

(b) Every child from two months to 11 months of age enrolling in or attending a child care center shall have received a minimum of two age-appropriate doses of a separate or a combination Hib conjugate vaccine, or fewer as appropriate for the child's age.

New Rule, R.1995 d.201; effective April 3, 1995.

See: 27 N.J.R. 270(a), 27 N.J.R. 1417(a).

Amended by R.2003 d.412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

In (a), deleted "age-appropriate" following "at least one", inserted "on or after the first birthday" at the end.

8:57-4.16 Hepatitis B virus vaccine

(a) Every child born on or after January 1, 1996 shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus, prior to school entrance for the first time into a Kindergarten, Grade 1, or a comparable age entry level special education program with an unassigned grade.

(b) Children born on or after January 1, 1996, attending or transferring into a New Jersey school from another state or another country, shall have received three doses of hepatitis B vaccine.

(c) Children born on or after January 1, 1996 attending or transferring into a New Jersey school (Kindergarten and Grade 1) for the first time after September 1, 2001, with no documented doses of hepatitis B vaccine, shall receive the first dose before entering school and shall receive a second dose of a hepatitis B containing vaccine, no later than three months after receiving the first dose and shall receive the third dose no later than 12 months following the first dose.

(d) Every child born on or after January 1, 1990 and entering Grade 6, or a comparable age level special education program with an unassigned grade, on or after September 1, 2001 shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus.

(e) Children born on or after January 1, 1990 and transferring into a New Jersey school at the Grade Six or a higher grade level from another state or country on or after September 1, 2001, shall have received three doses of hepatitis B vaccine.

(f) Children born on or after January 1, 1990, attending or transferring into a New Jersey School from another state or country on or after September 1, 2001 with no documented doses of hepatitis B vaccine, shall receive the first dose before entering school, and shall receive a second dose of hepatitis B containing vaccine no later than three months after receiving the first dose and shall receive the third dose no later than 12 months following the first dose.

(g) Unvaccinated children 11 through 15 years of age who have not begun or completed the hepatitis B vaccine series, and subject to the Grade Six hepatitis B requirement com-

mencing September 1, 2001, can be given two doses of any hepatitis B vaccine licensed and approved for a two dose regimen to satisfy the hepatitis B requirement.

(h) Unvaccinated children 11 through 15 years of age who have not yet begun or completed the hepatitis B vaccine series, and subject to the Grade Six hepatitis B requirement commencing September 1, 2001, and who are eligible to enter, attend, or transfer into a New Jersey school in provisional status following receipt of the first dose of any hepatitis B vaccine licensed for a two dose regimen shall receive the second and final dose to complete that two dose series no later than six months following the first dose.

(i) Children who present documented laboratory evidence of hepatitis B disease or immunity, constituting a medical exemption, shall not be required to receive hepatitis B vaccine.

Amended by R.2003 d.412, effective October 20, 2003.

See: 34 N.J.R. 3945(a), 35 N.J.R. 4883(b).

Rewrote the section.

8:57-4.17 Varicella virus vaccine

(a) Every child born on or after January 1, 1998 shall have received one dose of varicella vaccine, or any vaccine combination containing varicella virus, administered on or after the first birthday, prior to school entrance for the first time into a Kindergarten, Grade 1, or a comparable age entry level special education program with an unassigned grade.

(b) Every child 19 months of age or older enrolling in or attending a child care center or preschool facility shall have received at least one dose of a varicella containing vaccine administered on or after the first birthday.

(c) Every child born on or after January 1, 1998, attending or transferring into a New Jersey school from another state or country, shall have received one dose of a varicella virus containing vaccine.

(d) Children who present either documented laboratory evidence, a physician's statement, or a parental statement of previous varicella disease, shall not be required to receive varicella vaccine.

Repeal and New Rule, R.2003 d.413, effective October 20, 2003.

See: 34 N.J.R. 584(a), 35 N.J.R. 4890(a).

Section was "Providing immunization".

8:57-4.18 Providing immunization

(a) A board of education and/or a local board of health may provide, at public expense, the necessary equipment, materials and services for immunizing children with the following immunizing agents, either singly or in combination:

1. Diphtheria toxoid;
2. Pertussis vaccine;

3. Tetanus toxoid;
4. Measles virus vaccine, live, attenuated;
5. Rubella virus vaccine, live;
6. Poliovirus vaccine;
7. Mumps virus vaccine, live;
8. Haemophilus influenzae type B conjugate vaccine;
9. Hepatitis B vaccine;
10. Varicella vaccine;
11. Other immunizing agents when specifically authorized to do so by the Department of Health and Senior Services.

Recodified from N.J.A.C. 8:57-4.17 and amended by R.2003 d. 413, effective October 20, 2003.

See: 34 N.J.R. 584(a), 35 N.J.R. 4890(a).

In (a), added a new 10, and recodified former 10 as 11. Former N.J.A.C. 8:57-1.18, Emergency powers of the Commissioner, Department of Health and Senior Services, recodified to N.J.A.C. 8:57-1.19.

8:57-4.19 Emergency powers of the Commissioner, Department of Health and Senior Services

(a) In the event that the Commissioner, Department of Health and Senior Services or his or her designee determines either that an outbreak or threatened outbreak of disease or other public health immunization emergency exists, the Commissioner or his or her designee may issue either additional immunization requirements to control the outbreak or threat of an outbreak or modify immunization requirements to meet the emergency.

