August 2016

Dear Group Family Day Care Operator:

Enclosed you will find the Group Family Day Care Immunization Survey packet, which includes the annual Group Family Day Care Immunization Survey form that must be completed and returned by your facility by September 15, 2016. This packet also includes the following materials:

- Group Family Day Care Immunization Survey form;
- Instructions for completing the survey;
- Immunization Worksheets for Group Family Day Cares (Please do not return the worksheets; these worksheets are only included to aid you in completing the survey);
- Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind;
- Vaccines That May be Recorded on Immunization Records;
- New York State immunization schedule for pneumococcal vaccine; and
- New York State Immunization Requirements for School Entrance/Attendance.

Important Note:
Subpart 66-1 of Title 10 of the New York State Codes, Rules and Regulations, which addresses day care immunization requirements, has been amended and became effective on September 1, 2015. Detailed information regarding the revised immunization requirements, which includes the Immunization Requirements for School Entrance/Attendance 2015-16 chart, is available at http://www.health.ny.gov/prevention/immunization.schools/updated_school_imm_requirements.htm.

Begin the survey completion process by reviewing the name and address of the day care printed on the survey form. If the name or address is misspelled or incomplete, enter the correct information in the space provided just below the current address. If the facility has been permanently or temporarily closed, indicate this in the appropriate field on the survey and mail the survey to the address listed below. You do not need to proceed further.

Each day care should receive only one form that contains a Basic Educational Data System (BEDS ID) number on the survey form. If you have received more than one form with the same name but with a different BEDS ID number, this indicates that there is more than one day care operating under the same or similar name. Each day care must
fill out a separate survey form. Do not combine the data for two or more day cares on one form.

The immunization survey form must be completed and returned by September 15, 2016. Failure to complete and submit the survey form is a violation of Public Health Law, which may result in the imposition of a civil penalty of up to $2,000. To be considered complete, the form must be reviewed and signed by the administrator or owner of the day care facility.

Please note that only the immunization survey form should be returned to:

New York State Department of Health
Bureau of Immunization
649 Corning Tower, Empire State Plaza
Albany, NY 12237.

If you have any questions in reference to the enclosed materials or about how to complete the survey, please call (518) 474-1944.

New York City (NYC) day cares (five boroughs) should direct all questions and requests for information to the NYC Department of Health and Mental Hygiene at (347) 396-2433.

Thank you for completing the enclosed survey form, thereby helping to ensure high immunization rates among New York State’s children.

Sincerely,

Elizabeth Rausch-Phung, M.D., M.P.H.
Director, Bureau of Immunization

Enclosures
cc: Robin Stiles-Tice, School Assessment Coordinator
GROUP FAMILY DAY CARE LESS THAN 1 YEAR OF AGE COMPLETION INSTRUCTIONS

- Do not include before or after school children in your day care on the survey form.
- Intervals between doses of vaccine (with the exception of polio vaccine) must be in accordance with the Advisory Committee for Immunization Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age.

Field 1 **Total Number of Children** – Enter the total number of children less than 1 year of age, including infants.

Field 2 **Children Without Immunization Record** – Enter the number of children who do not have an immunization record or any proof of immunity on file. **Do not count children without an immunization record in fields 5 through 11.** Do not count children who have medical or religious exemptions in this field.

Field 3 **Medical Exemption** – Enter the number of children who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not count children with medical exemptions in fields 5 through 11.**

Field 4 **Religious Exemption** – Enter the number of children who have a written and signed statement from a parent or guardian exempting them from immunization due to religious beliefs that has been approved by the day care. **Do not count children with religious exemptions in fields 5 through 11.**

*Field 5** **Diphtheria, Tetanus and Pertussis (DTaP)** – Enter the number of children who have received the appropriate number of doses of DTaP vaccine for their age. Children starting the vaccine series on time should receive doses at 2 months, 4 months and 6 months of age. For children who are behind or started late, refer to the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind* in the survey packet.

*Field 6** **Polio** – Enter the number of children who have received the appropriate number of doses of polio-containing vaccine (IPV or OPV) for their age or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease. Children starting the vaccine series on time should receive doses at 2 months, 4 months and 6 to 18 months of age. For children who are behind or started late, refer to the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind* in the survey packet.

