

Massachusetts School Immunization Requirements 2022-2023[§]

Massachusetts school immunization requirements are created under authority of 105 CMR 220.000 Immunization of Students Before Admission to School

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Childcare/Preschool^{¶†}

Attendees <2 years should be immunized for their age according to the ACIP Recommended Immunization Schedule. Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	1-4 doses; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	1 dose; must be given on or after the 1 st birthday; laboratory evidence of immunity acceptable
Varicella	1 dose; must be given on or after the 1 st birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades Kindergarten – 6^{¶†}

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

§ Address questions about enforcement with your legal counsel.

¶ Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See following pages for Grades 7-10, Grades 11-12, and College (Postsecondary Institutions)

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Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

Grades 7 – 12†

In ungraded classrooms, Grade 7 requirements apply to all students ≥12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since last Tdap
Polio	4 doses; fourth dose must be given on or after the 4 th birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 th birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Meningococcal Requirements

Grade 7-9	1 dose; 1 dose MenACWY (formerly MCV4) required. Meningococcal B vaccine is not required and does not meet this requirement.
Grade 11-12†	2 doses; second dose MenACWY (formerly MCV4) must be given on or after the 16th birthday and ≥ 8 weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

Meningococcal Vaccine Phase-In Schedule

	2021-2022	2022-2023	2023-2024
1 Dose MenACWY	Grades 7-8	Grades 7-9	Grades 7-10
2 Doses MenACWY	Grades 11-12	Grades 11-12	Grades 11-12

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

‡ Students who are 15 years old in grade 11 are in compliance until they turn 16 years old.

See following pages for College (Postsecondary Institutions)

Massachusetts School Immunization Requirements 2022-2023[§]

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

College (Postsecondary Institutions)**†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	1 dose; and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

** The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need comply with this requirement

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

Adult Occupational Immunizations

Massachusetts Recommendations and Requirements

Recommended Immunizations for Health Care Personnel (HCP)	
Vaccine	Recommendations in Brief
Influenza	1 dose of flu vaccine every flu season. All HCP should receive annual flu vaccine.
Tdap/Td (Tetanus, diphtheria, pertussis)	1 dose of Tdap if not previously received, then 1 booster dose of either Td or Tdap every 10 years. All HCP, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap, and regardless of the interval since last Td dose.
MMR (Measles, mumps, rubella)	2 doses of MMR, \geq 28 days apart or presumptive evidence of immunity to measles and mumps and rubella. Presumptive evidence of immunity includes: a) 2 doses of MMR on or after the 1 st birthday and at least 1 month apart; or b) laboratory evidence of immunity to measles and mumps and rubella or laboratory confirmation of each disease (Consider HCP with "indeterminate" or "equivocal" immunity as susceptible).
Varicella	2 doses of varicella vaccine \geq 4 weeks apart, or laboratory evidence of immunity, or laboratory confirmation of disease, or reliable history of varicella disease (chickenpox or herpes zoster) by a health-care provider, including school or occupational health nurse.
Hepatitis B	HCP should receive either 3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine on a 0, 1, and 6 month schedule, or 2 doses of the Hepisav-B formulation on a 0 and 1 month schedule. To test for hepatitis B surface antibody (anti-HBs), do so 1–2 months after the final dose in the series to document immunity. For guidance about health care providers who received routine hepatitis B (HepB) vaccination during childhood, prevaccination testing, and revaccination, see CDC guidance for Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices https://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.PDF
Meningococcal Vaccines	For microbiologists: To protect against serogroups ACWY: Quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for microbiologists who are routinely exposed to <i>N. meningitidis</i> isolates. Microbiologists of all ages who remain at risk should be revaccinated every 5 years with MenACWY vaccine. To protect against serogroup B: In addition to quadrivalent conjugate meningococcal vaccine, microbiologists routinely exposed to <i>N. meningitidis</i> should receive a meningococcal B series. Bexsero: 2 doses on a 0 and 1-6 month schedule, or Trumenba: 3 doses on a 0, 1-2 and 6 month schedule. If risk remains, administer 1 MenB booster dose 1 year after primary series and then every 2-3 years.
COVID-19	Appropriate number of doses to be up to date with COVID-19 vaccines. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

Health care personnel (HCP) include full- and part-time staff with or without direct patient contact, including physicians, students, and volunteers who work in inpatient, outpatient and home-care settings. See Immunization of Health-Care Personnel - Recommendations of the ACIP. www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

These guidelines are based on the recommendations of the Advisory Committee on Immunization Practices (ACIP). For specific ACIP recommendations, refer to the full statements at www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html; visit the MDPH website at www.mass.gov/dph/imm; or call MDPH 617-983-6800.