(b) All children failing to meet these additional requirements shall be excluded from a school, preschool, or child care center until the outbreak or threatened outbreak is over.

(c) These requirements or amendments to the requirements shall remain in effect until such time as the Commissioner, Department of Health and Senior Services or his or her designee determines that an outbreak or a threatened outbreak no longer exists or the emergency is declared over, or for three months after the declaration of the emergency, whichever one comes first. The Commissioner, Department of Health and Senior Services or his or her designee may redetermine a state of emergency if the emergency has not ended.

Recodified from N.J.A.C. 8:57-1.18 by R.2003 d. 413, effective October 20, 2003.

See: 35 N.J.R. 584(a), 35 N.J.R. 4890(a).

Former N.J.A.C. 8:57-1.19, Optimal immunization recommendations, recodified to N.J.A.C. 8:57-1.20.

8:57-4.20 Optimal immunization recommendations

The specific vaccines and the number of doses required under this subchapter are intended to establish the minimum vaccine requirements for child care center, preschool, or school entry and attendance in New Jersey. Additional vaccines, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP) for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified in this subchapter.

Recodified from N.J.A.C. 8:57-1.19 by R.2003 d. 413, and amended by R.2003 d.412, effective October 20, 2003.

See: 35 N.J.R. 584(a), 35 N.J.R. 4883(b), 35 N.J.R. 4890(a).

SUBCHAPTER 5. CONFINEMENT OF PERSONS WITH TUBERCULOSIS

8:57-5.1 Purpose and scope

(a) The purpose of these rules is to control the spread of tuberculosis, particularly new forms of multiple drug resistant TB (MDR-TB), by maximizing the use of currently available and highly effective treatments.

(b) These rules apply to persons who have active TB disease or who are suspected of having active TB disease by a health care provider or local health officer, as well as those persons identified either as contacts to a person(s) with active or suspected active TB disease or those with TB infection when active TB has not been ruled out.

(c) Local health officers are primarily responsible for implementation of these rules. Physicians and other providers of health care services, including, but not limited to, managed care organizations, hospital administrators and emergency medical technicians, also have responsibilities under these rules.

(d) Local health officers in areas where the person frequents or receives care may take any action authorized under these rules if the local health officer determines that they are necessary for the health of the person or the public. Such local health officers shall notify the local health officer with primary responsibility, within 72 hours, of any actions taken under these rules.

(e) The guiding principles underlying the implementation of these rules are:

1. To protect the public from the spread of active TB disease; and
2. To treat persons with active TB or suspected TB in the least restrictive environment.

8:57-5.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Acid-fast bacilli (AFB)” means organisms that remain stained after being washed in acid solution, may be detected using a microscope, and are then reported as a positive AFB. TB should be considered a possibility when AFB are present on a stained smear, which indicates the likelihood of infectiousness in a TB patient.

“Active TB” means that:

1. A person has a positive smear for acid-fast bacilli (AFB) or culture identified as *Mycobacterium tuberculosis* (M.tb) or M.tb complex taken from a pulmonary source such as sputum, bronchioalveolar lavage, gastric aspirate, lung tissue, etc. as well as other tissue of the respiratory tract such as the larynx or epiglottis, and the person has not completed a prescribed course of medication for tuberculosis according to the latest American Thoracic Society (ATS) and Centers For Disease Control and Prevention (CDC) guidelines; or

2. A specimen collected from a non-pulmonary site indicating the likelihood (acid-fast bacilli or granulomas present) or confirmation of tuberculosis disease by culture (M.tb or M.tb complex), and there is clinical evidence or clinical suspicion of pulmonary tuberculosis disease, and the person has not completed an appropriate prescribed course of medication for tuberculosis; or

3. In those cases where smears and/or cultures are unobtainable or are negative, the radiographic and clinical findings as well as epidemiological evidence are sufficient to highly suspect a medical diagnosis of pulmonary tuberculosis for which treatment is recommended.

“Appointment keeping rate” means the number of kept appointments divided by the number of scheduled appointments.

“Clinically suspected active TB” means a condition in which the person presents a substantial likelihood, as determined by a health care provider, of having active tuberculosis that is infectious, based upon epidemiologic evidence, clinical evidence, x-ray readings, or laboratory test results.

“Close contact” means a person, as identified by a health care provider or his or her designee or by an agent of the State or local health department, who shares common living, recreational, working, transportation or other areas with a person with active tuberculosis such that the frequency of exposure and/or proximity of those contacts to the case may cause transmission of tuberculosis.

“Commissioner” means the Commissioner of the Department of Health and Senior Services or his or her designee.

“Compliance” means that a person takes 80 percent or more of his or her prescribed TB medication. The term “compliance” is equivalent to the term “adherence,” a term often used by the Centers for Disease Control and Prevention.

“Designated commitment facility or unit” means a health care facility selected by the Commissioner, Department of Health and Senior Services to provide one or more of the following when involuntary commitment is required under these rules: space for involuntary commitment; space and clinical program for involuntary examination and treatment; and/or space and clinical program for commitment and facilities for hearings under this subchapter.

“Directly observed therapy (DOT)” means a methodology for ensuring compliance with medication directions in which a health care provider or trained designee witnesses the person ingesting his or her prescribed medications.

“Health care provider” means a person who is directly involved in the clinical diagnosis of and the prescribing of medication for individuals. These individuals would include physicians, nurses, nurse practitioners, clinical nurse specialists, and/or physicians assistants.