Keeping Schools Protected: New Jersey's Updated Immunization Rules

May 21, 2026

NJSPC
New Jersey School Physician Coalition

Acknowledgements

This program is made possible through a grant from the New Jersey Department of Children and Families and collaboration with:

New Jersey State School Nurses Association
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Housekeeping

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Kindly remain on mute to reduce background noise when you are not speaking.

By participating in this sessions, you are consenting to being recorded.

To protect patient privacy, please refrain from sharing any protected health information (PHI).

Please unmute or use the chat function to engage in discussion with fellow participants and co-chairs.

Meet Our Co-Chairs

Together, they serve over 30+ school districts in New Jersey!

Bert Mandelbaum, MD, FAAP

Pediatrician | School Physician

- Chair, Department of Pediatrics, Penn Medicine Princeton Health
- Chair, NJAAP Task Force on Adolescent Health and School Start Times

Ronald Frank, MD, FAAFP

Family Medicine | School Physician

Guest Speaker

Jeni Sudhakaran, MPH
Population Assessment Coordinator
NJ Department of Health

Overview of NJAC 8:57

Subchapters 3 and 4

Vaccine Preventable Disease Program

Jill Dinitz-Sklar, MPH
Coordinator of Data and Data Systems

Jeni Sudhakaran, MPH
Population Assessment Coordinator

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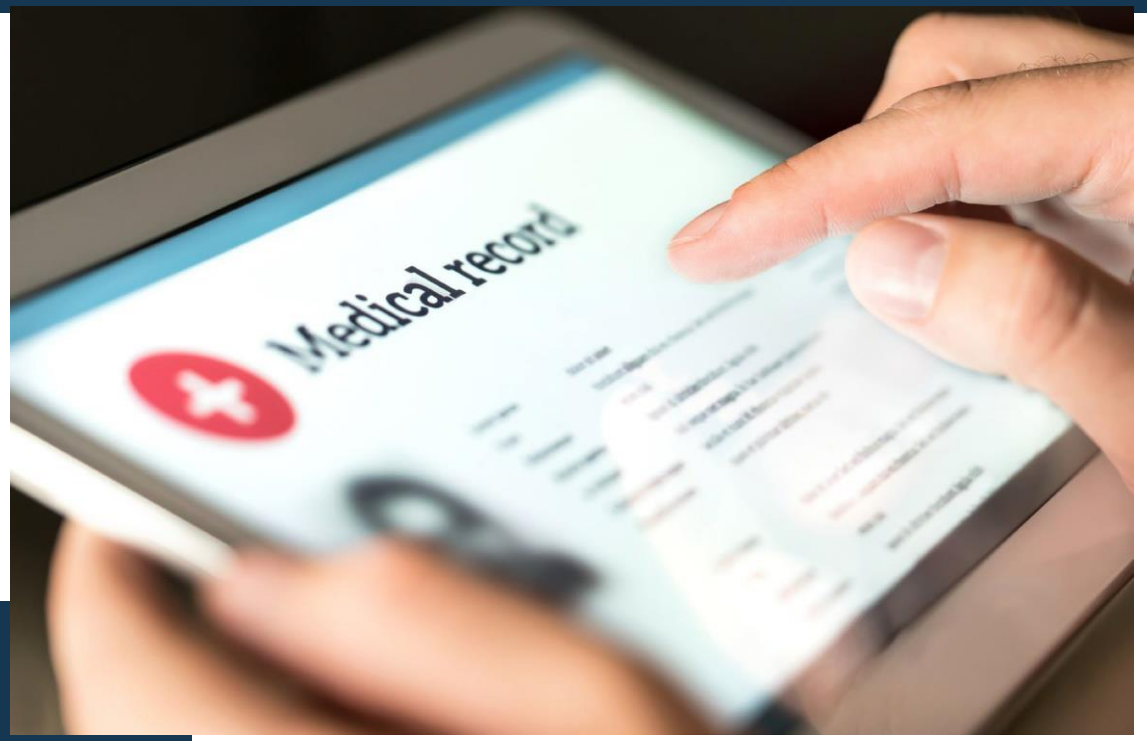
Updates to NJAC 8:57-3: NJIIS



Jill Dinitz-Sklar

Coordinator of Data and Data Systems

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NJAC 8:57-3.14 Mandatory NJIIS Participation

- Healthcare professionals who provide immunizations have had an obligation under N.J.S.A. 26:4-131 et seq to become NJIIS sites and users to report immunization administration. However, many providers have not become NJIIS sites and users as required by law. To bring healthcare professionals into compliance, they are required to submit information on vaccination recipients as follows:
  - All minors from birth through age 17 are required to have their vaccinations recorded in NJIIS as of 1/20/2026 (unless the parent or guardian of the child opted out).
  - Vaccinations for individuals aged 18–19 must now be recorded in the NJIIS. Compliance with this update must begin no later than January 20, 2027 (unless the parent or guardian of the child opted out).
  - Individuals aged 19 and older must now have their vaccinations recorded in NJIIS, subject to applicable opt out and opt in provisions. Compliance with this rule must begin no later than July 19, 2027.

Link to Code: 8:57-3.14

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NJAC 8:57-3.14 Mandatory NJIIS Participation

Mandatory participation is only for vaccine providers, not vaccine recipients.

- Individuals born **prior** to 1/1/1998 must provide consent to participate in NJIIS
  - Consent is noted in a patient's NJIIS record by the health care provider
    - Recipient signs Consent to Participate form or provides consent electronically if integrated into an EHR
  - If a person is already in NJIIS they do not need to consent again when receiving additional vaccinations.
- Individuals born ON or AFTER 1/1/1998 do not need consent
  - Those born in New Jersey are automatically enrolled at birth
  - A parent or guardian can opt out of participation at that time
- Anyone with information in NJIIS may opt out by completing the "Request for Withdrawal from NJIIS" form
  - Adults over the age of 18 can submit this form for themselves
  - Minors under the age of 18 will need to have the form completed by a parent or guardian

Link to Code: 8:57-3.14

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Reporting Timelines

- Reporting of vaccinations must be completed within 14 days of vaccine administration.
- How does one report data into NJIIS? There are currently 3 options:
  - **Direct data entry**, facilities can record all vaccinations through the user interface.
  - **Interfacing directly with NJIIS**. Facilities with an EHR or other electronic data system should follow the instructions on the Interface Enrollment tab on the NJIIS website to establish a direct connection for vaccine administration data to be sent directly to the registry.
  - **NJ VAMS – New Jersey Vaccine Access Management System**. This system functions as a full vaccine management and scheduling system that exists outside of an existing EHR or other health management system. It is already interfacing with NJIIS and requires no vendor or site interface.
- There is no requirement to use a specific reporting mechanism.

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Additional Reporting Requirements

- When available, health care professionals are required to submit information about previously administered vaccines that are not in a registrants' NJIIS record, subject to the opt in/opt out provisions previously mentioned.
  - These are added as historical doses in NJIIS.
- Correct any information that is incorrect or an error in a registrants' NJIIS record.
  - For example, changes to names, demographic and/or contact information.

