

07-08

STATEMENT OF POLICY

SCHOOL-ENTRY IMMUNIZATION MANDATES

Policy

The National Association of County and City Health Officials (NACCHO) supports implementation of schoolentry immunization mandates that protect children and the wider community from vaccine-preventable diseases as well as improving community-wide immunization completion rates.

- NACCHO supports state and local health departments (LHDs) as they balance the interests and concerns of a multitude of constituents and stakeholders--children, parents, school systems, the community at large, healthcare providers and public health practitioners--while developing specific, evidence-based, and standardized public health criteria to guide decisions regarding school-entry mandates.
- NACCHO supports the use of mandates that require proof of immunization for entry to school¹. Exemptions should be available for documented medical contraindications and religious reasons under certain circumstances. The process for obtaining such exemptions should be revisited and evaluated annually.
- NACCHO supports increased resources to conduct surveillance of community immunization practices via school record reviews and medical office record audits to monitor compliance with recommended immunization schedules and requests for exemptions.

"Immediate" mandates upon vaccine licensure or recommendation by the Advisory Committee on Immunization Practices (ACIP) are not generally recommended². School mandates, as with other public health interventions, must be introduced, exercised, and executed judiciously to preserve the health of school communities and the rights of minors, parents, and others. The decision to implement school entry mandates should be made strategically and locally on a case-by-case basis, taking into account the following factors: characteristics of the vaccine; ACIP recommendations; vaccine safety and effectiveness; vaccine coverage in the absence of a mandate (significant uptake in the recommended population to reduce the burden on the school system of enforcing compliance); stable and adequate vaccine supply; vaccine financing including coverage of the vaccine by private health insurance plans; disease burden, severity, communicability; and operational considerations such as cost and ability to effectively implement and monitor compliance. Acceptability of the vaccine to healthcare providers and the community should also be considered.

Justification

Vaccines are a cost-effective tool in preventing morbidity and mortality and protecting children and adults against many serious and potentially fatal diseases^{3, 4}. The Centers for Disease Control and Prevention (CDC) lists vaccination practices among the top ten public health achievements of the twentieth century³. The



immunization of a majority of children (known as herd immunity) protects those who cannot be immunized due to age or medical reasons. Additionally, group immunization protects those whose vaccine coverage has waned due to subsequent immunosuppression from an onset of other medical conditions or too much time elapsing between scheduled vaccine doses. Data also show that school and child care immunization requirements, enforced when necessary by entry mandates, effectively increase immunization coverage ratios and reduce rates of disease⁵⁻⁷. Local school-entry policies should evolve out of a broad partnership between LHDs, schools, parents, healthcare providers, and other stakeholders. In addition to consideration of the issues discussed above, the decision to implement school-entry mandates should allow sufficient time after the vaccine initially becomes available for assessment of issues such as supply, identification of inequities in uptake among population subgroups, ongoing assessment of post-licensure vaccine safety and effectiveness, and engagement with stakeholders.

When new vaccines are added to the recommended childhood immunization schedule, LHDs must do the following: 1) expand their outreach and education to include information about the newly-recommended vaccine to health care providers and leaders in education, 2) reconfigure their assessment practices to include these new vaccines in their evaluative visits to Vaccines for Children (VFC)⁸ providers, and 3) address concerns of the general public regarding the need for, and safety of, the new vaccine. However, even in the absence of school mandates, LHDs should promote uptake of ACIP-recommended new and non-mandated vaccines, and they should maximize other methods to improve immunization coverage, such as providing access to immunizations at alternative sites of care for school-aged children and their families, including Women, Infants, and Children (WIC) centers as well as school-based and public clinics.

See Related Statements
01-04 Routinely Recommended Immunizations (Immunizations)

Record of Action

Adopted by the NACCHO Board of Directors July 11, 2007 Updated October 2010

¹Jacobson v. Commonwealth of Massachusetts, 197 U.S. 11 (1905).

²ACIP Recommendations. Available on the Web at: http://www.cdc.gov/nip/publications/acip-list.htm. Accessed on April 5, 2007.

³Recommended schedules for children, adolescents, and adults. Available on the Web at: http://www.cdc.gov/nip/recs/child-schedule.htm#Printable. Accessed on April 5, 2007.

⁴ Centers for Disease Control and Prevention. (1999) Impact of Vaccines Universally Recommended for Children — United States, 1900–1998. *Morbidity and Mortality Weekly Report*, 48(12),243–248.

⁵Averhoff F., Linton L., Peddecord K.M., et al. (2004), A middle school immunization law rapidly and substantially increases immunization coverage among adolescents. *American Journal of Public Health.* 94(6). 978-984.

⁶Wilson, et al. (December 2005) The impact of a school entry law on adolescent immunization rates. *Journal of Adolescent Health*. 37 (6), 511-516.

⁷ Olshen Kharbanda et al. (2010) Changes in Tdap and MCV4 Vaccine Coverage Following Enactment of a Statewide Requirement of Tdap Vaccination for Entry into Sixth Grade. *American Journal of Public Health*, *100*(9), 1635-1640.
⁸Vaccines for Children Program. Available on the Web at: http://www.metrokc.gov/health/immunization/vfc.htm. Accessed on April 5, 2007.