




Essential Immunizations: Ensuring a Healthy Return to School for Migrant and Refugee Families



Marielle Fricchione, MD, FAAP
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Learning Objectives

As a result of attending this webinar, participants will be able to:

Utilize resources to find vaccines and vaccinators for migrant and refugee families

Read and interpret international vaccine records

Engage in conversations with parents about school vaccine requirements

Give strong back to school vaccine recommendations and screen for congregate settings



83%

The proportion of children receiving a first dose of measles vaccine worldwide

Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization



Andrew J Shattock, Helen C Johnson, So Yoon Sim, Austin Carter, Philipp Lambach, Raymond CW Hutubessy, Kimberly M Thompson, Kamran Badizadegan, Brian Lambert, Matthew J Ferrari, Mark Jit, Han Fu, Sheetal P Silal, Rachel A Hounsell, Richard G White, Jonathan F Mosser, Katy A M Gaythorpe, Caroline L Trotter, Ann Lindstrand, Katharine L O'Brien, Naor Bar-Zeev



Summary

Background WHO, as requested by its member states, launched the Expanded Programme on Immunization (EPI) in 1974 to make life-saving vaccines available to all globally. To mark the 50-year anniversary of EPI, we sought to quantify the public health impact of vaccination globally since the programme's inception.

Methods In this modelling study, we used a suite of mathematical and statistical models to estimate the global and regional public health impact of 50 years of vaccination against 14 pathogens in EPI. For the modelled pathogens, we considered coverage of all routine and supplementary vaccines delivered since 1974 and estimated the mortality and morbidity averted for each age cohort relative to a hypothetical scenario of no historical vaccination. We then used these modelled outcomes to estimate the contribution of vaccination to globally declining infant and child mortality rates over this period.

Findings Since 1974, vaccination has averted 154 million deaths, including 146 million among children younger than 5 years of whom 101 million were infants younger than 1 year. For every death averted, 66 years of full health were gained on average, translating to 10·2 billion years of full health gained. We estimate that vaccination has accounted for 40% of the observed decline in global infant mortality, 52% in the African region. In 2024, a child younger than 10 years is 40% more likely to survive to their next birthday relative to a hypothetical scenario of no historical vaccination. Increased survival probability is observed even well into late adulthood.

Interpretation Since 1974 substantial gains in childhood survival have occurred in every global region. We estimate that EPI has provided the single greatest contribution to improved infant survival over the past 50 years. In the context of strengthening primary health care, our results show that equitable universal access to immunisation remains crucial to sustain health gains and continue to save future lives from preventable infectious mortality.

Funding WHO.

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See Comment page 2265

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[Immunization coverage \(who.int\)](https://www.who.int)



Measles Outbreak Associated with a Migrant Shelter — Chicago, Illinois, February–May 2024

Weekly / May 16, 2024 / 73(19);424–429

[Print](#)

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[View suggested citation](#)

Summary

What is already known about this topic?

Measles, a highly contagious respiratory virus, was declared eliminated ongoing global transmission, infections in the United States still occur. 93% and 97% effective, respectively, in preventing measles.

What is added by this report?

Fifty-seven measles cases were associated with residence in or contact Illinois. Most cases occurred in unvaccinated persons. A prompt and coordinated vaccination campaign reduced the size and duration of the outbreak.

To slow measles outbreaks, clinicians and public health professionals can:



Rapidly report cases



Vaccinate



Look for cases



Forecast impact using real-time models



bit.ly/mm7319a2

MAY 16, 2024

MMWR

Barriers to vaccination



- Access to healthcare
- Administrative factors
- Competing priorities
- Language barriers
- Lack of trust / Lack of cultural mediation
- Health Literacy
- Real or perceived fear of local law enforcement
- Perceived risk of disease
- Unavailability of certain vaccines in country of origin
- Underlying vaccine perceptions in different population subgroups
- Lack of regular check-ups / medical home



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ILLINOIS COALITION
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REFUGEE RIGHTS



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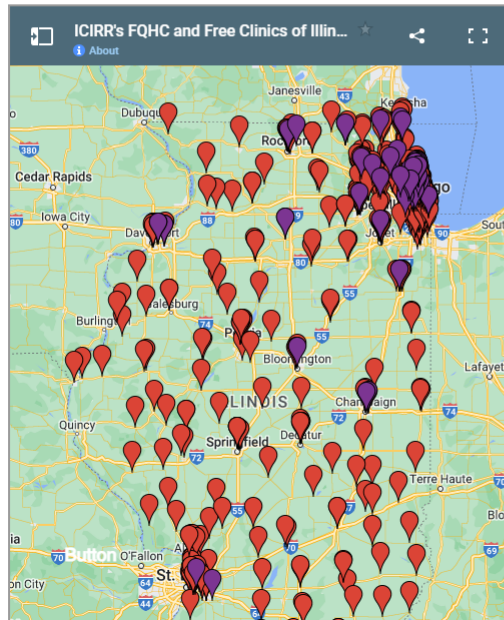
ISSUE ADVOCACY

EVENTS AND NEWS

MAKE A DIFFERENCE!

Healthcare Clinics for Immigrants and Refugees

Interactive map of all of the health clinics in the state of Illinois. All of these are available regardless of immigration status and are low cost or free. To search for your local health clinic, click on the “view larger map button” and enter your zip code in the search bar.



