Immunization

A. OAR/ORS

ORS 433.235 through 433.284 and OAR 333-050-0010 through 333-050-0140 require all students enrolled in schools and children’s facilities in Oregon to meet certain immunization standards. To view the most current information on these standards, access website: http://public.health.oregon.gov/PHD/OFH/IMM/Pages/index.aspx. This website contains links to the current laws and immunization requirements in Oregon.

B. Overview

The purpose of these laws and rules is to implement the immunization requirements for schools. The laws require evidence of immunizations or a medical or religious exemption for each child as a condition of attendance in any school. The school administrator has the primary responsibility for enforcement of immunization laws and rules.

C. Background/Rationale

The intent of Oregon’s school immunization laws is to protect students from vaccine-preventable diseases.

REQUIRED VACCINES PREVENT THE FOLLOWING DISEASES

- Measles (Hard Measles, Rubeola) is a disease that passes from person to person very easily. It can cause a high fever and rash. About 30% of people with measles have one or more complications: diarrhea, ear infection, pneumonia, seizures, etc. People can die from measles, but it happens rarely. Because of immunization, this is no longer a common childhood disease.
- **Mumps** is an illness that can cause swelling of the salivary glands. More than half of the people who have mumps have either no symptoms or mild symptoms. Serious problems can happen, including infection in the brain and swelling of the testicles or ovaries.

- **Rubella (German Measles)** is a mild disease causing a low fever, rash, swollen glands, and in adults, joint pain. About half of the people with rubella may have no symptoms. However, rubella during pregnancy can result in miscarriage or cause serious birth defects in the baby.

- **Chickenpox (Varicella)** causes fever and a rash. The rash turns into blisters that crust over. Most cases of chickenpox are mild, however, serious infection sometimes occurs which may cause pneumonia and brain infection. The virus that causes chickenpox also causes shingles, usually many years after a person has chickenpox.

- **Haemophilus influenza type B (Hib)** disease used to be a common reason for brain infection in children under 5 years old. Hib infection also can cause pneumonia, deafness and infections of the blood, joints and bones, and death. Currently, most children get the vaccine and this disease is very rare. Hib vaccine is required only for children under 5 years of age.

- **Diphtheria** is caused by bacteria. Diphtheria can infect many places in the body, but most infections happen in the nose and throat. Diphtheria can cause heart failure, breathing problems, local paralysis and death.

- **Tetanus (lockjaw)** is a disease that causes muscle spasms all over the body. The muscle spasms can be severe enough to break the spine or long bones. Tetanus is caused by bacteria that usually enter the body through a wound. About 20% of people who get tetanus die. People who live can get tetanus again. Almost all cases of tetanus occur in people who have never had shots or who have not had a booster shot in the previous 10 years.

- **Whooping Cough (Pertussis)** is a disease that spreads easily from person to person. It can be very severe in infants. Sometimes children cough so hard that it is difficult for them to eat, drink or breathe. In older children and adults, whooping cough can seem just like a cold or bad cough. Children can get whooping cough from older children and adults around them. Whooping cough can cause serious problems, such as pneumonia, seizures and death.

- **Polio** is a disease that can cause paralysis. Up to 95% of infected people have no symptoms of polio. However, polio used to cause 20,000 cases of paralysis every year in the United States. Polio shots work very well. In fact, the disease no longer exists in the western half of the world. Polio still exists in other parts of the world and has been brought into the United States by travelers from other countries.
• **Hepatitis B** is a disease that affects the liver. Hepatitis B can cause acute (short-term) or chronic (long-term) infection. Acute Hepatitis B can lead to diarrhea, vomiting, yellow skin and eyes and the pain in the muscles, joints and stomach. Chronic Hepatitis B can lead to liver damage (cirrhosis) liver cancer and death. Some people carry Hepatitis B in their blood and may not know they are infected. These carriers can pass on the virus and they can end up having problems later in life like liver cancer. The younger a person is when they get Hepatitis B, the more likely they are to become a carrier.

• **Hepatitis A** is a disease that affects the liver. The virus is found in the stool of people who have Hepatitis A. You can also get Hepatitis A by eating food or drinking water that has the virus in it. People who have Hepatitis A can get very sick. Some need to be in the hospital. A few may die.

D. **Guidance**

**Comprehensive School Health Education**
The district should plan for a kindergarten through grade 12 curricula that will incorporate information about immunizations in the study of diseases that can be prevented by vaccine. Instructions should be age, developmental and behaviorally appropriate and should develop health knowledge, attitudes and skills.

**Physical Education**
Receiving immunizations on schedule is an important component of a person’s overall health and fitness.

**School Health Services**
School nurses will provide referrals to the student’s primary care provider or other community resources regarding immunization services. School-based health centers may provide immunizations or referrals. In addition, there must be a staff person assigned to ensure that current immunization requirements are met. In Oregon, county health departments cannot deny vaccines to children whose parents are unable to pay administrative costs, if the vaccine is required for school attendance.

