

## August 2018

To: All New Mexico Schools, School Superintendents, Charter School Administrators, School Principals, and School Nurses

Recently, the "New Mexico Childcare/Pre-School/School Entry Immunization Requirements "2018 - 2019 School Year" document was released. As most of you are aware, New Mexico schools are required by state law and regulations to:

- (1) Maintain records of immunizations for students;
- (2) Make those records available to the Department of Health (DOH);
- (3) Report on immunization noncompliance to DOH; and
- (4) Commence disenrollment proceedings for students who are unable to provide either valid satisfactory evidence of immunizations or a valid exemption.

To help achieve those goals, the New Department of Health grants the Public Education Department (PED) School Health Offices the authority to serve as "public health authority." This means that PED has the limited authority to collect immunization information for school-aged children.

Resources for school health personnel to obtain immunization information include:

- (1) The New Mexico Statewide Immunization Information System (NMSIIS), the registry for immunization information, which grants school nurses access to immunization records;
- (2) Health care providers who give immunizations to children;
- (3) Immunization records supplied by parents; and
- (4) Immunization records from other schools.

Thank you for your cooperation in keeping New Mexico's school children protected from vaccine-preventable diseases.

Sincerely,

Lynn Gallagher Cabinet Secretary

New Mexico Department of Health



## NEW MEXICO New Mexico Childcare/Pre-School/School Entry Immunization Requirements: 2018-19 School Year

DEPARTMENT OF New Mexico School Nurses are granted Public Health authority by the NM Secretary of Health for collecting and submitting immunization information

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<b>H</b> EALIN	ch	ildc	are a	ind pr	e-scho	e dose ool age	s by levels	Vaccine doses by school grade level						rac	le l	eve	ıl		Notes			
Vaccine	By 4 Mo.	By 6 Mo.	By 12 Mo.	By 15 Mo.	16-47 Mo.	48-59 Mo.	≥ 60 Mo.	К	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	<b>7</b> <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>t</sup>	11 <sup>t</sup>	12	2 <sup>th</sup>	
Diphtheria/Tetanus/ Pertussis (DTaP/DT/Td)*	1	2	3	3	3	4	5 (4)	5 (4)	1 -	5 (4)	_	5 (4)	5 (4)	5 (4)	5 (4)	_	5 (4)	_	1 -	1		e dose required on/after 4 <sup>th</sup> birthday. Four doses are sufficient <b>if last dose given</b> <b>/after 4<sup>th</sup> birthday</b> , but five doses are preferred for optimal protection.
Tetanus/Diphtheria/ Pertussis (Tdap)							1 1 1 1 1									1	1	1			e dose Tdap required for entry into 7 <sup>th</sup> grade. Meningococcal (ACWY) and HPV crinations are also recommended at the same time.	
Polio (IPV)* (OPV <sup>‡</sup> )	1	2	2	2	3	4 (3)	4	4	4	4	4	4	4	4	4	4	4	4	4	4		ree doses sufficient if last dose was given on/after 4 <sup>th</sup> birthday. dents in K-8 <sup>th</sup> grades final dose required on or after 4 <sup>th</sup> birthday.
Measles/Mumps/ Rubella (MMR)				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2 mus	nimum age for valid first dose is 12 months. Live vaccines (MMR, Varicella) st be given on the same day; if not, they must be administered a minimum of days apart.
Haemophilus Influenzae type B (Hib)*	1	2	2	2	3/2/1	3/2/1	3/2/1													•		
Hepatitis B (HepB)	1	2	3	3	3	3	3	3	3	3	3	3	3	3 (2)	3 (2)	_	3 (2)		1	1		o doses adult Recombivax HB is also valid if administered at ages 11-15 years d if dose 2 received no sooner than 16 weeks after dose 1.
Pneumococcal (PCV)*	2	3	3	4/3/ 2/1	4/3/2 /1	4/3/2 /1	4/3/2/ 1/0															
Varicella (VAR)**				1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	l grad vacd adn	nimum age for first dose is 12 months; two doses recommended for 12 <sup>th</sup> ders. Dose 2 should ideally be given after 4 <sup>th</sup> birthday, see note below. Live scines (MMR, Varicella) must be given on the same day; if not, they must be ministered a minimum of 28 days apart. For K-3 <sup>rd</sup> graders, receipt of vaccine, er or laboratory-confirmed diagnosis is required as proof of prior disease.
Hepatitis A (HepA)				1	1	1	1															

Diphtheria/Tetanus/Pertussis: If child (4 months-6 years) is behind schedule, follow the CDC's catch-up schedule.