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References

- New Jersey Administrative Code (LexisNexis)
- New Jersey Immunization Information System
- Inquiries for NJIIS Interface
  - NJIIS Interface Enrollment
- NJVAMS – Request for information
- NJIIS Forms

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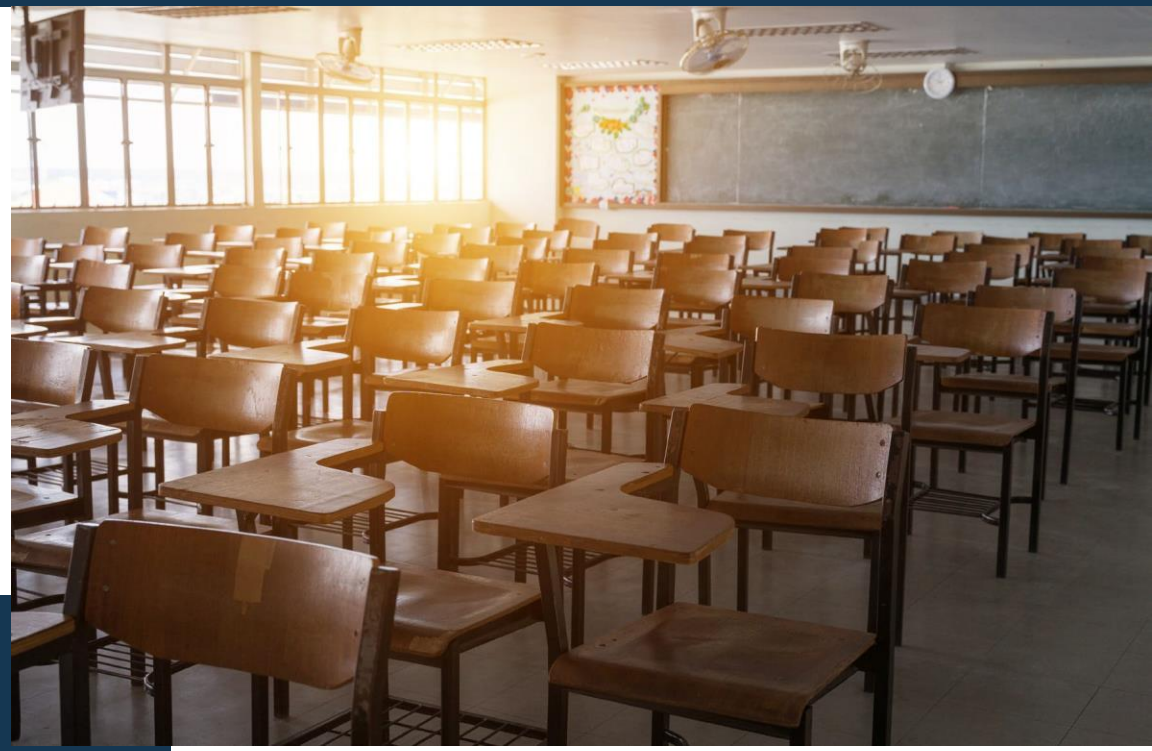
Subchapter 4: Immunization of Children in Child Care and Schools



Jeni Sudhakaran, MPH
Population Assessment Coordinator

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N.J.A.C. 8:57-4, Immunization of Children in Child Care Centers and Schools

Establishes uniform immunization requirements for attendance in childcare facilities and schools

Clarifies scope, applicability, and modernizes documentation/ reporting standards

Required vaccines and dose timing are tied to nationally recommended schedules

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Definitions: CC/Schools

- **Child Care Center:**
  - **1.** A "child care center," as the "Child Care Center Licensing Act," N.J.S.A. 30:5B-1 et seq., specifically at 30:5B-3, defines that term; and
  - **2.** An "early childhood program" as N.J.A.C. 3A:52, specifically N.J.A.C. 3A:52-1.2 and 1.4, and 6A:14-1.3, define that term.
- **School:** any building, structure, or part thereof used for purposes of the education of children between grades kindergarten through 12 whether publicly or privately owned.

- **Official State of New Jersey School Immunization Record** means:
  - Standard School/Child Care Center Immunization Record (IMM-8),
  - Health History and Appraisal form (A-45) or any equivalent electronic record maintained by a school district pursuant to NJDOE rules
  - NJIIS Personal Immunization Record (paper or electronic), including a record from Docket® or future equivalent record

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Acceptable Proof of Immunization

GOVERNMENT RECORD

RECORDS FROM LICENSED HEALTH CARE PROFESSIONALS

OFFICIAL SCHOOL IMMUNIZATION RECORDS

- Standard School/CC Immunization Record (IMM-8)
- Health History and Appraisal form (A-45) or equivalent electronic record
- NJIIS Record
- Docket®

FOREIGN RECORDS, IF ACCOMPANIED BY A CERTIFIED ENGLISH TRANSLATION

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Translation of Foreign Records

A certification from any adult is acceptable if it includes:

Required statement:

- "I certify that the translation above faithfully and accurately reproduces in English the closest natural equivalent of the attached document without embellishment, omission, or explanation. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.“

Translator’s printed name

Translator’s signature

Date

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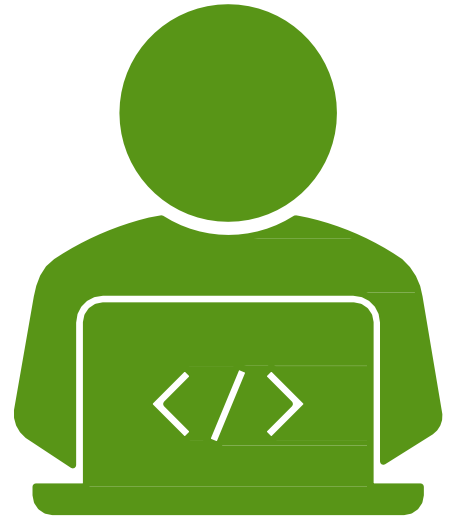
Immunization Record and LHD Audit

- Keep “immunization record” in a discreet file separated from students’ medical or educational records.
- Administrators may store required records electronically and generate reports from those systems.
- On-Site Audit vs. Remote Audits
  - Access, retention, transfer, and disposal of immunization records are governed by NJDOE regulations and remain subject to FERPA requirements
  - Confirm with school districts whether any record-sharing arrangements outside of the on-site audit are allowable under FERPA
  - When necessary, consult with legal counsel to ensure compliance.
- The recent adoption of NJIIS rules may change how immunization audits are conducted in the future.
  - Once NJIIS data are more complete and up-to-date, audits may be conducted remotely in a more efficient and streamlined way.



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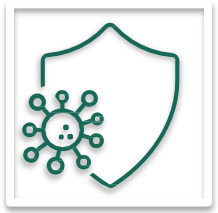
Updates to Annual Reporting and Timelines



Flu Vaccine Requirement deadline

November 30

Annual Immunization Status Report (ASR) deadline

December 1

Local Health Department Immunization Audits

September 1- June 30

Annual College Immunization Status Report (CSR) deadline

December 1

ASR/Audit → NJIIS School Module in 2026–27 academic year

CSR→ IMM-3 for now; NJIIS in future

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Exemptions

Medical Exemptions

- **Scope:** Must indicate a specific precaution or contraindication for each required vaccine not administered.
- **Requirement:** Must be submitted via official IMM-53 Form (Request For Medical Exemption From Mandatory Immunization)
- **Compliance:** Review annually and/or at the end of timeframe indicated, whichever is earlier.

Religious Exemptions

- **Scope:** Must specify if it applies to all vaccines or only specific ones.
- **Effect of Vaccination:** Receiving a vaccine voids any filed exemption for that specific immunization.
- **Compliance:** If an exemption is voided, the student must follow the recommended immunization schedule or catch-up schedule.