Related Links

- [Healthcare Access](#)
- [Information for Cook County Residents](#)
- [What does the new healthcare law \(the Affordable Care Act\) mean for me?](#)
- [Healthcare Resources for Immigrants and Refugees](#)



- **For Community Members:** [Immigrant Family Resource Program \(IFRP\)](http://www.icirr.org/ifrp) / <http://www.icirr.org/ifrp>
- IFRP HOTLINE 1-855-437-7669: IFRPs work with immigrant families on public benefit applications.
- ICIRR's Family Support Hotline in English/Spanish/Korean/Polish: **1-855-HELP-MY-FAMILY (1-855-435-7693)**
- GetCareIllinois.org: community-facing website in 5 languages, including an [Immigrant Health webpage](#), to "help you get healthcare coverage if you need it. If you already have healthcare coverage, this site will help you understand how to use your coverage to go to the doctor."
- **For Enrollment Assisters:** Register as a HelpHub user. HelpHub is a free online community where enrollment assisters in Illinois share their experiences, ask questions and troubleshoot problems they're having helping consumers enroll into health care options. HelpHub experts answer questions on immigrant eligibility for public benefits.

To register:

<http://helphub.povertyllaw.org>

RESOURCES FOR NEW ARRIVALS



Use this flyer to learn more about resources available for recent immigrants to Chicago.

HOTLINES

Call or text any of the following hotlines 24/7. Your information is kept confidential:

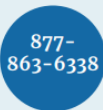
311 City Services:
Call for emergency shelter and other non-emergency services and programs.



Suicide & Crisis Lifeline:
Call or text if you or a loved one are experiencing a mental health crisis.



Illinois Domestic Violence Hotline:
Call or text if you or a loved one are experiencing abuse or violence. The Hotline provides crisis safety planning, referrals to emergency housing, and support services.



National Human Trafficking Hotline:
Call or text if you or a loved one are being coerced to work in any job or provide sexual services.



Immigrant Family Support Hotline:
Call if you or a loved one are detained or at risk of deportation.



CITY OF CHICAGO RESOURCES

CITY KEY

- CityKey is a free government ID that you can obtain regardless of immigration status.
- You can use your CityKey as a government-issued ID, Chicago Public Library Card, Ventra card (public transportation via trains and buses), a Chicago Rx prescription discount card, and more.
- For more information, visit chicityclerk.com/about-citykey

CHICAGO TRANSIT AUTHORITY (CTA)

- CTA is the public transportation system in Chicago
- Visit www.transitchicago.com/guide/es/ to learn how to use the CTA busses and trains.

CHICAGO PUBLIC LIBRARY (CPL)

- Visit your nearest Chicago Public Library to use a computer, find English classes and get a library card.
- Visit chilib.org/spanish/ for more information.

COMMUNITY RESOURCES

Scan the QR code with your phone camera for more detailed information and links to immigration services, physical and mental healthcare, and educational services available in Chicago.



IMMIGRATION

- Comprehensive immigration packet about the immigration process (also at <https://immigranjustice.org/node/14654#NTA>)
- For trusted immigration legal service providers, visit iaccessjustice.com.

HEALTHCARE

- List of healthcare clinics in Illinois that provide services for free or low-cost, regardless of immigration or insurance status: icirr.org/healthcare-resources-inter-map

FOOD BANKS

- Visit bancodealimentoschicago.org/comida/ to search for food pantries and other resources near you.

ENGLISH CLASSES

- Visit chicago.gov/city/en/depts/mayor/supp_info/office-of-new-americans/learning-english.html to find information about free English classes near you.



Illinois Benefits/Programs For Migrants

- <https://www.povertylaw.org/issue/health/access-to-affordable-comprehensive-care/>
- <https://www.icirr.org/healthcareresources-for-immigrants>
- <https://www.icirr.org/fsn>

Find a Provider:

Healthy CPS Hotline: 773 553-KIDS (5437)

- <https://findahealthcenter.hrsa.gov/>.

Name of Benefit Program	Brief description
	Emergency Food Assistance Act (TEFAP).
Senior Food Assistance Program	<p>There are many food programs for seniors.</p> <ul style="list-style-type: none"> • Group Site Meal and Nutrition- meals are often served at sites such as senior centers, churches, senior housing facilities and community buildings • Home-Delivered Meals- Illinois Meals-on-Wheels is a private/public partnership that helps fill "gaps" left by the state and federally funded home delivered meals program. • Senior Farmers' Market Coupons - This is a federally funded program that
Health	
COVID-19 testing, vaccines and other immunizations	Testing, vaccines, and health resources for COVID-19 and flu and other immunizations or programs funded by local health departments
Enrollment in the Health Benefit for immigrant Adult (HBIA) program , Health Benefit for immigrant Seniors program (HBIS) , All Kids, Moms & Babies , Medical assistance Through "Victims of	<p>VITC Medical assistance: Eligible individuals are those preparing to file or who have filed an application for a U visa, a T visa, or asylum. Gross Income Limit is 100% of the federal poverty level (FPL); it has an asset test (AABD community medical).</p> <p>HBIA: for Illinois residents aged 42-64 years old, < 138% FPL, with immigration status that makes them ineligible for federal Medicaid (such as undocumented or LPR < 5 years).</p> <p>STATE PAUSED NEW ENROLLMENT IN HBIA ON JULY 1, 2023.</p> <p>HBIS: for Illinois residents age 65+, < 100% FPL (spenddown available), with immigration</p>

April 24, 2024, Shriver Center on Poverty Law, pifillinois@povertylaw.org

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ICIRR'S Healthcare Access Line

Call the Family Support Network hotline at
1-855-435-7693

Choose your language & follow the prompts.
Press 5 for the healthcare access line.

We can help you:

- Find a free clinic
- Apply for hospital financial assistance
- Learn about your healthcare coverage options
- Report a healthcare access issue
- And more!

Linea de Acceso de Salud

Llame a la Red de Apoyo Familiar:
1-855-435-7693

Elija su idioma y siga la indicaciones. Presione 5 para la línea de Acceso de Salud.

