

**Immunization School/Facility/College Law Advisory Committee  
Meeting Minutes, March 11, 2010**

**Voting Members Present:**

Tammy Baney, Board of County Commissioners – Deschutes County  
Kim Bartholomew, Oregon School Nurses Association  
Rita Chee, OHSU/Oregon College Health Association  
Kathryn Eisenbarth, Pacific University/Oregon College Health Association  
Merrily Haas, Oregon Association for the Education of Young Children  
Jennifer Hallman, Mount Hood Community College Child Development  
Gregg Russell, Local Health Departments – Washington County  
Jan Sanderson, Oregon Association of Education Service Districts

**Voting Members Joining By Conference Call:**

Leslie Currin, Oregon Department of Education  
Marilyn Herbst, Eastern Oregon Head Start  
Jim Lace, Oregon Pediatric Society & Oregon Medical Association

**Non-Voting Members Present:**

Paul Cieslak, Program Manager, Acute & Communicable Disease Program, OPHD  
Stacy de Assis Matthews, Health Educator, Immunization Section, OPHD  
Lorraine Duncan, Program Manager, Immunization Section, OPHD  
Peggy Hillman, Health Educator, Immunization Section, OPHD

**Guests Present:**

Marcy Baker, Sanofi Pasteur  
Dave Barrows, Lobbyist for Merck  
Lori Lee, Acute & Communicable Disease Program, OPHD  
Carlos Quintanilla, Immunization Section, OPHD

**Chairperson:** Lorraine Duncan

**Recorder:** Jacki Nixon

**Declarations of Conflicts of Interest:** Stacy read the conflict of interest statement from the Committee Structure and Guidelines document that was adopted at the meeting on December 9, 2009. Dr. Lace asked if serving patients on the Oregon Health Plan was considered a conflict of interest, as OHP is administered by DHS. Lorraine stated that this was not a conflict. As introductions were done, there were no conflicts of interest declared for members of the Advisory Committee.

**Minutes:** Minutes from December 9, 2009, were approved.

**Updates:**

**School Exclusion:** School exclusion is winding down for the year. The deadline for local health departments to enter data is March 12, 2010.

Preliminary numbers for what has been reported so far are as follows (final numbers will be available in April):

- Exclusion letters: 35,389 for 2010, compared with over 36,000 in 2009.
- Number of children excluded: 4,365 for 2010, compared with 4,667 for 2009.

Final numbers will likely be very close to 2009 numbers. These numbers will be provided to the Committee when finalized.

**Measles College Immunization Requirement:**

The Oregon Immunization Program is evaluating the requirement for two doses of measles containing vaccine for full-time college students in Oregon. We gathered initial information that was related to the epidemiology of measles cases in the United States, the source of the infections, the age of the population affected and the vaccine requirements of the state involved in the outbreak. Though not quantified with statistical assessment, the numbers appear to not be affected by college student requirements, and disease occurrence is not higher in the college age population with the exception of travel outside of the United States.

The program is in the process of developing a survey tool that will be distributed through the Oregon College Health Association. The questions are being designed to evaluate the effectiveness of the requirements on Oregon's college students and Oregon's colleges and universities.

The following information is proposed to be collected using a survey monkey tool:

How many newly enrolled students received a measles containing vaccine in 2009?

How many newly enrolled students have there been on campus this school year?

How many newly enrolled students received a measles dose at the campus clinic?

How many total students are enrolled full-time on campus this year?

How many students met their measles requirements with one dose received after December 1989?

How many students were born before January 1957?

## **Comments:**

A request was made to send the survey questions in advance to the Oregon College Health Association for feedback. A suggestion was made to add a question about the number of religious exemptions.

## **Religious Exemptions and Changes to Immunization Primary Review**

### **Summary Forms: Section A**

Proposed changes to Section A of the Primary Review Summary form are to simplify the form and to provide a manner to count children who have a religious exemption for some vaccines and are incomplete for other vaccines required for school/children's facility attendance.

**First Box: Number Complete or Up-to-Date**—These two categories have been combined on the draft form. Local health departments reported that having two separate categories for complete and up-to-date is confusing for some schools and daycares completing the report. Having two separate categories is not necessary, as children who are either complete or up-to-date are not issued exclusion orders.

**Second Box: Number religious exemptions with none incomplete (Exempt for all, or complete or up-to-date for non-exempt vaccines)**—Children who have a religious exemption for all vaccines would be included in this category. Children who have a religious exemption for some vaccines and who are up-to-date or complete on other vaccines would also be counted in this category. A suggestion was made to reword this category for clarification and to remove the double negative of “none incomplete.”