*Field 7** **Haemophilus influenzae type B (Hib)** – Enter the number of children who have received the appropriate number of doses of Hib-containing vaccine for their age. Children who start the vaccine series on time should receive doses at 2 months, 4 months, and 6 months of age. For children who are behind or started late, refer to the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind* in the survey packet.

*Field 8** **Hepatitis B** – Enter the number of children who have received the appropriate number of doses of Hepatitis B-containing vaccine for their age or who have demonstrated serological evidence of immunity to hepatitis B disease. Children who start the vaccine series on time should receive doses at birth, 1 to 2 months and 6 to 18 months of age. For children who are behind or started late, refer to the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind* in the survey packet.
Field 9  **Pneumococcal** – Enter the number of children who received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine chart in the survey packet.

Field 10  **Completely Immunized** – Enter the number of children who meet all requirements for fields 5-9. Those counted in fields 2, 3 and 4 should not be counted in field 10. The number in field 10 cannot be greater than any number in fields 5-9.

Field 11  **In Process** – Enter the number of children who are not age appropriately immunized and who have received at least the first dose of each required vaccine series and have age appropriate appointments to complete the series according to the ACIP catch-up schedule.

** Combined vaccines ** – Students who received vaccines which combine more than one component such as MMR (measles, mumps and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), Dtap/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, DTaP, Hib, polio and hepatitis B.
GROUP FAMILY DAY CARE 1 YEAR OF AGE OR OLDER COMPLETION INSTRUCTIONS

- Do not count before or after school children in your day care on the survey form.
- Day care programs must include immunization information on Universal Pre-k children on the survey form.
- Intervals between doses of vaccine (with the exception of polio vaccine) must be in accordance with the Advisory Committee for Immunization Practices (ACIP) Recommended Immunization Schedules for Persons 0 Through 18 Years of Age.

Field 1  **Total Number of Children** – Enter the total number of children 1 year of age or older.

Field 2  **Children Without Immunization Record** – Enter the number of children who do not have an immunization record or any proof of immunity on file. **Do not count children without an immunization record in fields 5 through 13. Do not count children who have medical or religious exemptions in this field.**

Field 3  **Medical Exemption** – Enter the number of children who have a medical exemption from a physician licensed to practice medicine in the State of New York. **Do not count children with medical exemptions in fields 5 through 13.**

Field 4  **Religious Exemption** – Enter the number of children who have a written and signed statement from a parent or guardian exempting them from immunization due to religious beliefs that has been approved by the day care. **Do not count children with religious exemptions in fields 5 through 13.**

* Field 5  **Diphtheria, Tetanus, Pertussis (DTaP)** – Enter the number of children who have received 4 doses of DTaP vaccine as age appropriate.

* Field 6  **Polio** – Enter the number of children who have received 3 doses of polio-containing vaccine (IPV or OPV) as age appropriate or who have demonstrated serological evidence of immunity to all 3 serotypes of polio disease.

* Field 7  **Measles, Mumps, Rubella (MMR)** – Enter the number of children who have received 1 dose of MMR vaccine no more than 4 days prior to their first birthday or who have demonstrated serological evidence of immunity to measles, mumps and rubella diseases.

* Field 8  **Haemophilus influenzae type B (Hib)** – Enter the number of children who have received 4 doses of Hib-containing vaccine as age appropriate. Refer to the New York State Immunization Requirements for School Entrance Attendance chart in the survey packet.

* Field 9  **Hepatitis B** – Enter the number of children who have received 3 doses of hepatitis B-containing vaccine as age appropriate, or who have demonstrated serological evidence of immunity to hepatitis B disease.

* Field 10  **Varicella (chicken pox)** – Enter the number of children who have received one dose of varicella vaccine no more than 4 days prior to their first birthday, or who have been diagnosed by a physician, physician assistant or nurse practitioner as having had varicella disease, or who have demonstrated serological evidence of immunity to varicella disease.