Podemos ayudarle:

- Encontrar una clínica
- Aplicar para ayuda financiera hospitalaria
- Aprender sobre sus opciones de cobertura de salud
- Reportar un problema de acceso de salud
- ¡Y más!



Immigrant Health Coverage

This page explains what health coverage you may be eligible for as an immigrant.

[Home](#) » [Immigrant Health Coverage](#)

To be eligible for a health coverage program, you must be an Illinois resident and qualify under the specific rules for each program.

Many immigrants may be eligible for [Health Benefits for Immigrant Adults \(HBIA\)](#), [Health Benefits for Immigrant Seniors \(HBIS\)](#), the [Victims of Trafficking, Torture or Other Crimes Medical Assistance program \(VTTC\)](#), other [Medicaid programs](#), or [ACA Marketplace coverage](#).

For more information about eligibility, see these fact sheets:

- [Chart of Benefits Eligibility for Individuals Granted Parole](#)
- [Combined Fact Sheet – HBIS and HBIA Programs](#)
- [Community Fact Sheet – Applicants for T Visa, U Visa, or Asylum](#)

How to Read International Vaccine Records

- Don't accept verbal report alone
- Written/Dated records can be accepted but spend time with it...

- Dates
- Intervals
- Age

- Go to the WHO website to look up local schedule/formulations of vaccines
- Sort by country and disease:

[WHO Immunization Data portal - All Data](#)

Tips for Reading International Vaccine Records

Look for the **dates** of administration, **intervals** between doses, and **age** at the time of vaccination.

- Be aware that some countries record dates with the day and month listed *before* the year (e.g., 30/1/2016 would be January 30, 2016).

The measles, mumps, and rubella (MMR) vaccine and the measles, mumps, rubella, varicella (MMRV) vaccine are the two licensed vaccines that protect against measles in the United States. There are other names and schedules for measles vaccines outside of the United States:



In Venezuela

- The measles vaccine in Venezuela is called **SRP**.
- The **SRP** vaccine is administered at 12 and 18 months.
- Additional translations of the MMR vaccine are available here:



In Haiti

- The measles vaccine was introduced in Haiti in 1982 and was replaced by a combination measles-rubella (MR) vaccine in 2008.
- A MR vaccine is administered at 9 months and between 12-23 months.
- Haiti's measles schedule does not meet the United States standards.

ACCEPTABLE EVIDENCE OF IMMUNITY AGAINST MEASLES:

There must be written documentation of one of the following:

- 1 or more doses of measles administered on or after first birthday for preschool-aged children and adults that are not at high risk.
- 2 or more doses for school-aged children, adolescents, and adults at high risk, including college students, healthcare personnel, and international travelers.
- Additional acceptable evidence of immunity:
 - Laboratory evidence of immunity
 - Laboratory evidence of disease
 - Birth before 1957*

Providers should only accept written, dated records as evidence of vaccination. Verbal reports of prior vaccination should not be counted.

*During an outbreak of measles, healthcare facilities should recommend 2 doses of MMR vaccine at the appropriate interval for unvaccinated healthcare personnel regardless of birth year if they lack laboratory evidence of measles immunity.

DETERMINING RE-VACCINATION FOR REFUGEE / MIGRANT POPULATIONS:

- If a person cannot produce written documentation OR documentation is invalid or incorrectly documented (ex: date recorded before birth), they should receive two doses of MMR.
- If a clinician has a concern about vaccine validity or falsification of records, two doses of MMR should be considered.
- Know that severe pediatric malnutrition at the time of immunizations may impair immune response.
- When in doubt give MMR. It is safe.



Illinois Department of Health and Senior Services
Chicago Department of Public Health
American Academy of Pediatrics
Centers for Disease Control and Prevention

<https://illinoisap.org/wp-content/uploads/2024/03/Tips-for-Reading-International-Vaccine-Records-3-15-1.pdf>

ICAAP LMS course: <https://icaap.remote-learner.net/enrol/index.php?id=148>

Vaccination Program for U.S.-bound Refugees and Visa 93 (V93) Applicants | Immigrant and Refugee Health | CDC

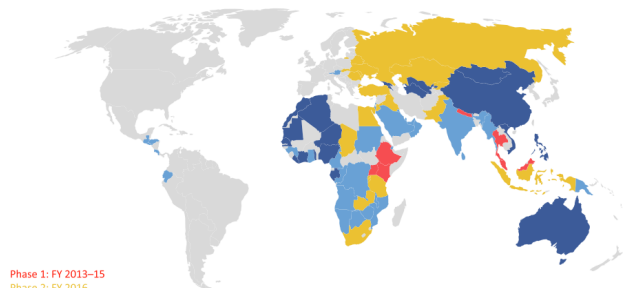
- <https://www.cdc.gov/immigrant-refugee-health/hcp/overseas-guidance/vaccination-program.html>

Refugee Health Domestic Guidance | Immigrant and Refugee Health | CDC

- <https://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/index.html>

T. Mitchell, W. Datal, A. Klovovsky et al.

Vaccine 39 (2021) 68–77



Phase 1: FY 2013–15
Phase 2: FY 2016
Phase 3: FY 2017
Countries added FY 2018–present

Map courtesy of CDC/DGMO

Fig. 3. USRAP Immunization Program Implementation Phases, FY 2013–2019.

CareRef Clinical Assessment for Refugees

Introduction & Background

CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S. The output of this tool is based on the current CDC Domestic Refugee Screening Guidance. CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk. The data used to create this tool are specific to refugee populations coming to the U.S. If the tool is used for other populations, the clinician should be aware that the guidance may not accurately reflect the needs of non-refugee populations.

Please consult the CDC Domestic Refugee Screening Guidance documents ([opens new tab](#)) for further detailed guidance and information.