Provisional and Foreign Admission: CC/Schools

Provisional Admission: Minimum of one dose of all required vaccines and no longer than 14 days behind in receiving the remaining doses in accordance with the applicable Catch-up Schedule.

Foreign Admission: Out-of-Country Transfer students ONLY allowed a 30-day grace period to show evidence of immunization

McKinney-Vento students have 10 days to transfer records

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Outbreak and Exclusion Authority

Authority to Exclude: CC/Schools and IHEs may exclude students or staff during an active or threatened communicable disease outbreak.

Decision Factors: Exclusions are based on:

- **Disease Prevalence:** How widespread the illness is.
- **Epidemiologic Risk:** The likelihood of further transmission.
- **Duration:** The time required to safely stop the spread.

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Childcare/School Vaccine Requirements

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Vaccine Rule Language Clarification

Vaccine	Old Language	New Language	Clarification
MMR	2 measles, 1 mumps, 1 rubella by 15 months	MMR (based on recommended schedule)	• 1 dose by 16 mos. if attending childcare • 2nd dose upon K/1st grade entry (earliest age of attendance) • Minimum interval between dose 1 and 2 is one month • Positive titer allowed instead of 2nd MMR (Holly's Law)
Varicella	1 dose of varicella vaccine by 19 months	Varicella (based on recommended schedule)	• 1 dose by 16 mos. if attending childcare • 2nd dose recommended but minimum 1 dose required • Parent-reported disease history no longer accepted
Influenza	Annual dose for ages 6–59 months in cc/preschool by 12/31	Flu (based on recommended schedule)	• 1 dose for cc/preschool, not required for K-12 • Deadline changed to 11/30 • 59-month cap removed

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Vaccine	Old Language	New Language	Clarification
Haemophilus Influenzae B (Hib)	• Minimum 2 doses b/w 2-11 months • Minimum of 1 dose on or after the 1st birthday	Hib (based on recommended schedule)	• 3 or 4 doses • # of doses depend on earliest age at school entry • 1 dose must be after the 1st birthday
Pneumococcal (PCV)	• Minimum 2 doses b/w 2-11 months • Minimum of 1 dose on or after the 1st birthday	PCV (based on recommended schedule)	• 4 doses • # of doses depend on earliest age at school entry • 1 dose must be after the 1st birthday

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Vaccine	Old Language	New Language	Clarification
DTaP	4-5 doses with one dose after age 4 (or any 5 doses)	DTaP (based on recommended schedule)	• # of doses depend on earliest age at school entry • Dose after 4th birthday required for K/Grade 1 ➢ 4th birthday booster dose applies in K/Grade 1 not in cc/preschool • At least 3 doses (1 dose after 4th birthday) for ages 7+
Polio	3-4 doses with one dose after age 4 (or any 4 doses)	Polio (based on recommended schedule)	• # of doses depend on earliest age at school entry • Dose after 4th birthday required for K/Grade 1 ➢ 4th birthday booster dose applies in K/Grade 1 not in cc/preschool • At least 3 doses (1 dose after 4th birthday) for ages 7+ • Required for ages 18+ attending school

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Vaccine Rule Language Clarification: Grade-Based Entry

Vaccine	Old Language	New Language	Clarification
Meningococcal	1 dose/Grade 6+ for children born ≥ 1/1/97	Meningococcal (based on recommended schedule)	• Receive adolescent dose ≥10 years of age • Required prior to Grade 7 • 2nd dose recommended at 16 years but min. 1 dose required
Tdap	1 dose/Grade 6+ for children born ≥ 1/1/97; Minimum of 5 yrs from last tetanus-diphtheria containing vaccine	Tdap (based on recommended schedule)	• Receive adolescent dose ≥10 years of age • Required prior to Grade 7 • No 5-year interval from last tetanus-diphtheria containing vaccine

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Child Care & Preschool Immunization Chart

New Jersey School Vaccine Requirements for Child Care & Preschool

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New Jersey requires children attending child care centers and preschools to meet **minimum immunization requirements.** These vaccines help protect children from serious illnesses that can easily spread in group settings, where young children are in close contact with one another. For the best protection, children should follow the AAP childhood schedule.

The information below shows the number of vaccine doses required based on a child's age at entry. Fewer doses may be needed than what is listed if the child is behind schedule. Talk to your child's health care provider for details.

The notes on the second page will provide additional information and resources.

By 3 Months

Number of doses

1 DTaP
1 IPV/OPV
1 Hib
1 PCV

By 5 Months

Number of doses

2 DTaP
2 IPV/OPV
2 Hib
2 PCV

By 7 Months

Number of doses

3 DTaP
2 IPV/OPV
2-3 Hib
3 PCV
1 Flu*

***Flu vaccine is due every year for children six months and older by November 30.**

The number of vaccines listed for each age shows the total doses required by that age, not additional doses. For example, 3 DTaP doses are required by 7 months and 4 total doses by 19 months.

By 16 Months

Number of doses

3 DTaP
2 IPV/OPV
3-4 Hib
4 PCV
1 Flu
1 MMR
1 VAR

By 19 Months

Number of doses

4 DTaP
3 IPV
3-4 Hib
4 PCV
1 Flu
1 MMR
1 VAR

Vaccine Key

DTaP:	Diphtheria, Tetanus, and Pertussis
Hib:	*Haemophilus influenzae* type b
Flu:	Influenza
IPV/OPV:	Inactivated Polio Vaccine/Oral Polio Vaccine
MMR:	Measles, Mumps, and Rubella
PCV:	Pneumococcal Conjugate Vaccine
VAR:	Varicella

March 2026

nj.gov/health/cd/documents/imm_requirements/cc_preschool_requirements_parents.pdf

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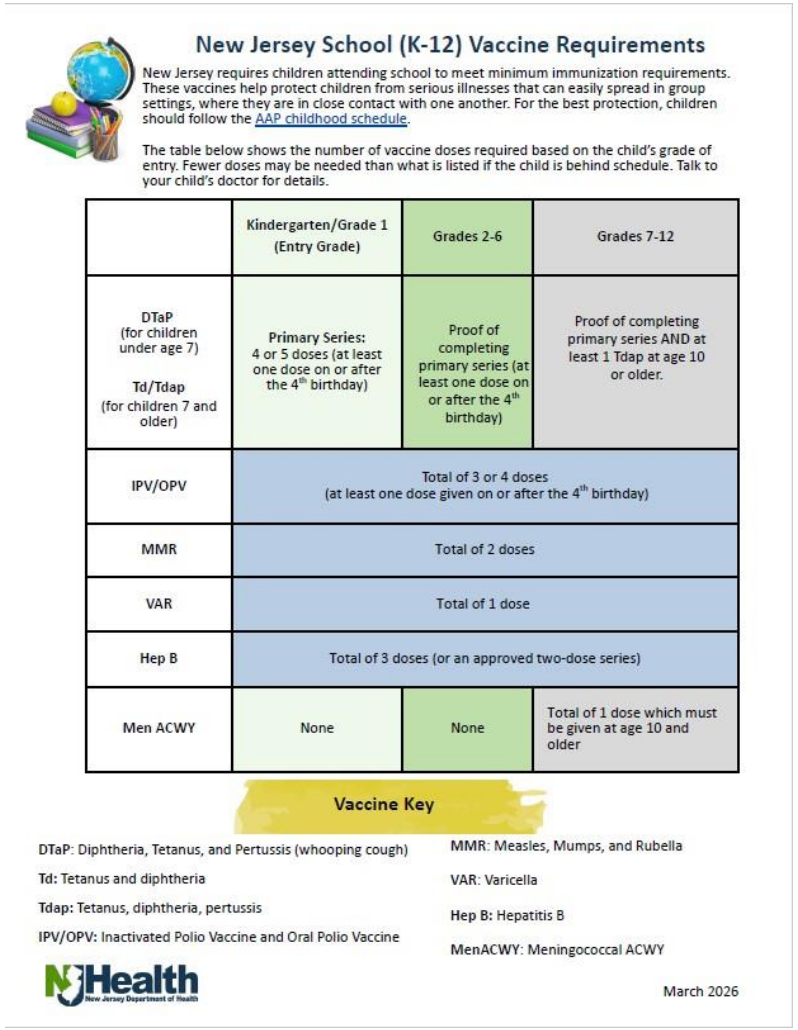
School (K-12)
Immunization Charts



