

2014 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.

Meningococcal Vaccine

Meningococcal conjugate vaccine (MCV) was added to the ACIP *Recommended Childhood and Adolescent Immunization Schedule* in 2006. Meningococcal disease is an acute, potentially severe illness and is a leading cause of bacterial meningitis and sepsis in the United States. Seven cases of meningococcal disease were reported in Virginia in 2013. Two cases were in the 30-39 age group. There was one case reported in each of the following age groups: <1 year, 1-9, 10-19, 40-49, and 50-59 years. Of the six cases for which a serogroup was identified, two (33%) were caused by serogroups contained in meningococcal vaccines. No deaths were reported.

Per the ACIP recommendation, the optimal age to administer meningococcal vaccine to children is at 11-12 years of age. VDH recommends revisions in the Code to require this vaccine for children at 6th grade entry. Adding meningococcal vaccine as a school requirement would be good public health practice. Currently, 25 states have some form of a mandate for meningococcal vaccine: of these, six are mandates for the provision of education about the vaccine, not a requirement for the vaccine itself. If vaccine is purchased from federal procurement contracts, implementing this requirement in Virginia would require approximately \$555,000 in additional state general funds annually in order to cover the increased costs estimated to be incurred by the local health departments. The vaccine cost may be lower with alternative procurement strategies. It is unclear at this time whether or not this would require a budget amendment to supplement current immunization funding.

Human Papilloma Virus Vaccine (HPV)

In December, 2011, the ACIP recommended the routine use of the HPV vaccine in males aged 11 or 12 years and 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, so to be consistent with the ACIP schedule, revisions to the required immunizations for school and daycare attendance in the Code and Regulations would be necessary. VDH recommends revisions in the Code that would require HPV vaccine and related review of educational materials for boys, to mirror the current language relevant to the requirements for girls. Based on historical "doses administered" data for HPV vaccine over the last two years, implementing

this requirement would require approximately \$94,000 in additional state general funds annually in order to cover the increased costs estimated to be incurred by the local health departments. It is likely that no budget amendment would be required to support this effort.

Influenza

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. Annual influenza vaccine for children is certainly good public health practice. Due to complexity of implementation and cost of supporting an annual vaccine for all school children, however, an influenza requirement is not recommended for enactment 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 Immunization Survey (2012) data show that Virginia's coverage rate for this vaccine is near the national average for children 19-35 months of age (53% US; 50% VA). The 2013 Virginia Immunization Survey reported that 66.8% 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. In 2013, there were 36 cases of acute Hepatitis A reported in Virginia; of those, one case was in a preschool-aged child less than 4 years old. Because of the high vaccine coverage rate, particularly in the pre-school population at highest risk for acquiring hepatitis A infection in the school setting, a revision to the requirement for school and day care attendance is not recommended.

In 2014, legislation was enacted to amend § 32.1-46 as recommended in the 2013 Annual Review. Pursuant to Executive Order 14 (2010) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, a periodic review of the Regulations (12VAC5-110) was also conducted in April, 2014. Regulatory actions will be submitted in 2014 to amend the Regulations as a result of these activities.