – child who has had a natural laboratory confirmed infection with haemophilus influenza type b at age twenty-four (24) months or older confirmed in writing by a physician need not receive Hib vaccine and may attend school.
- e) **Hepatitis B** – A child who has had adequate protection against Hepatitis B confirmed in writing by a physician **based on specific blood testing conducted by a certified** laboratory need not receive hepatitis B vaccine and may attend school.
- f) **Varicella (chicken pox)** – A child who has a written statement signed and dated by a physician, Physician Assistant or Advanced Practice Registered Nurse indicating that the child has already had Varicella disease or Herpes Zoster need not receive Varicella vaccine and may attend school.

A child who has had protection against Varicella confirmed in writing by **specific blood testing conducted by a certified laboratory** need not receive Varicella vaccine and may attend school.

- g) **Hepatitis A** – Has had protection against Hepatitis A, confirmed in writing by a physician, physician’s assistant or advanced practice registered nurse **based on specific blood testing by a certified laboratory.**