

Beginning September 1, 2021, under Maine Law, religious and philosophical objections to vaccination in certain settings are no longer allowed, except under specific circumstance described below. This applies to childcare settings, and public and private schools.

Who does this law affect?

The law affects any institution that had previously allowed philosophical/religious exemptions including childcares, private and public K-12 schools, post-secondary schools, and some healthcare facilities.

Which vaccines are required?

K-12	
Kindergarten Entry	<ul style="list-style-type: none"> • 5 DTaP (diphtheria, tetanus, and pertussis; 4 DTaP if fourth is given on or after fourth birthday) • 4 Polio (fourth dose is not needed if the third dose is given on or after the fourth birthday, an additional age appropriate IPV should be given on or after the fourth birthday) • 2 MMR (measles, mumps, rubella) • 1 Varicella (chickenpox) or reliable history of disease
Grade 7 Entry	<ul style="list-style-type: none"> • Tdap (tetanus, diphtheria, and pertussis) • 1 Meningococcal Conjugate (MCV4)
Grade 12 Entry	2 MCV4, only one dose is required if the first dose is given on or after sixteenth birthday
Childcare Facilities	
Children	See table on page three for age-based immunization requirements for mumps, measles, rubella, varicella, diphtheria, polio tetanus, hemophilus influenza type B, and pneumococcus.

Exemptions

Who can give medical exemptions?

A medical exemption is available to people who provide a written statement from a licensed physician (MD/DO), nurse practitioner, or physician assistant that, in the provider's professional opinion, immunization against one or more diseases may be medically inadvisable. At Northern Light Health we now use a standard form for medical exemptions.

What is a medical exemption?

Northern Light Health supports the CDC/ACIP vaccine schedule and contraindications to vaccination:

Contraindications (conditions in a recipient that increases the risk for a serious adverse reaction) to vaccination are conditions under which vaccines should not be administered. Because most contraindications are temporary, vaccinations often can be administered later when the condition leading to a contraindication no longer exists. A vaccine should not be administered when a contraindication is present; for example, MMR vaccine should not be administered to severely immunocompromised persons or persons who may be pregnant. However, certain conditions are commonly misperceived as contraindications (i.e., are not valid reasons to defer vaccination). (See Pages 4-6 for details.)

Precautions are reviewed on a case-by-case basis.

Who can keep their religious or philosophical exemptions when attending school?

A student covered by an individualized education plan (IEP) on September 1, 2021, who elected a philosophical or religious exemption from immunization requirements on or before September 1, 2021, may continue to attend school under that student's existing exemption as long as:

- The parent or guardian of the student provides a statement from a licensed physician, nurse practitioner, or physician assistant that the physician, nurse practitioner, or physician assistant has consulted with that parent or guardian and has made that parent or guardian aware of the risks and benefits associated with the choice to immunize; or
- If the student is 18 years of age or older, the student provides a statement from a licensed physician, nurse practitioner, or physician assistant that the physician, nurse practitioner, or physician assistant has consulted with that student and has made that student aware of the risks and benefits associated with the choice to immunize.

At Northern Light Health we now use a standard form for this type of exemption.

Are titers an acceptable alternative to vaccination as a proof of immunity?

Laboratory results or medical records demonstrating immunity will be considered acceptable evidence of meeting the immunity requirement.

My patients need a medical exemption from an MD/DO, NP/PA or they will not be allowed to attend in person school.

True. Physicians are urged to reach out to all patients who will not meet their vaccine requirements for the school and get them caught up immediately. There is no longer a requirement to wait a period of time between vaccination against COVID-19 and other immunizations.

Do vaccination efforts to combat COVID-19 affect getting children caught up?

No. There is no longer a requirement to wait a period of time between COVID-19 vaccination and other immunizations.

Daycare Immunization Standards

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
0 through 2 months	None	None	None	None	None	None	None	None
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose	None	None	None
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses	None	None	None
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses ¹	3 Doses ²	None	None	None
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	None
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	None
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	1 Dose ³
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	2 Doses ³

¹ A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.