Field 11  **Pneumococcal** – Enter the number of children who received the appropriate number of doses of pneumococcal vaccine for their age. Refer to the PCV vaccine chart in the survey packet.
FIELD 12  Completely Immunized – Enter the number of children who meet all requirements for fields 5-11. Those entered in fields 2, 3 and 4 should not be counted in field 12. The number in field 12 cannot be greater than any number in fields 5-11.

FIELD 13  In Process – Enter the number of children who are not age appropriately immunized and who have received at least the first dose of each required vaccine series and have age appropriate appointments to complete the series according to the ACIP catch-up schedule.

** Combined vaccines – Students who received vaccines which combine more than one component such as MMR (measles, mumps and rubella), MMRV (measles, mumps, rubella and varicella), DTaP/Hib (diphtheria, tetanus, pertussis and Haemophilus Influenzae type b), Dtap/IPV/Hib (diphtheria, tetanus, pertussis, polio, Haemophilus Influenzae type b) and Hepatitis B/DTaP/IPV (hepatitis B, diphtheria, tetanus, pertussis and polio) should be counted as immunized in each of the separate columns for measles, mumps, rubella, varicella, DTaP, Hib, polio and hepatitis B.
### New York State Immunization Requirements for School Entrance/Attendance 2015-16

**Pneumococcal Conjugate vaccine (PCV)**
- To 4 doses
- Not applicable

**Haemophilus influenzae type b conjugate vaccine (Hib)**
- To 4 doses
- Not applicable

**Varicella (Chickenpox) vaccine**
- 1 dose
- 2 doses
- 1 dose
- 2 doses
- 1 dose

**Hepatitis B vaccine**
- 3 doses
- Not applicable

**Polio vaccine (IPV/OPV)**
- 3 doses
- 4 doses
- 3 doses
- 4 doses
- 3 doses

**Tetanus and Diphtheria toxoid-containing vaccine** and **Pertussis vaccine booster (Tdap)**
- 1 dose

**Measles, Mumps and Rubella vaccine (MMR)**
- 1 dose

**Hepatitis B vaccine**
- 3 doses
- 2 doses
- 3 doses

**Varicella (Chickenpox) vaccine**
- 1 dose

**Haemophilus Influenzae type b conjugate vaccine (Hib)**
- 1 to 4 doses

**Pneumococcal Conjugate vaccine (PCV)**
- 1 to 4 doses

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**2015-16 School Year**

New York State Immunization Requirements for School Entrance/Attendance

**NOTES:** Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee for Immunization Practices (ACIP).

For grades Pre-K through 7, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. (Exception: intervals between doses of polio vaccine need to be reviewed only for grades kindergarten, 1, and 2) Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. Intervals between doses of vaccine DO NOT need to be reviewed for grades II through 12. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

**Dose requirements MUST be read with the footnotes of this schedule.**

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Prekindergarten (Day Care, Head Start, Nursery or Pre-K)</th>
<th>Kindergarten through Grade 1</th>
<th>Grades 2 through 5</th>
<th>Grades 6 through 7</th>
<th>Grades 8 through 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/TdAP)</td>
<td>4 doses</td>
<td>5 doses or 4 doses if the 4th dose was received at 4 years of age or older</td>
<td>3 doses if the series is started at 7 years of age or older</td>
<td>3 doses</td>
<td></td>
</tr>
<tr>
<td>Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)</td>
<td>Not applicable</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio vaccine (IPV/OPV)</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years of age or older</td>
<td>3 doses</td>
<td>4 doses or 3 doses if the 3rd dose was received at 4 years of age or older</td>
<td>3 doses</td>
</tr>
<tr>
<td>Measles, Mumps and Rubella vaccine (MMR)</td>
<td>1 dose</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine</td>
<td>3 doses</td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox) vaccine</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
<td>2 doses</td>
<td>1 dose</td>
</tr>
<tr>
<td>Haemophilus Influenzae type b conjugate vaccine (Hib)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate vaccine (PCV)</td>
<td>1 to 4 doses</td>
<td>Not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New York State Immunization Requirements for School Entrance/Attendance 2015-16

Pneumococcal Conjugate vaccine (PCV)91 to 4 doses

Haemophilus influenzae type b conjugate vaccine (Hib)81 to 4 doses

Varicella (Chickenpox) vaccine71 dose2 doses1 dose2 doses1 dose

between the ages of 11 through 15 years of age
for children who received the doses at least 4 months apart

