




STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION



**TO:** Superintendents of Schools  
School Medical Advisors  
School Nurse Supervisors

**FROM:** Charlene Russell-Tucker, Associate Commissioner   
Connecticut State Department of Education (CSDE)

Lynn Sosa, MD, Deputy State Epidemiologist   
Connecticut Department of Public Health (DPH)

**DATE:** March 15, 2011

**SUBJECT:** Changes in the Immunization Requirements for School Entry

The purpose of this communication is to inform you of recent regulatory changes to school entry prekindergarten (PK), kindergarten (K) and Grade 7 immunization requirements. **The new requirements, which bring the Connecticut requirements into agreement with national recommendations, will be effective August 1, 2011.**

**Hepatitis A Requirement for PK and K**

In early 2006, the Advisory Committee on Immunization Practices (ACIP) recommended universal vaccination against hepatitis A for all children beginning at 12 months of age. The vaccine is administered as a two-dose series with doses given six months apart. Hepatitis A virus is transmitted by the fecal oral route, often from young children with mild or asymptomatic infection. Based on the success of universal vaccination of children in the western United States (U.S.) and the fact that hepatitis A is now more common in the Eastern than Western United States, recommendations were expanded to include the whole country.

**Effective August 1, 2011, all students born on or after January 1, 2007, who are enrolled in PK or K must show proof of having received two (2) doses of hepatitis A vaccine given at least six months apart with the first dose given on or after the student's first birth date.**

**Influenza Requirement for PK**

Each year in the United States influenza causes approximately 20,000 hospitalizations and nearly 100 deaths in children younger than 5 years of age. In 2009, the ACIP recommended that all children aged 6 months–18 years receive an annual dose of influenza vaccine. Children typically have the highest attack rates of influenza during community outbreaks and serve as a major source of transmission within communities.

**Effective January 1, 2012, and each January 1 thereafter, children aged 24–59 months enrolled in PK are required to receive at least one dose of influenza vaccine between August 1 and December 31 of the preceding year. All children aged 24–59 months who have not received vaccination against influenza previously should receive two doses of vaccine the first influenza season that they are vaccinated.**

Children enrolling between January 1 and March 31 are required to receive influenza vaccine prior to entry. Children enrolling after March 31 during any given year are not mandated to meet the influenza vaccine requirement until the following January, as the influenza season has generally passed by this date and vaccine may no longer be available.

**Pneumococcal Conjugate Vaccine Requirement for PK and K**

The pneumococcal conjugate vaccine was licensed for use in the U.S. in the year 2000 and is recommended for use in all children less than 5 years of age. The vaccine is highly efficacious in preventing serious pneumococcal disease, such as meningitis and bloodstream infections. It can also prevent some ear infections and pneumonia. Since 2000, it has been shown that vaccination of infants also is effective in preventing disease in adults and the elderly. Invasive pneumococcal disease is responsible for about 200 deaths each year among children under 5 years of age. It has been the leading cause of bacterial meningitis in the United States.

**Effective August 1, 2011, all students born on or after January 1, 2007, enrolled in PK and K who are less than 5 years of age, must show proof of having received one dose of pneumococcal conjugate vaccine given on or after the student's first birth date.**

**Second Dose Varicella Requirement for K and Grade 7 School Entry**

In late June 2006, the ACIP voted to recommend a second dose of varicella-containing vaccine for children 4 to 6 years of age to improve primary and long-term protection against chickenpox. The ACIP also recommended that children, adolescents and young adults who previously received a single dose of vaccine be given a second dose of varicella-containing vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in school settings.

**Effective August 1, 2011, all students entering K and Grade 7 must show proof of having received two (2) doses of varicella vaccine.**

**Second Dose Rubella and Mumps Requirement for Grades K-12 School Entry**

Following the resurgence of mumps outbreaks nationally in 2006, the ACIP recommended that children, adolescents and young adults who previously received a single dose of mumps vaccine be given a second dose of mumps-containing vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in school and college settings. A second dose of rubella vaccine requirement will also be implemented in August for Grades K-12 entry.