² If the PCV series is started when a child is seven months of age or older or the child is delinquent in the series, then all four doses may not be required. Please reference the information below to assist with compliance:

- For children seven through 11 months of age, two doses are required.
- For children 12 - 23 months of age: if three doses have been received prior to 12 months of age, then an additional dose is required (total of four doses) on or after 12 months of age. If one or two doses were received prior to 12 months of age, then a total of three doses are required with at least one dose on or after 12 months of age. If zero doses have been received, then two doses are required with both doses on or after 12 months of age.
- Children 24 months through 59 months meet the requirement if they have at least three doses with one dose on or after 12 months of age, or two doses with both doses on or after 12 months of age, or one dose on or after 24 months of age. Otherwise, one additional dose is required. Children 60 months of age and older are not required to receive PCV vaccine.

³For MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after the first birthday. Vaccine doses administered within 4 days before the first birthday will satisfy the requirement.

Contraindications for commonly used vaccines.

Vaccine	Contraindications
DT, Td	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
DTaP	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP or DTaP
Hepatitis A	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
Hepatitis B	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Hypersensitivity to yeast
Hib	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Age <6 weeks
HPV ^(b)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including yeast
IIV	Severe allergic reaction (e.g., anaphylaxis) after previous dose of influenza vaccine or to vaccine component.
IPV	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
LAIV ^(c)	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Concomitant use of aspirin or aspirin-containing medication in children and adolescents LAIV4 should not be administered to persons who have taken oseltamivir or zanamivir within the previous 48 hours, peramivir within the previous 5 days, or baloxavir within the previous 17 days. ^(e) Pregnancy Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months. Persons with active cerebrospinal fluid/oropharyngeal communications/leaks. Close contacts and caregivers of severely immunosuppressed persons who require a protected environment. Persons with cochlear implants (due to the potential for CSF leak, which might exist for some period of time after implantation. Providers might consider consultation with a specialist concerning risk of persistent CSF leak if an age-appropriate inactivated or recombinant vaccine cannot be used). Altered Immunocompetence Anatomic or functional asplenia (e.g. sickle cell disease)
MenACWY	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component, including yeast
MenB	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
MMR ^{(g),(h)}	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Pregnancy Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy ⁽ⁱ⁾ or patients with HIV infection who are severely immunocompromised) Family history of altered immunocompetence ⁽ⁱ⁾
MPSV4	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

Vaccine	Contraindications
PCV13	Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid-containing vaccine or to a component of a vaccine (PCV13 or any diphtheria-toxoid-containing vaccine), including yeast
PPSV23	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component
RIV	Severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine
Rotavirus	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component SCID History of intussusception
Tdap	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures), not attributable to another identifiable cause, within 7 days of administration of previous dose of DTP, DTaP, or Tdap
Varicella ^{(g),(h)}	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Known severe immunodeficiency (e.g., from hematologic and solid tumors, receipt of chemotherapy, congenital immunodeficiency, long-term immunosuppressive therapy ⁽ⁱ⁾ or patients with HIV infection who are severely immunocompromised) ^(g) Pregnancy Family history of altered immunocompetence ^(j)
Zoster	Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

Abbreviations: DT = diphtheria and tetanus toxoids; DTaP = diphtheria and tetanus toxoids and acellular pertussis; DTP = diphtheria toxoid, tetanus toxoid, and pertussis; GBS = Guillain-Barré syndrome; Hib = *Haemophilus influenzae* type b; HIV = human immunodeficiency virus; HPV = human papillomavirus; IIV = inactivated influenza vaccine; IPV = inactivated poliovirus; LAIV = live, attenuated influenza vaccine; MenACWY = quadrivalent meningococcal conjugate vaccine; MMR = measles, mumps, and rubella; MPSV4 = quadrivalent meningococcal polysaccharide vaccine; PCV13 = pneumococcal conjugate vaccine; PPSV23= pneumococcal polysaccharide vaccine; SCID = severe combined immunodeficiency; RIV=recombinant influenza vaccine; Td = tetanus and diphtheria toxoids; Tdap = tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis.

