

Immunization School/Facility/College Law Advisory Committee Meeting Minutes, September 10, 2013

Voting Members Present:

Kathryn Miller, Office of Child Care

Kathryn Eisenbarth, Pacific University/Oregon College Health Association

Ann Occhi, MESD, Oregon Association of Education Service Districts

Voting Members Joining by Phone/Webinar:

Tammy Baney, Deschutes County, Board of County Commissioners

Angela Combe, Eastern Oregon Head Start

Leslie Currin, Oregon Department of Education

Donalda Dodson, Oregon Child Development Coalition

Paul Lewis, Deputy Health Officer, Clackamas, Multnomah & Washington County

Mark Siegel, Oregon Federation of Independent Schools

Karyn Walker, Linn County Immunization Coordinator, Local Health Departments

Ramona Trebilcock, School Nurse, Hermiston SD

Non-Voting Members Present:

Stacy de Assis Matthews, Health Educator, Immunization Program, OPHD

Janis Betten, Health Educator, Immunization Program, OPHD

Peggy Lou Hillman, Health Educator, Immunization Program, OPHD

Lorraine Duncan, Former Program Manager, Immunization Program, OPHD

Lydia Emer, Program Manager, Immunization Program, OPHD

Paul Cieslak, Program Manager, Acute & Communicable Disease Program, OPHD

Jacki Nixon, Administrative Assistant, Immunization Program, OPHD

Guests Present:

Marcy Baker, Sanofi Pasteur

Michael Tynan, Oregon Health Authority Public Health Policy

Carlos Quintanilla, CDC Public Health Advisor, Immunization Program, OPHD

Casey Eastman, CDC Fellow, Immunization Program, OPHD

Yuliya Goldman, Public Health Associate, Immunization Program, OPHD

Carol Easter, Public Health Nurse, Immunization Program, OPHD

Jeanine Whitney, Public Health Nurse, Immunization Program, OPHD

Jenny Nones, Immunization Program, OPHD

Dianne Danowski-Smith, Publix Northwest

Guests joining via phone/webinar:

Sarah Michael, Sanofi Pasteur

Chairperson: Lorraine Duncan

Recorder: Jacki Nixon

Conflict of Interest: All voting members need to sign at each meeting. For those on the phone, Jacki will e-mail you a copy. Please read, sign and fax back.

Minutes: Minutes from previous meeting are approved.

Timeline and planning for non-medical exemption implementation: Lydia Emer is the new Program Manager for the Immunization Program. Lydia presented the timeline for implementation of SB132A, including planning for the video, tools for health care practitioners, communication, forms/reports, and evaluation. A survey link will be distributed to gather input from external partners about video development. Please feel free to share widely when you receive this survey link. The Social Marketing Workgroup will use the survey to inform development of the video. The law will be implemented and video will be posted March 1, 2014.

A question about the timing of completing the nonmedical exemption process was asked. The legislation specifies that the new process will apply to new nonmedical exemptions going forward; religious exemptions signed prior to March 1, 2014, will be grandfathered in as nonmedical exemptions. At this point, there is only a requirement to complete the nonmedical exemption educational process once. A comment was made that this will not address the issue of parents claiming an exemption at one point and then later getting vaccines—the nonmedical exemption may never be revisited.

Draft changes to administrative rules:

The draft administrative rule changes were shared for comment and feedback from the advisory committee. Explanations of each change were discussed and provided in the document “Summary of Proposed 333-050 Oregon Administrative Rule Amendments.”

Wording Changes:

- Change “religious” and “religion” to “nonmedical.”
- Change “immunity exemption” to “immunity documentation.”
- Add “treatment facilities or” to “students in *treatment facilities* or court-mandated residential correctional.”

The advisory committee was agreeable to these changes.

Removals:

- Remove the “Certificate of Immunization Status Addendum.”
- Remove the requirement that varicella doses be given after March 1995.
- Remove school-issued No Record Exclusion Order for transfer students.
- Remove information about partial doses of vaccine not being acceptable.

The advisory committee was agreeable to these changes.

Changes to College Section of the Rules:

These changes are applicable to the school/children’s facilities rules as well, but listed separately, as the college administrative rules are in a different section.

- Clarify that the 4 day grace period is acceptable when a vaccine is given within 4 days of birthday.
- Change the retrospectively acceptable minimum spacing between two doses of measles containing vaccine from 28 to 24 days.

Several comments were made about the proposal to change the minimum spacing between two doses of MMR from 28 to 24 days. This idea came from a verbal clarification from CDC—we do not have written documentation other than the General Recommendations. The reason for consideration of this proposal is to ensure that school law requirements are not stricter than clinical standards, but it is unclear whether a dose of MMR 24 days after a previous dose would be acceptable. A comment was made that we should not make this change without written documentation and good justification. A question was asked if this was requested by a clinic—no it was not. How often does this happen, is it really an issue?—it would likely be very infrequent. A request was made for Dr. Cieslak to send his thoughts about this when he has more information on the subject.

- Change immunization date standard from month/year to month/day/year. A question was asked about if this will invalidate many students’ immunizations. Not many will be affected, because previous dates entered as month and year will be defaulted to the last day of the month in a month/day/year system.

- Change “religious” and “religion” to “nonmedical.”

The advisory committee was agreeable to the changes, except for the spacing between doses of MMR, about which more information was requested.

