
**Report to
The Vermont Legislature**

**Interim Working Group on Protecting
Immunocompromised Students and Students with
Special Health Needs:
Report on Findings and Recommendations**

In Accordance with Act 157 (2012), Section 6(a)
*An Act Relating to Immunization Exemptions and the
Immunization Pilot Program*

Submitted to: Senate Committee on Health and Welfare and House
Committee on Health Care

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Interim Working Group on Protecting Immunocompromised Students and Students with Special Health Needs: Report on Findings and Recommendations

Overview

Act 157 (2012 Adj.), Section 6, previously S.199, calls for the convening of an interim working group to study the feasibility of allowing immunocompromised students to enroll in a public school maintained by an adjoining school district, where the adjoining school district has a higher immunization rate than the school maintained by the student's district of residence. The group was also directed to assess the necessity and practicality of requiring adults employed at schools to be fully immunized. This report on the findings and recommendations of this workgroup is submitted to the Senate Committee on Health and Welfare and the House Committee on Health Care.

The workgroup was convened in October, 2012. The Commissioners of the Department of Education and the Department Health appointed the six required panel members identified at the end of this report. The Interim Working Group met twice, once in October and again in November. Members of the public attended the meetings, and their comments are included in the meeting minutes posted at:

http://healthvermont.gov/hc/imm/act157_work_group.aspx

The Interim Working Group believes that the most effective way to protect immunocompromised students in school is to require universal immunization.

Clarifying Definitions

For the purpose of clarity and of understanding the population of interest to the workgroup, the group clarified the definitions of the following groups of children:

Immunocompromised: For the purpose of the working group, an immunocompromised child is one that has a chronic acquired or persistent genetic increased susceptibility to infection. While individuals may have temporary immunodeficiency due to medication use for an acute or temporary illness, the goal of the working group is to protect children with profound immune deficiencies that are unlikely to resolve during the course of a single school year. Examples of such include:

- hereditary immune deficiencies requiring prophylactic medication or treatment
- infections such as HIV characterized by a CD4+ T-lymphocyte count less than 200/ml
- chronic diseases such as chronic kidney disease requiring peritoneal or hemodialysis
- medication-induced immune deficiency such as that occurring in patients treated for malignancy, autologous transplantation, or autoimmune disease.

A larger subgroup of children may be more likely to have symptomatic disease or decreased ability to clear an infection or may have exacerbation of their underlying disease following infection with a vaccine preventable disease. (this included children with chronic lung disease like cystic fibrosis, or juvenile diabetes or steroid dependent asthma, along with many other conditions).

Children with Special Health Care Needs (Federal Maternal and Child Health Bureau): those who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Finding I and Recommendation

Study Issue: Feasibility of allowing immunocompromised students to enroll in public school maintained by an adjoining school district, where the adjoining school district has a higher immunization rate than the school maintained by the student's school district of residence

1. The enrollment of an immunocompromised student in a different school is logistically possible (feasible) through Vermont's current educational system. The feasibility of the actual placement is not the issue at hand or a barrier to protecting children.
2. The group believes that it is impossible to medically demonstrate that an alternate school placement **is and will be safer** for the purpose of protecting an immunocompromised student due to several factors:
 - a. The erratic and variable nature of the immunization rates per school
 - b. The migration of students, dwindling school enrollments and classroom size
 - c. Decisions to move students would need to be made at the beginning of the school year and school immunization rates are reported in January. This may create decision making with inaccurate data

Finding II and Recommendation

Study Issue: The necessity and practicability of requiring adults employed at schools to be fully immunized

Necessity The Centers for Disease Control and Prevention recommends that all health care workers receive annual influenza shots and receive immunizations against measles, varicella zoster (chicken pox), mumps, rubella and pertussis. (of note, this is not the same list as is the “FULLY immunized” for adults). A specific rationale is to prevent transmission of infection to immunocompromised individuals.

1. Using the same rationale, the working group **recommends** that all school employees receive yearly influenza immunizations and have evidence of immunity to measles, mumps, rubella, chicken pox, and pertussis.
2. To best protect immunocompromised students, adults should be **required** to be immunized or show evidence of immunity to measles, mumps, rubella, varicella zoster, and pertussis.
3. If vaccination is required for school employees, adults must have the same exemption options as do the students.

Practicability

1. The Vermont-NEA designee confirmed that Vermont does NOT have health requirements for school employees. The working group research found NO state that requires immunization of school employees, although three states recommend immunization for school employees.
2. Vermont-NEA has no position regarding a state mandate that all school employees be immunized.
3. The workgroup is concerned about the immunization status of volunteers and other adults who work in schools (but are not employed by schools) and their impact on immunocompromised students

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