Some states have additional state-specific screening recommendations for newly arrived refugees. If you do not know your state's refugee screening guidance, please contact the [Refugee Health Coordinator \(opens new tab\)](#) in your state.

[Subscribe \(opens new tab\)](#) to receive CareRef and screening guidance updates.

[Supplemental Clinical Guidance and Resources \(opens new tab\)](#) for Clinicians and Public Health professionals working with Ukrainians

[Supplemental Clinical Guidance and Resources \(opens new tab\)](#) for Clinicians and Public Health professionals working with Afghan Evacuees

[Start CareRef Tool](#)

VaxRef Immunization Record Translator

VaxRef is an application that helps newcomers and clinicians translate immunization records to English. This application will ask for the immunization record holder's name, date of birth, email, and immunization history. The output of this application is a translated immunization history. It will be sent to the email you provided. All original immunization documents must be attached to the translated record when meeting a health care provider.

Health care providers should consult the CDC Guidance for Evaluating and Updating Immunizations during the [Domestic Medical Examination for Newly Arrived Refugees \(opens new tab\)](#) and the [ACIP Vaccine Recommendations and Guidelines \(opens new tab\)](#) for further follow-up.

[Go to VaxRef- Vaccine Record Translator](#)

Immunize.org

Quick Chart of VPD Terms

Western European Languages								
English	Dutch	French	German	Italian	Norwegian	Portuguese	Spanish	Swedish
DTP	DKTP	DT Coq, DTC				Tríplice		DTP
Diphtheria	Difterie	Diphthérie	Diphtherie	Difterite	Difteri	Difteria	Difteria	Difteri
<i>Haemophilus influenzae</i> type b	Haemophilus influenzae b	Haemophilus influenzae de type b	Haemophilus influenzae type b	Haemophilus influenzae b	Haemophilus influenzae tipe b	Doença Haemophilus influenzae tipo b	Hemófilo tipo b, Haemophilus influenzae tipo b	Haemophilus influenzae typ b
Hepatitis A	Hepatitis A	Hépatite A	Hepatitis A	Epatite A	Hepatitt A	Hépatite A	hepatitis A	Hepatit A
Hepatitis B	Hepatitis B	Hépatite B	Hepatitis B	Epatite B	Hepatitt B	Hépatite B	hepatitis B	Hepatit B
Human papillomavirus	Humaan papillovirus	Papillovirus humains	Humanen papillovirus	Il papilliovirus umano	Humant papillomavirus	Vírus do papiloma humano	Virus del papiloma humano	Humant papilliovirus
Influenza ("flu")	Griep	Grippe	Grippe	L'nfluenzae	Influenza	Gripe	Gripe	Influenza
MMR	BMR	ROR	MMR	MPR		VASPR	SRP	MPR
Measles	Mazelen	Rougeole	Masern	Morbillo	Meslinger	Sarampo	Sarampión, Sarampión comun	Mässling
Meningococcal ACWY	Meningokokken ACWY	Antiméningocoque ACWY	Meningokokken ACWY	Meningococcico ACWY	Meningokokksykdom ACWY	Meningocóccica ACWY	Meningococo ACWY	Meningocockinfektion ACWY
Mumps	Bof	Oreillons	Ziegenpeter	Parotite	Kusma	Caçumba	Paperas, Parotiditis	Pässjuka
Pertussis (Whooping cough)	Kinkhoest	Coqueluche	Keuchhusten	Pertosse (tosse asinina)	Kikkhoste	Coqueluche	Coqueluche (Tos ferina)	Kikhosta
Poliomyelitis	Kinderverlamming	Poliomyélite	Kinderlähmung	Poliomielite	Poliomyelitt	Poliomielite, paralisia infantil	Poliomielitis	Polioyelit
Pneumococcal conjugate	Pneumokokken conjugaat	Antipneumococcique conjugué	Pneumokokken konjugat	Pneumococcico coniugato	Pneumokokk konjugatvaksine	Pneumocóccica conjugada	Antineumocóccica conjugada	Pneumocockkonjugat
Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus	Rotavirus
Rubella	Rode hond	Rubéole	Röteln	Rosolia	Røde hunder	Rubéola (sarampo alamao)	Rubéola, Sarampión aleman	Röda hund
Shingles (Herpes zoster)	Gordelroos (herpes zoster)	Zona (l'herpès zoster)	Gürtelrose (herpes zoster)	Fuoco di Sant'Antonion (l'herpes zoster)	Helvetesild (herpes zoster)	Zona (herpes zoster)	Zona de matojos (herpes)	Bältros (herpes zoster)
Smallpox	Pokken	Varirole	Pocken	Vaioloso	Kopper	Varíola	Víruela	Smittkopper
Tetanus	Stijfkramp	Tétanos	Wundstarrkrampf	Tetano	Stivkrampe	Tétano, Tetánica	Tétanos, Tetánica, Tétano	Stelkramp
Tuberculosis	Tering	Tuberculose	Tuberkulose	Tubercolosi	Tuberkulose	Tuberculose	Tuberculínica	Tuberkulos
Varicella (chickenpox)	Varicella (waterpekkea)	Varicelle	Varizellen (windpocken)	Varicella	Vannkopper	Varicella (catapora)	Varicela	Vattkopper

<https://www.immunize.org/wp-content/uploads/catg.d/p5122.pdf>

First domestic health visit:

1. “Ask Where” Handout: <https://www.health.state.mn.us/communities/rih/coe/askwhere.pdf>
2. Review all available vaccine records
3. Perform any testing
4. Update or revaccinate



"I'd like to ask some questions to help me get to know your child and their health history. Your answers will help us decide which medications or tests they might need. Where was your child born?"