Hepatitis B vaccine63 doses3 doses

(Recombivax)

2 doses of adult hepatitis B vaccine

Measles, Mumps and Rubella vaccine (MMR)51 dose2 doses

of age or older

Polio vaccine (IPV/OPV)43 doses4 doses or 3 doses

3 doses

if the series is started at 7 years of age
3 doses

at 4 years of age or older or

Diphtheria and Tetanus toxoid-containing vaccine

Vaccines
8 through 12
6 through 7
2 through 5
through Grade 1

Dose requirements MUST be read with the footnotes of this schedule.

For grades Pre-k through 7, intervals between doses of vaccine should be in accordance with the ACIP-recommended... between doses of vaccine DO NOT need to be reviewed for grades 8 through 12. See footnotes for specific information for

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended

New York State Department of Health/Bureau of Immunization
2013-15 School Year

Notes:
Inactivated poliovirus vaccine (IPV). (Minimum age: 6 months)

a. Children starting the series on time should receive a 5-dose series of IPV vaccine at ages 2, 4, 6, 15 through 18 months, and 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of IPV need not be repeated if it was administered at least 4 months after the third dose of IPV. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. If the fourth dose of IPV was administered at age 4 years or older, the fifth (booster) dose of IPV vaccine is not necessary.

c. For children born prior to 1/1/2005, doses of DT and TD meet the immunization requirement for diphtheria toxoid-containing vaccine.

d. Children ages 7 through 10 years who are not fully immunized with the childhood IPV vaccine series should receive Tdap vaccine as the first dose in the catch-up series. If additional doses are needed, use Td vaccine. A Tdap vaccine (or inactivated administered DTaP vaccine) received at 7 years or age or older will meet the 4th grade Tdap requirement.

e. For previously unvaccinated children 7 years of age and older, the immunization requirement is 1 dose. Tdap should be given for the first dose, followed by two doses of TD in accordance with the ACIP recommended immunization schedule for persons 18-39 years of age. An initial Tdap followed 4 weeks later by a TD, and 6 months later by another TD.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)

a. Students 11 years of age or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.

b. Students who are 10 years old in grade 6 are in compliance with the ACIP recommended schedule if they received the 5th dose in the series at least 4 months after the 4th dose.

c. If one dose of vaccine was received at 24 months of age or older, no further doses are required.

d. If one dose of vaccine was received at 24 months of age or older, no further doses are required.

e. If one dose of vaccine was received at 24 months of age or older, no further doses are required.

4. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive Hib vaccine at ages 2, 4, 6 months, and 12 through 59 months of age.

b. Older children who received their fourth dose before August 7, 2010, 4 doses separated by at least 4 weeks

For further information contact:
New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization, 42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 296-2433

Notes:
Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.

c. For children born prior to 1/1/2005, doses of DT and Td meet the immunization requirement for diphtheria toxoid-containing vaccine.

d. Children ages 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series. If additional doses are needed, use Td vaccine. A Tdap vaccine (or inactivated administered DTaP vaccine) received at 7 years or age or older will meet the 4th grade Tdap requirement.

e. For previously unvaccinated children 7 years of age and older, the immunization requirement is 1 dose. Tdap should be given for the first dose, followed by two doses of TD in accordance with the ACIP recommended immunization schedule for persons 18-39 years of age. An initial Tdap followed 4 weeks later by a TD, and 6 months later by another TD.

3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)

a. Students 11 years of age or older entering grades 6 through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.

b. Students who are 10 years old in grade 6 are in compliance with the ACIP recommended schedule if they received the 5th dose in the series at least 4 months after the 4th dose.

c. If one dose of vaccine was received at 24 months of age or older, no further doses are required.

d. If one dose of vaccine was received at 24 months of age or older, no further doses are required.

e. If one dose of vaccine was received at 24 months of age or older, no further doses are required.

