



2021 Policy Statement on Vaccine Status of Campers, Staff, Faculty, and their families attending URJ Camps and Israel programs

Vaccination has a Jewish context

Each year, the American Academy of Pediatrics and the Canadian Paediatric Society publishes a “Recommended Childhood and Adolescent Immunization Schedule.” Practicing pediatricians across North America recognize these schedules as the standard of care regarding childhood & adolescent vaccinations. Concurrently, the US Centers for Disease Control & Prevention (CDC) annually publish vaccine standards for adults.

Among our most cherished Jewish values is the imperative for preserving life and maintaining health. We embrace this value specifically by taking preventive measures to protect the public health of our camp community as a whole. ***This is why we require all children, staff, faculty, and their families planning to attend our URJ camps and Israel programs to adhere to the immunization standards described below.***

Vaccination is a shared responsibility and is our expectation

Parents send their children to camp and expect that their children will enjoy themselves, have positive social interactions, learn from the rich Jewish environment and most of all be safe and healthy. All the fun, friendship building, Jewish identity affirmation and character development can only happen if we are absolutely confident that individual safety and public health remain at the center of every decision made throughout the URJ camps and Israel programs. Reducing the risk of vaccine-preventable illnesses from entering any of our camps or travel programs is simply the single most effective strategy to protect public health. This goal can be accomplished only through the appropriate vaccination of **all** members of our camp and travel programs. Individual families may choose to defer the vaccination of their children, at the URJ we cannot and will not defer the safety of our camps and travel programs.

What we require

ALL THOSE WHO ARE IN RESIDENCE AT CAMP OR ARE TRAVELING ON A URJ PROGRAM are required to have completed the **age-appropriate vaccine schedule or the relevant immunization catch-up schedule** recommended by the American Academy of Pediatrics (AAP), the Canadian Paediatric Society, the Center for Disease Control (CDC) as well as vaccination requirements at the vast majority of primary and secondary schools around the United States. Please note that some of the vaccines are provided as combined doses rather than individually, such as Pediarix or ProQuad. Ask your health care provider if you are not sure which vaccines you or your child(ren) have received.

- 1. Infants below the age of 18 months will have completed the age appropriate number of doses for each immunization listed below. For example, a 9-month old infant will have received 3 doses of DTaP, an 18-month old infant will have received 1 dose of MMR, etc.***

DTaP (Diphtheria, Tetanus & Pertussis) - 4 doses

HiB (Haemophilus Type B) - 3-4 doses depending on vaccine type

HepB (Hepatitis B) - 3 doses

IPV (Polio) - 3 doses

MMR (Measles, Mumps & Rubella) - 1 dose

PCV13 (Pneumococcal conjugate) - 4 doses

2. Children below the age of 11 will have completed all of the above series listed in #1 as well as the age appropriate number of doses for each immunization listed below. For example, a 2-year-old child will have received 4 doses of DTaP, and a child above age 6 will have received 2 doses of MMR, etc.

DTaP (Diphtheria, Tetanus & Pertussis) - 5 doses

MMR (Measles, Mumps & Rubella) - 1 additional dose to make a total of 2 doses

Varicella (Chicken Pox) - 2 doses or date of clinical chicken pox infection. NOTE: Immunizing against Chicken Pox is the best way to prevent experiencing Shingles in adulthood. If you prevent a Chicken Pox infection you also prevent future Shingles infections. Shingles infections can be terribly painful and dangerous to others around you.

3. Children 11 and older will have completed all of the above series listed in #1 and #2 and each of the following:

Meningococcal (Menactra, Menveo) – 1 dose by age 12, second booster dose by age 16

TDaP booster (Pertussis, Tetanus) - 1 dose between ages 11–12

4. Anyone over the age 18 will have completed all of the above series listed in #2 and #3,

PLUS:

TDaP (Pertussis & Tetanus) – Booster doses are given every 10 years after the dose given in early adolescence, please ensure that you are up to date.

Pneumococcus, Meningococcus, Shingles - Please review your eligibility for these vaccines with your health care provider.

5. Highly recommended for everyone

Hepatitis A – 2 doses

Influenza – 1 dose (2 if never previously immunized). Influenza remains a serious illness for all age groups. Seasonal influenza patterns have extended into the summer. Since we do not yet know the probability this year if influenza will extend into this coming summer, we **VERY STRONGLY RECOMMEND** that all campers and staff receive the **flu vaccine** this and every year.

6. COVID-19 vaccine

Vaccines against COVID-19 continue to be developed and authorized, and will become increasingly available during 2021. As different subgroups of people are able to obtain access, vaccination is **EXPECTED where it can be obtained.** Youth under age of 16 are exempt from this requirement until such time that COVID-19 vaccines are authorized for this age group. **Youth 16 years of age and over, all staff and faculty are expected to seek out the vaccine in their local communities and, when available, to complete the relevant vaccination series at least two weeks prior to joining the camp community.**

What about catch-up vaccination schedules?

For campers undergoing catch-up vaccination, the doses noted above may not be indicated or sufficient. Please discuss specific immunization catch-up strategies with your child's health-care provider.

What about Gardasil HPV (Human Papillomavirus) vaccine?

This vaccination provides long-lasting protection from cancers caused by HPV with two doses between ages 11-12 and is strongly endorsed by the American Cancer Society as a primary cancer prevention strategy. While this is not a vaccine that prevents the spread of an illness that directly affects the health of our camps and travel programs, it is a safe and effective vaccine that significantly decreases the risk of a very serious and life-threatening cancer. For this reason, we strongly endorse and recommend completion of this component of the childhood vaccination schedule. For more information, please refer to the CDC website "6 Reasons To Get HPV Vaccine For Your Child": www.cdc.gov/hpv/infographics/vacc-six-reasons.html

Yes, there are exceptions to the URJ vaccination policy, and they are rare

We recognize that individuals who have had a documented allergy or severe adverse reaction to a particular vaccine may not be able to complete the immunization schedule outlined above. Additionally, individuals with medical conditions such as congenital immunodeficiency or HIV, cancer and who are receiving chemotherapy, transplant patients, and persons receiving immunosuppressive drugs and chronic steroids, and others also may not be able to receive certain vaccines. **In these extremely rare circumstances, current documentation from a licensed Physician (MD or DO), or a Pediatric/Family Practice Advanced Practice Nurse (ARNP or PNP) not related to the individual describing the reason for exemption from immunization must be furnished to URJ Camps or Israel Programs.** We are happy to discuss case by case management of these rare circumstances of medical contraindication to partial or complete vaccination.

Thank you!

The appropriate vaccination of all members of our community is essential in order to maintain a safe camp and travel environment for your child. We thank you for your timely attention to these requirements.