Immunization School/Children's Facility/College Law Advisory Committee

Chair: Aaron Dunn

Monday, May 8, 2017
2:00 – 4:00 PM
Portland State Office Building, Room 1D
800 NE Oregon Street
Portland, OR 97232

Minutes

Voting Members Attending: Tammy Baney, Suzanne Dismore, Jan Larsen, Paul Lewis, Kathryn Miller, Ann Occhi, Ely Sanders, Mark Siegel, Karyn Walker

Non-voting Members and Guests Attending: Paul Cieslak, Erin Corrigan, Stacy de Assis Matthews, Alison Dent, Aaron Dunn, Peggy Hillman, Rex Larsen, Mallory Metzger, Dylan Richmond, Ginni Schmitz, Amanda Timmons, Cecile Town, Anne Van Curen

Conflict of Interest

Forms were distributed. Members to return form to Stacy de Assis Matthews.

HPV vaccine discussion and vote

Review of HPV vaccine against the 12 criteria for School/Facility/College Immunization Requirements in light of schedule change from a 3-dose to a 2-dose series.

The vaccine (antigen) is cost-effective from a societal perspective in Oregon. Changed to a 2-dose series which reduces cost. Vaccine is also 9-valent, not 4.

Discussion:

Concerns about vaccination rates

1. A requirement could result in an uptake in nonmedical exemptions
2. Requirement could undermine other efforts to increase HPV rates.
3. Do states with the requirement have more exemptions? – *Would need to check, but it is likely they saw an increase.*
4. Three states have school requirements for HPV vaccine. There has not been a significant increase in HPV rates in those states. Also, a school requirement does not address provider buy-in.

Concerns about communicating requirement

5. Difficult to get parents on board
6. Providers are more comfortable with HPV vaccine discussion.

Disease burden/ health information

7. Data is less direct on oral/pharyngeal cancer and how HPV helps prevent it.
8. HPV is unlikely to be transmitted in school
9. Disease burden is most likely to occur later in life
10. Several challenges with HPB: teen age group, two doses
11. Seeing more acceptance with parents, also.
12. There has been some improvement in acceptance, but uptake is still low.

13. Public schools have added HPV to middle school education standards.

Cost

14. School computer systems and IRIS would need to be updated. Cost of implementation would be ~ $100-150,000.
15. In Oregon, the local health departments are required to cover costs of school-required vaccines. Based on the population served by public health departments for the required Tdap vaccine and the cost of the vaccine, there would be a significant cost to the local health authorities if the vaccine would be required as they would have to provide the vaccine even if the parent is unable to pay or they are unable to be fully reimbursed for the vaccine from insurance companies.

Vote: Recommend to keep current status – HPV vaccine not required for school.
All in favor.

2017 School/Children's Facility Immunization Summary

Children covered by school and children's facility immunization law: 689,900
Exclusion orders: 29,932 (~4% of children) - Over 10,000 fewer than 2016
Children excluded: 4,646 (1 in 150 children) – Over 2,000 fewer than 2016
Nonmedical exemption rate for state: 6.5%, up slightly from 2016

To find an individual school's numbers, go to www.healthoregon.org/immdata

Hepatitis A phase in schedule (discussion and vote)

Proposal put forth for phasing in the Hepatitis A vaccine school requirement of 9th – 12th grades into one year occurring in the 2017-2018 school year (SY) rather than the current year-by-year roll-out schedule.
In the late 1990s when adding HepA to the school schedule, Oregon's HepA rate was higher than the national average. In 2015, there were 27 cases of HepA reported in Oregon.
Statewide, 61% of 10-12 graders have 2 doses of vaccine. This number varies by county.
Multnomah Educational Service District (MESD) pulled rates by school for Portland public schools; rates were similar to statewide rates.

Strengths of current Hep A phase-in schedule	**Opportunities for expansion of Hep A requirement through 12th grade next year**
fewer exclusion orders secretaries perceive less work. overwhelm with increased work it's working now	more students protected standardize training materials may be less confusing for staff decrease time and effort in explaining requirements to facilities students over 15 can self-refer students can go to SBHC
Weaknesses of current Hep A phase-in schedule	**Challenges for expansion of Hep A requirement through 12th grade next year**
reporting is complicated due to some grades needing it while others do not update training materials each year	# exclusion orders increase time crunch to communicate to parents confusion with changing requirements students may drop out if excluded Disease rate is low and not clear public health risk

	it could take up to 3 years to get students up-to-date extra burden on secretaries

Discussion:
MESD feels they could manage a combined phase-in.
Three months is not a lot of time to notify parents of change in requirement.
No public health argument to eliminating the current phase-in schedule
At-risk students more likely to be on exclusion report. Adding another requirement could contribute to drop out levels.
Multnomah county has the largest group of students and school law is a massive process.
For school entry, students have one year to get second dose of 2-dose HepA series.
Will need to go through the rule-making process if phase-in process does change.

Action: Proposal withdrawn at this time. Will revisit at a later date that allows for more implementation time.

SMILER Update

The current school law process is complex and time consuming. SMILER is a project looking at options to make the process more streamline and less paper-based.
A contractor has been hired to evaluation process nationally, gathering information from schools, children's facilities, local health departments, developers, state health divisions and state technical services.

Request:
Send contact information on professional organizations for any of the above groups to enable contractor to mine data from a large pool.
Oregon.imm@state.or.us

Legislative Update

Continuing to track three active bills:
SB 274 - requires colleges that provide housing to provide education on vaccine-preventable diseases to each student enrolling or registering at the college for the first time. – Work session scheduled for May 16.
SB 664 - prevents agencies from imposing fines on small businesses for the first violation of a paperwork requirement unless not completing the paperwork creates an unreasonable risk of harm to an employee of the business or the general public.
HB 3276 - requires insurers operating in Oregon to cover needed vaccines, antibiotics, antitoxins or other related medical intervention in case of disease outbreak, epidemic or other public health threat. Insurers would not be able to require patients to receive the intervention only from an in-network provider, could not require preauthorization, and could charge no more for copayments and deductibles than are required for similar services.
Nine additional bills with school/immunization interest are inactive and not expected to move forward.