

March 28, 2017

TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care

FROM: Aaron Dunn, Program Manager
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SUBJECT: Senate Bill 580

Chair Monnes Anderson and members of the committee, thank you for the opportunity to provide information about childhood immunizations. Senate Bill 580 proposes requiring health care practitioners, before administering vaccines, to provide written notice of which vaccines are required to attend school or child care.

Immunizations are one of the most effective public health interventions in history. Vaccines have eliminated smallpox from the world; restricted polio to a few spots in Nigeria, Afghanistan and Pakistan; eliminated measles and rubella transmission in all of the Americas; and reduced the risk of most other vaccine-preventable diseases to a fraction of what they were in the pre-vaccine era. Much of this has been achieved by “herd immunity” — that is, immunizing enough people that the disease no longer has enough susceptible people to sustain its transmission, so that even non-immune people, including those most vulnerable — are protected from illness. The Oregon Health Authority therefore supports the widespread use of vaccines.

Medical providers are in the best position to advise their patients on which vaccines they should receive based on their unique situation and medical status. We are concerned that routinely providing a list of vaccines required for school and child care attendance may encourage some parents to prioritize required vaccines over those recommended by the Advisory Committee on Immunization Practices (ACIP) and their medical provider.

In the United States, medical practitioners follow the recommended immunization schedule approved annually by the ACIP and published by the Centers for Disease

Control and Prevention (CDC). Key factors considered in development of recommendations include the balance of benefits and harms, type or quality of evidence, values and preferences of the people affected, and health economic analyses. The recommended immunization schedule represents the consensus of leading vaccine experts on the best way to protect children from vaccine-preventable diseases. As of 2015, only 70% of Oregon two-year olds had received all vaccines recommended by the ACIP routine schedule, one of the lowest rates in the United States. We are concerned that any additional paperwork required of healthcare providers may further erode our immunization rates.

The decision of whether to include an ACIP recommended vaccine in the requirements for schools or children's facilities in Oregon is made by the Oregon Health Authority's (OHA) Immunization Program after consultation with OHA's School/Children's Facility/College Immunization Law Advisory Committee (public.health.oregon.gov/S/CF/C_ILAC) who recommend a decision after considering twelve criteria. These criteria include disease factors, vaccine availability, administrative burden and economic factors. As an example, annual influenza vaccine is recommended for everyone over 6 months of age. Influenza vaccine is unlikely to be added to school and children's facility requirements even though widespread influenza vaccination could decrease annual deaths in infants and the elderly. The reason annual influenza vaccine is not required for school attendance is that the administrative burden of tracking receipt of the vaccine every year is too large. Additionally, vaccine supply fluctuations mean that we could not be certain that there would be enough influenza vaccine to fulfill the requirement.

Parents already have access to which vaccines are required for school or child care attendance in Oregon. In a simple online search of "Oregon required immunizations," the first three results direct to the Public Health Authority webpage. The first link on that page is to "Required Shots for School and Children's Facilities," the second link is to "Nonmedical Vaccine Exemptions."

We would be pleased to share the full criteria used to evaluate inclusion as a school or children's facility requirement with you upon request. Adding a vaccine as a requirement should not be considered as prioritizing the required vaccine over recommended vaccines. For optimal protection from disease, each child should be vaccinated with all vaccines recommended by the ACIP on its published schedule.

This bill would require an authorized signer of the Oregon Certificate of Immunization Status (CIS) form to document that for each vaccine received, the parent or guardian received written notice of which vaccines are required for school or children's facility attendance. We could add this language above the signature line of the CIS form,

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however, a large percentage of CIS forms are printed from the ALERT Immunization Information System (IIS) based on data received from medical providers. ALERT IIS does not have a method for tracking the consent process that occurs in the provider's office and would be unable to verify that the written notice was provided. Additionally, if this requirement applied to all CIS forms already on file, parents or guardians would have to replace them with a newly signed form. We estimate that schools and children's facilities have CIS forms on file for 650,000 students.

Thank you for the opportunity to share information with you. If you have any additional questions, please do not hesitate to contact me.