4. Haemophilus influenzae type b (Hib) conjugate vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive Hib vaccine at ages 2, 4, 6 months, and 12 through 59 months of age.

b. Older children who received their fourth dose before August 7, 2010, 4 doses separated by at least 4 weeks

For further information contact:
New York State Department of Health
Bureau of Immunization
Room 649, Corning Tower ESP
Albany, NY 12237
(518) 473-4437

New York City Department of Health and Mental Hygiene
Program Support Unit, Bureau of Immunization, 42-09 28th Street, 5th floor
Long Island City, NY 11101
(347) 296-2433

Notes:
Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)

a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least 6 months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least 4 months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least 6 months after the previous dose.

b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.

c. For children born prior to 1/1/2005, doses of DT and Td meet the immunization requirement for diphtheria toxoid-containing vaccine.

9/15

New York State Department of Health

health.ny.gov/immunization
Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind - United States • 2015

(For DTaP, IPV, Hep B, Hib, Measles, Mumps, Rubella, Pneumococcal, Varicella, TD and Tdap)

Tables 1 and 2 provide catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child’s age. Always use these tables in conjunction with the footnotes that follow.

### Table 1. Catch-up Schedule for Children Age 4 Months Through 6 Years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
<th>Dose 4 to Dose 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Birth</td>
<td>4 weeks</td>
<td>8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Diphtheria, Tetanus, Pertussis</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months</td>
<td>6 months²</td>
</tr>
<tr>
<td><strong>Haemophilus influenzae type b</strong></td>
<td>6 wks</td>
<td>4 weeks if first dose administered before the 1st birthday</td>
<td>4 weeks if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was ActHIB, Pentacel or unknown.</td>
<td>8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before the 1st birthday</td>
<td></td>
</tr>
<tr>
<td><strong>Pneumococcal</strong></td>
<td>6 wks</td>
<td>4 weeks if first dose administered before the 1st birthday</td>
<td>4 weeks if current age is younger than 12 months and previous dose given at less than 7 months old</td>
<td>8 weeks (as final dose) This dose only necessary for children aged 12 months through 59 months who received 3 doses before age 12 months or for high risk children who receive 3 doses at any age</td>
<td></td>
</tr>
<tr>
<td><strong>Inactivated Poliovirus</strong></td>
<td>6 wks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>6 months⁵</td>
<td>minimum age 4 years for final dose</td>
</tr>
<tr>
<td><strong>Measles, Mumps, Rubella</strong></td>
<td>12 mos</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>12 mos</td>
<td>3 months</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Hepatitis (Hep B) vaccine
- Unvaccinated persons should complete a 3-dose series.

2 Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine
- The fifth dose of DTaP vaccine is not necessary if the fourth dose was administered at age 4 years or older.

3 Haemophilus influenzae type b conjugate (Hib) vaccine
- If dose 1 was administered at ages 12-14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
• If first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
• If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be given 8 weeks later.
• For unvaccinated children aged 15 months or older, administer only 1 dose.

4 Pneumococcal vaccines (Minimum age: 6 weeks for pneumococcal conjugate vaccine (PCV).
• Administer 1 dose of PCV 13 to all healthy children aged 24 months through 59 months who are not completely vaccinated for their age.

5 Inactivated poliovirus (IPV) vaccine
• In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk for imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
• If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
• A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
• If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child’s current age.

6 Measles, mumps, and rubella (MMR) vaccine
• Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

7 Varicella Vaccine
• The second dose may be administered before 4 years of age, provided at least 3 months have elapsed since the first dose. If the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

Table 2. Catch-up Schedule for Children and Adolescents Age 7 Through 18 Years

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Minimum Age for Dose 1</th>
<th>Dose 1 to Dose 2</th>
<th>Dose 2 to Dose 3</th>
<th>Dose 3 to Dose 4</th>
</tr>
</thead>
</table>
| Tetanus, Diphtheria / Tetanus, Diphtheria, Pertussis¹ | 7 yrs¹                 | 4 weeks                           | 4 weeks if first dose of DTaP/DT administered before the 1st birthday
|                                     |                        |                                   | 6 months if first dose of DTaP/DT administered before the 1st birthday |
| Hepatitis B²                        | Not Applicable (N/A)   | 4 weeks                           | 8 weeks and at least 16 weeks after first dose       |
| Inactivated Poliovirus³             | N/A                    | 4 weeks                           | 4 weeks³                                            |
| Measles, Mumps, Rubella⁴            | N/A                    | 4 weeks                           | 6 months³                                          |
| Varicella⁵                          | N/A                    | 3 months if younger than age 13 years
|                                     |                        | 4 weeks if age 13 years or older  |                                                   |