**School Counseling, Psychological and Social Services**
School counselors and other social services staff should be aware of current immunization requirements (including those needed for college) and community resources.
Healthy School Environment
Immunization requirements help ensure a safe and healthy environment for both students and school staff.

Health Promotion for Staff
Immunizations are life-long commitment to wellness. Recommended adult immunizations include: influenza; pneumococcal; measles, mumps and rubella for those born after January 1, 1957; varicella for adults who never had chickenpox; varicella zoster (shingles) for staff 50 years of age or older; Hepatitis A and B for those at risk; pertussis, tetanus and diphtheria (Tdap). Tdap vaccine provides protection against pertussis (whooping cough). Tdap is especially important for parents and school personnel since the majority of infants who get whooping cough are exposed to pertussis by the adults in their lives.

Family and Community Involvement
Effective partnerships are needed among schools, health providers, families and communities to support full immunization and prevent the exclusion of students.

E. Procedures
The following information only includes highlights of Oregon’s school immunization laws. For specific information, refer to another website: http://public.health.oregon.gov/PHD/OFH/IMM/Pages/index.aspx. You may also contact your local health department or the Oregon Immunization Program (971-673-0300).

- All students in the following categories entering Oregon schools for the first time must provide a signed Certificate of Immunization Status (CIS) form or a printout from the ALERT Immunization Information System documenting either one dose of each required vaccine (as determined by grade) or a religious and/or medical exemption prior to initial attendance.
  - Students transferring from a school outside the U.S.;
  - Students initially attending at the entry level; (prekindergarten/kindergarten or the first grade); and
  - Students initially attending from a home-school setting at any grade.
- A student transferring from a school in the U.S. must provide evidence of immunization and/or exemption(s) within 30 days of initial attendance. This is to allow time for transfer records to be requested and arrive.
Alternatively, the parent(s) may fill out a new Certificate of Immunization Status form.

- The immunization record for each student needs to be evaluated to determine the student’s immunization status. A tracking system needs to be established that will identify students who are not fully immunized, including students with medical and religious exemptions. If schools plan to use an electronic Student Information System immunization tracking module for immunization assessment and to meet the reporting requirements for the local health jurisdiction, the program must be prior approved by the Oregon Immunization Program. It is encouraged, but not required, that school staff notify parents of any deficiencies in the immunization records as early as possible in the school year.
- The administrator (or designee) must conduct a primary review of each student’s records to determine immunization status. This review shall be completed no later than the 5 weeks (35 days) prior to the third Wednesday in February. The packet (mailed in late fall) will contain the current Immunization Primary Review Summary (PRS) forms and the time frame for the review cycle. The person responsible for the immunization process should carefully review the packet for possible changes from the previous year. Detailed instructions on how to complete the forms in the packet are included but additional assistance is available from the local health department Immunization Coordinator or the Oregon Immunization Program.
- The local county health department will review information provided by the schools and will issue exclusion orders for those students with records that are not in compliance with the law.
- The school administrator will receive a copy of all exclusion orders issued for students at the school. The administrator must exclude from school those students who received exclusion orders and are not in compliance with the immunization law on the date specified. An excluded student may not return to school until the record is updated with the information specified by the health department on the exclusion order.
- If an excluded student does not meet the requirements specified by the health department and does not return to school within 4 school days, it is the responsibility of the public school administrator to notify the attendance supervisor of the unexcused absence. The attendance supervisor must proceed as required in ORS 339.080 and 339.090.
- Students who have been issued an exclusion order may not attend any school in Oregon after the exclusion date until they are in compliance with the immunization law. Administrators who receive or are otherwise made aware of the records of a student from another school containing an exclusion order that has not been cancelled shall notify the parent(s) and immediately exclude the student until the requirements specified on the exclusion order are met.
• By 12 days after the exclusion date, a copy of the Primary Review Summary with sections D, E, F and G completed as appropriate, must be submitted to the local health department.
• The administrator must ensure that school records are updated each time parents provide additional immunization information.
• Public schools may adopt additional or more stringent rules (in accordance with the law) as long as the rules are in compliance with the U.S. Public Health Service Advisory Committee on Immunization Practices.

Additional review cycles for incomplete/insufficient records with specific time frames are allowable if mutually agreed upon by the local health department and the school or district. Exclusion dates shall be no less than 14 days from the date that the exclusion orders are mailed.

Staff Development Needed
All staff members involved with the immunization rules need to keep current with requirements, roles and resources. If training is needed, this can be accessed either within the school structure, through the local health department or from the Oregon Immunization Program. Administrative rules are updated periodically with input from interested parties. These changes are mailed to each school for review and comment prior to adoption.

F. Oregon Resources

Immunization Program, Oregon Health Authority, Public Health Division and Office of Family Health Oregon Immunization Program (971-673-0300)

Local county health departments, SafeNet (1-800-723-3638) Oregon SAFENET | 211info

Oregon Department of Education, School Health Services www.ode.state.or.us

G. National Resources

Centers for Disease Control and Prevention (CDC) www.cdc.gov

Immunization Action Coalition (IAC) Immunization Action Coalition (IAC)