

15-10

STATEMENT OF POLICY

School and Child Care Immunization Requirements

Policy

The National Association of County and City Health Officials (NACCHO) supports implementation of child care, school, and university immunization requirements based on recommendations of the Advisory Committee on Immunization Practices (ACIP). NACCHO supports requirements that only allow for medical exemptions due to allergy or medical contraindication to maintain high immunization rates and protect communities from vaccine-preventable diseases.

To successfully enact effective school-entry and child care immunization requirements, NACCHO urges the following actions:

- Implement requirements that follow the ACIP recommended vaccination schedule and require proof of immunization signed by a licensed medical professional.¹
- Implement requirements that include children who attend public and private schools, and homeschooled children who participate in public or private school activities.
- Make school vaccination and exemption rates publicly available.
- Increase resources to conduct school record and medical office record reviews to monitor compliance with immunization and exemption documentation requirements.
- Increase financial support to local health departments, school nurses, and/or state/local immunization coalitions to educate parents, guardians, and college and university students about the immunization requirements and the importance of vaccines.

If immunization requirements that only allow for medical exemptions are not feasible, the following steps can be taken to limit non-medical exemptions:

- Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge the risks involved in refusing vaccinations.
- Use exemption forms that require parents/guardians or students ≥ 18 years to acknowledge that in the event of an exposure to a vaccine-preventable illness, the exposed individual would be excluded from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, as per standard public health practice.
- Notify parents, guardians, and college and university students of school and child care vaccination and exemption rates annually.
- Evaluate exemption procedures annually.
- Require that exemption forms be renewed annually.
- For individuals requesting exemptions, (1) require documentation from a medical provider regarding the refusal to vaccinate and consultation pertaining to risks; (2) require



consultation and signature by the local health department for non-medical exemptions; or (3) implement mandatory education sessions for parents, guardians, or student ≥ 18 years about the importance of immunization and the impact of refusing immunizations.

School and child care entry requirements, as with other public health interventions, must be introduced, exercised, and implemented judiciously to preserve the health of communities and the rights of individuals, parents, and community members. The decision of when to add a vaccine to school requirements should be made strategically, taking into account the following factors: characteristics of the vaccine and community; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a requirement; stable and adequate vaccine supply; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance.

Justification

Vaccines are a cost-effective tool for protecting children and adults against serious and potentially fatal diseases.² The immunization of a majority of children (herd immunity) can be achieved through school and child care entry requirements, as they have been shown to effectively increase immunization coverage rates and reduce rates of disease.³⁻⁵ Herd immunity will protect the school population that cannot be immunized due to age, medical reasons, or waning immunity between doses.

Many states grant exemptions to child care and school immunization requirements for medical, religious, or philosophical (personal, moral, or other) reasons.⁶ As of November 2015, 20 states allow for philosophical exemptions. Demonstrating a shift in state legislation, this number will decrease on July 1, 2016, when California and Vermont stop accepting philosophical exemptions.⁷

Exempted children are at increased risk for acquiring vaccine-preventable diseases and pose a risk for transmitting infection to susceptible persons in the community.^{8,9} Furthermore, geographic areas with high rates of exemption have been shown to have higher rates of vaccine-preventable diseases.¹⁰ During the 2013–14 school year, kindergarten exemption rates ranged from <0.01% in Mississippi to 7.1% in Oregon; these rates are increasing along with growing rates of vaccine-preventable diseases nationwide.¹¹ Several studies have also shown that exemption rates are significantly higher in states with an easier exemption process; therefore, states that cannot entirely eliminate non-medical exemptions should make them more difficult for people to obtain.^{12,13}

College and university students are considered high risk for exposure to and transmission of vaccine-preventable diseases such as meningococcal disease and mumps as result of close living quarters, social activities, and other conditions unique to college/university life; therefore, immunization requirements remain important in this setting.^{14,15} Given the relationship between vaccine exemptions and increased disease incidence, exemptions should not be allowed to occur casually because of misinformation or convenience.^{10,16,17} Every opportunity should be taken to provide accurate and timely information to parents to encourage compliance with school and child care vaccination requirements.

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Record of Action

Proposed by NACCHO Immunization Workgroup

Approved by NACCHO Board of Directors

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