

Annual Review of Childhood Immunization Requirements

Section 32.1-46 F of the Code of Virginia requires the State Board of Health to perform an annual review of the childhood immunization requirements specified in §32.1-46. This section of the Code, effective July 1, 2006, requires that children be immunized in accordance with the immunization schedule developed by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians (*Recommended Childhood and Adolescent Immunization Schedule*). Also, this section states that vaccines required for school and day care attendance are those contained in the State Board of Health's *Regulations for the Immunization of School Children (Regulations)* and specifies those vaccines, at a minimum, that must be required by the *Regulations*.

Since the last review in 2009, a recommendation was made for all children older than 6 months of age to receive seasonal influenza vaccine annually; this was incorporated into the 2010 *Recommended Childhood and Adolescent Immunization Schedule*. None of the other recommendations made would necessitate that revisions be made in the vaccines required for school and day care attendance as contained in the *Regulations*.

Requiring annual influenza vaccination for all school-age children would be good public health practice. According to the Centers for Disease Control and Prevention, rates of influenza infection are highest among children. Infection also has substantial adverse impacts among children and their contacts, including increased school absenteeism and parental absence from work. Children aged less than years of age are at higher risk for complications, hospitalizations, and deaths. However, requiring annual influenza vaccination for all school-age children would require a minimum of \$2,636,323 in additional state general funds annually (vaccine and administration costs). This is because all required immunizations must be provided by local health departments at no cost to the public. If vaccination were required only for children aged 6 months through 5 years, the cost is estimated to be \$1,162,350 annually. Children aged less than 9 years of age receiving the vaccine for the first time would require two doses to be protected, further increasing the cost estimate.

If implemented, monitoring compliance would also be more complex for school administrators. Influenza vaccination is unique among other required vaccines in that annual vaccination would be required necessitating annual review of the immunization records of all children. As noted above, some children would need two doses of vaccine initially, requiring additional educational staff time to monitor compliance. Because of this added complexity, implementing a requirement for annual influenza vaccination would represent an unfunded mandate to local school divisions. Given the cost and complexity of ensuring compliance, the Virginia Department of Health will not be recommending to the State Board of Health that any influenza requirement be enacted in the coming year.

As part of the Code review in 2007, it was noted that meningococcal vaccine had been added to the *Recommended Childhood and Adolescent Immunization Schedule*. As noted in the 2009 review, adding meningococcal vaccine as a school requirement would be good public health practice. While many diseases include a component of life style choices, meningococcal disease

does not. Meningococcal disease is an acute, potentially severe illness and is a leading cause of bacterial meningitis and sepsis in the United States. The administration of meningococcal vaccine to children 11-12 years of age is considered to be the optimal time to provide the vaccine and is consistent with national recommendations. Implementing this requirement will necessitate an estimated \$695,527 in additional state general funds annually in order to cover the increased costs estimated to be incurred by the local health departments.

Nationally and in Virginia, reported cases of meningococcal disease have been declining since 2002. A total of 1,172 cases were reported in 2008 in the United States for all age groups. For cases in which serogroup was reported (546), 60% were caused by serogroups contained in meningococcal vaccines. Twenty-four cases of meningococcal disease were reported in Virginia in 2008; of these, 3 cases were in adolescents aged 10 through 19 years. Two deaths were reported: one in the 20-29 age group and the other in the 60 year and older age group. Of the fourteen cases for which a serogroup was identified, ten were caused by serogroups contained in meningococcal vaccines.

Currently ten states have a middle school mandate for meningococcal vaccine and many Virginia colleges and the military already require it. According to Colleen Kraft, MD, Past President of the Virginia Chapter of the American Academy of Pediatrics, most physician offices are immunizing children with meningococcal vaccine at the same time that they are giving the Tdap (tetanus, diphtheria and acellular pertussis) vaccine required for entry into sixth grade. It is acknowledged that current budgetary challenges will make supporting this recommendation difficult. Nevertheless, the use of this vaccine should become a key addition to Virginia's existing meningococcal disease prevention measures. The Virginia Department of Health will be recommending to the State Board of Health that a middle school requirement for meningococcal vaccine be enacted in the coming year as an amendment to the *Regulations*.