Tetanus/Diphtheria/Pertussis: Students in 7<sup>th</sup>-12<sup>th</sup> grades require proof of one dose of Tdap received regardless of when the last Td-containing vaccine was given.

Catch-up: Children 7-18 years who are not fully immunized with the childhood DTaP series should be vaccinated according to the CDC's catch-up schedule, with Tdap as the first dose followed by Td if needed. A 3-dose series is sufficient if initiated after 7 yrs. of age in which one dose must be Tdap, followed by two doses of Td. Tdap given ≥7 years can be counted for 7<sup>th</sup> grade requirement or may be repeated.

Polio: A minimum of 4 weeks between doses required with 6 months between last two doses. \*OPV (oral polio) given after April 1, 2016 not valid.

MMR: Required  $2^{nd}$  dose should be given on/after  $4^{th}$  birthday. However, dose 2 may be given earlier with at least 4 weeks between dose 1 and 2.

Hib: If series started <12 months of age, three doses required with at least one dose on/after 1st birthday. Two doses required if dose 1 received at 12-14 months. One dose of Hib vaccine administered between 16 and 59 months of age is sufficient. Not recommended ≥60 months of age.

Hep B: Dose 2 a minimum of 4 weeks after dose 1; dose 3 at least 16 weeks after dose 1 and at least 8 weeks after dose 2. Infants currently receiving primary series, final dose should be administered no earlier than age 24 weeks.

PCV: Administer a series of PCV13 vaccine at ages 2, 4, 6 months with a booster at age 12-15 months. Catch-up: Administer one dose of PCV13 to all healthy children aged 12-59 months who are not completely vaccinated for their age; children >60 months, no doses required.

VariceIIa: For children aged 12 months-12 years, the minimum interval between the two doses is 3 months. However, if dose 2 was administered ≥28 days after dose 1, dose 2 is considered valid and need not be repeated. For children ≥13 years, the recommended minimum interval is 4 wks. Required for proof of varicella immunity:

- For K through 3<sup>rd</sup> graders: Receipt of vaccine; titer or laboratory confirmed diagnosis is required as proof of prior disease.
- For 4<sup>th</sup> through 12<sup>th</sup> graders: Receipt of vaccine, written proof of immunity by a
  physician/health care provider or laboratory titer is required.
- For all newly diagnosed varicella cases: Laboratory confirmation of disease is required.

Hep A: One dose required by 15 months; two doses recommended with at least 6 months between doses. Hepatitis A vaccine is only required for childcare and preschool age children, but is recommended for all ages.

Recommended schedule						
for adult students 19+ years of age						
in secondary school						

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Vaccine	Recommended doses			
Tetanus/Diphtheria/ Pertussis (Tdap)	1			
Measles/Mumps/Rubella (MMR)	2			
Varicella (VAR)**	2			

## Resources

NM Immunization Protocol: tps://nmhealth.org/publication/view/regulation/5

NMSIIS:

https://nmsiis.health.state.nm.us

NM School Health Manual: http://www.nmschoolhealthmanual.org

For more information call your Regional DOH Immunization contact

<sup>\*</sup>Minimum age 6 weeks. Note: Any vaccine administered ≤4 days prior to minimum interval or age is valid. All students enrolled in designated grades are expected to meet requirements.

<sup>\*\*</sup>In the event of an outbreak two doses may be required for all students; students who have had only one dose of varicella vaccine may be excluded from school.