



**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES**

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**VIRGIN ISLANDS DEPARTMENT OF HEALTH  
IMMUNIZATION PROGRAM**

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June 2, 2025

**To: All Parents and Guardians**

**Re: VACCINATION RECOMMENDATIONS AND REQUIREMENTS FOR 2025-2026 SCHOOL YEAR**

This is a reminder to all parents or guardians with children enrolled in the United States Virgin Islands public, private, and parochial school systems that each child must be immunized against communicable diseases except for those children who are exempt. All children registering for preschool, kindergarten, elementary, middle school, junior and high school must have a valid certificate of immunization for such diseases as Diphtheria, Pertussis, Tetanus, Measles, Poliomyelitis, and all other diseases as are required by the standard listing issued annually by the Commissioner.

In support of the school regulation, the Department of Health's policy is to issue an exemption form, which is valid for one school year, that indicates approval or disapproval of the parent's or guardian's request. If your child has been granted an exemption, a copy of your child's most recent exemption approval that was issued by the U.S. Virgin Islands Department of Health's Commissioner must be attached for reference.

Additionally, to monitor and evaluate immunization coverage among children in the territory, we have enclosed a copy of the **Virgin Islands Immunization Registry System (VIIRS) Student Demographic Form** that **must** be completed for **each** child. On an annual basis, this form is distributed to selected grade levels to capture and update demographic and immunization information that has been entered and recorded in the VIIRS.

**Please complete all information requested and attach a copy of your child's most up-to-date immunization card (front and back).** Be sure to return the completed form and immunization card to your child's school nurse or the school's registration personnel during the registration process.

Remember that immunizations are important for the health of our children, and our families. If you have any additional questions or concerns about the information requested, please contact Ms. Monife Stout, Territorial Director of Immunization Program at (340) 776-1113 ext. 2226.

Thank you for your continued cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Monife Stout", is placed on a light blue rectangular background.

Ms. Monife Stout, MA  
Territorial Director Immunization Program

Enclosure: VIIRS Student Demographic Form, 2024 CDC Recommended Immunization Schedule



# VIRGIN ISLANDS IMMUNIZATION REGISTRY SYSTEMS (VIIRS) STUDENT'S IMMUNIZATION DATA FORM

Name of Facility: \_\_\_\_\_

Reporting Period: \_\_\_\_\_ Grade: \_\_\_\_\_

**INSTRUCTIONS:** Please **PRINT CLEARLY**, fill out **ALL** the **REQUIRED DATA** and attach a **COPY** of the student's immunization card.  
*(If single birth use "1", if multiple birth (twin, triplet, etc.) use "1" for first born, "2" for second born, etc.*

Birth Status: \_\_\_\_\_ of \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Gender:  Male  Female

Home Telephone Number: \_\_\_\_\_ Cell Telephone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race:  White  Black or African American  Asian American  American Indian/Alaska Native  
 Native Hawaiian/Pacific Islander  Other (please specify): \_\_\_\_\_

Ethnicity:  Hispanic  Non-Hispanic

Mother's First Name: \_\_\_\_\_ Mother's Maiden Last Name: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

I agree and understand that my child's immunization information will be entered in the Virgin Islands Immunization Registry System (VIIRS) and may be shared with schools, day-care's, healthcare providers, and any other health care professionals as necessary to verify immunization status and public health studies. It also helps parents/guardians to obtain a duplicate copy of the child's immunization card (if lost).

\_\_\_\_\_  
Date Parent/Guardian (Please Print) Parent/Guardian Signature Relationship

**Table 1**

**Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025**

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)										1 dose (8 through 19 months); See Notes							
Hepatitis B (HepB)	1st dose	← 2nd dose →			← 3rd dose →													
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)		1st dose	2nd dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1st dose	2nd dose	3rd dose	← 4th dose →										5th dose			
Haemophilus influenzae type b (Hib)		1st dose	2nd dose	See Notes	← 3rd or 4th dose (See Notes) →													
Pneumococcal conjugate (PCV15, PCV20)		1st dose	2nd dose	3rd dose	← 4th dose →													
Inactivated poliovirus (IPV)		1st dose	2nd dose	← 3rd dose →										4th dose	See Notes			
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of 2024–2025 vaccine (See Notes)																	
Influenza (IIV3, cdlv3)	1 or 2 doses annually																	
Influenza (LAIV3)	OT																	
Measles, mumps, rubella (MMR)		See Notes										1st dose	2nd dose					
Varicella (VAR)		← 1st dose →										← 1st dose →	2nd dose					
Hepatitis A (HepA)		See Notes										2-dose series (See Notes)						
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)												1 dose						
Human papillomavirus (HPV)																		
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2yrs)	See Notes																	
Meningococcal B (MenB-4C, MenB-FHbp)	See Notes																	
Respiratory syncytial virus vaccine (RSV [Abrysvo])	Seasonal administration during pregnancy (See Notes)																	
Dengue (DENACVD: 9–16 yrs)	Seropositive in endemic dengue areas (See Notes)																	
Mpox																		

Range of recommended ages for all children  
 Range of recommended ages for catch-up vaccination  
 Range of recommended ages for certain high-risk groups or populations  
 Recommended vaccination can begin in this age group  
 Recommended vaccination based on shared clinical decision-making  
 No guidance/Not Applicable