PROPOSED REVISIONS TO SCHOOL IMMUNIZATION REGULATIONS IN PENNSYLVANIA

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Importance of Immunization and Reason for the Proposed Change

- In some cases, the only way to ensure that children are adequately protected, particularly those who are medically unable to obtain a vaccination, and, therefore, vulnerable, is to require the immunization of children attending school.

- The department intends to achieve this goal by revising language in § 23.85 (relating to responsibilities of schools and school administrators) that allows for a child to be provisionally admitted to school even though the child does not have all the required immunizations for admittance or continued attendance as set out in § 23.83 (relating to immunization requirements.)
Current School Vaccination Rate in PA

- DOH is unable to provide an “overall vaccination rate.” We can only look at vaccination rates for specific antigens for either kindergarteners or seventh graders.

- DOH tends to look at MMR rates for those entering kindergarten. The most recent data shows only 91 percent of PA children entering kindergarten had the necessary vaccinations, compared with more than half the states reporting a rate of over 95 percent.

- PA still has not yet achieved herd immunity in its schools, which we need to do to help protect the health of all Pennsylvanians.
What is “Herd Immunity” and Why is it Important?

• According to the Centers for Disease Control and Prevention (CDC), “herd immunity” or “community immunity” is a situation in which a sufficient proportion of a population is immune to an infectious disease (through vaccination and/or prior illness) to make its spread from person to person unlikely.

• Even individuals who are not vaccinated, such as newborns and those with chronic illnesses, are offered some protection because the disease has little opportunity to spread within the community.
Current regulations ensure that PA school children are immunized against diseases which spread easily in schools and interrupt school life and learning for individuals and groups.

This affects public, private, parochial, and non-public schools (including vocational schools, intermediate units, special education and home education programs, cyber schools and charter schools) in the commonwealth.

Children are allowed to attend school so long as they have received the first dose of a multi dose vaccine.

Children have up to eight months to complete all the required additional multi dose vaccines.
Children in kindergarten through 12th grade are required to have the following vaccines:

- Four doses of tetanus*
- Four doses of diphtheria*
- Three doses of polio
- Two doses of measles**
- Two doses of mumps**
- One dose of rubella**
- Three doses of hepatitis B
- Two doses of varicella or evidence of immunity
• Children entering 7\textsuperscript{th} grade are also required to have:
  o One dose of meningococcal conjugate
  o One dose of tetanus, diphtheria, acellular pertussis

*usually given as DTaP
**usually given as MMR
Current Regulations include a “Provisional” Period for Immunizations

- Pennsylvania’s regulations allow students in kindergarten through 12th grade to be admitted to school provisionally for up to eight months if evidence of at least one dose of each of the required antigen for multiple dose vaccines is given, and a plan for obtaining all immunizations is in place.

- The Departments of Health and Education believe that current regulations should be revised to ensure a higher level of herd immunity for Pennsylvania school children.
 Proposed Regulation Changes – Subchapter C of Title 28 (Relating to Immunizations)

• **Full immunization** – The completion of the requisite number of dosages of the specific antigens at recommended time and age intervals set out in § 23.83 (relating to immunization requirements.)

• **Medical certificate** – The official form furnished by the department setting out the immunization plan for a student who is not fully immunized, filled out and signed by a health care provider or by a public health official when the immunization is provided by the department or a local health department and given to a school as proof that the student is scheduled to complete the required immunizations.
Proposed Changes to the List of Required Vaccinations

- Combine the diphtheria and tetanus vaccines into a combination form.
- Require Pertussis to address the need to fight the resurgence of a vaccine-preventable disease.
- Require the combination form for Measles, Mumps and Rubella.
- Add a second dose of Meningococcal Vaccine for entry into the 12th grade, or in an ungraded school, in the school year the child turns 18 years of age.
- Include one dose of Tdap in combination form children 11 through 18 years of age according to ACIP recommendations.
Proposed Changes to the Provisional Period

- Replacing the eight month provisional period with the following:
  - Requiring exclusion of a child who lacks a single dose of a single dose vaccine and/or the first dose of a multiple dose vaccine.
  - Allowing a child that needs the next or final dose of a multiple dose vaccine five school days to obtain the next or final dose in the series; or
Proposed Changes to the Provisional Period, Continued

- Replacing the eight month provisional period with the following:
  - Allowing a child needing more than one dose of a multiple-dose vaccine series beyond the five days to enter school provisionally upon the submission of a medical certificate outlining the dates for additional vaccination.
  - Requiring school administrators to review the medical certificate and the child’s compliance at least every 30 days.
  - Allowing school administrators to exclude a child who does not comply with the dates in the submitted medical certificate.
Exemptions to Provisional Requirements

• Exempting from exclusion a child who is homeless.

• Exempting from exclusion for 30-days a child who is transferring from a school or country outside the commonwealth and cannot provide records.

• Providing limited waiver of vaccine requirements in the event of a disaster impacting the ability of children transferring into a school to provide records, or a nationally recognized vaccine shortage.
Is PADOH Proposing to Eliminate the Religious and Medical Exemptions?

• No. The department is not proposing any change to these two exemptions in the regulation.
Reviewing the Medical Certificate

• The school administrator will still be responsible for the review of the medical certificate to determine whether or not the child is following the schedule, and whether or not to exclude the child who fails to follow his or her schedule.

• The department is proposing to change the timeframe for that review, however, from 60 days to at least every 30 days to ensure more accountability.

• The school will maintain the medical certificate until the child’s official school immunization record is fully completed to ensure accurate records on immunizations. This is important in case of an outbreak of any vaccine preventable disease in the school.
Changes to the Way Schools are Reporting Data

- The CDC requests annual school immunization coverage reports from the department as part of the Federal Immunization Grant process.

- In reviewing reporting data, the department has determined that by requesting the data by October 15, schools are reporting data too early in the school year, and the reporting does not accurately reflect the actual number of children receiving immunizations.
Changes to the Way Schools are Reporting Data, Continued

- The PADOH is proposing to change the date by which schools are required to report to the department from October 15 of each school year to December 31, and to require reporting electronically.

- The department recognizes, however, that some schools will not be able to complete a report electronically. The department proposes to require those schools to report on paper, by an earlier date – December 15 – each year.
THANK YOU!