Immunization Requirements for Students Attending School in Wellington Dufferin Guelph Public Health

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- High immunization coverage provides protection for school age children against vaccine preventable diseases.
- Despite effective vaccination programs, vaccine preventable diseases still occur.
 Often infected people recover but there are still cases with more serious outcomes including death.
- To attend school in Ontario, the *Immunization of School Pupils Act (ISPA)* requires proof of immunization or a valid exemption for nine designated diseases.
- Trusted doctors and health care providers are the most reliable source for parents/guardians/students to reach out to for accurate information about vaccines.

Background

Immunization coverage is a measurement of select proportions of a population and provides data on the level of protection against vaccine preventable diseases. High immunization coverage provides control of vaccine preventable diseases and related outbreaks. In Ontario, the Ministry of Health recommends the publicly funded immunization schedule for people to follow. This schedule has people receiving their first immunizations from their primary healthcare provider beginning at eight weeks of age. ²

The provincial Digital Health Immunization Repository (DHIR) database for Ontario is used to enter immunization data through local public health units. The immunization data in the DHIR is primarily driven by Ontario's *Immunization of School Pupils Act (ISPA)* requirements for school age children and does not typically contain immunization information for adults and children prior to school entry. Public Health relies on parents/guardians to report immunizations to them for entry into the DHIR.

ISPA mandates that public health will assess the immunization records for students attending primary and secondary school using the data from the DHIR. *ISPA* is meant to increase health and protect children against the designated vaccine preventable diseases in this act. There are nine designated diseases that require proof of vaccination or a valid exemption under *ISPA* to attend school in Ontario, they include: Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal disease (meningitis), Pertussis (whooping cough) and Varicella (chicken pox). Collection of this information helps assess the risks during outbreaks of vaccine preventable diseases in schools and childcare settings.

Ontario's *Child Care and Early Years Act (CCEYA)* Ontario Regulation 37/15 requires that childcare operators collect proof of immunization or valid exemption, however, these records are not assessed in the same manner as those under the requirements of *ISPA*. In the 2022/2023 school year, children who attend licensed childcare centres were assessed by Wellington-Dufferin-Guelph Public Health (WDGPH) under the *CCEYA* and 38 percent were found to have outstanding records or overdue for vaccinations. In June 2023, 2,052 letters were sent requesting updated vaccine records or valid exemptions to be reported to WDGPH. Children who attend licensed childcare centres are not suspended but parents/guardians are encouraged to complete their child's vaccinations.

In the 2022/2023 school year, all students aged four to seventeen years of age enrolled in school were assessed under *ISPA* and 26.7 percent were found to have outstanding records or overdue vaccines. In January 2023, 13,018 letters were sent to students/parents/guardians informing them that WDGPH did not have their complete immunization records. In the past year there were 6,922 *ISPA* mandated immunizations

provided to students by WDGPH public health nurses. By June 2023, 6,854 immunization records were updated by parents/guardians/students or through immunization clinics. WDGPH did not enforce suspension under *ISPA* in the 2022/2023 school year for students with incomplete immunization records but plans are in place to enforce suspension in the 2023/2024 school year. Students with incomplete records will be given notice to become up to date eight to twelve weeks before the suspension deadline.

The number of religious or conscientious belief exemptions submitted in the 2022/2023 school year for students four to seventeen years of age was 269. This is noted to be a small increase from recent years (e.g., 249 in the 2017/18 school year).

Discussion

Positive Impact of Immunization Programs

Every year, global vaccination programs save millions of lives.⁵ Trusted health care professionals providing accurate and honest information about vaccines have a significant impact on vaccine uptake and acceptance.⁶ In Canada, school-based immunization programs began in response to local community outbreaks of vaccine preventable diseases such as measles and are offered in all elementary and secondary schools across the country.⁷

In North America, including in WDGPH, cases of vaccine preventable diseases still occur. Although cases often are not serious and people recover without medical treatment, the case fatality rate varies by disease with some cases having more grave outcomes. For example, in the US, from 2002 to 2016, there were 34 deaths in hospitalized measles patients, with inpatient mortality higher in those with versus without measles. Deaths from vaccine preventable diseases have also occurred in Canada in recent years including locally in the Wellington-Dufferin-Guelph area.

Values and beliefs associated with vaccine choices are a major contributing factor of acceptance. Newer vaccines can have greater possibility of parental refusal based on concerns for safety and risk of side effects.^{9,10} Often, longstanding vaccines such as tetanus-containing vaccines are not faced with the same scrutiny.

Parents who are initially reluctant to vaccinate their child report the positive impact of advice from their doctor or other trusted health care professional when choosing to vaccinate their children. Often, vaccine hesitancy is rooted in low perceptions of threat of disease and disbelief of effectiveness and benefits of receiving a vaccine. Parents/guardians and students should reach out to their doctor, trusted health care professional or public health to discuss vaccine-related safety concerns, risk of disease and myths versus facts about vaccines.

School-based Immunization Clinics

Immunization clinics continue to be offered in all elementary schools as part of the Grade 7 school immunization program. In addition, WDGPH also offers clinics in secondary schools. These secondary clinics offer all recommended vaccines (grade 7 vaccines) and vaccines required under the *ISPA*. Parents/guardians/students receive communication about these clinics in a variety of methods including email, school websites, robocalls and letters.

