

Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, 2026-2027



Table 1: Immunization Requirements by Antigen and Grade Level

For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥ 4 months are determined by calendar months rather than weeks.

Vaccine Requirement ¹	Child Care Facility, Preschool, Early Childhood, Pre-Kindergarten Programs	Kindergarten through 12 th Grade		Other Options for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
Diphtheria, Pertussis, Tetanus	Three doses of diphtheria, tetanus, pertussis vaccine (DTP or DTaP) by 1 year of age, and one additional dose by the second birthday. Minimum intervals: - Between each of the first three doses, there must be at least four weeks. - Between the third and fourth dose, there must be at least six months.	Four or more doses of diphtheria, tetanus, pertussis (DTP or DTaP) vaccine with the last dose being a booster and having been received on or after the fourth birthday. Children ages 7 years and older should receive Tdap or Td instead of DTP or DTaP per the ACIP catch-up schedule. Minimum ages and intervals: - Between each of the three or more primary series doses, there must be an interval of at least four weeks. - Between the primary series and the booster dose, there must be an interval of at least six months. - Booster must be administered on or after the child's fourth birthday.	Three or more doses of DTP, DTaP, pediatric DT ² , or Td ² with the last dose being a booster and having been received on or after the fourth birthday. While not explicitly stated in Illinois Administrative Code, Tdap is routinely used and acceptable for catch-up immunization of children 7 years and older. Minimum intervals: - Between each of the two or more primary series doses, there must be an interval of at least 4 weeks. - Between the last dose in the primary series and the booster dose, there must be an interval of at least six months. Booster dose must be administered on or after the child's fourth birthday.	No alternate proof of immunity allowed
			Entering sixth grade: one dose Tdap vaccine at age ≥11 years, regardless of interval since the last dose of DTP, DTaP, or Td.	
		See additional footnotes regarding catch-up schedules and inadvertent administration of DTaP and Tdap. ^{8,9}		

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Polio ³	Two doses by 1 year of age. One additional dose by second birthday. Three doses for any child 24 months of age or older appropriately spaced. Minimum intervals: Between each of the first three doses, there must be an interval of at least four weeks.	Minimum intervals: - Between each of the first three doses, there must be an interval of at least four weeks. - Between the primary series and the booster dose, there must be an interval of at least six months. - Booster (fourth dose) must be administered on or after the child's fourth birthday.	*Progressive requirement applies to grades K-8. See the rules that apply to First Entry into School (Kindergarten or First Grade). Grades 9-12: Three or more doses of polio vaccine with the last dose on or after the fourth birthday. Minimum intervals: - Between each dose, there must be an interval of at least four weeks. - Booster must be administered on or after the child's fourth birthday.	No alternate proof of immunity allowed
	*This is a progressive requirement starting in 2017-2018. For the 2026-2027 school year, the four-dose requirement applies to grades K-9.			
	Notes: - See footnote regarding OPV administered after 4/1/2016 ⁴ - See footnote regarding fractional (1/5 full dose) IPV (fIPV) doses administered outside of the U.S. ⁵			
Measles	One dose on or after the first birthday.	Two doses of measles vaccine, the first dose must have been received on or after the first birthday and the second dose no less than four weeks (28 days) later.		See Table 2
Rubella	One dose on or after the first birthday.	Two doses of rubella vaccine, the first dose must have been received on or after the first birthday and the second dose no less than four weeks (28 days) later.		See Table 2
Mumps	One dose on or after the first birthday	Two doses of mumps vaccine, the first dose must have been received on or after the first birthday and the second dose no less than four weeks (28 days) later.		See Table 2

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Hepatitis B	Three doses appropriately spaced. (see <i>doses in minimum interval column</i>). Minimum ages and intervals: - Between first and second doses, there must be an interval of at least four weeks. - Between second and third doses, there must be an interval of at least eight weeks. - Between the first and third doses, there must be an interval of at least 16 weeks. - The third dose must have been administered on or after 24 weeks of age (168 days).	Grades K-5: Vaccine not required. <i>Recommendation: Review these records and, if necessary, have student be brought up-to-date with hepatitis B series.</i>	Students entering grades 6-12: Three doses of hepatitis B vaccine administered at appropriate intervals. Minimum intervals: - Between the first and second doses, there must be an interval of at least four weeks. - Between the second and third doses, there must be an interval of at least eight weeks. - Between the first and third doses, there must be an interval of at least 16 weeks. See additional footnote regarding the adult formulation of Recombivax-HB (10 mcg) administered to children 11-15 years of age.⁶	See Table 2
Haemophilus influenzae type b (Hib)	Proof of immunization that complies with the ACIP recommendation for Hib vaccination. Children 24-59 months of age without series shall show proof of one dose of Hib vaccine at 15 months of age or older. Refer to Hib series schedule: AAP Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger CDC Job Aid Hib Catch-Up Guidance for PedvaxHIB Brand Only CDC Job Aid Hib Catch-Up Guidance for Other or Unknown Brands	No requirement for children 5 years of age (60 months of age) or older.		No alternate proof of immunity allowed

