**2021-22** **School** **Year**

**New** **York** **State** **Immunization** **Requirements** **forSchool** **Entrance/Attendance**

NOTES:

Children in a prekindergarten setting should be age-appropriatelyimmunized. Thenumberof dosesdepends on the schedule recommended by the AdvisoryCommitteeon Immunization Practices (ACIP).Intervals between dosesof vaccineshould be in accordance with the ACIP-recommended immunization schedule for persons0 through 18 yearsof age. Dosesreceived before the minimumage or intervalsare not valid and do not count toward the numberof doseslisted below. Children who areenrolling in grade-less classes should meet the immunization requirementsof the grades for which they areage equivalent. Dosage requirements are determined by the

provider in accordance with the NYS Department of Health and can be found at the following websit[ehttps://www.health.ny.gov/publications/2370.pdf](https://www.health.ny.gov/publications/2370.pdf)

Vaccines

**Diphtheria** **andTetanus** **toxoid-containing** **vaccine** **andPertussis** **vaccine** **(DTaP/DTP/Tdap/Td)2**

Prekindergarten (Day Care, Head Start,Nursery or Pre-k)

**4** **doses**

Kindergartenand Grades 1, 2, 3,4 and 5

**5** **doses** **or** **4** **doses**

if the 4th dose wasreceived at 4 yearsor older or **3** **doses**

if 7yearsor older and the series wasstarted at 1 yearor older

Grades Grade 6, 7, 8, 9, 10 12

and 11

**3** **doses**

**Tetanus** **andDiphtheria**

**toxoid-containing** **vaccine** **Not** **applicable** **1** **dose** **andPertussis** **vaccine**

**adolescent** **booster** **(Tdap)3**

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

**doses**

if the 3rd dose wasreceived at 4 yearsor older

**Measles,** **Mumps** **and** **Rubella** **vaccine** **(MMR)5**

**Hepatitis** **Bvaccine6**

**1** **dose** **2** **doses**

**3** **doses** **3** **doses**

**or** **2** **doses** of adult hepatitis Bvaccine (Recombivax) for childrenwho received the doses atleast 4months apart between the ages of 11through 15 years

**Varicella** **(Chickenpox)** **1** **dose** **2** **doses** **vaccine7**

**Meningococcal** **conjugate** **vaccine** **(MenACWY)8**

**Grades** **7,** **8,** **9,** **10**

**Not** **applicable** **and11:** **1** **dose**

**2** **doses** **or1** **dose** if the dose

wasreceived at 16 yearsor older

**Haemophilus** **influenzae** **typebconjugate** **vaccine** **(Hib)9**

**Pneumococcal** **Conjugate** **vaccine** **(PCV)10**

**1** **to4** **doses**

**1** **to4** **doses**

**Not** **applicable**

**Not** **applicable**

**Department** **ofHealth**

1. Demonstratedserologic evidence of measles, mumps or rubellaantibodies or laboratoryconfirmationof thesediseases isacceptable proof of immunity to thesediseases. Serologictestsfor polio areacceptable proof of immunity only if the test wasperformed before September1, 2019 and allthree

serotypeswere positive. A positive blood test for hepatitisBsurfaceantibody isacceptable proof of immunity to hepatitisB. Demonstratedserologic evidence of varicella antibodies,laboratoryconfirmationof varicella disease or diagnosis by aphysician, physician assistant or nursepractitioner that a child has had varicella diseaseisacceptable proof of immunity to varicella.

2. Diphtheriaand tetanustoxoids and acellularpertussis(DTaP) vaccine. (Minimum age:6 weeks)

a. Childrenstartingthe series on time shouldreceive a5-dose series of DTaP vaccineat 2 months, 4 months, 6 monthsand at 15 through 18 monthsand at 4 years or older. Thefourth dose may be received as early as age 12months, provided at least6 monthshaveelapsedsincethe third dose. However, the fourth dose of DTaP need not be repeated if it wasadministeredat least4 monthsafterthe third dose of DTaP. Thefinal dose in the series mustbe received on or after the fourth birthday and at least6 monthsafter the previousdose.

b. If the fourth dose of DTaP was administered at 4 yearsor older, and at least 6 months after dose 3, the fifth (booster) dose of DTaP vaccine is not required.

c. Forchildren born before 1/1/2005, only immunityto diphtheria is required and dosesof DTand Td canmeet this requirement.

d. Children7years andolder who arenot fullyimmunized with the childhood DTaPvaccine series shouldreceiveTdapvaccine asthe firstdose inthe catch-up series; if additional doses areneeded, useTdor Tdapvaccine. Ifthe firstdose was received before their firstbirthday, then4 doses are required,as long as the finaldose was received at4years or older. Ifthe firstdose was received on or afterthe firstbirthday, then 3 doses are required,as long as the finaldose was received at4years or older.

3.Tetanus and diphtheria toxoids and acellularpertussis(Tdap) adolescent booster vaccine. (Minimum age for grade 6: 10years; minimumage for grades 7through 12: 7years)

a. Students11 yearsor older entering grades 6 through 12 are required to haveone dose of Tdap.

b. Inaddition to the grade 6 through 12 requirement,Tdapmayalsobe given aspart of the catch-upseriesfor students 7yearsof age and older who are not fully immunized with the childhood DTaP series, as described above. Inschool year2020-2021,only dosesof Tdapgiven at age 10 yearsor older will satisfythe Tdaprequirement for students in grade 6; however, dosesof Tdapgiven at age 7yearsor older will satisfythe requirement for studentsin grades 7through 12.

c.Studentswho are 10 yearsold in grade 6 and who havenot yet received aTdapvaccineare in complianceuntil they turn 11 yearsold.