Back-to-school visit:

1. Review initial testing results (e.g., HIV)
2. Revaccinate to meet school entry requirements or continue a catch-up schedule
3. Screen for housing status
 - NOTE: two live injectable vaccines such as MMR and varicella should be given on the same day or separated by a minimum of 28 days, TST or IGRA tuberculosis test may be administered simultaneously with live vaccines or deferred for 28 days after vaccination



Revaccination Needed?

Only consider if:

- Invalid or incorrectly documented historical vaccines
 - ?dose given before birth ?possible transposition of month and day
- Concerns about the validity/falsification of records
- Severe pediatric malnutrition:
 - May impair adequate immune response but the immunology of malnutrition is poorly understood, and data are limited.
 - Since most malnourished children mount a protective immune response –
would opt to vaccinate for back-to-school purposes





Antibody Screening

- More data are needed on population-specific vaccine-preventable disease prevalence rates to determine cost-effectiveness of serologic screening versus initiation of a vaccine schedule
- Multiple factors influence the decision to check for serologic evidence of immunity before vaccination:
 - Cost of the vaccine course compared to serologic testing
 - Likelihood of previous infection on the basis of the population prevalence or individual history
 - Availability of antibody testing and acceptance that antibody presence confers immunity
 - The number of doses needed to complete a series
 - The level (titer) of antibody known to confer immunity
 - The likelihood that the patient will return for results and further management

Impact of population prevalence



The Pediatric Infectious Disease Journal • Volume 39, Number 2, February 2020

HAV Immunization in Migrant Children

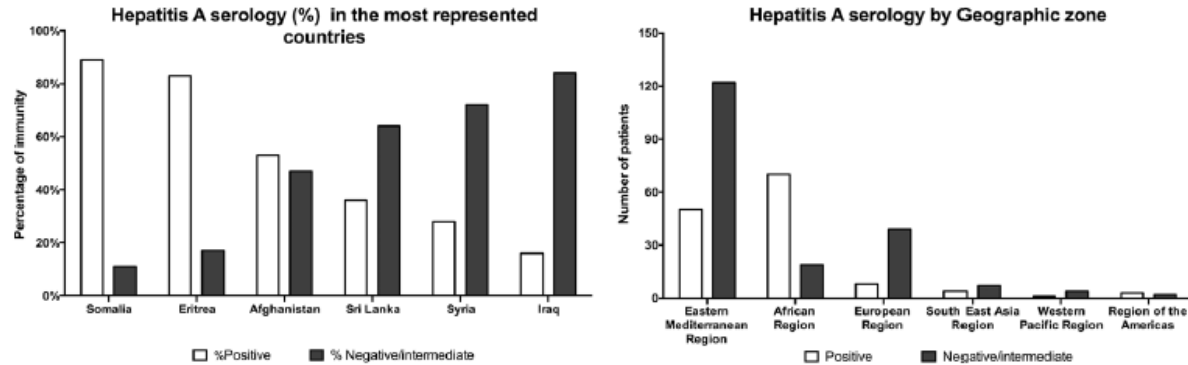


FIGURE 2. Serology for hepatitis A by geographic zone and percentage of immunity in the most represented countries.

Fahrni et al. 2020

What to Offer and How To Catch-Up



Table 2 Recommended Catch-up Immunization Schedule for Children and Adolescents Who Start Late or Who Are More than 1 Month Behind, United States, 2024

The table below provides 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 this table in conjunction with Table 1 and the Notes that follow.**

Vaccine	Minimum Age for Dose 1	Children age 4 months through 6 years			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Minimum Interval Between Doses	
Hepatitis B	Birth	4 weeks	8 weeks and at least 16 weeks after first dose minimum age for the final dose is 24 weeks		
Rotavirus	6 weeks Maximum age for first dose is 14 weeks, 6 days.	4 weeks	4 weeks maximum age for final dose is 8 months, 0 days		
Diphtheria, tetanus, and acellular pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months A fifth dose is not necessary if the fourth dose was administered at age 4 years or older and at least 6 months after dose 3
<i>Haemophilus influenzae</i> type b	6 weeks	No further doses needed if first dose was administered at age 15 months or older. 4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months.	No further doses needed if previous dose was administered at age 15 months or older 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 PRP-T (ActHib [®] , Pentacel [®] , Hibrix [™]), Vaxelis [®] or unknown 8 weeks and age 12 through 59 months (as final dose) if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1 st birthday and second dose was administered at younger than 15 months; OR if both doses were PedvaxHIB [®] and were administered before the 1st birthday	8 weeks (as final dose) This dose only necessary for children age 12 through 59 months who received 3 doses before the 1 st birthday.	
Pneumococcal conjugate	6 weeks	No further doses needed for healthy children if first dose was administered at age 24 months or older 4 weeks if first dose was administered before the 1 st birthday 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after	No further doses needed for healthy children if previous dose was administered at age 24 months or older 4 weeks if current age is younger than 12 months and previous dose was administered at <7 months old 8 weeks (as final dose for healthy children) if previous dose was administered between 7–11 months (wait until at least 12 months old); OR if current age is 12 months or older and at least 1 dose was administered before age 12 months	8 weeks (as final dose) This dose is only necessary for children age 12 through 59 months regardless of risk, or age 60 through 71 months with any risk, who received 3 doses before age 12 months.	
Inactivated poliovirus	6 weeks	4 weeks	4 weeks if current age is <4 years 6 months (as final dose) if current age is 4 years or older	6 months (minimum age 4 years for final dose)	
Measles, mumps, rubella	12 months	4 weeks			
Varicella	12 months	3 months			
Hepatitis A	12 months	6 months			
Meningococcal ACWY	2 months MenACWY-CRM 2 years MenACWY-TT	8 weeks	See Notes	See Notes	

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER i: MATERNAL AND CHILD HEALTH
PART 665 CHILD AND STUDENT HEALTH EXAMINATION AND IMMUNIZATION
CODE

The General Assembly's Illinois Administrative Code database includes only those rulemakings that have been permanently adopted. This menu will point out the Sections on which an emergency rule (valid for a maximum of 150 days, usually until replaced by a permanent rulemaking) exists. The emergency rulemaking is linked through the notation that follows the Section heading in the menu.

