

August 2011

Dear Colleague:

I am writing to remind you that all students attending New York City (NYC) public and nonpublic schools must meet medical requirements for new school entrants, including medical evaluations,¹ immunizations, and screenings.

Medical Requirements

Medical Evaluation: All new students in NYC public and nonpublic schools must show proof of having received a complete medical evaluation within the previous 12 months.² As a reminder, the Universal Child and Adolescent Health Examination Form (CH205)³ has replaced Form 211S for documenting the health status of new students. You can access and download an electronic version of the CH205 form online at www.nyc.gov/html/doh/downloads/pdf/hcp/hcp-ch205.pdf. If you have signed up for the Citywide Immunization Registry (CIR), you can access an electronic version of the CH205 at the CIR Web site. The immunization fields will autopopulate, making the form easier to fill out. To sign up for the CIR, visit www.nyc.gov/html/doh/html/cir/cir-home.shtml and click on the blue “For Providers” button.

The medical information provided on this form is essential for determining if students are free from potential communicable diseases (eg, tuberculosis, vaccine-preventable illnesses), have hearing or vision problems that may affect their ability to progress academically (eg, amblyopia), or have other medical issues that may affect their ability to fully participate in all school activities and may require treatment when in school (eg, asthma).

Immunizations: The immunizations listed in **Table 1** are mandated for all students aged 2 months to 18 years.⁴ A child’s immunization history must include all the vaccines listed in the table for the child to be considered in compliance. Immunization records should be evaluated according to the child’s age and the grade the child is attending this school year. Children will be excluded from school if they do not meet these requirements, but a child who is a new student or lacks an immunization record may initially enter school with provisional status (**Table 2**).

Tuberculosis Examination: All new students entering an NYC public or nonpublic secondary school (intermediate, junior, or middle schools, all types of high schools) must have a Mantoux Tuberculin Skin Test (also known as PPD) with a documented reading date between 48 and 72 hours after administering the test.⁵ An approved blood-based tuberculosis test (QuantiFERON®) is also acceptable. Students with a history of BCG vaccination must still have a test for tuberculosis infection. Students who have already attended any public, private, or parochial school in NYC do not need tuberculosis evaluation. Results of the skin test must be recorded in millimeters of induration. A negative result on a Mantoux Tuberculin Skin Test or approved blood-based tuberculosis test within 1 year prior to admission to school, or within 14 school days after admission to school, is acceptable.

A positive test result is acceptable, no matter when the test was done. Students who have a positive tuberculosis test result are required to have a medical evaluation and a chest x-ray within 14 school days and may attend school in the interim. Students with a documented history of a positive tuberculosis test result and x-ray report should be allowed in school and referred to the school nurse or district supervising nurse for evaluation and follow-up.

If latent tuberculosis infection is suspected, treatment is strongly recommended (see *City Health Information*, “Testing and Treatment for Latent TB Infection,” www.nyc.gov/html/doh/downloads/pdf/chi/chi25-4.pdf).

Important: Skin or blood-based tuberculosis testing must be performed prior to or on the same day as administration of an MMR (measles-mumps-rubella) or varicella vaccine; otherwise, the student must wait 6 weeks before tuberculosis testing. However, the student may be allowed to attend school in the interim.

Students will be excluded from school if:

- they do not have a documented tuberculosis test result within 14 school days of admission to school OR
- they are new entrants with a positive tuberculosis test result and do not have a documented chest x-ray and evaluation within 14 school days.

For more information, call the Bureau of Tuberculosis Control at 347-396-7400.

TABLE 1. FULL IMMUNIZATION COMPLIANCE, 2011-2012

A child's immunization history must include all of the following vaccines in order for the child to be considered fully immunized. The child's immunization record should be evaluated according to the grade the child will attend this school year.

