



COMMONWEALTH of VIRGINIA

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August 7, 2024

MEMORANDUM

TO: The Honorable Glenn Youngkin
Governor, Virginia

The Honorable L. Louise Lucas
President Pro Tempore, Senate of Virginia

The Honorable Don Scott
Speaker, House of Representatives

The Honorable Rodney T. Willet
Chair, Joint Commission on Health Care

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2023 Annual Review of Statutory Childhood Immunization
Requirements Report

This report is submitted in compliance with the Virginia Acts of the Assembly – 32.1-46 F, which states:

The State Board of Health shall review this section annually and make recommendations for revision by September 1 to the Governor, the General Assembly, and the Joint Commission on Health Care.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/AJ
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

2023 ANNUAL REVIEW OF STATUTORY CHILDHOOD IMMUNIZATION REQUIREMENTS REPORT

REPORT TO THE GOVERNOR, THE GENERAL
ASSEMBLY, AND THE JOINT COMMISSION ON
HEALTH CARE



VIRGINIA DEPARTMENT OF HEALTH



PREFACE

The Code of Virginia requires that the Board of Health conduct an annual review of statutory childhood immunization requirements and report recommendations to the Governor, General Assembly, and Joint Commission on Health Care by September 1st each year.

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EXECUTIVE SUMMARY

Section 32.1-46 of the Code of Virginia requires that the Board of Health conduct an annual review of statutory childhood immunization requirements. Further, the law requires that the Board of Health make recommendations for revision to the Governor, General Assembly, and Joint Commission on Health Care by September 1st of each year.

The Virginia Department of Health conducted an analysis of Virginia's immunizations required for school entry compared to 1) recommendations from the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), and 2) ACIP's Routinely Recommended Immunization Schedule for Children and Adolescents. The findings and conclusions are listed below.

1. There is no influenza immunization requirement for school entry in Virginia; however, CDC/ACIP/AAP/AAFP all recommend an annual influenza vaccine for all children six (6) months of age and older and they recommend that children age six (6) months to eight (8) years who have not received two (2) doses of annual influenza vaccine before July 1, 2022 or whose vaccination history is unknown should receive two (2) doses separated by four (4) weeks. ACIP's Routinely Recommended Immunization Schedule is consistent with those recommendations.
2. There is no COVID-19 immunization requirement for school entry in Virginia; however, CDC/ACIP/AAP/AAFP all recommend 1 or 3 doses depending on age and vaccine manufacturer with at least one dose being a bivalent COVID-19 vaccine. ACIP's Routinely Recommended Immunization Schedule is consistent with those recommendations.
3. Incorporation of these vaccines (influenza and COVID-19) into Virginia's childhood immunization statute presents fiscal and logistical complexities.
4. In order to align Virginia's requirements with the recommendations of these organizations, the Board of Health would need to amend the Regulations for Immunization of School Children to add two new vaccine requirements.

INTRODUCTION

REVIEW OF STATUTORY CHILDHOOD IMMUNIZATION REQUIREMENTS

Section 32.1-46 of the Code of Virginia requires that the Board of Health conduct an annual review of statutory childhood immunization requirements. Further, the law requires that the Board of Health make recommendations for revision to the Governor, General Assembly, and Joint Commission on Health Care by September 1st of each year. (Appendix A)

REPORT OUTLINE

The 2023 Annual Review of Statutory Childhood Immunization Requirements Report begins by providing background information on vaccines' purpose and utility in the daycare/school environment and clarifying what bodies make vaccine recommendations versus school requirements. Next, the report reviews the findings that result from comparing Virginia's school immunization requirements to recommendations made by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP). Finally, the report concludes with recommendations for changes that would be necessary to maintain compliance with vaccine recommendations.