New Jersey School (K-12) Vaccine Requirements

New Jersey requires children attending school to meet minimum immunization requirements. These vaccines help protect children from serious illnesses that can easily spread in group settings, where they are in close contact with one another. For the best protection, children should follow the AAP childhood schedule.

The table below shows the number of vaccine doses required based on the child's grade of entry. Fewer doses may be needed than what is listed if the child is behind schedule. Talk to your child's doctor for details.

	Kindergarten/Grade 1 (Entry Grade)	Grades 2-6	Grades 7-12
DTaP (for children under age 7) Td/Tdap (for children 7 and older)	Primary Series: 4 or 5 doses (at least one dose on or after the 4th birthday)	Proof of completing primary series (at least one dose on or after the 4th birthday)	Proof of completing primary series AND at least 1 Tdap at age 10 or older.
IPV/OPV	Total of 3 or 4 doses (at least one dose given on or after the 4th birthday)		
MMR	Total of 2 doses		
VAR	Total of 1 dose		
Hep B	Total of 3 doses (or an approved two-dose series)		
Men ACWY	None	None	Total of 1 dose which must be given at age 10 and older

Vaccine Key

DTaP: Diphtheria, Tetanus, and Pertussis (whooping cough)
Td: Tetanus and diphtheria
Tdap: Tetanus, diphtheria, pertussis
IPV/OPV: Inactivated Polio Vaccine and Oral Polio Vaccine
MMR: Measles, Mumps, and Rubella
VAR: Varicella
Hep B: Hepatitis B
MenACWY: Meningococcal ACWY

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March 2026

nj.gov/health/cd/documents/imm_requirements/k12_parents.pdf

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Antibody Titer Law

The New Jersey Department of Health developed this brochure to help parents make informed decisions about the MMR vaccine and antibody testing.

Learn more about school vaccination requirements in NJ by visiting nj.gov/health/cd/imm_requirements or scanning the QR code below.

For More Information

New Jersey Department of Health
nj.gov/health/vaccines

New Jersey Department of Health Vaccine Preventable Disease Program
nj.gov/health/cd/imm_requirements

Vaccine Information Statements (VIS)
immunize.org/vaccines/vis

Antibody Titer Law
pub.njleg.gov/bills/2002/PL03/257_.PDF

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New Jersey Department of Health
Communicable Disease Service
Vaccine Preventable Disease Program

PO Box 369
Trenton, NJ
609-826-4861

Antibody Titer Law

Information for parents about the Measles, Mumps, Rubella (MMR) Vaccine and their options

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Vaccines train your immune system to fight germs without you getting sick first. They use a safe, weakened part of a germ—or instructions to make part of it—so your body can learn to protect you.

Your immune system is like a shield that protects your body from disease

What are Measles, Mumps, and Rubella?

Measles, mumps, and rubella are viruses that spread through the air when someone coughs or sneezes. These diseases can sometimes lead to serious problems like brain damage, pneumonia, or hearing loss.

New Jersey rules (N.J.A.C. 8:57-4) require children in child care and preschool to get one dose of measles, mumps, rubella (MMR) vaccine, and a second MMR vaccine in Kindergarten.

Most children develop immunity after the first MMR vaccine, but some (about 5 out of 100 people) do not. A second MMR vaccine can help these children build immunity.

What is an antibody titer?

An antibody titer (pronounced ty-ter) is a blood test that checks if your child is immune to a disease. A small blood sample is sent to a lab to look for antibodies.

If the test shows your child is immune to Measles, Mumps, and Rubella, you can submit the lab results to your child's school. If immunity is confirmed, your child will not need the second MMR vaccine.

The Antibody Titer Law gives parents a choice **BEFORE** they give their child a second dose of MMR vaccine. **Talk to your health care provider** to learn more about the MMR vaccine, the antibody titer law, and making good decisions about your child's health.

nj.gov/health/cd/documents/imm_requirements/antibody_titer_law.pdf

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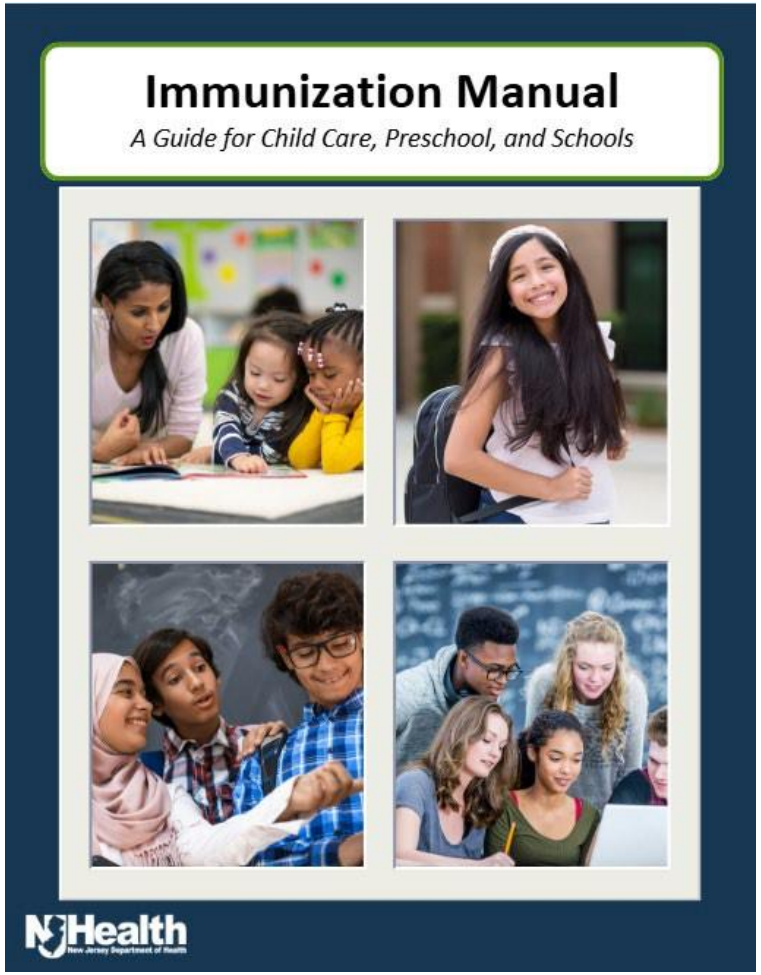
Implementation Guidance



Coming Soon!