Other Changes:

- Change immunization date standard from month/year to month/day/year

- This removes the insufficient reason of more than two doses in the same month.
- This removes the provision that a dose given in same month and year as first birthday is acceptable, even if too early.
- Clarify the 4 day grace period as acceptable when a vaccine is given within 4 days of any birthday that would affect the number of doses or type of vaccine required.
- Change the retrospectively acceptable minimum spacing between two doses of measles/mumps/rubella or two doses of varicella vaccine from 28 to 24 days.

Dr. Cieslak's opinion will be shared after has a chance to look at this issue more closely.

- Allow Tdap as acceptable for 7th -12th grade requirement if given as young as 7 years of age (instead of 10); remove statement, "a child may not be excluded from school until 7th grade for not having Tdap vaccine."
- Change health care practitioner definition to include N.D.

Chiropractors are not included, as they do not have authority to order immunizations.

The advisory committee was agreeable to the changes, except for the spacing between doses of MMR or doses of varicella, about which more information was requested.

Changes to the process to claim a nonmedical exemption:

- Two options for claiming a nonmedical exemption:
 - Completion of a "vaccine educational module"
 - Discussion of risks and benefits with a health care practitioner
- Documentation will be on form developed by PHD, whether printed from the online module or a form signed by a health care practitioner

The advisory committee was agreeable to these changes.

General questions or comments:

A question was asked if there will be a separate video for college students for measles. This is likely.

Will the video be available in other languages? Yes, likely starting with Spanish and Russian.

Will the module be available in alternate formats? Yes, these are being explored and will be made available.

Janis asked for the committee's thoughts about the last provision of the proposed administrative rule changes—"the evidence of nonmedical exemption from a

health care practitioner or the viewing of the education module must have occurred within 12 months of the parent signing of the nonmedical exemption.” The advisory committee was agreeable to this timing.

Filing Forms for Administrative Rules:

The draft Notice of Proposed Rulemaking Hearing form was shared. The deadline for written comment will be December 23, and the public hearing will be December 17. The draft Statement of Need and Fiscal Impact was shared. This form describes the need in the first page and fiscal impact on the second page. Fiscal impact to the public health division will likely include some support to school computer systems to help make changes that will be made due to the rule amendments.

A question was asked about providers being able to choose to provide nonmedical exemption consultation, and whether this information will be put into ALERT IIS. There is no field in ALERT to capture nonmedical exemptions, as this information would, in most cases, come from a clinic’s EHR, and EHRs often do not capture this information.

Learning Management Systems for Non-Medical Exemption Video:

In developing an online training module for schools and colleges, we are exploring housing the video in a learning management. Some of the benefits of using a learning management system include:

- Knowing the number of users.
- Knowing how long users spend on each section.
- Knowing the number completing the video for each individual vaccine.
- User can log on, complete part of the video, and finish at a later time without starting over.
- User can complete video and log in to print out documentation at a later time.

Qualities we are looking for in a learning management system include easy registration and login for parents, 24/7 availability, minimal cost to state, and has a server available. One challenge in finding a learning management system is most are geared towards smaller numbers of users completing multiple courses, rather than many users completing one course. Suggestions from the committee included:

- ORO—through PSU, and used by the Office of Child Care, contact info available from Donalda.
- Safe Schools—contact info available from Ann O.

In house staff will be used for development of the video. Dr. Cieslak will narrate and approve the video.

Changes to School Computer Systems:

Changes will include:

- Adding 4 day grace period (this will only be applicable when it affects the number of doses a student is required to have, not to intervals).
- Moving to month/day/year assessment standard.
- Moving Tdap acceptable minimum age to 7 years.
- Changing religious exemption wording to nonmedical.
- Adding manner to distinguish and report nonmedical exemptions based on method of completion: video, provider consultation, or previous religious exemption.

Hepatitis A Phase-In Schedule: On November 30, 2006, the advisory committee voted to phase in Hepatitis A one grade at a time starting with preschool and kindergarten, a 13 year phase-in schedule. A proposal was made at that time to shorten the Hep A phase-in, and complete the phase-in in school year 2014-2015, the year after the Tdap phase-in—this revised phase-in schedule was approved by the committee by email. The revised phase-in schedule will expand the Hep A requirement to grades 7-12 in one school year, 2014-2015. Because this is the school year when the change to the nonmedical exemption process will first have a large impact, the committee is being asked to reconsider the Hep A phase in schedule.

A comment was made that that many students already have Hep A vaccine, so the impact of continuing the phase in as is would not be a great burden. Another comment was made that the students in the upper grades may not ever receive Hep A without a requirement and would remain vulnerable to hepatitis A, or they wouldn't get the vaccine when at an age eligible for VFC.

The decision was made to conduct a vote via a survey to committee members with the pros and cons of three different options:

- **Option 1:** Keep current phase-in schedule that requires 7th – 12th grade students have documentation of vaccination for hepatitis A by school year 2014-2015.
- **Option 2:** Delay the current phase-in schedule by one year and require that 8th – 12th grade students have documentation of vaccination for hepatitis A by school year 2015-2016.
- **Option 3:** Eliminate the current phase-in schedule and continue to phase-in the hepatitis A vaccine requirement one grade per year. Students through

grade 12 would be required to have documentation of Hepatitis A vaccines by 2020-2021.

Vaccine Rates Poster:

A draft poster was shared that schools/childcares could use to display their immunization rates. The idea for this came from a high exemption rate school. The poster could be used to reinforce social norms that most people immunize, or for target setting for immunization rates. A second version will likely need to be produced for schools, as school computer systems cannot easily run a full school report showing the breakdown of rates for individual vaccines—an overall rate for all vaccines is possible. A comment was made that even without the numbers filled in, this could be a conversation starter in schools.