



PLAINEDGE PUBLIC SCHOOLS

DISTRICT ADMINISTRATION BUILDING
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Edward A. Salina, Jr., Ed.D.
Superintendent of Schools

November 5, 2024

An Open letter to the Plainedge Community:

Dear Parent(s)/Guardian(s) & Community Members,

There have been several inquiries regarding how the district is handling the verification of immunization records of children. Some families are expressing concerns over the exclusion of a limited number of children, who are not in compliance with immunizations, and suggesting these students be allowed to return to school.

It is important to be informed with factual information regarding the requirements to be in compliance with the New York State Public Health Laws in order to attend school. While individual families or children cannot be discussed, I want to emphasize that the District believes every child should be in school whenever possible.

Educators and administrators are bound to follow the laws of New York State (NYS) including New York State Public Health Law Section 2164, and its corresponding regulations (10 NYCRR Subpart 66-1). Both the Board of Education members and I affirm an oath of office to uphold all NYS laws. Contrary to any rumors, the District has not excluded any child who has valid proof of immunizations. The District's actions are neither arbitrary nor aimed at any specific family or child.

On the other hand, there are a number of individuals who raised concerns that the District will allow students to return to school who are not properly immunized. As a District, we also have a responsibility to protect the health of **our entire school community**. Some of our students and staff are immunocompromised or have health conditions that heighten their risk of contracting potentially life-threatening diseases if required immunization standards are not met. This also puts expectant mothers, who are staff or visitors, at risk. The New York State Department of Health (NYSDOH) laws are established to ensure the safety and well-being of **all** individuals in our schools, and we are obligated to comply with these laws.

Additionally, in the past two years, there are several medical professionals who have been investigated for falsifying immunization records of children. Wild Child Pediatrics, Baldwin Midwifery, and Dr. Mark Nesselson, are a few of the medical practitioners under investigation by the NYSDOH. The District has been directed by the New York State Department of Health that a number of records from these practitioners are not valid and may not be used as valid proof of immunization.

The process described below applies to all children in the Plainedge School District:

All school districts in New York State are required to annually review immunization records in order to be compliant with the required NYSDOH *Child and Adolescent Immunization*

Schedule for Ages 18 years or Younger - "Table 1" (see attached). Every December all school nurses are required to submit the NYSDOH Immunization Survey to report the immunization status of students in Pre-K through 12. Our nurses utilize the *Immunization Requirement Handbook for Daycares, Preschools, and Kindergarten – Grade 12 Schools*, provided by the NYSDOH to certified Health Commerce System school personnel, for this process.

There are also rumors asserting Plainedge administration and staff do not care about the well-being of our excluded students and the District is not supporting their families to expedite their return to school. This could not be further from the truth. This year, we started with notification to families regarding 164 students districtwide who were deficient in immunizations. Our dedicated staff and administration worked tirelessly with families, and as of today, there are seven (7) students excluded from our schools as a result of deficient immunizations based on the requirements of the New York State Department of Health.

We continue to consult with our District doctor affiliated with Mount Sinai Medical, who is a Board-Certified Pediatrician with over 40-years' experience as a medical professional, as well as the New York State Department of Health, and our legal counsel on any situation that may lead to an exclusion of a child. We also will continue to explore and assist families with any method by which to allow their child(ren) back in school (in compliance with the law) while they are working to become compliant as required by the NYSDOH.

Please know we remain committed to supporting every Plainedge family and child within the guidelines provided to us by New York State.

Sincerely,

Edward A. Salina, Jr.

Dr. Edward A. Salina, Jr.
Superintendent of Schools

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes												
Hepatitis B (HepB)	1 st dose	← 2 nd dose →		← 3 rd dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →			5 th dose									
Haemophilus influenzae type b (Hib)			1 st dose	2 nd dose	See Notes	← 3 rd or 4 th dose, See Notes →												
Pneumococcal conjugate (PCV15, PCV20)			1 st dose	2 nd dose	3 rd dose	← 4 th dose →												
Inactivated poliovirus (IPV <18 yrs)			1 st dose	2 nd dose	← 3 rd dose →					4 th dose								See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																	
Influenza (IIV4)	Annual vaccination 1 or 2 doses																	
OR	Annual vaccination 1 dose only																	
Influenza (LAIV4)											Annual vaccination 1 or 2 doses			OR Annual vaccination 1 dose only				
Measles, mumps, rubella (MMR)					See Notes		← 1 st dose →		2 nd dose									
Varicella (VAR)							← 1 st dose →		2 nd dose									
Hepatitis A (HepA)					See Notes		2-dose series, See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)													1 dose					
Human papillomavirus (HPV)														See Notes				
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)				See Notes											1 st dose	2 nd dose		
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes			
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes				
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

Range of recommended ages for all children
 Range of recommended ages for catch-up vaccination
 Range of recommended ages for certain high-risk groups
 Recommended vaccination can begin in this age group
 Recommended vaccination based on shared clinical decision-making
 No recommendation/not applicable