



## **GUIDELINES ON SCHOOL IMMUNIZATION AUDITING FOR LOCAL HEALTH DEPARTMENTS**

The New Jersey Department of Health (NJDOH), Vaccine Preventable Disease Program (VPDP) developed the guidelines below to assist local health departments (LHDs) in conducting school and childcare audits. Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, N.J.A.C. 8:52 requires LHDs to perform school and daycare audits annually to ensure compliance with N.J.A.C. 8:57- 4 New Jersey State Sanitary Code, Immunization of Pupils in Schools. Conducting annual audits is considered a best practice to capture accurate, current and relevant data for assessing immunization status of a community and vulnerability during a potential outbreak.

Beginning with the 2014-2015 auditing season, LHDs should be utilizing the following new tools and guidance materials for auditing:

- Immunization Auditing Guidelines:  
[http://nj.gov/health/cd/documents/immunization\\_auditing\\_guidelines.pdf](http://nj.gov/health/cd/documents/immunization_auditing_guidelines.pdf)
- Immunization Audit Report (IMM-15) and Instructions:  
<http://web.doh.state.nj.us/apps2/forms/index.aspx#imm-15>
- Immunization Audit Worksheet (IMM-14) and Instructions:  
<http://web.doh.state.nj.us/apps2/forms/index.aspx#imm-14>

### **VACCINE REQUIREMENTS AND GUIDANCE**

Please reference the following documents to assist you during the auditing process:

- Childcare/Preschool Minimum Immunization Requirements Chart:  
[http://nj.gov/health/cd/documents/cc\\_preschool\\_requirements-parents.pdf](http://nj.gov/health/cd/documents/cc_preschool_requirements-parents.pdf)
- K-12 Minimum Immunization Requirements Chart: <http://nj.gov/health/cd/documents/k12-parents.pdf>
- Immunization Requirements—Implementation Guidance:  
[http://nj.gov/health/cd/documents/implementation\\_guidance.pdf](http://nj.gov/health/cd/documents/implementation_guidance.pdf)
- Child Care/Preschool Immunization Requirements and Technical Guidance for Auditing  
[http://nj.gov/health/cd/documents/cc\\_preschool\\_requirements-lhd.pdf](http://nj.gov/health/cd/documents/cc_preschool_requirements-lhd.pdf)
- K-12 Immunization Requirements and Technical Guidance for Auditing  
<http://nj.gov/health/cd/documents/k12-lhd.pdf>

### **CHILD CARE and PRESCHOOL FACILITIES**

Children in child care and preschool should be age appropriately vaccinated with the following vaccines:

- 1) DTaP (or DTP); 2) Polio; 3) Haemophilus Influenzae B (Hib); 4) Pneumococcal Conjugate (PCV)
- 5) MMR; 6) Varicella; 7) Influenza

**NOTE:** Audits conducted prior to December 31<sup>st</sup> must take into account the number of children who have not received the influenza vaccine at the time of the audit. Although they are not considered deficient until after December 31<sup>st</sup> the school nurse, childcare director or person in charge of the school will be responsible for tracking these children and providing the LHDs with the influenza vaccination status for each child as of January 1<sup>st</sup> of the respective academic year.

LHDs may recommend childcare and preschool facilities utilize the *NJDOH Influenza Tracking Form* to assist in complying with the flu vaccine requirement. A cover letter explaining the purpose and use of the tracking form is also available. Both of these documents are accessible under the Tools for Best Practice section on the VPDP website at <http://nj.gov/health/cd/imm.shtml>.

Audits conducted on or after January 1<sup>st</sup> must assess the number of children who have not received the influenza vaccine by December 31<sup>st</sup>. **If these children have not been excluded at the time of the audit, LHDs need to inform the schools that these students must be excluded from school immediately.** By allowing these children in school after December 31<sup>st</sup> the school, preschool, or childcare center is considered in violation of the New Jersey Administrative Code and are subject to penalties as set forth in the N.J.S.A. 26:1A-10 for each non-compliant child in attendance retrospectively as of January 1<sup>st</sup>.

### **KINDERGARTEN or GRADE 1\***

- 1) A minimum of 4 doses of DTaP (or any combination DTaP vaccine) with at least one dose given on or after the fourth birthday, or any combination to equal a 5 dose total; DT requires a valid medical exemption.
- 2) A minimum of 3 doses of polio vaccine (or any combination IPV or OPV vaccine) with at least one dose administered on or after the fourth birthday, or alternatively any combination of 4 doses.
- 3) Two doses of measles containing vaccine given no less than 1 month (28 days) apart, with the first dose given on or after the first birthday; laboratory evidence of measles immunity shall also be accepted.
- 4) One dose each of mumps and rubella vaccine administered on or after the first birthday; laboratory evidence of mumps and rubella immunity shall also be accepted.
- 5) Three doses of hepatitis B vaccine (or any combination hepatitis B vaccine). Laboratory evidence of hepatitis B immunity shall also be accepted provided that the titers were drawn at least 2 months after the last dose was given. A titer should be positive or show a value of 10 or greater.
- 6) One dose of varicella vaccine (or any combination varicella vaccine) administered on or after the first birthday. Laboratory evidence showing immunity, a physician's statement, or a parental written statement of previous varicella disease shall also be accepted.