¹ Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine
• Persons aged 7 years and older who are not fully immunized with DTaP vaccine should receive Tdap vaccine as 1 dose (preferably the first) in the catch-up series; if additional doses are needed, use Td vaccine. For children 7 through 10 years who receive a dose of Tdap as part of the catch-up series, an adolescent Tdap vaccine dose at age 11 through 12 years should NOT be administered. Td should be administered instead 10 years after the Tdap dose.
• Persons aged 11 through 18 years who have not received Tdap vaccine should receive a dose followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter.
• Inadvertent doses of DTaP vaccine:
  - If administered inadvertently to a child aged 7 through 10 years may count as part of the catch-up series. This dose may count as the adolescent Tdap dose, or the child can later receive a Tdap booster dose at age 11 through 12 years.
  - If administered inadvertently to an adolescent aged 11 through 18 years, the dose should be counted as the adolescent Tdap booster.

² Hepatitis B (HepB) vaccine
• Unvaccinated persons should complete a 3-dose series.
• A 2-dose series (doses separated by at least 4 months) of adult formulation Recombivax HB is licensed for use in children aged 11 through 15 years.

³ Inactivated poliovirus (IPV) vaccine
• A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months following the previous dose.
• If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child’s current age.
• IPV is not routinely recommended for U.S. residents aged 18 years or older.

⁴ Measles, mumps, and rubella (MMR) vaccine
• Ensure that all school-aged children and adolescents have had 2 doses of MMR vaccine; the minimum interval between the 2 doses is 4 weeks.

⁵ Varicella (VAR) vaccine
• Ensure that all persons aged 7 through 18 years without evidence of immunity (see MMWR 2007;56 [No. RR-4], available at http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine. For children aged 7 through 12 years the recommended minimum interval between doses is 3 months (if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid); for persons aged 13 years and older, the minimum interval between doses is 4 weeks.

2015-2016 School Year
Minimum Pneumococcal Vaccine (PCV) Requirements for Children Attending Child Care and Pre-Kindergarten Programs in New York State

Instructions for reading this chart (which follows on page 2): When a child presents to a child-care center, group family day care, or pre-kindergarten program, the individual reviewing the immunization record for that child should determine: 1) the current age of the child; 2) the age of the child when previous doses were administered; and 3) the number of doses of PCV vaccine that the child is required to have to attend. The age of the child when the first dose was administered affects the total number of doses the child is required to have.

If a child presents to the facility or program at less than 12 months of age, then the facility or program must follow up with the child’s parent or guardian to ensure that the child completes the vaccine series by age 15 months.

Children missing any required doses must receive the missing doses following the minimum ages and intervals noted below.

1. The recommended vaccine schedule for children starting the series at age 2 months is 2 months, 4 months, 6 months, and 12 – 15 months.
2. The minimum age for the first dose is 6 weeks.
3. The minimum age for the final dose is 12 months.
4. The minimum interval between doses is 4 weeks; the final dose must be administered a minimum of 8 weeks after the previous dose.

Public Health Law Section 2164 requires that children who have not met the immunization requirements be excluded from day care or pre-kindergarten if they do not have medical or religious exemption to PCV vaccine. A child may be considered in process and able to attend day care or pre-kindergarten if she or he has received the first dose of PCV and has appointments for the remaining doses, if further doses are required.
## Minimum Pneumococcal Vaccine (PCV) Requirements for Children Attending Child Care and Pre-Kindergarten Programs in New York State

