2012 Annual Review of Statutory 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, and to make recommendations for revision. This statute requires that parents, guardians and persons standing in loco parentis shall cause their children to be immunized in accordance with the immunization schedule developed by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics and the American Academy of Family Physicians (*Recommended Childhood and Adolescent Immunization Schedule*). This section also 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 2011, there have been a number of changes in the ACIP recommended immunization schedule. Based on these changes, and in order to maintain consistency with the ACIP immunization schedule, the Virginia Department of Health (VDH) recommends certain revisions to the vaccines required for school and day care attendance. Should the General Assembly amend § 32.1-46 of the *Code of Virginia*, the State Board of Health would need to make corresponding amendments to the *Regulations*.

Tetanus, Diphtheria, Acellular Pertussis Vaccine (Tdap)

Since the last review in 2011, the ACIP has recommended that Tdap vaccine should be administered when indicated regardless of the interval since the last tetanus or diphtheria toxoid-containing vaccine. This recommendation has now been incorporated into the ACIP 2012 immunization schedule. The *Code* and the *Regulations* currently require a booster dose of Tdap vaccine for all children entering the 6th grade only if at least five years have passed since the last dose of tetanus-containing vaccine.

Pertussis disease is increasing both nationally and in Virginia. Eliminating the 5-year minimum interval language as it relates to Tdap vaccine administration will help ensure adolescents are optimally protected from pertussis. A consideration of this change has also been recommended by the Health Commissioner's Pertussis Prevention Task Force.

Human Papillomavirus (HPV) Vaccine

In December, 2011, the ACIP recommended the routine use of the HPV vaccine in males aged 11 or 12 years. The 2012 ACIP schedule now recommends HPV vaccine for boys as well as girls. The *Code* and the *Regulations* currently require HPV vaccine only for girls. If the General Assembly intends for § 32.1-46 of the *Code of Virginia* to be consistent with the ACIP recommended immunization schedule, legislation to implement this recommendation would be required. Subsequent amendments to the *Regulations* would also be necessary. The Virginia Department of Health (VDH) recommends no change in the *Code* regarding the parent or guardian's ability to elect to not have the child receive the HPV vaccine. However, VDH will

propose for the Board's approval materials describing the link between HPV and cancers in males in addition to cervical cancer.

Pneumococcal Conjugate Vaccine (PCV) 13

Another inconsistency in the *Code* when compared to ACIP recommendations is for pneumococcal conjugate vaccine (PCV). In 2000, ACIP recommended routine use of PCV7 for all children aged 2-23 months and for children aged 24-59 months who are at increased risk for pneumococcal disease. In 2007, ACIP revised this recommendation for routine use to include all children aged 2-59 months. While ACIP recommends this vaccine for children up to 59 months of age, the *Code* requires it only for children under the age of two. Per policy, many local health departments have historically provided this vaccine at no cost for all children up to 59 months of age. VDH recommends revisions in the *Code* to require this vaccine for children up to 59 months of age, to be consistent with the more recent ACIP recommendation.

Meningococcal Vaccine (MCV)

As part of previous reviews, including the 2010 review, it was noted that meningococcal vaccine had been added to the ACIP *Recommended Childhood and Adolescent Immunization Schedule* in 2006. As noted in these prior reviews, adding meningococcal vaccine as a school requirement would represent good public health practice. Meningococcal disease is an acute, potentially severe illness and is a leading cause of bacterial meningitis and sepsis in the United States. Per the ACIP recommendation, the optimal age to administer meningococcal vaccine to children is at 11-12 years of age. Implementing this requirement will require an estimated $710,523 in additional state general funds annually in order to cover the increased costs 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 833 cases were reported in 2010 in the United States for all age groups; nationwide 2011 data are still provisional. For cases in which serogroup was reported (427), 66% were caused by serogroups contained in meningococcal vaccines. Incidence was highest in the <1 year age group (2.63 cases per 100,000 population) followed by the 1-4 year age group (0.53 per 100,000).

Eighteen cases of meningococcal disease were reported in Virginia in 2011; of these, 6 cases (33%) were in adolescents aged 10 through 19 years. Incidence was highest in this age group as well (0.6 per 100,000) followed by the 30-39 and 50-59 years age groups, both with 0.3 cases per 100,000. Two deaths were reported: one in the 20-29 year age group and the other in the 50-59 year age group. Of the 14 cases for which a serogroup was identified, 6 (43%) were caused by serogroups contained in meningococcal vaccines.

Currently, 20 states have some form of a mandate for meningococcal vaccine: of these, 7 are mandates for the provision of education about the vaccine, not a requirement for the vaccine itself. Many Virginia colleges, and the military, already require the vaccine. There is a cost associated with providing this vaccine, and budgetary challenges could make supporting this recommendation difficult. Nevertheless, the use of the meningococcal vaccine should become a

key addition to Virginia's existing prevention measures. VDH recommends that the meningococcal vaccine be added to the immunizations required for school attendance.

There are some vaccines that are part of the Recommended Childhood and Adolescent Immunization Schedule that VDH recommends that do not necessitate revisions in the vaccines required for childcare and school entry. These are summarized below.

Influenza Vaccine

In 2010, ACIP expanded the influenza vaccine recommendation to include that all children older than 6 months of age should receive seasonal influenza vaccine annually. As detailed in the 2011 report, annual influenza vaccine for children is certainly good public health practice. However, due to complexity of implementation and cost of supporting an annual vaccine for all school children, VDH does not recommend that any influenza requirement be enacted in the coming year. Local health departments will continue to respond to the need for seasonal influenza vaccine by offering expanded clinic hours and supporting school-based influenza clinics around the state.

Hepatitis A Vaccine

In 2006, ACIP recommended hepatitis A vaccine for all children, to be given beginning at 1 year of age. National data show that Virginia's coverage rate for this vaccine is near the national average for children 19-35 months of age (49.7% US; 50% VA). The most recent Virginia Immunization Survey reported that 68.6% of children in daycare had documentation of two doses of hepatitis A vaccine at the time of the assessment. It is likely that even more children have received this vaccine but it is not documented in the facility's record because there is no requirement to do so. Because of this high vaccine coverage rate, particularly in the pre-school population at highest risk for acquiring hepatitis A infection in the school setting, VDH does not recommend that a revision be made in the requirement for school and day care attendance.

Finally, two subsections of the *Code* should be considered for technical amendments.

- References to 7-valent pneumococcal conjugate (PCV) vaccine should be removed in one subsection. The 7-valent formulation is no longer available (replaced by a 13-valent vaccine) making this reference obsolete. It is recommended that this subsection be amended to state "properly spaced pneumococcal conjugate (PCV) vaccine for children less than two (or five if that change is made) years of age". Regardless of action taken on the suggested expansion of the requirement for PCV vaccine to all children up to 59 months of age, VDH recommends that the consideration of the technical language change still occur.

- A second recommendation is to remove the word "susceptible" from the varicella vaccine requirement. No other required vaccine includes this word as a condition of vaccination. The *Regulations* have been amended to include varicella among the diseases for which demonstration of existing immunity exempts the child from the immunization requirement.