



07-08

STATEMENT OF POLICY

SCHOOL-ENTRY IMMUNIZATION MANDATES

Policy

The National Association of County and City Health Officials (NACCHO) supports implementation of school-entry mandates that provide individual and public health benefits, protect children from communicable diseases, and improve community-wide immunization completion rates.

NACCHO supports state and local health departments (LHDs) as they balance the interests and concerns of children, parents, school systems, the community at large, healthcare providers and public health practitioners while developing specific, evidence-based, and standardized public health criteria to guide decisions regarding school-entry mandates. Exemptions should be available for documented medical contraindications and religious reasons under certain circumstances. The process for obtaining such exemptions should be revisited and evaluated regularly.

“Immediate” mandates are not generally recommended. School mandates, as with other public health interventions, must be introduced, exercised, and executed judiciously to preserve the health of school communities and the rights of minors, parents, and others. The decision to implement school entry mandates should be made strategically and locally on a case-by-case basis, taking into account characteristics of the vaccine; Advisory Committee on Immunization Practices (ACIP)¹ recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a mandate (significant uptake in the recommended population to reduce the compliance burden in the school system); stable and adequate vaccine supply; vaccine financing including coverage of the vaccine by private health insurance plans; disease burden, severity, and communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance. Acceptability of the vaccine to healthcare providers and the community should also be considered.

Justification

Vaccines are a cost-effective tool in preventing morbidity and mortality and protecting children and adults against many serious and potentially fatal diseases.² The Centers for Disease Control and Prevention (CDC) lists vaccination practices among the top ten public health achievements of the twentieth century.³ Data also show that school-entry mandates increase immunization coverage ratios and reduce rates of disease.⁴

Local school-entry policies should evolve out of a broad partnership including LHDs, schools, parents, healthcare providers, and other stakeholders. In addition to consideration of the issues discussed above, the decision to implement school-entry mandates should allow sufficient time after the vaccine initially becomes available for assessment of issues such as supply, identification of disparities in uptake among population subgroups, ongoing assessment of post-licensure vaccine safety and effectiveness, and engagement with stakeholders.

When new vaccines are added to the recommended childhood immunization schedule, LHDs have to 1) expand their outreach and education to providers, 2) reconfigure their assessment practices to include these vaccines in their evaluative visits to Vaccines for Children (VFC)⁵ providers, and 3) address concerns of the general public regarding the need for, and safety of, the new vaccine. However, even in the absence of school mandates, LHDs should promote uptake of ACIP-recommended new and non-mandated vaccines, and they should maximize other methods to improve immunization coverage, such as providing access to immunizations at alternative sites of care for school children and their families including Women, Infants, and Children (WIC) centers and public clinics.

¹ACIP Recommendations. Available on the Web at: <http://www.cdc.gov/nip/publications/acip-list.htm>. Accessed on April 5, 2007.

²Recommended schedules for children, adolescents, and adults. Available on the Web at: <http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>. Accessed on April 5, 2007.

³Centers for Disease Control and Prevention. Impact of vaccines universally recommended for children – United States, 1900 – 1998. *JAMA*. 1999;281:1482-1483.

⁴Averhoff F., Linton L., Peddecord K.M., et al. A middle school immunization law rapidly and substantially increases immunization coverage among adolescents, *Am J Public Health*, Volume: 94, Issue: 6 (2004), pp. 978—984.

⁵Vaccines for Children Program. Available on the Web at: <http://www.metrokc.gov/health/immunization/vfc.htm>. Accessed on April 5, 2007.

Record of Action

Adopted by the NACCHO Board of Directors July 11, 2007