



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
305 South Street, Jamaica Plain, MA 02130

MAURA T. HEALEY  
Governor

KIMBERLEY DRISCOLL  
Lieutenant Governor

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

To: Camp Directors

From: Pejman Talebian, MA, MPH, Director, Immunization Division

Date: March 26 2025

Subject: Required Immunizations for Children Attending Camp and Camp Staff

According to the [U.S. Centers for Disease Control and Prevention](#), “when more than 95% of people in a community are vaccinated (coverage >95%), most people are protected through community immunity (herd immunity).” There were 285 cases of measles reported in the US during 2024, including one in MA and several in adjacent states. Most of the cases reported in the U.S. were young (73% were under age 20) and unvaccinated or with unknown vaccination history (89%). A single case of measles can expose dozens if not hundreds of people, resulting in risk of illness, medical visits for vaccination and testing, and missed days of work and school due to quarantine of those who lack evidence of immunity to measles. The way to avoid this situation, which can bring a summer camp to a halt, is to ensure that children attending camp and camp staff have evidence of immunity to measles.

**Required Vaccines:**

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Immunization requirements for children attending camp follow the Massachusetts school immunization requirements, as outlined in the [Massachusetts School Immunization Requirements](#) table, which reflects the newest requirement: meningococcal vaccine (MenACWY) for students entering grades 7 and 11 (on or after the 16<sup>th</sup> birthday, in the latter case; see the tables that follow for further details). Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school-aged should follow the Childcare/Preschool immunization requirements included in the School Immunization Requirements table.

Campers, staff, and volunteers 18 years of age and older should follow the immunizations outlined in the document [Adult Occupational Immunizations](#).

The following pages include portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant to camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed disease cases, please contact the MDPH Immunization Division at [ImmAssessmentUnit@mass.gov](mailto:ImmAssessmentUnit@mass.gov). Address questions about enforcement with your legal counsel.

See the following pages for Grades Kindergarten–6, Grades 7–12 & campers, staff, and volunteers 18 years of age and older

## Grades Kindergarten–6<sup>1†</sup>

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

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

\* 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 the following pages for Grades 7–12, & campers, staff, and volunteers 18 years of age and older

## Grades 7–12<sup>†</sup>

In ungraded classrooms, Grade 7 requirements apply to all students  $\geq 12$  years.

Tdap	<b>1 dose;</b> and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at $\geq 7$ 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 $\geq 10$ years since last Tdap
Polio	<b>4 doses;</b> fourth dose must be given on or after the 4 <sup>th</sup> birthday and $\geq 6$ 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 <sup>th</sup> birthday and $\geq 6$ months after the previous dose
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday, and second dose must be given $\geq 28$ days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given $\geq 28$ days after first dose; a reliable history of chickenpox <sup>*</sup> or laboratory evidence of immunity acceptable
Meningococcal <b>Grade 7–10</b>	<b>1 dose;</b> this dose must be given on or after the 10 <sup>th</sup> birthday. Meningococcal conjugate vaccine, MenACWY (formerly MCV4) and MenABCWY, fulfill this requirement; monovalent meningococcal B (MenB) vaccine is not required and does not meet this requirement
Meningococcal <b>Grade 11–12<sup>‡</sup></b>	<b>2 doses;</b> second dose MenACWY (formerly MCV4) must be given on or after the 16 <sup>th</sup> birthday and $\geq 8$ weeks after the previous dose; 1 dose is acceptable if it was given on or after the 16 <sup>th</sup> birthday. Meningococcal conjugate vaccine, MenACWY (MCV4) and MenABCWY, fulfill this requirement; monovalent meningococcal B (MenB) vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel.

\* 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 the following page for campers, staff, and volunteers 18 years of age and older

### Campers, staff, and volunteers 18 years of age and older

MMR	<b>2 doses;</b> anyone born in or after 1957; <b>1 dose;</b> anyone born before 1957 outside the US; anyone born in the US before 1957 is considered immune; laboratory evidence of immunity to measles, mumps, and rubella is acceptable
Varicella	<b>2 doses;</b> anyone born in or after 1980 in the US, and anyone born outside the US; anyone born before 1980 in the US is considered immune; a reliable history of chickenpox* or laboratory evidence of immunity is acceptable
Tdap	<b>1 dose;</b> and history of DTaP primary series or age-appropriate catch-up vaccination; Tdap given at $\geq 7$ 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 $\geq 10$ years since Tdap
Hepatitis B	<b>3 doses;</b> (or 2 doses of Heplisav-B) for staff whose responsibilities include first aid; laboratory evidence of immunity is acceptable

\* 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.