**Third and Fourth Boxes: Number permanent medical exemptions and temporary medical exemptions**—No changes.

**Fifth Box: Number incomplete/insufficient (include children who have religious exemptions for some vaccines and are incomplete for others)**—Children who are incomplete for vaccines would be counted here, including children with a religious exemption for some vaccines and incomplete for others.

**Sixth Box: Number no record**—No changes.

## **Religious Exemptions and Changes to Immunization Primary Review**

### **Summary Forms: Sections E/F/G**

**Section E: Preschool/Daycare/Head Start and Section F: Kindergarten**—The proposal is to collect religious exemption numbers for specific antigens.

**Section F: Seventh Grade**—No proposed changes. Most 7<sup>th</sup> graders do not have religious exemptions for specific vaccines in their record, as the Certificate of Immunization Status form did not previously collect this information.

**Comments:**

There will need to be some education and training to go with these forms when introduced to reduce confusion. In addition, the new forms should be shared in advance so that schools and daycares who do manual reporting without computer systems will be able to prepare with as much advance notice as possible. There was a request to create an Excel spreadsheet template for sites to help calculate and fill in the report. The Immunization Program will work on creating this template and fillable forms that will be available on the internet.

These proposals are also contingent upon finding funding to implement the changes. There would need to be changes to approved computer systems before the implementation of the new forms. It is possible that these changes might not occur until 2012.

A suggestion was made to send the draft forms to some schools and children's facilities to get feedback and make changes to wording. The Oregon Immunization Program will provide the form to a sample of schools and children's facilities for comments after incorporating the suggestions from this meeting.

**Review of Second Dose Varicella Vaccine Against Twelve Criteria for School Immunization Requirements**

Comments pertaining to Criteria 1-3:

- Storage and handling may affect how effective the vaccine is.
- In Oregon, most cases of breakthrough varicella disease occur in children with one dose of vaccine; however, there are cases of breakthrough disease in children with two doses.
- Suggestion—add a one sentence summary to criteria 3 pertaining to cost-effectiveness from Dr. Cieslak's summary. Most of the cost-effectiveness of vaccination with varicella vaccine is with the first dose, and it is unclear that requiring a second dose will achieve substantial additional benefit from a cost-effectiveness perspective.

Comments pertaining to Criteria 4-5:

- Schools are seeing sporadic cases of chickenpox rather than outbreaks, mostly in elementary schools, mostly mild cases among vaccinated kids.
- Suggestion—add chart of chickenpox incidence before and after vaccine from Lore Lee.

Comments pertaining to Criteria 6-7:

- Multnomah Education Service District data: 88% of kindergartners in MESD have 2 doses of varicella vaccine in their record. A suggestion was made to add this statistic to the criteria document.
- Adding a vaccine during the phase-in of other vaccines creates additional confusion for schools and medical providers. The Committee voted in 2006 against adding a second dose of varicella vaccine as a school requirement at the time that Tdap and Hepatitis A were added as requirements.

Comments pertaining to Criteria 8-12:

- Additional funds are not provided to local health departments or schools when new requirements are added, and the estimates for criteria 8 only are for the vaccine. Cost estimates are calculated using population information from the population estimates survey.

A motion was made to not to add a second dose of varicella vaccine as a school requirement at this time. The motion was seconded. The vote was unanimous and the motion carried.

### **Review of Pneumococcal Conjugate Vaccine Against Twelve Criteria for School Immunization Requirements**

Comments pertaining to Criteria 1-3:

- A request will be made to Dr. Cieslak to look for cost-effectiveness data for PCV13.

Comments pertaining to Criteria 4-5:

- Suggestion—add a statement that pneumococcal disease is not generally considered to be contagious.

Comments pertaining to Criteria 6-7:

- New data will be available by March 31 about PCV7 uptake from the ALERT IIS. This information will be sent to Advisory Committee for consideration of inclusion of this information in the document.

Comments pertaining to Criteria 8-12:

- The cost estimate data in criteria 8 appear low.

A motion was made to not to add pneumococcal conjugate vaccine as a children's facility requirement at this time. The motion was seconded. The vote was unanimous and the motion carried.

A general request was made for all criteria documents to specify the grade or age level the document applies to: school, children's facility, and/or college rather than listing all three. This change will be made.

**Next Meeting:** The Committee did not have time to discuss the last item on the agenda about meningococcal vaccination. Another meeting will be scheduled in May to discuss this vaccine and one or two additional vaccines.