[View Entire Part](#)

SUBPART A: GENERAL PROVISIONS

- [Section 665.100 Statutory Authority \(Repealed\)](#)
- [Section 665.105 Definitions](#)
- [Section 665.110 General Considerations \(Repealed\)](#)
- [Section 665.115 Referenced Materials](#)

SUBPART B: HEALTH EXAMINATION

- [Section 665.120 Health Examination Requirements](#)
- [Section 665.130 Performance of Health Examination and Verification of Certificate of Child Health Examination](#)
- [Section 665.140 Timetable for Examinations](#)
- [Section 665.150 Report Forms](#)
- [Section 665.160 Proof of Examination](#)
- [Section 665.210 Proof of Immunizations](#)
- [Section 665.220 Local School Authority \(Repealed\)](#)
- [Section 665.230 School Entrance](#)
- [Section 665.240 Basic Immunization](#)
- [Section 665.250 Proof of Immunity](#)
- [Section 665.260 Booster Immunizations](#)
- [Section 665.270 Compliance with the School Code](#)
- [Section 665.280 Health Care Provider Statement of Immunity](#)
- [Section 665.290 List of Non-immunized Child Care Facility Attendees or Students](#)

<https://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html>

Illinois school minimum vaccine requirements



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.”

<https://dph.illinois.gov/topics-services/prevention-wellness/immunization/minimum-immunization-requirements.html>

Chicago Public Schools



- Vaccine records are due upon Enrollment or **No Later Than 10/15/24**
- The vaccines listed are required by the State of Illinois for students attending school unless an Illinois Certificate of Religious Exemption Form is received.

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/religious-exemption-form-081815-040816.pdf>

- CPS Minimum Health Requirements:

<https://www.cps.edu/globalassets/cps-pages/services-and-supports/health-and-wellness/2023-24-minimum-health-requirements-english.pdf>

Diphtheria, Pertussis, Tetanus



- Early Childhood (PE/PK): 3 doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday.
- First Entry into School (Kindergarten or 1st Grade): 4 or more doses of DTP/DTaP with the last dose being a booster and received on or after the 4th birthday.
- First Entry into School (Other Grades): 3 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 6th grade, for students (under age 11), one dose of Tdap
 - A dose of Tdap or DTaP administered at 10 years of age or later may now be counted as the adolescent Tdap booster
- Minimum interval between series doses: 4 weeks (28 days); Between series and booster: 6 months



Varicella (Chickenpox, VZV)

- Early Childhood (PE/PK): 1 dose on or after 1st birthday.
- Kindergarten through 12th Grade: 2 doses for students entering all grades; The 1st dose must have been on or after the 1st birthday and the 2nd dose no less than 4 weeks (28) days later.
- Proof of prior varicella disease shall be verified by a physician or a health care provider or laboratory evidence.
- Minimum interval between doses: 4 weeks (28 days)



Measles, Mumps, and Rubella

- Early Childhood (PE/PK): 1 dose on or after the 1st birthday.
- Kindergarten through 12th Grade: 2 doses of measles/mumps/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 Measles, Mumps, rubella immunity could be provided alternatively.
- Minimum interval between doses: 4 weeks (28 days)

Polio



- Early Childhood (PE/PK): 2 doses by 1 year of age. One additional dose by 2nd birthday. 3 doses for any child 24 months of age or older appropriately spaced.
- First Entry into School (Kindergarten or 1st Grade): Any child entering Kindergarten shall show proof of 4 doses with the last dose on or after the 4th birthday (a 4th dose of Polio is not needed if the 3rd dose was administered at age four or older and at least six months after the previous dose was administered.)
- First Entry into School (Other Grades): 3 or more doses of polio vaccine with the last dose on or after the 4th birthday. The 4-dose requirement applies to grades K-6.
- Minimum interval between series doses: 4 weeks (28 days), 4th dose at least 6 months after previous dose

Haemophilus influenzae type b (Hib)



- Early Childhood (PE/PK): Proof of immunization that complies with the ACIP recommendation for Hib vaccination. Children 24-59 months of age without series shall show proof of 1 dose of Hib vaccine at 15 months or older.
- Kindergarten through 12th Grade: Not required for any child 5 years of age or older.

Invasive Pneumococcal Disease (PCV)



- Early Childhood (PE/PK): Proof of immunization that complies with ACIP recommendations for PCV. Children 24 to 59 months of age without a primary series of PCV, shall show proof of receiving 1 dose of PCV after 24 months of age.
- Kindergarten through 12th Grade: Not required for any child 5 years of age or older

Hepatitis B



- Early Childhood (PE/PK): 3 doses appropriately spaced. (see doses under minimum interval). Third dose must have been administered on or after 6 months of age.
- First Entry into School (Kindergarten or 1st Grade): Kindergarten through 5th grade is not a requirement.
- First Entry into School (Other Grades): Students entering 6th thru 12th grade, three doses of hepatitis B vaccine administered at appropriate intervals.
- Minimum intervals between doses: Between 1st and 2nd doses must be at least 4 weeks. Between 2nd and 3rd must be at least 8 weeks. Between 1st and 3rd must be at least 16 weeks.
- Proof of prior or current infection, if verified by laboratory evidence, may be substituted.