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Invasive Pneumococcal Disease (PCV)	Proof of immunization that complies with ACIP recommendations for PCV. Children 24 to 59 months of age without primary series of PCV, shall show proof of receiving one dose of PCV after 24 months of age. Refer to ACIP PCV series schedule: • AAP Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger • CDC Job Aid Pneumococcal Catch-Up Guidance	No requirement for children 5 years of age (60 months of age) or older.		No alternate proof of immunity allowed
Varicella	One dose on or after first birthday.	Two doses of varicella vaccine are required for all grade levels. The first dose must have been on or after the first birthday. Between the first and second doses, there must be an interval of at least four weeks.		See Table 2
Meningococcal Disease (MenACWY)	No Requirement.	No Requirement.	Students entering grades 6-11: One dose of meningococcal conjugate vaccine on or after the child's 11th birthday.⁷ Students entering 12th grade: Two doses of meningococcal conjugate vaccine, with the second dose administered on or after the child's 16th birthday and at least eight weeks after the first dose. The second dose is not necessary if the first dose is administered on or after the child's 16th birthday.⁷	No alternate proof of immunity allowed

Table 2: Alternative Options for Proof of Immunity

Vaccine Requirement	Alternative Options for Proof of Immunity
Measles	Proof of prior measles disease shall be verified with date of illness signed by a physician or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.
Rubella	Laboratory evidence of rubella immunity.
Mumps	Proof of prior mumps disease shall be verified with date of illness signed by a physician or laboratory evidence of mumps immunity.
Hepatitis B	Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination. Laboratory evidence of prior or current hepatitis B infection is acceptable only if one of the following serologic tests indicates positivity: HBsAg, anti-HBc or anti-HBs.
Varicella	Proof of prior varicella disease shall be verified with one of the following: 1. Date of illness signed by a physician; or 2. A health care provider's interpretation that a parent's or legal guardian's description of varicella disease history is indicative of past infection; or 3. Laboratory evidence of varicella immunity.
NOTE: No alternative options for proof of immunity other than vaccination are allowable for any of the following requirements: diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type B, invasive pneumococcal disease, or meningococcal disease.	

Important Notes:

- Students attending ungraded school programs must comply in accordance with grade equivalent. Detailed age-based requirements for each vaccine are listed in the [Section 665.240 of the CHILD AND STUDENT HEALTH EXAMINATION AND IMMUNIZATION CODE](#).
- Students eligible to remain in public schools beyond grade 12 (special education) shall meet the requirements for 12th grade.
- These requirements also apply to children who transfer into Illinois child care facilities, school programs, and schools from other states, regardless of the age or grade level at which the child transfers.
- A child shall be considered in compliance with the health examination and immunization requirement in Section 27-8.1 of the School Code if all applicable immunizations that a child can medically receive are given before entering school and a signed statement from a health care provider is presented indicating when the remaining medically indicated immunizations will be administered within the current school year. Local school authorities shall monitor immunization schedules to assure their completion. If a child is delinquent for a scheduled appointment for immunization, they are no longer considered to be in compliance.
- Within the Advisory Committee on Immunization Practices (ACIP) recommendations, vaccine doses given up to four days before the minimum interval or age can be counted as valid. However, this does not apply to intervals between live vaccines. Live vaccines shall not be given fewer than 28 days after receipt of a prior live vaccine. Appropriately applied 4-day grace periods do not need to be submitted to IDPH for review. For calculating intervals between doses, 4 weeks = 28 days. Intervals of ≥ 4 months are determined by calendar months rather than weeks.