^(a) Events or conditions listed as precautions should be reviewed carefully. Benefits of and risks for administering a specific vaccine to a person under these circumstances should be considered. If the risk from the vaccine is believed to outweigh the benefit, the vaccine should not be administered. If the benefit of vaccination is believed to outweigh the risk, the vaccine should be administered. Whether and when to administer DTaP to children with proven or suspected underlying neurologic disorders should be decided on a case-by-case basis.

^(b) HPV vaccine is not recommended during pregnancy

^(c) In addition, ACIP recommends LAIV not be used for pregnant women, immunosuppressed persons, and children aged 2-4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health-care provider stated that they had wheezing or asthma within the last 12 months. LAIV should not be administered to persons who have taken influenza antiviral medications within the previous 48 hours. Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt.

^(d) See reference: Grohskopf L, Alyanak E, Broder KR, et al., Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020—21 Influenza Season. *MMWR Recomm Rep.* 2020;69(No. RR-8):1-26.

- ^(e) These values are based on the clearance of the particular antiviral. To obtain specific information, please refer to Grohskopf LA, Alyanak, E, Broder KR, et. al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season. MMWR Recomm Rep 2020;69(No. RR-8:1-26. Also at <https://www.cdc.gov/mmwr/volumes/69/rr/pdfs/rr6908a1-H.pdf>.
- ^(f) This precaution applies to infants younger than 9 months old
- ^(g) HIV-infected children may receive varicella vaccine if CD4+ T-lymphocyte count is $\geq 15\%$ and should receive MMR vaccine if they are aged ≥ 12 months and do not have evidence of current severe immunosuppression (i.e., individuals aged ≤ 5 years must have CD4+T lymphocyte [CD4] percentages $\geq 15\%$ for ≥ 6 months; and individuals aged > 5 years must have CD4+percentages $\geq 15\%$ and CD4+ ≥ 200 lymphocytes/mm³ for ≥ 6 months) or other current evidence of measles, rubella, and mumps immunity. In cases when only CD4+cell counts or only CD4+percentages are available for those older than age 5 years, the assessment of severe immunosuppression can be based on the CD4+values (count or percentage) that are available. In cases when CD4+percentages are not available for those aged ≤ 5 years, the assessment of severe immunosuppression can be based on age-specific CD4+counts at the time CD4+counts were measured; i.e., absence of severe immunosuppression is defined as ≥ 6 months above age-specific CD4+count criteria: CD4+count > 750 lymphocytes/mm³ while aged ≤ 12 months and CD4+count ≥ 500 lymphocytes/mm³ while aged 1 through 5 years. **Sources:** (1, 50).
- ^(h) MMR and varicella-containing vaccines can be administered on the same day. If not administered on the same day, these vaccines should be separated by at least 28 days.
- ⁽ⁱ⁾ A substantially immunosuppressive steroid dose is considered to be ≥ 2 weeks of daily receipt of 20 mg or 2 mg/kg body weight of prednisone or equivalent.
- ^(j) family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.
- ^(k) If active tuberculosis is suspected, MMR should be delayed. Measles vaccination might suppress tuberculin reactivity temporarily. Measles-containing vaccine can be administered on the same day as tuberculin skin or IGRA testing. If testing cannot be performed until after the day of MMR vaccination, the test should be postponed for ≥ 4 weeks after the vaccination. If an urgent need exists to skin test or IGRA, do so with the understanding that reactivity might be reduced by the vaccine.
- ^(l) For RV1 only, based on latex in product/packaging. Note that anaphylactic allergy to latex is covered in the contraindication, and would also be isolated to RV 1 in the case of latex. For more details, see (55).
- ^(m) No adverse events associated with the use of aspirin or aspirin-containing products after varicella vaccination have been reported; however, the vaccine manufacturer recommends that vaccine recipients avoid using aspirin or aspirin-containing products for 6 weeks after receiving varicella vaccines because of the association between aspirin use and Reye syndrome after varicella. Vaccination with subsequent close monitoring should be considered for children who have rheumatoid arthritis or other conditions requiring therapeutic aspirin. The risk for serious complications associated with aspirin is likely to be greater in children in whom natural varicella develops than it is in children who receive the vaccine containing attenuated VZV. No association has been documented between Reye syndrome and analgesics or antipyretics that do not contain aspirin.”