

## **Immunization School/Facility/College Law Advisory Committee Meeting Minutes, October 24, 2012**

### **Voting Members Present:**

Jim Lace, MD, Oregon Pediatric Society & Oregon Medical Association  
Kim Bartholomew, RN, Oregon School Nurses Association  
Ann Occhi, Multnomah Education Service District  
Kathryn Miller, Child Care Division  
Merrily Haas, Oregon Association for the Education of Young Children

### **Voting Members Joining by Conference Call:**

Marilyn Herbst, Eastern Oregon Head Start  
Paul Lewis, MD, Clackamas, Multnomah and Washington Counties  
Karyn Walker, Immunization Coordinator, Linn County  
Tammy Baney, Board of County Commissioners, Deschutes County

### **Non-Voting Members Present:**

Lorraine Duncan, Program Manager, Immunization Section OPHD  
Stacy de Assis Matthews, Health Educator, Immunization Section OPHD  
Peggy Lou Hillman, Health Educator, Immunization Section OPHD  
Janis Betten, Health Educator, Immunization Section OPHD  
Paul Cieslak, MD, Medical Director, Immunization Section OPHD  
Jacki Nixon, Admin Specialist, Immunization Section OPHD

**Guests Present:** Susan Wickstrom

**Chairperson:** Lorraine Duncan

**Recorder:** Jacki Nixon

**Minutes:** Minutes from the previous meeting were approved.

**Exemption Options:** Dr. Lace presented an update from the Oregonians for Healthy Children coalition with ideas for a legislative concept for addressing rising rates of non-medical exemptions. State agencies may provide information, but are neutral on any proposed legislation. No financial support will be accepted from pharmaceutical companies for the coalition and its activities. Oregon currently has the highest rate of kindergartners with non-

medical exemptions to immunization. Washington's rate has dropped since implementation of a new law requiring health care provider signature for a parent to claim a philosophical exemption.

The proposed legislative concept includes several ideas. One idea is to remove references to religious exemptions and replace with "non-medical exemption". This would allow parents to decline immunizations for any reason, whether religious or otherwise. Parents claiming a non-medical exemption to immunizations would need to complete an educational module by one of two methods. Oregon Health Authority would be the agency responsible for developing an online educational tool that parents would complete in order to obtain an exemption. Alternatively, parents could obtain a signature from their health care provider that they had discussed the risks and benefits of immunization, to their own child and the community. The proposal is that the law would be updated immediately so preparation work could begin, and the change in process for claiming an exemption would go into effect in March of 2014. The goals are to make sure that parents are informed with accurate information before making a decision to claim an exemption, and to remove the references to religious to allow exemption for any reason.

#### Comments:

Local Health Departments have authority to exclude unimmunized children when there are cases of disease. However, this is a decision that is handled on a case by case basis, because the decision needs to consider many factors.

Removing references to religion could be a good or a bad thing. For example, some individuals may be deterred by the current wording of religious exemption. However, this might have been more common when the law was first implemented.

When legislation is opened, laws can be changed in directions that may not be favorable to public health.

For the educational module, language, reading level, and access must be considered. An internet based module or education from a provider would be the primary methods, but other formats including written would need to be available.

**Annual signing for non-medical exemptions:**

Under current statute, schools can choose to require annual signing for religious exemptions. Oregon Immunization Program is considering a requirement for annual signing for all religious exemptions. This would prompt parents to revisit immunizations for which they are claiming an exemption on an annual basis, giving them a chance to update records with any immunizations received. Also, if completion of an educational module was required annually, updates to the module could address changing parental concerns about vaccines or current outbreaks of vaccine-preventable disease.

**Comments:**

A question was asked about the impact on schools and children's facilities if annual collection of exemption documentation was required. Statewide, this would affect approximately 5% of children, but the number of children at each site is small: on average 15 students in public schools, 10 in private schools, and 2.3 in children's facilities. This might be more easily implemented at childcare age than school age, since children are scheduled to receive immunizations more frequently. With the high number of students at some schools, cuts to office staff, and uncertainty about potential changes required to school computer systems (or the need to clear out religious exemptions on an annual basis), there was concern that this might result in a large administrative burden. Another uncertainty is about the timeframe for collecting annual exemption documentation.