Table 1 Footnotes:

- ¹ The chart indicates antigens that may be available in either single-antigen and/or combination-antigen vaccines.
- ² Receipt of Pediatric DT or Td vaccine in lieu of DTP or DTaP is acceptable when the pertussis component of the vaccine is medically contraindicated.
- ³ In accordance with the AAP catch-up immunization schedule, a fourth dose of polio is not needed if the third dose was administered at age 4 years or older and at least six months after the previous dose was administered. If this circumstance applies, submission to IDPH is not required.
- ⁴ Doses of OPV administered on or after April 1, 2016, do not count towards the U.S. vaccination schedule. For more information, see [Errata: Vol. 66, No. 1. MMWR Morb Mortal Wkly Rep 2017;66:180.](#)
- ⁵ Several countries use a smaller polio dose called fractional IPV (fIPV), which is 1/5 of a full dose and given into the skin. For U.S. school requirements, two fIPV doses equals one full polio dose. One fIPV dose does not count toward the U.S. schedule. For more information, see [Polio Vaccine Recommendations for Children & adults vaccinated outside the United States.](#)
- ⁶ The third dose of hepatitis B vaccine is not required if it can be documented that the child received two doses of adult formulation Recombivax-HB vaccine (10 mcg) only and was 11 to 15 years of age at the time of vaccine administration, and the interval between receipt of the two doses was at least four months.
- ⁷ Per ACIP and AAP guidance, students who received a Meningococcal ACWY dose at age 10 do not need to be revaccinated at age 11–12 years. The 4-day grace period does not apply to the minimum age of 10 years. Therefore, IDPH accepts this dose for school compliance, and no provider letter is required. Students should still receive the routine booster at age 16. Students at high-risk for meningococcal disease may require an alternative schedule; a provider statement is required.
- ⁸ Catch-Up Immunization Recommendations for DTaP and Tdap. If one of these circumstances applies, submission to IDPH is not required.
 - a. Persons aged 7–18 years
 - i. If persons aged 7–18 years have never been vaccinated against pertussis, tetanus, or diphtheria, these persons should receive a series of three tetanus and diphtheria toxoid–containing vaccines, which includes at least one Tdap dose. The preferred schedule is one dose of Tdap, followed by one dose of either Td or Tdap ≥4 weeks afterward, and one dose of either Td or Tdap 6–12 months later.
 - ii. Persons aged 7–18 years who are not fully immunized against tetanus and diphtheria should receive one dose of Tdap, preferably as the first dose in the catch-up series; if additional tetanus toxoid–containing doses are required, either Td or Tdap may be used.
 - iii. The vaccination series does not need to be restarted for those with incomplete DTaP history, regardless of the time that has elapsed between doses.
 - b. Persons aged ≥19 years
 - i. If persons aged ≥19 years have never been vaccinated against pertussis, tetanus, or diphtheria, these persons should receive a series of three tetanus and diphtheria toxoid–containing vaccines, which includes at least one Tdap dose. The preferred schedule is one dose of Tdap, followed by one dose of either Td or Tdap at least four weeks afterward, and one dose of either Td or Tdap 6–12 months later.
 - ii. Persons aged ≥19 years who are not fully immunized against tetanus and diphtheria should receive one dose of Tdap, preferably as the first dose in the catch-up series; if additional tetanus toxoid–containing doses are required, either Td or Tdap may be used.
- ⁹ Inadvertent Administration of DTaP or Tdap:
 - a. Persons aged ≥7 years
 - i. DTaP is not indicated for persons aged ≥7 years. If DTaP is administered inadvertently to a fully vaccinated child aged 7–9 years, an adolescent Tdap dose should be administered at age 11–12 years.
 - ii. If DTaP is administered inadvertently to an undervaccinated child aged 7–9 years, this dose should count as the Tdap dose of the catch-up series,

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and the child should receive an adolescent Tdap dose at age 11–12 years.

- iii. If DTaP is administered inadvertently to a person aged ≥ 10 years, this dose should count as the adolescent Tdap dose routinely administered at age 11–12 years. If this circumstance applies, submission to IDPH is not required.
- b. Fully vaccinated children aged 7–10 years
 - i. If preferred age at administration for the adolescent Tdap dose is 11–12 years. However, if Tdap is administered at age 10 years, the Tdap dose may count as the adolescent Tdap dose. If this circumstance applies, submission to IDPH is not required.

Resources

[IDPH Immunization Webpage](#)

[Child and Student Health Examination and Immunization Code](#)

[Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger](#)

[Epidemiology and Prevention of Vaccine-Preventable Diseases-The Pink Book](#)

[Immunize.org Ask the Experts](#)