



*Department of Health
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*Maine People Living
Safe, Healthy and Productive Lives*

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**School Vaccine Mandates Report pursuant to
LD 424, LD 881 and LD 735**

Submitted to:

Joint Standing Committee on Health and Human Services

Submitted by:

Department of Health and Human Services

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Background

During the first session of the 124th legislature two bills, LD424 and LD881, proposing new school vaccine mandates were considered by the Joint Standing Committee on Health and Human Services. A third bill concerning school vaccination requirements, LD735, was considered by the Joint Standing Committee on Education and Cultural Affairs. All three of these bills were voted ONTP in favor of a more comprehensive assessment of vaccinations mandated for school attendance.

The chairs of the Committee on Health and Human Services sent a letter to Commissioner Harvey requesting a report from the Maine CDC on several issues raised in these three bills. This report is intended to answer the questions raised by the Committee, and summarize the input of an immunization stakeholders group convened by the Maine CDC. This stakeholders group was convened on December 3rd in Augusta, with an option of phone attendance offered. About 20 were in attendance, many of whom were members of the Maine Immunization Coalition.

Other states' school mandated vaccines and criteria used for determining mandates

All states mandate vaccines for school attendance. While there is some variation in the vaccines that are mandated, three vaccines (DTaP, MMR and Polio) are mandated by all states. In addition to these three, Maine also mandates Varicella (chickenpox) vaccine for school attendance. Varicella vaccine is mandated by 45 states for school attendance (Alaska, Hawaii, Missouri, West Virginia and Wyoming do not require Varicella vaccine) (See [Appendix 1 – Childcare and School Vaccination Requirements](#)).

While a universal set of criteria for evaluating vaccine mandates does not exist, the state of Washington has established a vaccine task force to examine this issue. Washington developed nine criteria for evaluating school vaccine mandates. These criteria were subsequently critiqued and published in the journal Pediatrics (Appendix 2), with an added tenth criterion. These criteria are soundly reasoned and have been critically evaluated. They have strong potential to serve as a universal core set of criteria for school vaccine mandates in other states.

Criteria agreed upon for use in Maine to determine which vaccines should be mandated for school attendance

Beginning with the proposed ten criteria for school mandated vaccines (Appendix 2), an advisory committee of stakeholders in Maine met on December 3rd to develop agreed upon criteria for mandating vaccines for school attendance in Maine (see Vaccine Coalition Meeting Notes – Appendix 3). These criteria were accepted in spirit, but edited to simplify them and better meet the intent of the school mandates. The revised criteria are as follows:

Criteria for Considering School-Mandated Vaccines in Maine:

Assumptions:

- A process exists for parents to opt out of immunization requirements;
- The vaccine(s) containing the antigen is accessible,
- Cost is not a barrier;
- The vaccine has been provided to all children for free for at least 2 years, though the waiting period could be waived if there is a “pressing public health need”.

5 Criteria:

1. The vaccine is ACIP recommended and included in its recommended immunization scheduled for children. Recommendation by the ACIP is made based on the following factors:
 - a. Effectiveness is established by immunogenicity
 - b. Vaccine is cost effective
 - c. Vaccine is safe with an acceptable level of adverse effects
 - d. Vaccine prevents disease that is currently or historically a public health burden
 - e. Vaccine reduces transmission risk
2. There is general acceptance of the vaccine among the public and the medical community.
3. The burden of compliance – on schools, providers, and governmental public health is considered.
4. The burden of compliance for the parents/caregivers is considered.
5. The vaccine has a direct relationship to increasing safety in the school community.

Application of the criteria to all the childhood vaccines recommended by the ACIP

Maine has a very modest set of school vaccine mandates, and additions to the mandated vaccine list have been proposed in the legislature (e.g. LD424 and LD881 in the 124th Legislature). However, owing to limited funding for childhood vaccines, not all childhood vaccines are provided universally to all children in Maine. Because of funds provided by the Legislature, DHHS is now able to provide universal access to the vaccines that are currently mandated for school attendance. At this time, without universal access to additional vaccines, the Department does not feel it is appropriate to mandate additional vaccines; to do so would violate the assumptions of the mandate criteria above.

Recommendations (if any) for additions to Maine’s mandated vaccines for school attendance

In the last legislative session three vaccines were proposed for school mandates (LD424-Tdap, Hepatitis B; LD881-Meningococcal). There was considerable support for these new school mandates, but Maine CDC/DHHS testified Neither For Nor Against both of these bills (see attached testimonies- Appendix 4). The reason that Maine CDC was not able to fully support these mandates was that these vaccines are not provided universally by the State; thus they do not meet the minimal assumptions of our criteria for mandating vaccines that all mandated vaccines should be offered free to our children.

Additional vaccines could be considered for school mandates using the criteria listed above (see Vaccine Coalition meeting notes, Appendix 3). However, based on the agreed upon criteria, these vaccines would be evaluated for school mandates as appropriate only after they have been provided by the state for two years.

