



2022 Policy Statement on Vaccine Status of Campers, Staff, Faculty, and their families attending URJ Camps and 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 similarly regarded as the standard of care regarding adult vaccinations.

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 URJ communities. This is why we require all participants, staff, faculty, and their families planning to attend our URJ camps and programs to adhere to the immunization standards described below.

Vaccination is a shared responsibility and is our expectation for all members of our URJ community.

Parents send their children to URJ camps and programs 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 programs. Reducing the risk of vaccine-preventable illnesses from entering any of our camps or 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 programs. Individual families may choose to defer the vaccination of their children, but at the URJ we cannot and will not defer the safety of our camps and programs.

What we require

All those who are in residence at camp or 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 have received. COVID-19 Vaccination recommendations are listed separately below (not in the age requirement categories) due to their unique complexities.

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 clinically diagnosed 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

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.

4. 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.

5. COVID-19 vaccine

Vaccines against COVID-19 continue to be developed and approved (including emergency use) and will become increasingly available during 2022. As different subgroups of people are able to obtain access, vaccination is **required at age eligible levels as authorized by the Food and Drug Administration. All members of our community are required to complete the relevant vaccination series including available booster doses at least two weeks prior to participating in URJ programs and camps.** You are up to date with your COVID-19 vaccines when you have followed the current CDC recommendations: [Stay Up to Date with Your Vaccines | CDC](#). The required vaccination schedule will be different depending on your age, your health status, and when you began your vaccination series:

Pfizer-BioNTech ^[1]	Moderna ^[1]	Johnson & Johnson's Janssen ^[1,2]
Ages Recommended 5+ years old	Ages Recommended 18+ years old	Ages Recommended 18+ years old
Primary Series 2 doses ^[3,4] Given 3 weeks (21 days) apart ^[5]	Primary Series 2 doses ^[3] Given 4 weeks (28 days) apart ^[5]	Primary Series 1 dose
Fully Vaccinated 2 weeks after final dose in primary series	Fully Vaccinated 2 weeks after final dose in primary series	Fully Vaccinated 2 weeks after 1st dose
Booster Dose Everyone ages 12+ should get a booster dose at least 5 months after the last dose in their primary series. <ul style="list-style-type: none">Teens 12–17 should only get a Pfizer-BioNTech COVID-19 Vaccine boosterEveryone 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines)	Booster Dose Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 5 months after the last dose in their primary series.	Booster Dose Everyone ages 18+ should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&J/Janssen COVID-19 Vaccine. You may get J&J/Janssen in some situations .
When Boosted A person is considered "boosted" and up to date right after getting their booster dose.	When Boosted A person is considered "boosted" and up to date right after getting their booster dose.	When Boosted A person is considered "boosted" and up to date right after getting their booster dose.

Frequently Asked Questions:

What about catch-up vaccination schedules?

For teens 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. 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

Are there are exceptions to the URJ vaccination policy?

Yes, there are exceptions to the URJ vaccination policy, and they are rare. There are exceedingly rare circumstances where vaccination is contraindicated for bona fide medical reasons. Individuals who have had a documented allergy or severe adverse reaction to the usual childhood vaccination series might not be able to complete the specific immunization schedule outlined above. Additionally, individuals who are relatively immunodeficient (for example, people living with cancer or who are receiving chemotherapy, transplant recipients, and people receiving immunosuppressive drugs) 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 condition that prevented immunization, must be furnished to URJ Camps and Programs Medical Advisory Team. We will review these very rare situations on a case-by-case basis to determine if that individual can safely participate in the relevant URJ Camp or Program.

Thank you!

The appropriate vaccination of all members of our community is essential to maintain a safe environment for your child and to uphold our organization's Jewish value of *Pikuach Nefesh*, the preservation of human life. We thank you for your timely attention to these requirements.