

Vermont Immunization Advisory Council

Meeting Minutes – January 30, 2017

1. Introductions

Attendees present:

- Martha Maksym
- Jennifer Gresham
- Patsy Kelso
- Paul Parker
- Carol Hauke
- Deb Doyon
- Chris Finley
- Karen Halverson
- Shayla Livingston

2. Review of the Advisory Council's responsibilities:

- a. The Council shall:
 - i. (1) review and make recommendations regarding the State's immunization schedule for attendance in schools and child care facilities; and
 - ii. (2) provide any other advice and expertise requested by the Commissioner.
- b. We are focused on number 1 today as there is no special advice requested.

3. Overview of Rules

- a. Identifies required vaccines for child care and schools
- b. Specifies when provisional admittance and exemptions may be allowed
- c. Requires submission of an annual immunization report
- d. Requires aggregate reporting

4. 2012 Legislative changes

- a. Expanded immunization reporting requirements for kindergarten, 1st 7th and 8th grades
- b. Required aggregate reporting by vaccine from **every** school for all grades
- c. Aggregate reports must be made publicly available
- d. Provisional admittance period reduced from one year to six months
- e. Non-medical exemptions forms must be submitted annually
- f. Required parental review of education materials developed by the Health Department for non-medical exemptions

5. 2015 Legislative changes

- a. Eliminated the philosophical exemption, effective 7/1/16
- b. Required VDH to specify in rules all required vaccines
- c. Created the Immunization Advisory Council
- d. Expanded access to the Immunization Registry to school administrators
- e. VDH *may* implement quality improvement in any schools that have a provisional admittance rate or an exemption rate above the State average

6. Review Recommended Vaccine Schedule

Vermont Recommended Child & Teen Vaccination Schedule

							Required		
							Prior to Kindergarten	Prior to 7th Grade	
							4-6 Years	11-12 Years	13-18 Years
Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months	Assure your child is up to date by age 2		
<i>Haemophilus influenzae</i> type b (Hib)		Hib	Hib	Hib	Hib				
Pneumococcal (PCV)		PCV	PCV	PCV	PCV				
Hepatitis B (HepB)	HepB	HepB		HepB					
Diphtheria, Tetanus, Pertussis (DTaP)		DTaP	DTaP	DTaP		DTaP			
Poliovirus (Polio) (IPV)		IPV	IPV	IPV		IPV			
Measles, Mumps, Rubella (MMR)					MMR	MMR			
Varicella (Chicken pox)*					Varicella	Varicella			
Tetanus, Diphtheria, Pertussis (Tdap)								Tdap	
* Meningococcal ACWY (MCV4)**								MCV4	MCV4 second dose, after age 16
Meningococcal B (MenB)***									MenB 2 doses, ages 16-18
Hepatitis A (HepA)					HepA	HepA			
Rotavirus (RV)		RV	RV						
Human Papillomavirus (HPV)								HPV 3 doses	
Influenza				Influenza	Every flu season				

* Vaccine or documentation of history of disease.
 ** Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.
 *** Recommendation for MenB vaccine is based on clinical discretion. Beginning at age 16, two doses at least one month apart.

Vermont's immunization schedule is compatible with the current recommendations of the Centers for Disease Control and Prevention (CDC).

For more information, contact the Vermont Department of Health Immunization Program:

Phone: 802-863-7638 toll free (in VT): 800-640-4374 website: HealthVermont.gov

- a. The dark yellow are the vaccines required for child care. Light yellow is what is required for entry to school. Green is required for residential students only. Blue is recommended but not required.
 - b. [Annual report is attached](#). It contains some important data on immunization rates.
 - c. School reporting rates are very good, but early childhood reporting has only just started and we are still working on increasing the reporting rates.
7. School Reporting Data
- There has been a decrease in the number of students provisionally admitted over the last few years. This is a big success. There is a very low rate of medical exemptions, last year it was 0.1%. The newest data is not available quite yet, but it will be in the coming months.
- a. 100% reporting from all schools
 - b. 90% of students entering K received all required vaccines
 - c. 93% of students in K-12 received all required vaccines
 - d. 4.6% of K students were provisionally admitted
 - e. 5.5% of K students had a non-medical exemption for one or more vaccines
8. Question about new Americans and whether those new students and children are vaccinated upon arrival:
- a. If they are in the process of being vaccinated then the provisional admittance can continue. Sometimes there is a language barrier or lost paperwork, but upon arrival they

may need some of the required immunizations. Immunizations can be administered according to the minimum time periods between immunizations, to help them get up-to-date. The school nurse helps to get the students to the providers to get the vaccinations – this can sometimes be a challenge.

- b. Follow-up questions: Are New Americans driving the number of provisional admittance? The answer is that no, probably not.
 - c. This year there are anecdotal reports that many of those parents who previously signed a philosophical exemption just rolling over to a religious exemption. There are no recommendations around this at this time. Actual data from the Annual School Immunization Report will be available by the end of April.
9. Any changes or new recommendations to vaccine schedule by committee:
- a. HPV is just recommended. Has there been any discussion about making it required?
 - i. Virginia, RI and the District of Columbia are the only states that require HPV vaccine, but that has not come up here. There is a lot of working happening around quality improvement through the Immunization Program and VCHIP, to increase uptake of the HPV vaccine. There is a new data brief that shows that we are seeing an increase in the HPV vaccine. Also, the number of required doses was changed recently so that if children starting the HPV vaccine before 15 they only need 2 doses.
 - ii. Is there a breakdown of males and females?
 1. It was recommended for females in 2006, then males in 2011. However, the male rate is increasing faster.
 2. [There is a data brief on this](#) that will be attached.
 - iii. Is there work around communicating that the cancers for men associated with HPV are very scary and deadly? This might help uptake.
 - iv. While uptake might increase if it were required, right now that might not be the most effective manner of increasing rates at this time. Recommendations to focus on increasing communication.
 - b. Is Hepatitis A required in any states for school attendance?
 - i. Hepatitis A is required for Head Start in Vermont. It is also required for childcare in 15 states. See attached map.
 - ii. The Hepatitis A vaccination rates have typically been some of the lowest rates and this might be related to earlier problems with accessibility to the vaccine. It is available for use in all children at this time.
 - iii. There are only a handful of cases a year in Vermont, and mostly among adults.
 - c. Does everyone support the current requirements?
 - i. Yes. Group consensus.
 - d. Public comment?
 - i. No comments.
 - e. Advisory Council adjourned. Another meeting will take place in January, 2018 unless in the meantime the Advisory Committee on Immunization Practices (Centers for Disease Control and Prevention) passes a new recommendation that will need consideration.