**Effective August 1, 2011, all students in Grades K-12 must show proof of having received two (2) doses of rubella and mumps containing vaccines.**

Besides the above mentioned requirements there are two new adolescent immunization requirements that are scheduled to take effect on August 1, 2011.

**Adolescent Tdap Vaccine Requirement for Grade 7 Students**

In 2006, the ACIP recommended that adolescents aged 11-18 years should receive a single dose of Tdap, instead of tetanus and diphtheria toxoids vaccine (Td) for booster immunization against tetanus, diphtheria, and pertussis. The preferred age for receiving the vaccine is 11-12 years. The combined Tdap vaccine protects against tetanus, diphtheria and pertussis. Despite substantial success in vaccinating infants against these diseases, coverage is not complete, and protection against pertussis appears to wane after 5-10 years. Consequently, a large proportion of reported cases of pertussis in the United States are now found in the adolescent age group, and many outbreaks occur in school settings where adolescents congregate. Further, adolescents are now a reservoir of disease, which can infect infants.

**Effective August 1, 2011, all Grade 7 students must show proof of having received a Tdap booster vaccine.**

**Meningococcal Vaccine (MCV4) Requirement for Grade 7 Students**

In June 2007, the Centers for Disease Control and Prevention (CDC) recommended that all children 11-12 years of age be routinely vaccinated with a dose of meningococcal vaccine including children entering high school if not previously vaccinated. The goal is routine vaccination of all adolescents with meningococcal vaccine beginning at age 11 years. Meningococcal disease is a relatively rare but potentially tragic vaccine-preventable infectious disease. Each year, meningococcal disease strikes up to 3,000 Americans. Adolescents and young adults account for nearly 30 percent of all cases in the U.S. and have an unusually high death rate (nearly 25 percent) when compared to other age groups. In addition, 20 percent of survivors endure permanent consequences, such as brain damage, hearing loss, kidney disease and limb amputations.

**Effective August 1, 2011, all Grade 7 students must show proof of having received a dose of meningococcal vaccine.**

The new school immunization regulations can be accessed on the Connecticut Immunization Program's Web page at [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations). The regulations can be found under "*Immunization Laws and Regulations*." This information is also being sent to all pediatricians and family practice physicians. A summary of these changes is included in the attached table.

If you have any questions regarding changes in the immunization requirements for school entry, please contact the DPH Immunization Program at 860-509-7929.

CRT:sgk

cc: George A. Coleman, Acting Commissioner of Education, CSDE  
Cheryl Resha, Education Manager, CSDE  
Stephanie Knutson, School Health Consultant, CSDE  
Vincent Sacco, Immunization Program Manager, DPH

Attachment

**New School Immunization Entry Requirements Fall 2011**

<b>VACCINE</b>	<b>GRADE</b>	<b># of doses</b>	<b>Start Date</b>
<b>Pneumococcal</b>	<b>PK and K (born 1/1/2007 or later and less than 5 years old)</b>	<b>1 dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Hepatitis A</b>	<b>PK and K (born 1/1/2007 or later)</b>	<b>2 doses given six months apart -1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Influenza</b>	<b>PK (children age 24-59 months) given annually between August 1 and December 31 each year</b>	<b>1 dose - (2 doses for those receiving flu vaccine for 1<sup>st</sup> time)</b>	<b>August 1, 2011</b>
<b>MMR</b>	<b>K-12</b>	<b>2 doses given at least 28 days apart - 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Varicella</b>	<b>PK</b>	<b>1 dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Varicella</b>	<b>K and Grade 7 entry</b>	<b>2 doses given 3 months apart - 1<sup>st</sup> dose on or after 1<sup>st</sup> birthday</b>	<b>August 1, 2011</b>
<b>Tdap</b>	<b>Grade 7 entry</b>	<b>1 dose</b>	<b>August 1, 2011</b>
<b>Meningococcal</b>	<b>Grade 7 entry</b>	<b>1 dose</b>	<b>August 1, 2011</b>