Meningococcal Disease (MCV4 or MenACWY)

- First Entry into School (Other Grades):
- 6th - 11th grade entry: 1 dose of meningococcal conjugate vaccine, received on or after the 11th birthday
- 12th grade entry: 2 doses of meningococcal conjugate vaccine, 2nd dose on or after the 16th birthday; Only 1 dose is required if the 1st dose was at 16 years of age or older
- MenACWY vaccines may be administered at same time with Men B vaccines, but at a different anatomic site
- Minimum interval: at least 8 weeks after the first dose



Recommended Vaccines

- **HPV:** Recommended to prevent some HPV (human papillomavirus)- related cancers. Recommended at age 11 or 12 years.
- **COVID-19:** Helps protect you from severe illness, hospitalization, etc. Recommended for everyone 6 months and older.
- **Influenza:** Recommended for all people 6 months and older to get a flu vaccine every year.
- **MenB:** Recommend in some college/congregate settings during an outbreak
- These vaccines are recommended by medical providers but not required in Illinois for a child to attend school.

Make a **STRONG** recommendation

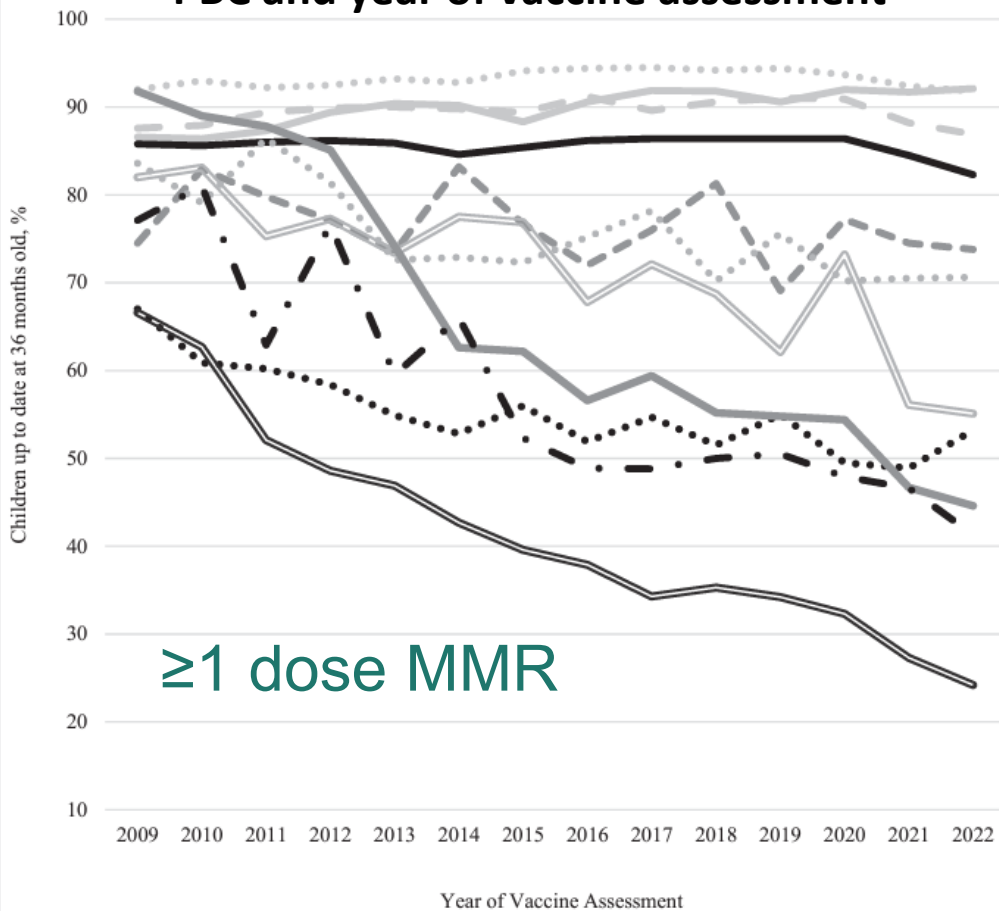


- SHARED GOAL is a Healthy child
 - A healthy child can learn and grow to reach their full potential
- Best way to learn = NOT be sick
- Best way to prevent illness = vaccines
 - Hand hygiene, staying home when sick, avoiding others if they are sick
- Give a presumptive recommendation, but be open to discussing vaccine perceptions and concerns in order to build trust



*“Language barriers often **limit the trust-building mechanisms** and affect the capability to receive complete and clear information; including interpreters, cultural mediators, and multi-language communication tools and media would be of great help in engaging with people...”*

A Vaccination coverage rates at 36 months by PBC and year of vaccine assessment



Parental Birth Country
(Percentage point change
from 2009 to 2022)

- India (5.5)
- Mexico (-0.2)
- Philippines (-0.7)
- United States (-3.5)
- Micronesia (-0.7)
- Marshall Islands (-13.0)
- Romania (-26.9)
- Russia (-13.8)
- Somalia (-47.2)
- Moldova (-35.8)
- Ukraine (-42.4)



Figure A. Tasslimi et al. Vaccine Coverage at 36 Months and 7 Years by Parental Birth Country, Washington State. *Pediatrics* (2024) 153 (6): e2023064626.