It is unclear of how much benefit would result compared to the administrative burden on schools and children's facilities. If some schools, districts or counties are interested in piloting annual exemptions, an evaluation can be done to look at costs and benefits.

**Hepatitis A requirement communication:**

Schools are receiving a document in their annual reporting packets this fall with ideas about collecting hepatitis A immunization now and over the next few years, in preparation for when the requirement will apply to all grades. This school year the hepatitis A requirement goes through 4<sup>th</sup> grade, in 2013-2014 the requirement will go through 5<sup>th</sup> grade, and in 2014-2015, the requirement will go through 12<sup>th</sup> grade. A quick look at ALERT IIS data showed that approximately one-third of adolescents have two doses of hepatitis A vaccine in ALERT IIS and two-thirds have at least one dose of hepatitis A. The Immunization Program is investigating several options for electronically providing hepatitis A vaccine data from ALERT for school computer systems or the Department of Education computer system, but it is unknown if these options will be feasible. The Immunization Program is developing sample materials for school to use as communication, and materials for health care providers as well.

**Comments:**

Make sure communication materials are available in multiple languages. Use the school bus flyer to display immunization requirements several years out. A school schedule in ALERT IIS could be used to display projected immunization requirements in 2014-2015. Messages to providers to give to parents, and to remind providers who are seeing adolescents to give hepatitis A vaccine, would be useful. Get the message out at school based health center and school nurse conferences. Posters for schools might help. Encourage schools to input any hepatitis A dates for adolescents into their school computer systems now, in anticipation of the requirement in 2014-2015. It is possible that the phase in of hepatitis A to multiple grades and the enforcement for completing an educational module for non-medical exemptions (if passed) would both fall heavily in school year 2014-2015. If anyone has suggestions to how to coordinate communication for these two changes, if both are implemented, please send to Stacy.

**School Computer Systems Update:** The Oregon Immunization Program approves school computer systems for assessing and annual reporting of immunization requirement. Changes this year include provisional approval for Powerschool. Several school districts are using a new system called Synergy this year. Many other school districts will be moving to Synergy next year. The Immunization Program is working with Synergy as they try to get approval for immunization assessment before this year's reports are due in January.

**New school immunization reporting system in ALERT IIS:**

The idea behind a new school immunization reporting system is that schools/children's facilities would complete assessment and reporting of immunizations through ALERT IIS, rather than manually or through a student information system. This would eliminate the need to approve the individual school computer tracking systems for assessment and reporting. Also, immunization dates would be populated by ALERT IIS, eliminating the need to look up individual children, and reducing data entry except for those records not in ALERT IIS. Two states have similar systems of school reporting through the IIS. Initial meetings with Oregon Department of Education staff to discuss this were tentatively positive. Next steps, if approved by this advisory committee, would be continued exploration with Department of Education, Department of Justice, and Mary Beth Kurilo, ALERT IIS Director.

Comments: Is there concern about accuracy of data? School data would not be visible by clinics. This will help reduce potential conflicts with FERPA, and ensure that the data providers use in ALERT IIS do not include school-reported dates. Addresses would have to be updated by schools, since addresses in ALERT IIS may not be current. How would this accommodate kids transferring between schools? The idea of linking a child to the state school ID number will need to be explored.

**College measles requirement reporting:**

This is the second year that colleges have reported on measles immunization status. More than half of colleges require measles immunization

documentation from all students, full and part time (the law requires only full time). There are holes in the system, such as students who are enrolled through one college and attending classes on another campus, and neither college requires or tracks measles immunization documentation on these students. This is the first year that community colleges have reported on measles immunization status. There are approximately the same number of students in Oregon colleges and community colleges, but only about five percent of community college students fall into the required categories for measles documentation: participants in intercollegiate sports, and practicum experiences in allied health, education and early childhood education. Overall, less than three percent of college students have religious exemptions. The process of collecting reports has prompted some colleges to review plans to improve the collection of required measles immunization documentation.