4.Inactivated polio vaccine(IPV) or oral polio vaccine(OPV).(Minimum age:6 weeks)

a. Children starting the serieson time should receive a seriesof IPV at 2 months, 4 monthsand at 6 through 18months, and at 4 yearsor older. Thefinal dose in the seriesmustbe received on or after the fourth birthday and at least 6 monthsafter the previous dose.

b. Forstudents who received their fourth dose before age 4 and prior to August7, 2010, 4 dosesseparatedby at least4 weeks issufficient.

c. If the third dose of polio vaccinewas received at 4 yearsor older and at least 6 months after the previous dose, the fourth dose of polio vaccine isnot required.

d. Only trivalent OPV (tOPV)counts toward NYS school polio vaccine requirements. Dosesof OPV given before April 1, 2016 should be counted unlessspecifically noted asmonovalent, bivalent or asgiven during apoliovirus immunization campaign. Dosesof OPV given on or after April 1, 2016 should not be counted.

5. Measles, mumps, and rubella (MMR)vaccine. (Minimum age:12 months)

a. Thefirst dose of MMR vaccinemusthavebeen received on or after the first birthday. Thesecond dose musthavebeen received at least 28 days(4weeks) after the first dose to be considered valid.

b. Measles: One dose isrequired for prekindergarten. Two dosesare required for grades kindergarten through 12.

c. Mumps: One dose isrequired for prekindergarten. Two dosesare required for grades kindergarten through 12.

d. Rubella: At leastone dose is required for all grades (prekindergarten through 12).

6. Hepatitis Bvaccine

a. Dose 1 maybe given at birth or anytimethereafter. Dose2 mustbe given at least4 weeks (28 days) after dose 1. Dose3 mustbe at least 8 weeks after dose 2 ANDat least 16 weeks after dose 1 ANDno earlier than age 24 weeks (when4 dosesare given,substitute “dose 4” for “dose 3” in these calculations).

b. Two dosesof adult hepatitis Bvaccine(Recombivax) received at least 4 monthsapartat age 11 through 15 yearswill meet the requirement.

7. Varicella(chickenpox) vaccine. (Minimum age:12 months)

a. Thefirst dose of varicellavaccinemusthavebeen received on or after the first birthday. Thesecond dose musthavebeen received at least 28 days(4weeks) after the first dose to be considered valid.

b. Forchildren younger than13years, the recommended minimuminterval between dosesis3 months(ifthe second dose wasadministered

at least4 weeks after the first dose, it canbe accepted asvalid); for persons13 yearsand older, the minimuminterval between dosesis 4 weeks.

8. Meningococcalconjugate ACWY vaccine(MenACWY).(Minimum age for grade 7: 10 years; minimumage for grades 8 through 12: 6 weeks).

a.One dose of meningococcalconjugate vaccine(Menactra or Menveo) is required for students entering grades 7, 8, 9, 10and 11.

b. Forstudents in grade 12, if the first dose of meningococcalconjugate vaccinewasreceived at 16 yearsor older, the second (booster) dose is not required.

c. Thesecond dose musthavebeen received at 16 yearsor older. The minimuminterval between dosesis8 weeks.

9. Haemophilus influenzaetype b (Hib) conjugate vaccine. (Minimum age:6 weeks)

a. Childrenstartingthe series on time shouldreceive Hib vaccineat 2 months, 4 months, 6 monthsand at 12 through 15 months. Children older than15 monthsmustget caughtup according to the ACIP catch-up schedule. Thefinaldose mustbe received on or after 12 months.

b. If2 dosesof vaccinewere received before age 12months, only 3 doses are required with dose 3 at 12 through 15 monthsand at least 8 weeks after dose 2.

c. Ifdose 1 wasreceived at age 12 through 14months, only 2 dosesare required with dose 2 at least8 weeks after dose 1.

d. Ifdose 1 wasreceived at 15 monthsor older, only 1 dose isrequired. e. Hib vaccineis not required for children 5 yearsor older.

10. Pneumococcal conjugate vaccine(PCV).(Minimum age:6 weeks)

a. Childrenstartingthe series on time shouldreceive PCV vaccineat 2 months, 4 months, 6 monthsand at 12 through 15months. Childrenolder than15 monthsmustget caughtup according to the ACIP catch-up schedule. Thefinaldose mustbe received on or after 12 months.

b. Unvaccinated children ages 7through 11 monthsare required to receive 2 doses,at least4 weeks apart, followed by athird dose at 12 through 15 months.

c. Unvaccinated children ages 12 through 23 monthsare required to receive 2 dosesof vaccineat least8 weeks apart.

d. Ifone dose of vaccinewasreceived at 24 monthsor older, no further dosesare required.

e. PCV is not required for children 5 yearsor older.

f. Forfurther information, refer to the PCV chart availablein the SchoolSurvey Instruction Booklet at: [www.health.ny.gov/prevention/immunization/schools](http://www.health.ny.gov/prevention/immunization/schools)

Forfurther information, contact:

New York State Department of Health Bureau of Immunization Room 649, Corning Tower ESP Albany, NY12237 (518) 473-4437

New York City Department of Health and Mental Hygiene ProgramSupport Unit, Bureau of Immunization, 42-09 28th Street, 5th floor Long Island City, NY11101 (347) 396-2433

New YorkState Department of Health/Bureau of Immunization

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