WDGPH has implemented a quality improvement project in partnership with the University of Toronto targeting pain management and vaccine hesitancy. This project provides education at the student level as well as strategies to decrease pain and anxiety related to injections. This project is being offered in 30 elementary schools where uptake was approximately 60-70 percent for the school immunization program that offers the Meningococcal (MEN-ACWY-135), Hepatitis B (HB) and Human Papilloma Virus (HPV) vaccines. A report on this initiative will be available after the completion of the 2023/2024 school year.

Public Health Clinics

In addition to school-based clinics, WDGPH immunization clinics are offered in all three offices Monday to Friday year-round and additional evening appointments are offered as the need arises. Immunization clinics are offered at off-site locations in Shelburne and Palmerston monthly, providing services in locations that are at a distance from the main offices.

Primary Care

Primary care offices continue to be a main source for students to receive immunizations. WDGPH continues to support primary care partners with low barrier access to all publicly funded vaccines, timely communication of updated immunization information and a detailed timeline of the *ISPA* process.

Health Equity Implications

Recently, public health staff connected with Immigration Services in the City of Guelph to review how the two agencies could collaborate and improve client-centered healthcare for those that are new to Canada. Immigration Services has settlement workers in schools to provide support to newcomers and public health nurses have been collaborating with this team to help families with their immunization needs and understanding of requirements for students to attend school.

WDGPH staff offer services with the use of interpreters, both in person and via telephone service, to clients where English is not their first language. Many of the vaccine fact sheets and communication materials have been translated to several different language and we continue to evolve and offer translation services as indicated.

Staff continue to support the parochial schools and offer vaccination within these settings to all Mennonite students in the WDGPH area. WDGPH staff continueto value and foster positive relationships within these communities.

Equity-deserving groups will continue to be in the forefront of vaccine services offered within the WDG community.

Conclusion

Trusted doctors and health care providers are the most reliable source for parents/guardians/students to reach out to for accurate information about vaccines, vaccine-related safety concerns, risk of disease and myths versus facts about vaccines.

Despite effective vaccination programs, vaccine preventable diseases still occur and while recovery is common, there are still cases with more serious outcomes including death.

To avoid suspension in the 2023/2024 school year, WDGPH is encouraging all parents/guardians/students to update their immunization records by reporting them to public health.

Parents/guardians/students are encouraged to reach out to their primary care provider or public health at 1-800-265-7293 ext. 7006, to review their records or make an appointment. Parents/guardians/students can also access the Immunization Connect Ontario (ICON) tool available at immunizewdg.ca to report and view your child's immunization record.

In addition to email and website communication from elementary and secondary schools, details about reporting vaccines and upcoming school-based clinics can be found on the WDGPH website at https://wdgpublichealth.ca/your-kids/vaccination.

Ontario Public Health Standards

References

1. Public Health Ontario (July 2023). Surveillance Report. Immunization Coverage Report for Routine Infant and Childhood Programs in Ontario: 2019-20, 2020-21 and 2021-22 School Years. https://www.publichealthontario.ca/-/media/Documents/I/2023/immunization-coverage-infant-childhood-2019-2022.pdf?rev=a0e297953e4f4752ad61c5290a2e27bb&sc_lang=en

- 2. Ministry of Health of Ontario (2022). Ontario's Publicly Funded Immunization Schedule.
 - https://www.health.gov.on.ca/en/pro/programs/immunization/schedule.aspx
- 3. Ministry of Health of Ontario (2022). Immunization requirements for school attendance: information for health care providers.

 https://www.health.gov.on.ca/en/pro/programs/immunization/ispa.aspx
- 4. Government of Ontario (1990). Immunization of School Pupils Act, R.S.O. 1990, c.I.1. https://www.ontario.ca/laws/statute/90i01
- 5. World Health Organization (2022). Vaccines and Immunization. https://www.who.int/health-topics/vaccines-and-immunization#tab=tab_1
- Jagwani, M; Badea, A; Groot, G; Mueller, M; Young, C. What are the causes of vaccine hesitancy? What programs/approaches have been successful in reducing vaccine hesitancy? 2021 Aug 17Document no.: EOC012201v3RR. In: COVID-19 Rapid Evidence Reviews [Internet]. SK: SK COVID Evidence Support Team, c2021. 15p. (CEST evidence searchreport)
- 7. Awoenam, K. & Dube E. (2020) Overview of Canadian School-based Immunization Programs. CANVax in Brief. https://canvax.ca/brief/overview-canadian-school-based-immunization-programs
- 8. Chovatiya R, Silverberg JI. Inpatient morbidity and mortality of measles in the United States. PLoS One. 2020 Apr 28;15(4):e0231329. doi: 10.1371/journal.pone.0231329. PMID: 32343688; PMCID: PMC7188204.
- Temsah, Mohamad-Hani et al. "Parental Attitudes and Hesitancy About COVID-19 vs. Routine Childhood Vaccinations: A National Survey." Frontiers in public health vol. 9 752323. 13 Oct. 2021, doi:10.3389/fpubh.2021.752323
- 10. Government of Canada (2022). Vaccine Hesitancy in Canada. <u>Vaccine hesitancy</u> in Canadian parents Canada.ca