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(njlincs.net -- go to Help Desk > Subscribe)

IMMUNIZATION COVERAGE AND EXEMPTION DATA

ANNUAL IMMUNIZATION STATUS REPORT

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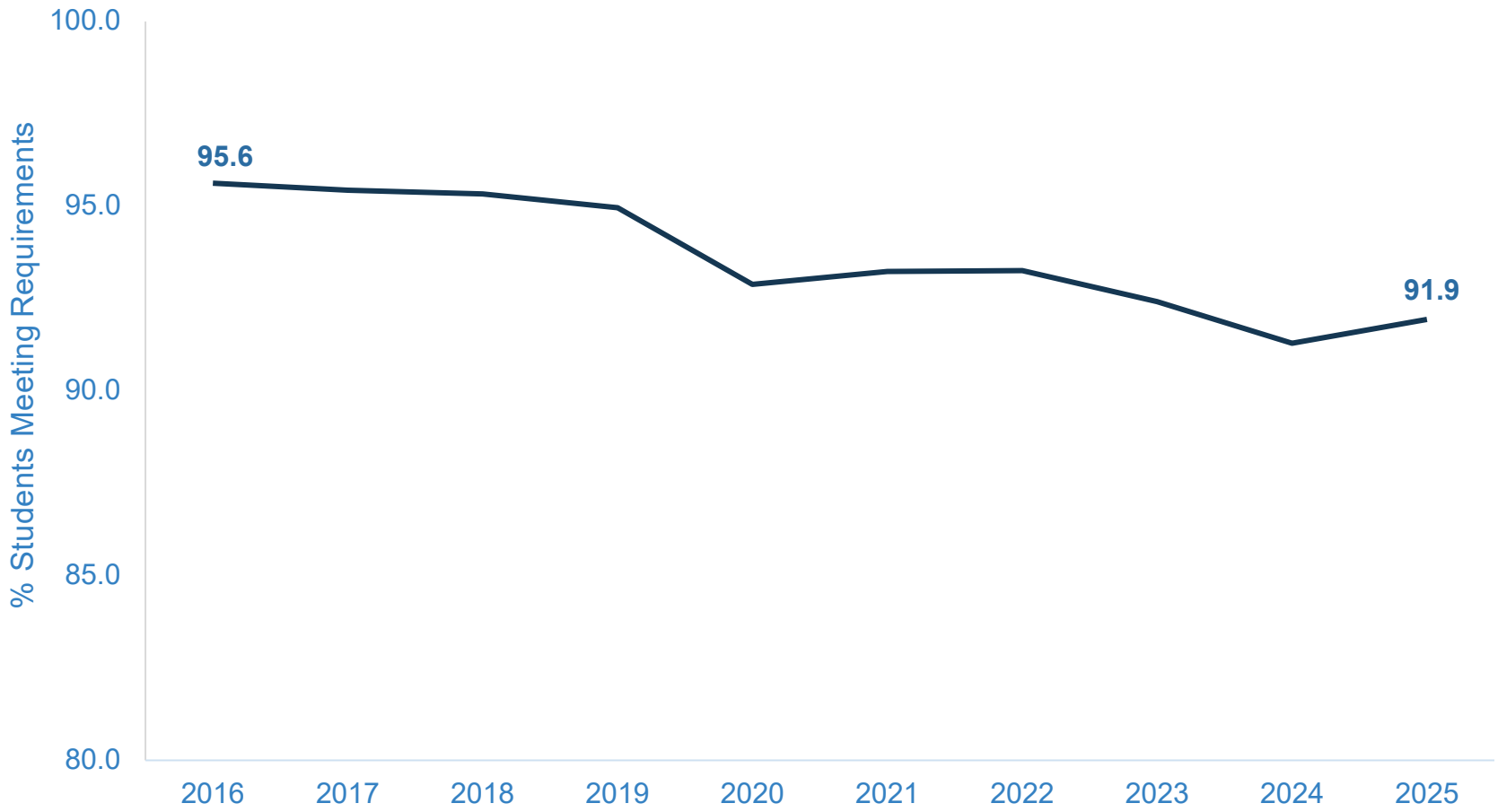
Percent Students Meeting Requirements among All Grades Surveyed



2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
95.6	95.4	95.3	95.0	92.9	93.2	93.3	92.4	91.3	91.9

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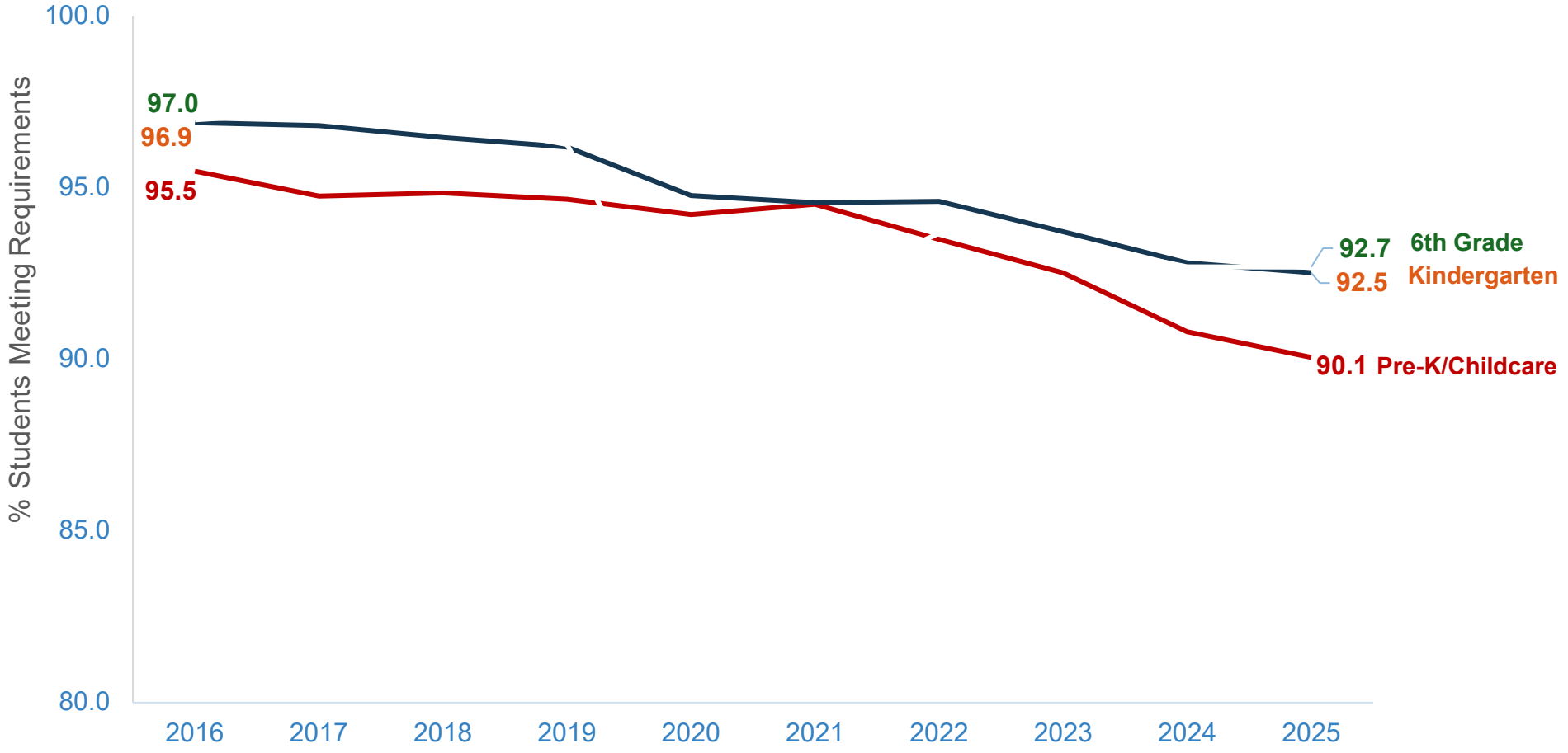
Percent Students Meeting Requirements by Grade