<table>
<thead>
<tr>
<th>Current Age</th>
<th>Doses Required By Now</th>
<th>Doses Required in the Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 months</td>
<td>None</td>
<td>4 total at ages 2 months, 4 months, 6 months, and 12 – 15 months</td>
</tr>
<tr>
<td>2 – 3 months</td>
<td>1 dose</td>
<td>3 more (for a total of 4) at ages 4 months, 6 months, and 12 – 15 months</td>
</tr>
<tr>
<td>4 – 5 months</td>
<td>2 doses</td>
<td>2 more (for a total of 4) at ages 6 months and 12 – 15 months</td>
</tr>
<tr>
<td>6 – 11 months</td>
<td>3 doses OR 2 doses if the child received the first dose at 7 – 11 months of age</td>
<td>1 more (for a total of 4) at age 12 – 15 months OR 1 more (for a total of 3) at age 12 – 15 months</td>
</tr>
<tr>
<td>12 – 23 months</td>
<td>4 doses with the final dose on or after age 12 months OR 3 doses if the child received only 1 or 2 doses prior to age 12 months OR 2 doses if the child is unvaccinated or received the first dose on or after age 12 months</td>
<td>None</td>
</tr>
<tr>
<td>24 – 59 months</td>
<td>4 doses with the final dose on or after age 12 months OR 3 doses if the child received 2 or 3 doses prior to age 24 months of which 1 or 2 were received before age 12 months OR 2 doses if the child received the first dose at age 12 – 23 months or received only 1 dose prior to age 24 months OR 1 dose if the child is unvaccinated or received 1 dose on or after age 24 months</td>
<td>None</td>
</tr>
<tr>
<td>60 months (5 years) or older</td>
<td>Not required for children 60 months (5 years) of age or older</td>
<td></td>
</tr>
</tbody>
</table>
## VACCINES THAT MAY BE RECORDED ON IMMUNIZATION RECORDS

### Abbreviations for Vaccines

<table>
<thead>
<tr>
<th>Abbreviations</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT</td>
<td>Pediatric Diphtheria and Tetanus</td>
</tr>
<tr>
<td>DTaP</td>
<td>Diphtheria, Tetanus, Acellular Pertussis</td>
</tr>
<tr>
<td>DTP</td>
<td>Diphtheria, Tetanus, Whole Cell Pertussis</td>
</tr>
<tr>
<td>HAV</td>
<td>Hepatitis A Vaccine</td>
</tr>
<tr>
<td>HAVR</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>HAVRIX</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>HIB</td>
<td>Haemophilus Influenza type b</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papillomavirus Vaccine</td>
</tr>
<tr>
<td>IPV/OPV</td>
<td>Inactivated Polio Vaccine</td>
</tr>
<tr>
<td>LAIV</td>
<td>Live Attenuated Influenza Vaccine</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles, Mumps, and Rubella</td>
</tr>
<tr>
<td>MMRV</td>
<td>Measles, Mumps, Rubella, Varicella</td>
</tr>
<tr>
<td>MPSV4</td>
<td>Meningococcal Polysaccharide Vaccine</td>
</tr>
<tr>
<td>MCV4</td>
<td>Meningococcal Conjugate Vaccine</td>
</tr>
<tr>
<td>OPV/OPV</td>
<td>Oral Polio Vaccine</td>
</tr>
<tr>
<td>PCV13</td>
<td>Pneumococcal Conjugate Vaccine</td>
</tr>
<tr>
<td>PPV23</td>
<td>Pneumococcal Polysaccharide Vaccine</td>
</tr>
<tr>
<td>Td</td>
<td>Adult Tetanus and Diphtheria</td>
</tr>
<tr>
<td>Tdap</td>
<td>Adult Tetanus, Diphtheria, Acellular Pertussis</td>
</tr>
<tr>
<td>TIV/IIV</td>
<td>Trivalent Inactivated Influenza Vaccine</td>
</tr>
<tr>
<td>VZV</td>
<td>Varicella (Chickenpox) Vaccine</td>
</tr>
</tbody>
</table>

