Immunization School/Facility/College Law Advisory Committee
Meeting Minutes, June 6, 2011

Voting Members Present:
Kim Bartholomew, Oregon School Nurses Association
Judy Booker, Oregon Association of Child Care Directors
Ann Occhi, Oregon Association of Education Service Districts
Donalda Dodson, Oregon Child Development Coalition
Kathryn Eisenbarth, Pacific University/Oregon College Health Association
Jennifer Hallman, Mount Hood Community College Child Development
Bonnie Baird (for Jeanne Kotsaki), Child Care Division
Paul Lewis, MD, Clackamas/Multnomah/Washington Co. Health Departments

Voting Members Joining by Conference Call:
Leslie Currin, Oregon Department of Education
Merrily Haas, Oregon Association for the Education of Young Children
Kelly Martin, Local Health Departments

Non-Voting Members Present:
Paul Cieslak, Program Manager, Acute & Communicable Disease Program, OPHD
Janis Betten, Health Educator, Immunization Section, OPHD
Stacy de Assis Matthews, Health Educator, Immunization Section, OPHD
Lorraine Duncan, Program Manager, Immunization Section, OPHD
Peggy Hillman, Health Educator, Immunization Section, OPHD
Jacki Nixon, Immunization Section, OPHD

Guests Present:
Susan Wickstrom, Public Affairs Specialist 3, Immunization Section, OPHD
Sara Michael, Sanofi Representative

Chairperson: Lorraine Duncan

Recorder: Jacki Nixon

Minutes: Minutes from previous meeting were approved.

Introductions/Declarations of Conflicts of Interest: All voting members completed a Conflict of Interest form. The forms will be completed annually. Members who could not attend in person will receive this form via email to complete.

Oregon and Washington Legislative Update:
There are several immunization-related piece of legislation in this session.

Oregon HB 2371 The "Vaccine Stewardship" legislation includes several components. Providers receiving state-supplied vaccine will be required to report immunizations to the

ALERT IIS. In addition, at least one staff member from each site must obtain training on clinical administration, storage and handling practices at least every other year. An amendment from the Senate specifies that OHA facilitate transfer of vaccine between sites to reduce vaccine wastage. This bill will go back to the house and is anticipated to be passed soon.

Oregon SB 107A This bill expands ALERT IIS data use and specifies that Oregon Health Authority may release information from the IIS for public health purposes that will be defined by rule. The data use provisions will be narrowly defined and may include the examples such as the following: release of immunization information for local health departments for all county residents, updated addresses and demographics for the PRAMS survey and early hearing and lead screening programs, information for evaluation of vaccine efficacy or other data analyses. This bill was signed on May 16.

Oregon HB 3138A This bill narrowly defines prescription writing rights for pharmacists, only for vaccine administration. This will allow pharmacists who immunize adolescents to be VFC providers. This bill is anticipated to be signed soon.

HB 2635 OHA opposed this bill about hepatitis B consent. It would have required the package insert to be given before hepatitis B immunization. This bill did not come up for a vote.

Washington State passed a bill making it a requirement that a health care practitioner sign a written statement that the parent/guardian has received information about the risks and benefits of immunization when the parent/guardian is claiming personal belief exemption. This bill was weakened by an amendment allowing religious exemptions to be claimed without the health care provider signature.

Oregon will discuss ideas to reduce the religious exemption rate here.

College measles requirements:

The Immunization Program requested and received reports from colleges about measles immunization requirements this year. This is the first year that we have requested reports, and we are in the process of collecting the reports. We are also receiving good feedback and comments about what should be included on the reports for the future. We will be on the agenda for the Oregon College Health Association meeting this fall. One issue that has been identified is when a student is enrolled at one college but physically attends another college, neither college is collecting measles immunization information on the student.

A question was asked about whether the college measles immunization requirement is still useful. The Oregon Immunization Program sent a survey last year to get more information about the administrative and cost burden of the college measles immunization, but only two were returned. Kathryn stated that it was difficult to provide the information requested on the survey, and that colleges may not be in favor of keeping the college measles requirement for domestic students. We hope to address the issue of college measles immunization requirements and future directions in the next year or two.

Reviewing meningococcal vaccine against school/facility/college law criteria:

In 2010, the School/Facility/College Immunization Law Advisory Committee recommended to not require meningococcal vaccine for school attendance in Oregon on May 5, 2010. Since then, ACIP's recommendation has changed and two doses of meningococcal vaccine are now routinely recommended for adolescents. The Review of Meningococcal Conjugate Vaccine Against Twelve Criteria for School/Facility/College Immunization Requirements document was reviewed at the meeting. Changes were accepted and the following suggestion was made: it was suggested that the cost-effectiveness section be clarified to state that the cost-effectiveness data are based on assumptions lacking biological plausibility, specifically that vaccine effectiveness holds steady at 93% for five years and then wanes to zero immediately at 5 years. All members present voted to accept the changes to the document with the addition of the suggestion, and to continue not requiring meningococcal vaccine for school attendance.

Frequency for reviewing vaccines against schools/facility/college law criteria.

After discussion, all voting members present voted in favor of reviewing the criteria documents every three years. A summary of each criteria documents will be presented in a grid format for easier review.

Review of School Exclusion 2010-11

Data from school exclusion this year were presented, including reported rates for required vaccines and preliminary rates of religious exemption by vaccine. This year, religious exemption by vaccine numbers were collected for children's facilities and kindergarten, except for sites using eSIS. We anticipate that religious exemption by vaccine data will be collected for kindergarten for all sites next year. However, eSIS has been bought out by another company (Pearson), and details about immunization reporting and data collection are unknown at this time. Some reporting errors were observed. Modifications will be made to flag some errors in IRIS, and we will work on communication to improve accuracy of reporting. A question was raised about the usefulness of these data, since there appears to be few differences between vaccines. It was not known that this would be the result before collecting the data. In addition, the results may be different when the full numbers are collected next year, and when errors are reduced. It was suggested that school nurses may use this information to target a specific vaccine with a high exemption rate in their school or county. It may also be more helpful to look at the data on a smaller level, such as school district.

Religious Exemption Messages

The primary audience is media, but messages can be used by local health departments for communication with schools, as well.

There are three main messages: A well immunized community is protected against vaccine preventable diseases. Encourage parents to consider science-based evidence is making immunization decisions. There are responsibilities and potential risks that go along with claiming a religious exemption.

Review of Tdap Expanded Age Recommendations and Implications for School Requirements:

There is no longer a minimum interval recommended between a dose of Td and Tdap. ACIP also recommended that a dose of Tdap can be given as young as 7 years as part of the catch up schedule for undervaccinated children. The next tetanus containing vaccine is recommended to be a dose of Td 10 years later.

The current school immunization law requires a dose of Tdap (or tetanus-containing vaccine) at or after 10 years of age starting at 7th grade. School computer immunization tracking systems currently are programmed to this standard and will flag children receiving a dose of Tdap at 7-9 years of age as incomplete after 5 years.

It is time consuming and costly for schools to change immunization tracking systems. ACIP may make changes in the next couple of years. A question also came up as to how to document the record for a child who has received a Tdap dose at 7 years of age or older since the tracking system will show he/she is due. Options are:

- Td code as a medical exemption, although that would then indicate that the child is susceptible, which they are not.
- For older systems, use a different schedule code (1 or2) which was used some years ago to denote an alternative D/T schedule when a child started D/T after 1 year of age.
- Use an immunity code such as is currently used for a history of disease. Not all tracking systems have this capability for use with D/T.

ALERT IIS School Immunization User Demo

A demo was presented of the school access to the new ALERT IIS.