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Pre-K/Childcare	95.5	94.8	94.9	94.7	94.2	94.5	93.5	92.5	90.8	90.1
Kindergarten	96.9	96.8	96.5	96.2	94.8	94.6	94.6	93.7	92.8	92.5
6th Grade	97.0	97.2	96.9	96.3	89.6	92.0	93.7	93.4	92.7	92.7

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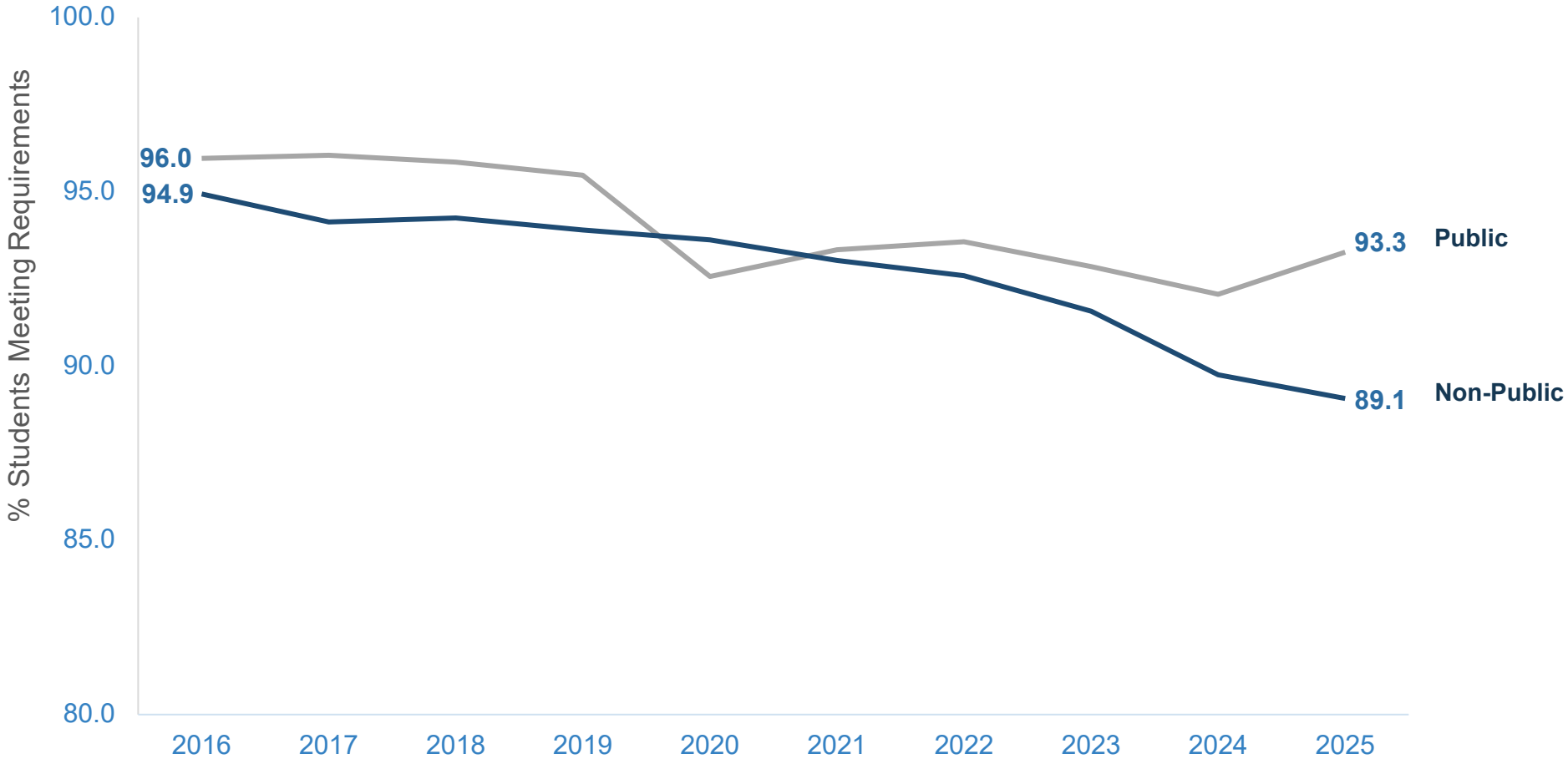
Percent Students Meeting Requirements among All Grades Surveyed by School Type



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Public	96.0	96.0	95.8	95.5	92.6	93.3	93.6	92.9	92.1	93.3
Non-Public	94.9	94.1	94.2	93.9	93.6	93.0	92.6	91.6	89.8	89.1

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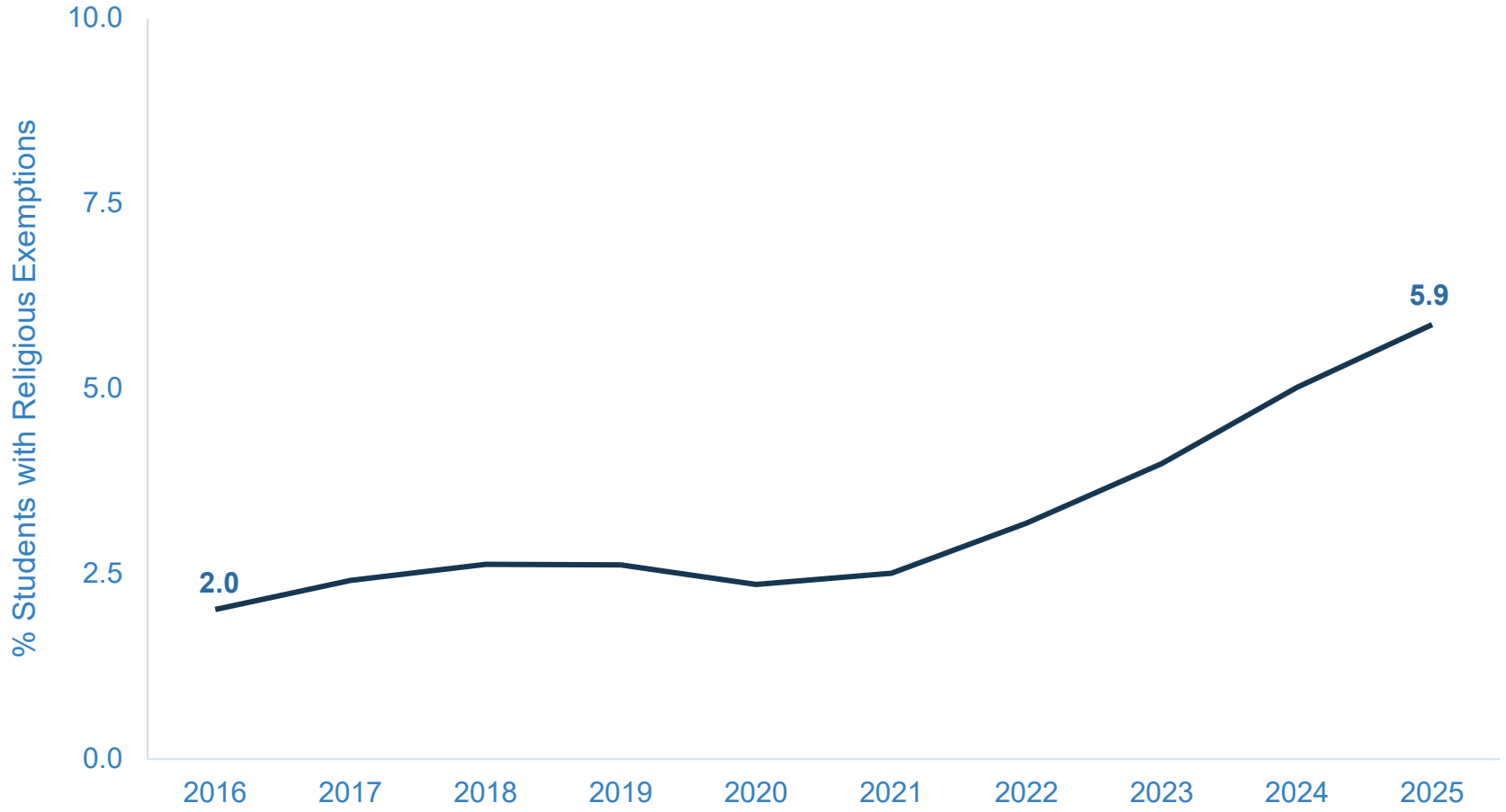
Percent Students with Religious Exemptions among All Grades Surveyed



