

Minimum Immunization Requirements for Children Enrolling or Entering a Child Care Facility or School in Illinois, 2022-2023



Vaccine Requirement ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity
		First Entry into School (Kindergarten or 1 st Grade)	Other Grades	
Diphtheria, Pertussis, Tetanus	Three doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday.	Four or more doses of DTP/DTaP with the last dose being a booster and received on or after the 4th birthday.	Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4th birthday. Entering 6 th grade, for students \geq age 11, one dose of Tdap ²	Minimum interval between series doses: 4 weeks (28 days). Between series and booster: 6 months. No proof of immunity allowed.
Polio	Two doses by 1 year of age. One additional dose by 2nd birthday. Three doses for any child 24 months of age or older appropriately spaced.	Starting school year 2017-2018 any child entering Kindergarten shall show proof of 4 dose series with the last dose on or after the 4 th birthday. <u>This is a progressive requirement starting in 2017-2018. For the 2022-2023 school year, the four-dose requirement applies to grades K-5"</u>	Three or more doses of polio vaccine with the last dose on or after the 4 th birthday.	Minimum interval between series doses: 4 weeks (28 days). 4 th dose at least 6 months after previous dose No proof of immunity allowed.
Measles	One dose on or after the 1st birthday.	Two doses of measles vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.		Proof of prior measles disease shall 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.
Rubella	One dose on or after the 1st birthday.	Two doses of rubella vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of rubella immunity.
Mumps	One dose on or after the 1st birthday	Two doses of mumps vaccine, the 1st dose must have been received on or after the first birthday and the second dose no less than 4 weeks (28 days) later.		Proof of prior mumps disease shall be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
Haemophilus influenzae type b (Hib)	Proof of immunization that complies with the ACIP recommendation for Hib vaccination. Children 24-59 months of age without series shall show proof of one dose of Hib vaccine at 15 months or older.	Any child five years of age (60 months of age) or older shall not be required to provide proof of immunization with Hib vaccine.		Refer to ACIP Hib series schedule. No proof of immunity allowed.

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Invasive Pneumococcal Disease (PCV)	Proof of immunization that complies with ACIP recommendations for PCV. Children 24 to 59 months of age without primary series of PCV, shall show proof of receiving one dose of PCV after 24 months of age.	Any child five years of age (60 months of age) or older shall not be required to provide proof of immunization with PCV vaccine.		Refer to ACIP PCV series schedule. No proof of immunity allowed.
Hepatitis B	Three doses appropriately spaced. (<i>see doses in minimum interval column</i>). Third dose must have been administered on or after 6 months of age (168 days).	Kindergarten through 5 th grade not a requirement. <i>Recommend reviewing these records and if necessary, have student be brought up to date with hepatitis B series.</i>	Students entering 6 th thru 12 th grade, three doses of hepatitis B vaccine administered at appropriate intervals.	Minimum intervals between doses: Between 1 st and 2 nd doses must be at least 4 weeks. Between 2 nd and 3 rd must be at least 8 weeks. Between 1 st and 3 rd must be at least 16 weeks. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination.
Varicella	One dose on or after 1st birthday.	Two doses of varicella; The first dose must have been on or after the 1 st birthday and the 2nd dose no less than 4 weeks (28) days later. Two doses of varicella for students entering all grades.		Proof of prior varicella disease shall 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.
Meningococcal Disease (MCV4), (MenACWY)⁴	No Requirements.	No Requirements.	Applies to students entering 6 th -11 th grades: one dose of meningococcal conjugate vaccine. 12 th grade entry: two doses of meningococcal conjugate vaccine.	Minimum intervals for administration: For 6 th grade entry: the first dose received <u>on or after the 11th birthday</u> ³ For 12 th grade entry: second dose <u>on or after the 16th birthday</u> and an interval of at least eight weeks after the first dose. Only one dose is required if the first dose was received at 16 years of age or older. No proof of immunity allowed.

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Notes:

Students attending ungraded school programs must comply in accordance with grade equivalent.

Within the Advisory Committee on Immunization Practices (ACIP) recommendations, vaccine doses given up to four days before minimum interval or age can be counted as valid. However, this does not apply to intervals between live vaccines. Live vaccines shall not be given fewer than 28 days after receipt of a prior live vaccine.

Footnotes:

¹ The chart indicates antigens that may be available in either single-antigen and/or combination-antigen vaccines

² For Tdap: Per the [Child and Adolescent Immunization Schedule](#) a dose of Tdap or DTaP administered at 10 years of age or later may now be counted as the adolescent Tdap booster.

³ For Meningococcal Conjugate: if there is an indication for earlier vaccination (between ages 10 and 11) then the provider submits, a letter/statement stating the reasons and provides that with the vaccine records (Section 665.280). Letter/statement to be honored by School Health Authorities and **NOT** submitted to IDPH for Review.

⁴ For Men ACWY vaccines may be administered simultaneously with Men B vaccines if indicated, but at a different anatomic site, if feasible.

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 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 is no longer considered to be in compliance.

Resources:

[IDPH Immunization Webpage](#)

[Child and Student Health Examination and Immunization Code](#)

[Immunization Schedules](#)

[CDC Immunization Webpage](#)

[ACIP Vaccine Recommendations and Guidelines](#)

[Epidemiology and Prevention of Vaccine-Preventable Diseases-The Pink Book](#)

[Ask the Experts](#)

Sources:

Title 77, Part 665 Child and Student Health Examination and Immunization Code
Advisory Committee on Immunization Practices (ACIP)