Recommendations for strategies to improve vaccination rates among school children

Strategies for improving vaccination rates among school children have been well-studied. Effective strategies fall into several broad categories:

Reducing barriers:

Reducing barriers to vaccination can be effective at increasing vaccination rates. Cost is prominent among vaccination barriers, and reducing or eliminating out-of-pocket expenses for vaccines can be effective. An issue related to cost is availability of combination vaccines. Combination vaccines provide more vaccinations in a single shot and have been shown reduce vaccination barriers. A bill in the current legislature would provide funds through insurance assessments to create a system of universal access to childhood vaccines in Maine.

Providing education:

Education is important for improving vaccination rates. Maine CDC does conduct small media campaigns as a means of public education. Maine CDC has also increased its interactions with the Maine Department of Education and school nurses to provide access to information and expends considerable effort in healthcare provider education.

More strategic approaches to public education would be desirable. In particular, better assessments of educational needs and targeted education could be effective in improving vaccination rates among school children. At present the Maine CDC does not have adequate staffing or funding to expand educational activities.

Strengthening mandates:

Vaccine mandates can improve vaccination rates in specific settings. Within schools, one approach to improving vaccination rates may be to strengthen school mandates by applying more rigorous opt-out provisions. In particular, philosophical exemptions to school vaccine mandates could be strengthened. All states allow some form of medical exemption to school mandates and 48 states allow religious exemptions (Mississippi and West Virginia do not allow religious exemptions). Maine is one of only 18 states that also allow philosophical exemptions to school vaccine mandates. Philosophical exemptions are an important mechanism to allow families to make choices about their own healthcare. However, there is concern that this exemption may be misused by some who simply find it easier to sign an exemption form than to get the required vaccines for their children. Therefore, one possibility to improving rates is to assure that philosophical exemptions are only granted to fully informed families who actively choose to not vaccinate their children.

Improved targeting:

Vaccination schedules have become more comprehensive and complex as new vaccines have been added to the ACIP recommendations. In order to stay current on vaccination schedules children must make all of their routine well-child appointments. Undervaccination of children often occurs when a child has received only a partial series of a vaccine. This is usually not because a parent objects to the vaccine, but because a vaccination opportunity is missed. One approach to improving on-time vaccination is to use an immunization registry for reminder-recall. This computer database allows healthcare providers to more easily identify children in need of scheduled vaccine doses. The Maine CDC maintains an Immunization Registry capable of reminder recall and is currently evaluating strategies to implement this functionality in more settings.

Review of implementation strategies in Maine and other states for controlling disease outbreaks in schools when unvaccinated children are enrolled and recommendations for any needed changes to State law, rule or policy.

Maine CDC is charged with the control of communicable diseases. For the diseases pertinent to this report (Polio, Tetanus, Diphtheria, Pertussis, Measles, Mumps, Rubella and Varicella) Maine CDC has procedures in place to manage both cases (eg. those with symptoms) and contacts (eg. those without disease who were exposed) to control disease outbreaks. These procedures are based primarily on the Control of Communicable Diseases Manual (Publishers American Public Health Association and World Health Organization – 19th ed. – 2008). While some diseases outbreaks are best controlled using prophylactic treatment of exposed persons, others are controlled through exclusion from the school setting of both symptomatic cases as well as non-immune (ie. unvaccinated) exposed contacts during a period of risk. Such exclusions are for the protection of all in the school environment with a goal of limiting the disease outbreak. Based on DHHS rule, Maine CDC makes exclusion recommendations to school superintendents, and schools enforce exclusions of non-immune students.

Varicella (ie. chickenpox) is the most common infection that results in exclusion of non-immune contacts from the school environment. In the event of an outbreak of Varicella in a school, students without evidence of Varicella disease or immunization must either provide such evidence, be vaccinated, or be excluded from school for a period of risk to prevent a protracted outbreak (Varicella protocol is included as Appendix 5). Though such exclusions are disruptive to the student and family involved, this disruption is likely less than that of an ongoing outbreak of Varicella to the school and others who may be at risk.

Maine CDC conducted a brief survey of selected states to determine the implementation strategies employed by those states in the event of a school outbreak of vaccine preventable disease. All states surveyed had statutes, rules or policies in place prescribing exclusion of unvaccinated students from school in the event of an outbreak. In some states, this activity was the responsibility of the department of education, or the State, county or local health department. In other states, exclusions were generally the purview of school districts with little or no state involvement.

Review of exemptions to school mandated vaccines, how these are communicated to schools and parents and recommendations for any needed changes to State law, rule or policy based on this review.

In Maine, there are three exemptions available for school vaccine mandates. Medical exemptions are available to students with a physician's written statement that vaccination would be medically inadvisable. Religious exemptions are available with a parent's statement in writing of a sincere religious opposition to immunization. Philosophical exemptions are available with a statement of a sincere philosophical opposition to immunization (see DHHS [joint DOE] Rule Chapter 261, attached as appendix 6).

While these exemptions are clearly enumerated in rules, they are handled at the local level in the school setting. Therefore, the way that these rules and exemptions are communicated to parents could vary by school. The schools are given the responsibility of requiring and maintaining records of immunization. While this responsibility appears to be appropriate, the Department could possibly take a more proactive role in providing standardized information on school vaccination exemptions to schools. This issue is now being evaluated by the Maine CDC Immunization Program's management team.