2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
2.0	2.4	2.6	2.6	2.4	2.5	3.2	4.0	5.0	5.9

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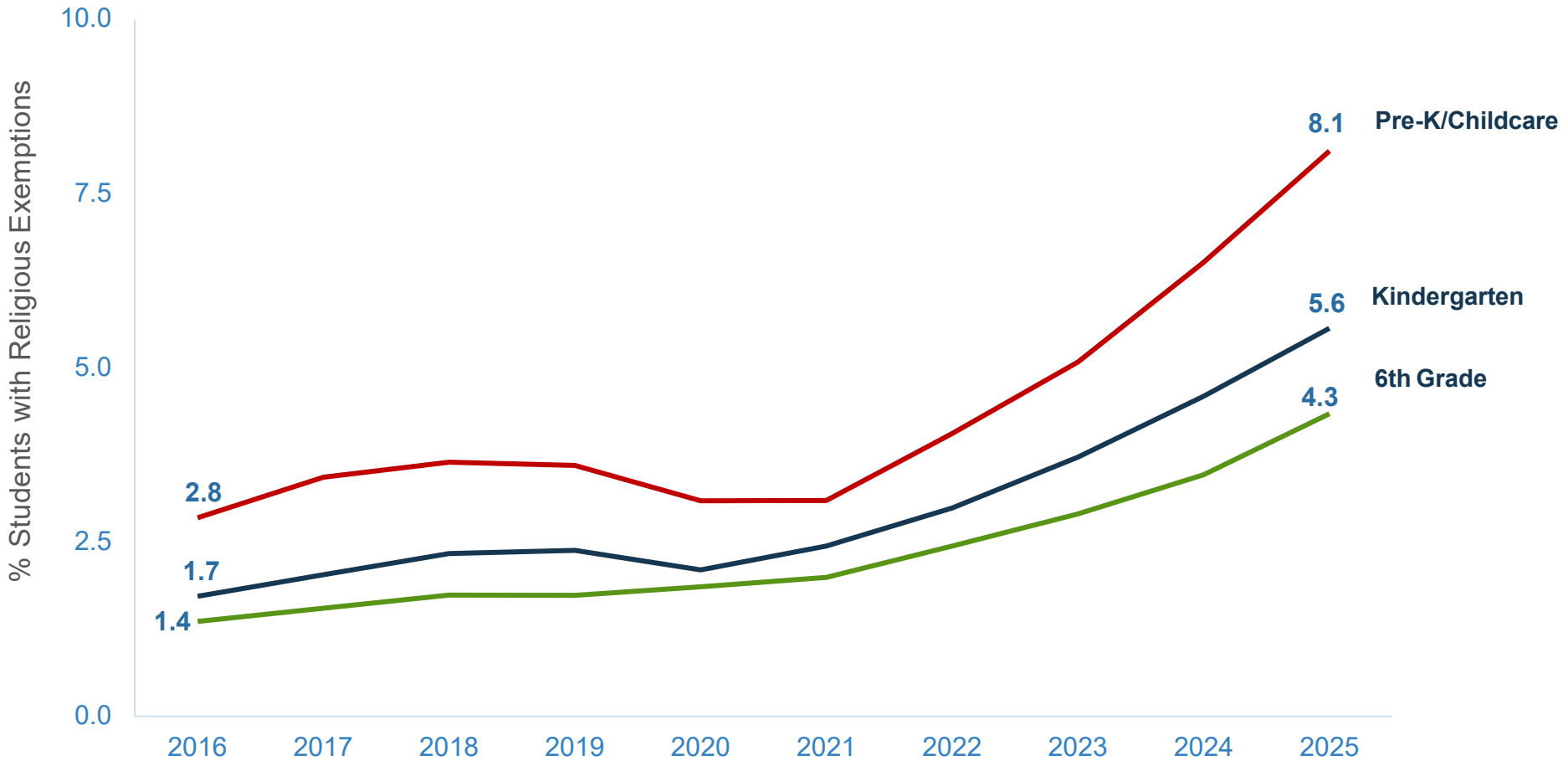
Percent Students with Religious Exemptions by Grade



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Pre-K/Childcare	2.8	3.4	3.6	3.6	3.1	3.1	4.1	5.1	6.5	8.1
Kindergarten	1.7	2.0	2.3	2.4	2.1	2.4	3.0	3.7	4.6	5.6
6th Grade	1.4	1.6	1.7	1.7	1.9	2.0	2.4	2.9	3.5	4.3