Information on Vaccines for Travelers

Visit www.cdc.gov/travel/default.aspx or call the CDC Travel Hotline at 877-394-8747.

Recommended Immunizations for Teachers and Day Care Staff¹

Vaccine	Recommendations in Brief
MMR (Measles, Mumps, Rubella)	2 doses, 4 weeks apart, for adults born \geq 1957. 1 dose for adults born outside of the U.S. < 1957. Adults born in the U.S. < 1957 are considered immune. Evidence of immunity to measles, mumps and rubella is required for staff of licensed group and family day care centers (see table below) and recommended for teachers and staff in other school settings.
Varicella	2 doses, 4 weeks apart, for adults born in the U.S. \geq 1980, or born outside the U.S. regardless of year of birth. Adults born < 1980 in the U.S. are considered immune. Laboratory evidence of immunity, laboratory confirmation of disease, or a reliable history of varicella disease (MD diagnosis or personal recall) is acceptable.
Hepatitis B	3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine, or 2 doses of the Hepplisav-B formulation. Laboratory evidence of immunity is acceptable. Federal OSHA regulations require some employers to offer hepatitis B vaccine to childcare staff whose responsibilities include first aid.
Td/Tdap (Tetanus, diphtheria, pertussis)	1 dose of Tdap if not previously received, then 1 booster dose of either Td or Tdap every 10 years. There is no minimum interval between Tdap and a previous dose of Td.
Influenza	1 dose of flu vaccine every flu season.
COVID-19	Appropriate number of doses to be up to date with COVID-19 vaccines. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

¹ All full- and part-time teachers, student teachers, and staff.

Massachusetts Immunization Requirements for Select Occupational Groups ¹		
Group and Regulation	Requirement	Vaccination/Evidence of Immunity
Health care personnel assigned to maternal-newborn areas (105 CMR 130.626) (Circular letter: DHQ 11-90-300)	Immunity to measles and rubella	At least 1 dose of vaccine on or after 12 months of age; serologic evidence of immunity to rubella and measles. DPH no longer accepts physician-diagnosed disease as acceptable evidence of immunity.
Employees of licensed health care facilities [105 CMR 130.325; 105 CMR 140.150; 105 CMR 150.002 (D)(8)]	Annual influenza vaccination	Licensed health care facilities shall offer influenza vaccine at no cost to all employees and ensure that an employee who declines vaccination signs a statement declining vaccination and affirming that s/he received information about the risks and benefits of vaccination.
All personnel at rest homes, Assisted Living Residences, hospice programs, home care workers providing in-home, direct care services under a state contract or state program, and nursing home personnel [G.L. c. 111, § 73; 105 CMR 153.024(C)]	COVID-19 vaccination	Appropriate number of doses to be up to date with COVID-19 vaccines.
Staff of licensed group and family day cares and programs for school age children [606 CMR 7.09(11)]	Immunity to measles, mumps, and rubella	Those born in or after 1957, regardless of country of birth: 2 doses of MMR (or 2 doses of measles-containing vaccine) and 1 dose each of mumps and rubella vaccine at \geq 12 months of age; or serologic evidence of immunity to measles, mumps and rubella. Those born before 1957 in the U.S. are considered immune. Those born before 1957 in countries other than the U.S.: 1 dose of MMR; or serologic evidence of immunity to measles, mumps, and rubella. Physician-diagnosed disease is not acceptable evidence of immunity.
Camp staff age 18 years and older (CMR 430.152)	Vaccination according to MDPH schedules	MMR: 2 doses, anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born before 1957 in the U.S. is considered immune. Laboratory evidence of immunity to measles, mumps, and rubella is acceptable. Varicella: 2 doses, anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable. Tdap: 1 dose. Then Td or Tdap every 10 years. Hepatitis B: For staff with first aid responsibilities, 3 doses of the Engerix-B or Recombivax-HB formulations of the hepatitis B vaccine, or 2 doses of the Hepplisav-B formulation. Laboratory evidence of immunity is acceptable.
Workers exposed to sewage [314 CMR 12.05(10)]		Workers exposed to sewage, as all other adults, should be vaccinated against diphtheria and tetanus, including a single dose of Tdap; and then 1 booster dose of either Td or Tdap every 10 years. Polio, typhoid, hepatitis A and hepatitis B vaccines are not routinely recommended for this group.

¹Federal Occupational Safety and Health Administration (OSHA) regulations may include other immunization requirements for workers in certain occupational settings.