Recommendations

PEDIATRICS®



- Community-specific partnerships to build trust and redress vaccine inequities
- Linguistically and culturally appropriate vaccine information (e.g., “promotores de salud” for Chicago measles outbreak)
- Linguistically-concordant care
- Enlist trusted community messengers to educate and leverage social norms around vaccines
- Increase opportunities for patient–provider dialog about vaccines

TABLE 1 A Family-Based Cross-Cultural Framework to Promote Cultural Safety

Concept	Example
1. Communication	During the COVID-19 pandemic, the Vermont Language Justice Project created videos of state health and vaccine information updates. These were in languages other than English and released within 24 h, ensuring timely, accurate, and inclusive messaging. ⁷
2. Mistrust and prejudice	Past exposure to some sociopolitical regimes has been associated with a negative trust in vaccines, perhaps in part due to skepticism in national and local institutions. ^{8,9} The Washington Department of Health describes 3 promising practices to address this mistrust: (1) hiring people from the community; (2) helping the community establish a health board; and (3) engaging with key community partners. ¹⁰
3. Family and community	Pop-up COVID-19 vaccine clinics in Seattle, Washington; Erie, Pennsylvania; and Maine were driven by immigrant community leadership to be in places where people live, work, and shop. ¹¹
4. Spirituality, traditions, and customs	People from many different faith groups may describe religious-based vaccine hesitancy or decline. Immunize.org shares a paper called “What the world’s religions teach, applied to vaccines and immune globulins” to provide a factual and contextual basis for understanding faith perspectives on vaccines. ¹²
5. Gender and sexuality	Globally, gender equality strategies have been implemented to address gender related barriers to immunization. ¹³ For example, sociocultural and religious norms can restrict some mothers from seeking health care for themselves or their children unless they have access to a female health provider. ⁶ Due to the important role mothers play in health decision making, the Refugee Women’s Network in Clarkston, Georgia, and IDEO.org developed a health meet-up for mothers to facilitate conversations about vaccines. ¹⁴

References



- Grabenstein J. What the world's religions teach, applied to vaccines and immune globulins. *Vaccine*. 2013;31(16):2011–2023.
- Graci et al. Barriers to and Facilitators for Accessing HPV Vaccination in Migrant and Refugee Populations: A Systematic Review. *Vaccines (Basel)*, 2024-02, Vol.12 (3), p.256.
- Abdi et al. Vaccine coverage in children born to migrant mothers in Australia: A population-based cohort study. *Vaccine* 2021, 39, 984–993. (used DTP3 on-time vax;1996-2012)
- Al Janabi T, Petrillo G, Chung, S, Pino M. Predictors of Vaccine Uptake among Migrants in the United States: A Rapid Systematic Review. *Epidemiologia* 2022, 3, 465–481.
- Charania N.A., et. al. Vaccine-preventable diseases and immunisation coverage among migrants and non-migrants worldwide: a scoping review of published literature, 2006 to 2016. *Vaccine* 2019; 37: pp. 2661-2669.
- Wolf E et al. Parental country of birth and childhood vaccination uptake in Washington State. *Pediatrics* 2016; 138: pp. e20154544.
- Karki S et al. Comparison of influenza vaccination coverage between immigrant and Australian-born adults. *Vaccine* 2016; 34: pp. 6388-6395.
- Charania NA et al. Exploring immunisation inequities among migrant and refugee children in New Zealand. *Hum Vac Immunother* 2018; 14: pp. 3026-3033.



Get ready for the new school year!

Put vaccines on your child's back to school list

Let's go #VaxToSchool! Now is a great time to schedule
you child's yearly checkup.

All children age 12 and up are eligible for the COVID-19 vaccine
You can visit vaccines.gov to find a testing site near you

Chi Dept Public Health

CDPH Immunization Clinic Locations And Hours

In general, a parent or guardian should accompany any minor under 18; however, parents may consent to their vacci without their presence at CDPH immunization clinics, CDPH Mobile CareVan events and certain select CPS clinics.

Greater Lawn Immunization Clinic

4150 W. 55th Street

Monday - Friday

8:00 am - 3:00 pm

312.745.1477

Appointments:

- * Walk-ins welcome, but registration is highly encouraged
- * Create an account and register for an appointment at getvaxchi@chicago.gov or by calling 312.745.1477
- * For assistance, email getvaxchi@chicago.gov.

Register

Uptown Clinic

845 W. Wilson Ave., 2nd level

Monday, Wednesday, and Friday

8:00 am - 3:00 pm

Tuesday and Thursday

9:00 am - 4:00 pm

312.742.3227

Appointments:

- * Walk-ins welcome, but registration is highly encouraged
- * Create an account and register for an appointment at getvaxchi@chicago.gov or by calling 312.742.3227
- * For assistance, email getvaxchi@chicago.gov.

Register

Lower West Clinic

1713 S. Ashland Ave.

Thursday and Friday

8:00 am - 3:00 pm

312.743.1198

Appointments:

- * Walk-ins welcome, but registration is highly encouraged
- * Create an account and register for an appointment at getvaxchi@chicago.gov or by calling 312.743.1198
- * For assistance, email getvaxchi@chicago.gov.

Register



Eenie Meenie Miney Moe
To the clinic, off we go!
One, two doses, we'll complete
For our protection, it's kinda neat!
Don't delay, don't hesitate
Vaccinate, it's not too late.
Catch the measles? No, no, no.
Eenie Meenie Miney Moe!

CLICK HERE TO LEARN MORE

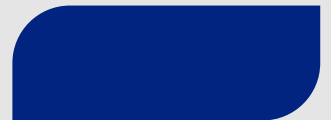


<https://www.chicago.gov/city/en/depts/cdph.html>

https://www.chicago.gov/city/en/depts/cdph/supp_info/clinical_health/immunization_clinics.html

Thanks!

Questions?





Upcoming Events

- **Long COVID-19 Presentation and Panel Discussion**
 - June 21, 12-1:30pm CT via Zoom.
- **Social Determinants of Health and Vaccines**
 - July 17, 12-1pm CT via Zoom.
- **Respiratory Virus Season Prep Webinar**
 - August 21, 12-1pm CT via Zoom.

<https://illinoisap.org/upcoming-events/>