DAY CARE/PREKINDERGARTEN	NO. OF DOSES		NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)	4	Hepatitis B	3
<i>Fourth dose should be at least 6 months after the 3rd dose.</i>		Varicella	1 ^o
IPV (inactivated poliovirus) or OPV (oral poliovirus)	3	<i>On or after the 1st birthday.</i>	
MMR (measles-mumps-rubella)	1		
<i>On or after the 1st birthday.</i>			
Hib (Haemophilus influenzae type b)	1, 2, or 3		
<i>One dose at or after age 15 months. If younger than 15 months, 3 doses are required, as age-appropriate.</i>			
Hepatitis B	3		
Varicella	1 ^o		
<i>On or after the 1st birthday.</i>			
Pneumococcal conjugate (PCV)	1, 2, or 3		
<i>For all children born on or after January 1, 2008, as age-appropriate.</i>			
KINDERGARTEN			
DTaP or DTP	4		
<i>Fourth dose should be at least 6 months after the 3rd dose.</i>			
IPV or OPV	3		
MMR	2		
<i>One dose on or after the 1st birthday, plus a 2nd dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the 1st dose.</i>			
		GRADES 1-12	
		DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)	3
		<i>Vaccine type as age-appropriate.</i>	
		Tdap (effective September 1, 2007)	1
		<i>For all children in 6th, 7th, 8th, 9th, or 10th grades, born on or after January 1, 1994.</i>	
		IPV or OPV	3
		MMR	2
		<i>One dose on or after the 1st birthday, plus a 2nd dose of a measles-containing vaccine (preferably as MMR) administered 28 days or more after the 1st dose.</i>	
		Hepatitis B	2 or 3
		<i>All students in all grades.</i>	
		<i>3 doses of pediatric hepatitis B vaccine or for ages 11-15 only, 2 doses, at least 4 months apart, of the Merck Recombivax HB^{®b} adult vaccine. Documentation must clearly specify vaccine type and dose given.</i>	
		Varicella (Grades 1-12)	1 ^o
		<i>For all children born on or after January 1, 1994, 1 dose on or after the 1st birthday.</i>	

^o Although only 1 dose of vaccine is required, the recommendation is for all children to receive 2 doses of varicella-containing vaccine. The second dose is routinely given at 4 to 6 years of age.

^b The use of brand names does not imply endorsement of any product by the New York City Department of Health and Mental Hygiene.

TABLE 2. PROVISIONAL REQUIREMENTS, 2011-2012

New students may enter school provisionally with documentation of at least the initial series of immunizations in the boxes below within the previous 2 months. Once students are admitted provisionally, they must complete the immunization series as follows or they *must* be excluded from school: (1) no more than 2 months between the 1st and 2nd doses, and no more than 6 months between the 2nd and 3rd doses of polio, hepatitis B, and tetanus-diphtheria-containing vaccines; and (2) no more than 2 months between the 1st and 2nd doses of a measles vaccine, preferably MMR. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school until they comply with the requirements.

DAY CARE/PREKINDERGARTEN	NO. OF DOSES	KINDERGARTEN/GRADES 1-12	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis)	1	DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis)	1
IPV (inactivated poliovirus) or OPV (oral poliovirus)	1	<i>Vaccine type as age-appropriate.</i>	
MMR (measles-mumps-rubella)	1	Tdap (effective September 1, 2007)	1
<i>On or after the 1st birthday.</i>		<i>For all children in 6th, 7th, 8th, 9th, or 10th grades, born on or after January 1, 1994.</i>	
Hib (Haemophilus influenzae type b)	1	IPV or OPV	1
Hepatitis B	1	MMR	1
Varicella	1	<i>On or after the 1st birthday.</i>	
<i>On or after the 1st birthday.</i>		Hepatitis B	1
Pneumococcal conjugate (PCV)	1	Varicella (Grades K-12)	1
<i>For all children born on or after January 1, 2008.</i>		<i>For all children born on or after January 1, 1994, 1 dose on or after the 1st birthday.</i>	

School-based Preventive Services

In partnership with community providers, the Office of School Health, a joint program of the NYC Department of Education and the NYC Department of Health and Mental Hygiene (DOHMH), offers important preventive health services, including asthma management and vision screenings, to the more than 1 million students who attend NYC schools.

Asthma: Childhood asthma often worsens in the fall, with hospitalization rates more than tripling from summertime lows. Schedule checkups for children with asthma, obtain a medical history, prescribe spacers with inhalers (for both rescue medications and long-term controllers), and prescribe inhaled corticosteroids for patients with persistent asthma.⁶ To ensure that your patients with asthma are well managed while in school, complete a Medication Administration Form.⁷

a. *Rescue medications.* Ventolin[®] HFA inhalers are stocked at schools and will be available to students whose Medication Administration Forms indicate Ventolin HFA as the rescue medication. Ventolin HFA may be provided by the school nurse for shared usage but with a separate spacer for each student. Students whose Medication Administration Forms indicate other asthma rescue medications will need to provide their own medication.

b. *Inhaled corticosteroids.* Authorizing administration of inhaled corticosteroids in school may be a useful strategy for those patients with poorly controlled asthma and adherence problems. For more information on asthma, see *City Health Information*, “Managing Asthma,” www.nyc.gov/html/doh/downloads/pdf/chi/chi27-10.pdf.