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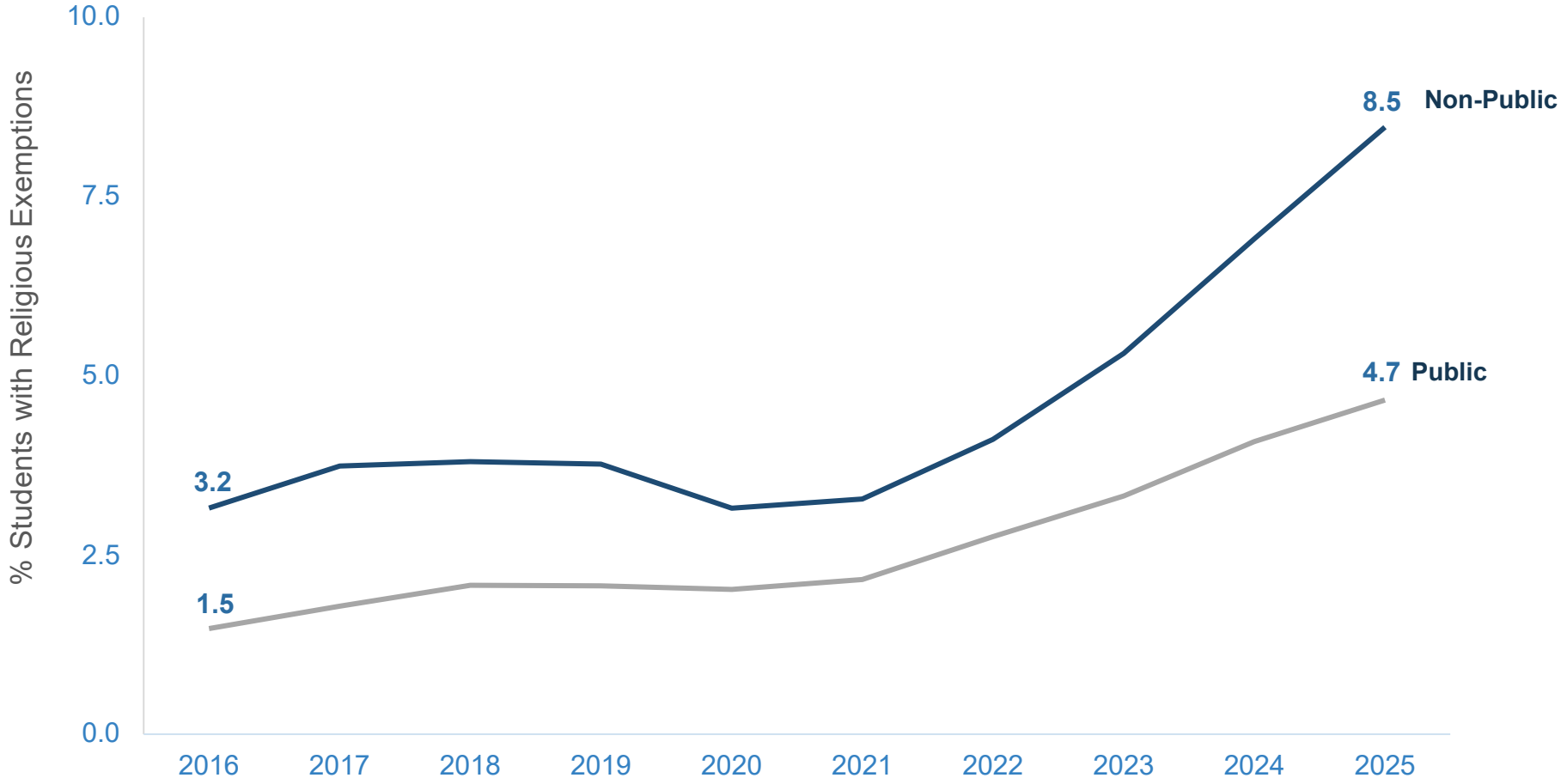
Percent Students with Religious Exemptions among All Grades Surveyed by School Type



	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Public	1.5	1.8	2.1	2.1	2.0	2.2	2.8	3.3	4.1	4.7
Non-Public	3.2	3.7	3.8	3.8	3.2	3.3	4.1	5.3	6.9	8.5

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THANK YOU

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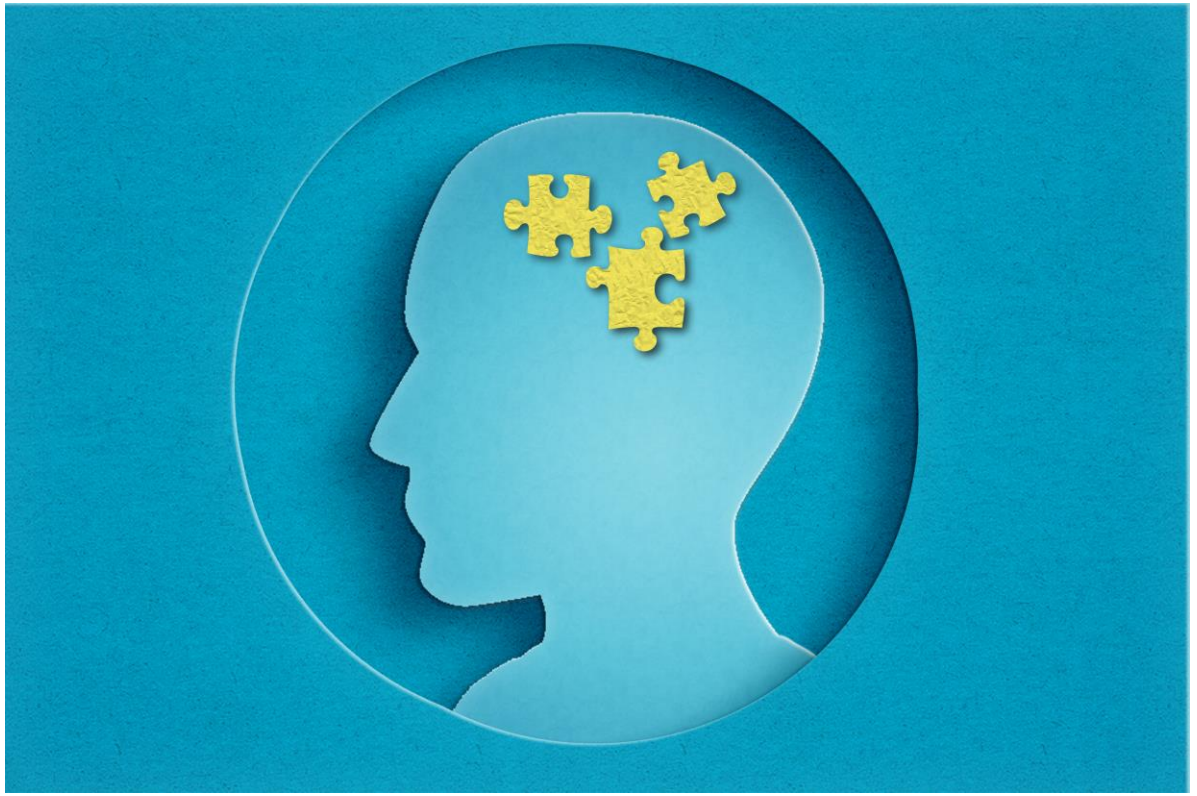
nj.gov/health

Questions!

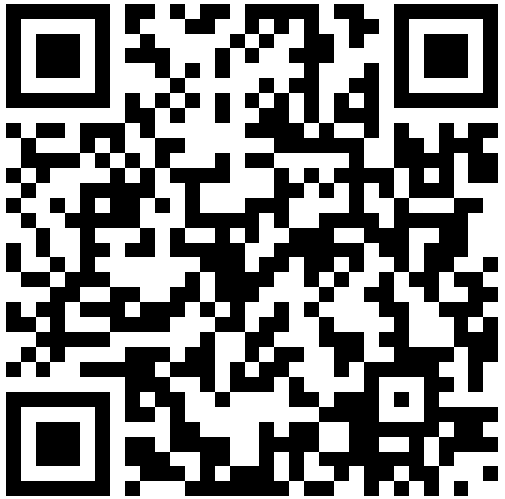


Evaluation

Reminder:

Please be sure to complete the session evaluation at:

https://www.surveymonkey.com/r/WVV2BML



Thank You!

Contact us:

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