### **GRADE 6**

- 1) One dose of meningococcal containing vaccine, such as the medically-preferred meningococcal conjugate vaccine for pupils born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade.
- 2) One dose of Tdap (Tetanus, diphtheria, acellular pertussis) vaccine for pupils born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade. Students will not be required to receive a Tdap booster dose until 5 years have elapsed from the last DTP/DTaP or Td dose.
- 3) Pupils also need to be in compliance with all other age appropriate immunization requirements (see K/1 requirements above).

## **GRADE 2 AND HIGHER (7 years of age and older)**

- 1) A minimum of 3 doses of DTaP (or any combination DTaP/Td/Tdap vaccine)
- 2) A minimum of 3 doses of Polio vaccine (or any combination IPV or OPV vaccine).
- 3) Two doses of measles containing vaccine given no less than 1 month (28 days) apart, with the first dose given on or after the first birthday; laboratory evidence of measles immunity shall also be accepted.
- 4) One dose each of mumps and rubella vaccine administered on or after the first birthday; laboratory evidence of mumps and rubella immunity shall also be accepted.
- 5) Three doses of hepatitis B vaccine (or any combination hepatitis B vaccine) or alternatively approved 2-dose adolescent vaccine. Laboratory evidence of hepatitis B immunity shall also be accepted provided that the titers were drawn at least 2 months after the last dose was given. A titer should be positive or show a value of 10 mlu or greater.
- 6) One dose of varicella vaccine (or any combination varicella vaccine) administered on or after the first birthday. Laboratory evidence showing immunity, a physician's statement, or a parental written statement of previous varicella disease shall also be accepted.
- 7) One dose of meningococcal containing vaccine, such as the medically-preferred meningococcal conjugate vaccine for pupils born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade.
- 8) One dose of Tdap (Tetanus, diphtheria, acellular pertussis) vaccine for pupils born on or after 1/1/97 (age 11 years of age and older) entering, attending, or transferring into a NJ school at the sixth grade or a higher grade level, or a comparable age level special education program with an unassigned grade. Students will not be required to receive a Tdap booster dose until 5 years have elapsed from the last DTP/DTaP or Td dose.

**TRANSFER STUDENTS (ANY GRADE):** Must be age appropriately vaccinated (see respective sections above).

## **VACCINE DEFICIENCIES**

Students who do not meet the above requirements for their respective grade should be identified and listed on the IMM-14. At the conclusion of the audit, provide a copy of the IMM-14 to the school and retain a copy for your files.

**NOTE:** A child can be admitted to a school, preschool, or child care facility on a provisional basis if at least one dose of each required age-appropriate vaccine(s) or antigen (s) has been administered and the pupil is in the process of receiving the remaining immunizations as rapidly as medically feasible. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccine(s).

LHDs may recommend schools utilize the *NJDOH Provisional Admission Student Tracking Form* or some other type of tracking tool to ensure provisionally admitted students are receiving the remaining immunizations on time. A cover letter explaining the purpose and use of the tracking form is also available. Both documents are accessible under the Tools for Best Practice section on the VPDP website at <http://nj.gov/health/cd/imm.shtml>.

## **EXEMPTIONS**

NJDOH allows two types of exemptions, medical and religious. Exemptions need to follow the provisions in New Jersey State Administrative Code, Immunization of Pupils in Schools: N.J.A.C. 8:57- 4.3 and 8:57- 4.4 respectively.

## **OFFICIAL DOCUMENTS**

Every school, preschool, or childcare shall maintain an official state of New Jersey Immunization Record for every pupil. Official documents include:

1. IMM-8: NJ Department of Health; Standard School/Childcare Immunization Record (Yellow Card)
2. A-45: NJ Department of Education; State Health History and Appraisal Form
3. New Jersey Immunization Information System (NJIS) Official Immunization Record

## **AUDIT METHODOLOGY**

1. **Childcare/Preschool:** Review 100% of records
2. **Kindergarten:** Review 100% of records
3. **\*Grade 1 (Entry Level):** Review 100% of records if not previously audited
4. **Grade 6:** Review 100% of records
5. **†Transfers (Any Grade):** Review 100% of records

**NOTE:** NJDOH is currently not requiring the auditing of high schools (including private, regional or vocational); however, it is strongly recommended as best practice that immunization records for all transfer students coming from out-of-state or out-of-country (not out-of-district) should be reviewed. Please note that the expanded definition of transfer students which includes out-of- district would not apply to high schools. Additionally, auditing other grades is optional and is not required unless recommended or directed by NJDOH.

\* All students in Grade 1 should be audited if it is the entry level grade in the school. If Kindergarten is the entry level grade then audit only new entrants in Grade 1.

† Expanded definition: Those students new to any school district (public or non-public) in any grade (excluding high school) shall be considered a transfer student and should be audited. This includes those students from out-of-state or out-of-country. LHDs should recommend childcare facilities and schools in their jurisdiction maintain a list of transfer students since the last audit.