### Trade Names for Vaccines

<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Vaccine</th>
<th>Trade Name</th>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEL-IMUNE</td>
<td>DTaP</td>
<td>IPOL</td>
<td>Inactivated Polio</td>
</tr>
<tr>
<td>ACTHIB (PRP-T)</td>
<td>HIB</td>
<td>KINRIX</td>
<td>DTaP/IPV</td>
</tr>
<tr>
<td>ADACEL</td>
<td>Tdap</td>
<td>M-M-R II</td>
<td>MMR</td>
</tr>
<tr>
<td>AFLURIA</td>
<td>Influenza</td>
<td>MENACTRA or</td>
<td>Meningococcal, MCV4</td>
</tr>
<tr>
<td>ATTENUVAX</td>
<td>Measles</td>
<td>MENEVO</td>
<td>Meningococcal/Hib/Tetanus</td>
</tr>
<tr>
<td>BEXSERO</td>
<td>Meningococcal (B)</td>
<td>MENHIBRIX</td>
<td>Meningococcal/Hib/Tetanus</td>
</tr>
<tr>
<td>BOOSTRIX</td>
<td>Tdap</td>
<td>MENOMUNE</td>
<td>Meningococcal, MPSV4</td>
</tr>
<tr>
<td>CERVARIX</td>
<td>HPV</td>
<td>MERUVAX II</td>
<td>Rubella</td>
</tr>
<tr>
<td>CERTIVA</td>
<td>DTaP</td>
<td>MUMPSVAX</td>
<td>Mumps</td>
</tr>
<tr>
<td>COMVAX</td>
<td>Hepatitis B/HIB</td>
<td>ORIMUNE</td>
<td>Oral Polio Vaccine</td>
</tr>
<tr>
<td>DAPTACEL</td>
<td>DTaP</td>
<td>PEDIARIX</td>
<td>Hepatitis B/DTaP/IPV</td>
</tr>
<tr>
<td>DECAVAC</td>
<td>Td</td>
<td>PEDVAX/HP (PRP-OMP)</td>
<td>HIB</td>
</tr>
<tr>
<td>DTP/ACTHIB</td>
<td>DTP/Hib</td>
<td>PENTACEL</td>
<td>DTaP/IPV/HIB</td>
</tr>
<tr>
<td>ENGERIX-B</td>
<td>Hepatitis B</td>
<td>PNEUMOVAX 23</td>
<td>Pneumococcal Polysaccharide</td>
</tr>
<tr>
<td>FLUARIX</td>
<td>Influenza</td>
<td>PREVNAR</td>
<td>Pneumococcal Conjugate PCV13 or PCV7</td>
</tr>
<tr>
<td>FLULAVAL</td>
<td>Influenza</td>
<td>PROQUAD</td>
<td>MMR/Varicella</td>
</tr>
<tr>
<td>FLUMIST</td>
<td>Influenza, LAIV</td>
<td>RECOMBIVAX HB</td>
<td>Hepatitis B</td>
</tr>
<tr>
<td>FLUVIRIN</td>
<td>Influenza, TIV/IIV</td>
<td>ROTARIX</td>
<td>Rotavirus Vaccine</td>
</tr>
<tr>
<td>FLUZONE</td>
<td>Influenza, TIV/IIV</td>
<td>ROTATEQ</td>
<td>Rotavirus Vaccine, PRV</td>
</tr>
<tr>
<td>GARDASIL</td>
<td>HPV Quadrivalent</td>
<td>TENIVAC</td>
<td>Td</td>
</tr>
<tr>
<td>GARDASIL 9</td>
<td>HPV</td>
<td>TETRAMUNE</td>
<td>DTP/Hib</td>
</tr>
<tr>
<td>HAVRIX</td>
<td>Hepatitis A</td>
<td>TRIHIBIT</td>
<td>DTaP/Hib</td>
</tr>
<tr>
<td>HIBERIX</td>
<td>HIB</td>
<td>TRIPEDIA</td>
<td>DTaP</td>
</tr>
<tr>
<td>HIBTITER (Hb-OC)</td>
<td>HIB</td>
<td>TRUMENBA</td>
<td>Meningococcal (B)</td>
</tr>
<tr>
<td>H1N1</td>
<td>Influenza A</td>
<td>QUADRACEL</td>
<td>DTaP/IPV</td>
</tr>
<tr>
<td>INFANRIX</td>
<td>DTaP</td>
<td>VAQTA</td>
<td>Hepatitis A(Inactivated)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VARIVAX</td>
<td>Varicella (Chickenpox)</td>
</tr>
</tbody>
</table>