BACKGROUND

Vaccines help protect the health and well-being of children, adolescents, and their adult caregivers. They work by safely presenting weak or dead disease-causing germs or portions of disease-causing germs to an individual, which allows the individual to create antibodies and develop immunity before they encounter actual germs that can cause disease. When exposed to the actual germ in the future, the body's immune system recognizes the germ and can work quickly and effectively to prevent severe illness¹. Vaccination is particularly helpful in preventing illnesses in daycare and school settings where there is close contact among individuals. When enough of the population is vaccinated against a specific disease, the germ cannot spread easily. This protects everyone, including those who are most vulnerable because they are too young to get vaccinated or have weak immune systems².

The Advisory Committee on Immunization Practices (ACIP) recommends immunization schedules for the United States and the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP) approve and/or adopt them. Each state determines its own laws to establish vaccination requirements for children attending daycare and school.

¹ Vaccine Basics. (2017, December). Retrieved June 17, 2019, from <https://www.vaccines.gov/basics>.

² Vaccines Protect Your Community. (2017, December). Retrieved June 17, 2019, from <https://www.vaccines.gov/basics/work/protection>.

FINDINGS

Virginia Code §32.1-46 requires that (1) “the parent, guardian, or person standing in loco parentis shall cause such child to be immunized in accordance with the [Immunization Schedule](#) developed and published by CDC, [ACIP](#), [AAP](#), and [AAPF](#)”; (2) “required immunizations for attendance at a public or private elementary, middle or secondary school, child care center, nursery school, family day care home or developmental center must be those set forth in the State Board of Health Regulations (Regulations) for the Immunization of School Children”; and (3) the Board’s Regulations shall require, at a minimum, certain specified vaccines.

Multiple factors influence decisions to require immunizations for school attendance including ACIP recommendations, fiscal considerations, feasibility of implementing the requirement(s), and administrative burdens that may be associated with such requirements.

The Virginia Department of Health (VDH) reviewed the Commonwealth’s immunization requirements for school attendance and compared them to the [Routinely Recommended Immunization Schedule for Children and Adolescents](#). A description of the differences identified are shown in Table 1 below.

Vaccine	Routinely Recommended Immunization Schedule	Virginia Requirements for School Attendance
Influenza	Routine vaccination annually for all children/adolescents age six (6) months and older. Children age six (6) months to eight (8) years who have not received two (2) doses of annual influenza vaccine before July 1, 2022 should receive two (2) doses separated by four (4) weeks.	Not required.
COVID-19	All Children six (6) months of age one (1) to three (3) doses with at least one dose being a bivalent COVID-19 vaccine.	Not required.

Table 1: Differences in Virginia Immunization Statutory Requirements and Recommendations from CDC/ACIP/AAP/AAPF

INFLUENZA VACCINE

Influenza, commonly called “flu”, is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. VDH investigated 165 influenza outbreaks during the 2022-23 flu season, and five (5) influenza-associated pediatric deaths were reported. Both numbers are up significantly since the previous two flu seasons in Virginia (2020-21 = one (1) outbreak, zero (0) pediatric deaths; 2021-22 = 24 outbreaks, one (1) pediatric death). This is likely attributed to the mitigation measures in place to prevent COVID-19 during the 2020-2022 time period such as social distancing, masking, increased hand washing and sanitation, as well as statewide orders to close schools and businesses.

Virginia Code does not have a requirement for influenza vaccination for daycare or school attendance. In 2010, ACIP expanded the recommended schedule for the influenza vaccine to include that all persons older than six (6) months of age should receive seasonal influenza vaccine annually. Seven (7) states require annual influenza vaccine for daycare attendance³.

Influenza vaccination coverage estimates indicate that 63.6% of Virginia children aged six (6) months to 17 years received vaccine in the 2021-22 influenza season, compared to 57.8% of children nationally.

Requiring influenza vaccine annually for all children for daycare and/or school attendance would have significant costs to VDH, the Virginia Department of Medical Assistance Services (DMAS) and school systems. It would also be very complex to implement a requirement for school attendance because the new annual vaccine typically does not become available until late August or September, coinciding with the start of the school year.