## **AUDITING TIME FRAME AND IMM-15 SUBMISSION**

Audits may be conducted any time after the school year begins and must conclude before July 1<sup>st</sup> for the respective academic year. Childcare facilities or schools that do not reflect a 95% and 90% compliance rate, respectively, during the initial audit will require follow-up or a re-audit. A physical re-audit is optional and may be warranted if initial audit raises concern.

Re-audits or any follow-up after the initial audit must be completed within 30 days. Local health departments are encouraged to utilize some type of enforcement letter to resolve the deficiencies within 30 days. A sample template of an enforcement letter is accessible on the VPDP website at [http://nj.gov/health/cd/documents/sample\\_enforcement\\_letter\\_auditing.pdf](http://nj.gov/health/cd/documents/sample_enforcement_letter_auditing.pdf).

**The final IMM-15 MUST reflect resolved deficiencies within 30 days of the initial audit (if applicable).** This will provide compliance status of NJ childcare facilities and schools using a uniform follow-up period.

**NOTE: Schools may not have achieved a 100% compliance rate at the end of 30 days however, resolution of remaining deficiencies should continue as necessary.**

The IMM-15 should be submitted as soon as feasible after audit completion, however, no later than July 1st. The IMM-14 is to be kept as an internal tracking record for local health departments to follow up. It **does not** need to be submitted to NJDOH.

Electronic submission of the IMM-15 audit report is preferred. Please access the online form at [https://healthapps.state.nj.us/imm/school\\_audit\\_report.aspx](https://healthapps.state.nj.us/imm/school_audit_report.aspx) to submit the IMM-15 electronically. If you are unable to submit electronically, please scan and email all reports to [Kariann.Molnar@doh.state.nj.us](mailto:Kariann.Molnar@doh.state.nj.us).

# AUDITING BEST PRACTICES

Positive relationships with Childcare/Preschool facilities and school staff allow for constructive visits and resolution of difficult, non-compliant situations. An empowered childcare/school staff will not look at auditing as punitive but rather an opportunity to educate oneself on the importance of children receiving timely immunizations and have a better understanding of the NJ Immunization rules and the requirements for school attendance.

Effective monitoring of immunization records is achieved through annual audits. Every effort should be made at the local health department to prioritize the audit process annually.

## Pre-Audit

- Identify those facilities to be audited early in school year.
- Note any new facilities in your district and introduce the health department as a resource; exchange contact info and assess immunization regulation knowledge.
- Make audit appointment date and include what is expected on visit day:
  - Master roster list of students in grades to be audited;
  - Official immunization record for each enrolled student (i.e. NJDOH's Standard School/Child Care Center Immunization Record (IMM- 8), NJ DOE's Health History and Appraisal Form (A-45) or an NJIIS Official Immunization Record).
  - Maintenance of a medical and religious exemption list for reference during outbreak situations.
- Offer resources as necessary i.e. immunization regulations, immunization reference tables, implementation guidance, etc.

## Day of Audit

- Update facility/school contact information.
- Identify person responsible for managing immunization records.
- Bring most recent version of the Immunization Rules, N.J.A.C. 8:57-4, Immunization of Pupils in School; allow facility/school to copy as necessary.
- Use most current auditing tools i.e. *IMM-14*, *IMM-15*, *Influenza Tracking Form* and *Provisional Admission Student Tracking Record*, which are accessible on the VPDP website at <http://nj.gov/health/cd/imm.shtml> .
- Leave copy of audit worksheet or health department form that identifies out of compliant child(ren) plus provisional forms if necessary.
- In order to meet the flu vaccination deadline of December 31<sup>st</sup> offer the *Influenza Tracking Form* to childcare and preschool facilities.
- Have director/school nurse sign 2 letters of understanding re: resolution of deficiencies within stated time. Letter should explain what to do with additional vaccine information once it is received and also cite enforcement statute and penalty for non-compliance. One letter is kept at health department; one remains with director/nurse.
- A sample enforcement letter is available on the VPDP website at [http://nj.gov/health/cd/documents/sample\\_enforcement\\_letter\\_auditing.pdf](http://nj.gov/health/cd/documents/sample_enforcement_letter_auditing.pdf).

## Post Audit

- System to track deficiencies will vary with each auditing agency. Use whatever works best for your department.
- The final IMM-15 should reflect resolved deficiencies within 30 days of the initial audit (if applicable). This will provide compliance status of NJ facilities using a uniform follow-up period. Resolution of remaining deficiencies should continue as necessary until 100% compliance is achieved.
- Immediate attention and enforcement should apply to those with no vaccine record, those who do not meet provisional admission definition or those missing influenza vaccines after January 1<sup>st</sup>. Delays due to appointment scheduling, illness, vaccine supply may extend this period with valid cause. Be reasonable but firm!
- Provisional status of child allows for more time (>30 days) to complete as per ACIP minimal intervals.

Please visit the NJDOH VPDP website at: <http://nj.gov/health/cd/imm.shtml> to access resources referenced in this document.