Recommendations:

1. Complete a Medication Administration Form annually for your patients with asthma. Instruct parents to sign the back of this form, which will allow your patients to have in-school access to medications.
2. Prescribe spacers with inhalers, and review inhalation technique and spacer use with your patients. Nebulizers are not recommended because they do not deliver medication more effectively than spacers.
3. Complete a written Asthma Action Plan⁸ for everyday management.
4. Review asthma triggers and develop an individual trigger-avoidance plan.
5. **Administer an inactivated influenza vaccination for patients who have asthma.**

Vision Screening: Amblyopia is the most common cause of monocular blindness until middle age. Treatment is most successful when begun before age 7. Physicians are in a unique position to detect risk and to encourage parents to obtain a complete evaluation and treatment.

DOHMH Vision Screening Program teams conduct screenings for amblyopia in prekindergarten and kindergarten students, first graders, and new students in public elementary schools and, when requested, in nonpublic schools. For more information, visit the Office of School Health’s Web site at <http://schools.nyc.gov/Offices/Health/HearingVisionScreening/default.htm>.

Recommendations:

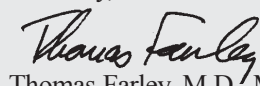
1. Conduct preschool medical evaluations to detect a risk for amblyopia (obtaining and recording separate visual acuity measurements in each eye).
2. Refer children at risk for amblyopia (whenever the visual acuity measurements in the 2 eyes differ by 2 lines or more) to an ophthalmologist or optometrist.
3. Ask parents of kindergartners and first graders whether their child was screened in school, if a vision problem was detected, and if follow-up care was obtained.
4. Stress to parents that if eyeglasses have been prescribed for their child, annual appointments with an eye doctor are recommended and teachers should be informed that the child wears glasses.

Behavioral and Emotional Health: Many children learn better if they receive mental health services. Some schools offer these services on site, and some by referral. The Office of School Health works with behavioral health providers to enhance the accessibility of mental health services in underserved communities.

Recommendation: Visit the Office of School Health’s Web site at <http://schools.nyc.gov/Offices/Health/SBHC/MentalHealth.htm> for information about the Office of School Health’s School-Based Mental Health Program. A list of schools that currently offer these services is available at the bottom of the Web page.

Thank you for working with us to promote the health of all students in New York City’s schools.

Sincerely,



Thomas Farley, M.D., M.P.H.
Commissioner

Influenza

Influenza vaccine is now recommended for all individuals aged 6 months and older. The New York City Health Department posts updates on influenza and vaccine recommendations and availability at www.nyc.gov/flu. For more information on influenza and other topics or to sign up for the Health Alert Network, go to www.nyc.gov/html/doh/html/hcp/hcp.shtml.

References

1. New York City Department of Health and Mental Hygiene. September 2011 Medical Requirements for New School Entrants. www.nyc.gov/html/doh/downloads/pdf/scah/scah-med-req.pdf.
2. NYC Health Code §47.21 and §49.05.
3. New York City Department of Health and Mental Hygiene, New York City Department of Education. Child and Adolescent Health Examination Form (CH205). <http://schools.nyc.gov/NR/ronlyres/21CE49B9-39BF-4752-AF82-ED7A67CED117/38865/CH205.pdf>.
4. NYS Public Health Law §2164.
5. NYC Health Code §49.06.
6. National Heart, Lung, and Blood Institute, National Asthma Education and Prevention Program. Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma, Summary Report, October 2007. NIH Pub. No. 08-5846. www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm.
7. Medication Administration Form. <http://schools.nyc.gov/NR/ronlyres/2D4A8B9F-BF27-480B-981D-CD784CA0B624/104673/OSH1112MAF.pdf>.
8. Asthma Action Plan. www.nyc.gov/html/doh/downloads/pdf/asthma/plan1.pdf.

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