COVID-19 VACCINE

SARS-CoV-2 is the virus that causes COVID-19. People with COVID-19 might not have any symptoms. If they do have symptoms, these can range from mild to severe illness, including death. Symptoms can include fever, chills, cough, shortness of breath or difficulty breathing, fatigue (feeling very tired), muscle or body aches, headache, sore throat, or new loss of taste or smell, stuffy or runny nose, nausea or vomiting, and diarrhea. These symptoms may appear 2-14 days after exposure. Since its inception, variants have evolved causing increased transmissibility and severity in illness.

As of June 2023, four manufacturers have developed COVID-19 vaccines that have been authorized by the Food and Drug Administration (FDA); however, one of those products has expired and is no longer available in the United States as of May 6, 2023. On April 18, 2023, the FDA amended the Emergency Use Authorizations of the Moderna and Pfizer-BioNTech COVID-19 bivalent mRNA vaccines, which authorized these vaccines to be administered to all individuals six (6) months and older. At the same time, the FDA deauthorized the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines for use in the United States. On April 19, 2023, the CDC took steps to simplify COVID-19 vaccine recommendations and allow more flexibility for people at higher risk. On June 15, 2023, FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) met to discuss and make recommendations for updated COVID-19 vaccines for use in the United States beginning in the fall of 2023. During this meeting FDA stated that they anticipate convening VRBPAC in June of each year for strain selection for a fall COVID-19 vaccine.

The COVID-19 vaccine has been available to people 16 years of age and up since December 2020, 12-15 years olds since May 2021, 5-11 years old since November 2021, and 6 month - 4 year olds since June 2022. Between April 5 and July 5, 2023, in Virginia, there were 2,059 cases of COVID-19 in children 0-19 years of age, 20 hospitalizations and zero (0) deaths. The current fully vaccinated coverage rate in children 5-17 years old in Virginia is 55.2% (752,684 children) as of June 5, 2023.

³ "Influenza Vaccine Mandates for Child Care and Pre-K." Immunize.org, February 28, 2022, https://www.immunize.org/laws/flu_childcare.asp.

The existing COVID-19 vaccine purchase and distribution program exclusively through the US federal government will end fall 2023. If fully licensed by the FDA, COVID-19 vaccines will be available, like all other ACIP routinely recommended vaccines, through the existing market and public-private partnerships.

Studies have shown that the COVID-19 vaccines available in the U.S. are safe and highly effective. Virginia Code does not have a requirement for the COVID-19 vaccination for daycare or school attendance. In 2022, ACIP unanimously voted to add the COVID-19 vaccine to both the adult and children/adolescent immunization schedules. Similar to Influenza, the COVID-19 vaccine annually for all children for daycare and/or school attendance would have significant costs to VDH, the DMAS and school systems. It would also be very complex to implement a requirement for school attendance because of the likelihood that if the recommendation becomes annual, the new annual vaccine would not typically become available until late August or September, coinciding with the start of the school year.

CONCLUSION

The Code of Virginia, §32.1-46, includes a requirement that the parent, guardian, or person standing in loco parentis shall cause such child to be immunized in accordance with the Immunization Schedule developed and published by the CDC, ACIP, AAP, and the AAFP. Two vaccines recommended by these organizations are not in alignment with Virginia's childhood immunization statutes, influenza and COVID-19. Incorporation of these vaccines into Virginia's childhood immunization statute presents fiscal and logistical complexities. In order to align Virginia's requirements with the recommendations of these organizations, the General Assembly would need to amend the Code of Virginia and/or the Board of Health would need to amend the Regulations for Immunization of School Children.

APPENDIX A – CODE OF VIRGINIA § 32.1-46

F. The State Board of Health shall review this section annually and make recommendations for revision by September 1 to the Governor, the General Assembly, and the Joint Commission on Health Care.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

AAFP – American Academy of Family Physicians

AAP – American Academy of Pediatrics

ACIP – Advisory Committee on Immunization Practices

CDC – Centers for Disease Control and Prevention

EUA – Emergency Use Authorization

FDA – U.S. Food and Drug Administration

Flu – Influenza

VDH – Virginia Department of Health

VRBPAC – Vaccines and Related Biological Products Advisory Committee