



COMMONWEALTH of VIRGINIA

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December 20, 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. Willett
Chair, Joint Commission on Health Care

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

SUBJECT: 2024 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

2024 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 are listed below.

FINDINGS AND RECOMMENDATIONS

1. In 2008, ACIP originally recommended influenza immunization for school age children. There has never been an 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, 2023 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. In 2022, ACIP originally recommended COVID-19 immunization for school age children. There has never been a COVID-19 immunization requirement for school entry in Virginia; however, CDC/ACIP/AAP/AAFP all recommend 1 to 3 doses depending on age and vaccine manufacturer with at least one dose being an updated COVID-19 vaccine for that season (i.e. at least one 2024-2025 Formula). ACIP’s Routinely Recommended Immunization Schedule is consistent with those recommendations.
3. In 2023, ACIP recommended RSV immunization for all infants 0 – 8 months old who were born during or are entering their first RSV season if the mother did not receive an RSV vaccine during pregnancy, mother’s RSV vaccination status is unknown, or the infant was born within 14 days of maternal RSV vaccination. There has never been an RSV immunization requirement for school entry in Virginia; however, CDC/ACIP/AAP/AAFP all recommend 1 dose for each infant’s first RSV season with consideration of mother’s vaccination status. ACIP’s Routinely Recommended Immunization Schedule is consistent with those recommendations.
4. Incorporation of influenza, COVID-19, and RSV vaccines into Virginia’s childhood immunization statute would present substantial fiscal and logistical challenges.
5. 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 three new immunization requirements.

6. The Virginia Board of Health does not recommend revisions to section 32.1-46 of the Code of Virginia or the Regulations for the Immunization of School Children at this time.

INTRODUCTION

REVIEW OF STATUTORY CHILDHOOD IMMUNIZATION REQUIREMENTS MANDATE

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 2024 Annual Review of Statutory Childhood Immunization Requirements Report begins by providing background information on immunizations' purpose and utility in the daycare/school environment and clarifying what bodies make immunization 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 a description of changes that would be necessary to achieve and maintain compliance with CDC/ACIP/AAP/AAFP immunization recommendations and provides the Virginia Board of Health recommendation per Code requirements.

BACKGROUND

Childhood vaccination helps protect the health and well-being of children, adolescents, and their adult caregivers. They work by safely presenting weakened 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 illness.¹ 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 systems.²

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) to approve and/or adopt them. Each state determines its own laws to establish vaccination requirements for children attending daycare and school.

FINDINGS

Section 32.1-46 of the Code of Virginia 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 [AAFP](#)”; (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 immunizations.”

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.

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>.

Immunization	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, 2024 should receive two (2) doses separated by four (4) weeks.	Not required
COVID-19	All Children six (6) months of age should receive one (1) to three (3) doses with at least one (1) dose being a 2023-2024 COVID-19 vaccine.	Not required
Respiratory Syncytial Virus (RSV)	Routine immunization for infants (zero (0) to eight (8) months old), if mother did not receive RSV vaccine during pregnancy, mother’s RSV vaccination status is unknown, or infant was born within 14 days of maternal RSV vaccination.	Not required

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

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 117 influenza outbreaks during the 2023-24 flu season, and three (3) influenza-associated pediatric deaths were reported. This data is consistent with pre-COVID-19 pandemic numbers as seen in Table 2 below. Lower numbers during the 2020-21 and 2021-22 seasons are 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.

Flu Season	Outbreak Investigations (all settings)	Influenza-Related Pediatric Deaths
2017-2018	203	6
2018-2019	140	5
2019-2020	124	6
2020-2021	0	0
2021-2022	22	1
2022-2023	168	5
2023-2024	117	3

Table 2: Influenza Outbreak Investigations and Pediatric Deaths by Year
<https://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-surveillance/>

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 65.6% of Virginia children aged six (6) months to 17 years received vaccine in the 2022-23 influenza season, compared to 57.4% of children nationally.⁴

Requiring the 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 challenging to implement a requirement for school attendance because the new annual vaccine typically does not become available until late August or September, occurring after the start of the school year in many areas of the state.

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 some of which cause increased transmissibility of illness. Older adults are more likely than younger people to get very sick if they get COVID-19. Other populations – including children – can be at high risk of severe illness, such as those with weakened immune systems or those with certain underlying health conditions. In addition to individual risk factors, the COVID-19 variant that is circulating at the time of infection could have an impact on disease severity. Studies have found that vaccination is effective at reducing risk of hospitalization in children and adolescents and critical illness in adolescents. Children can also spread COVID-19 to their higher risk family members, caregivers, or teachers.

As of June 2024, three manufacturers have COVID-19 vaccines that have been authorized by the Food and Drug Administration (FDA) for use in the United States. On June 5, 2024, 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 2024. On June 27, 2024, CDC recommended that everyone ages six (6) months and older receive an updated 2024-2025 COVID-19 vaccine. The COVID-19 vaccine has been available to people 16 years of age and up since December 2020, 12 to 15 year old's since May 2021, 5 to 11 year old's since November 2021, and 6 month to 4 year old's since June 2022. Between March 26 and June 25, 2024 (most recent 13 weeks), in Virginia, there were

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

⁴ [Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases \(NCIRD\). FluVaxView.](#)

1,912 cases of COVID-19 in children 0-19 years of age, 21 hospitalizations and zero (0) deaths. The current fully vaccinated coverage rate in children 5-17 years old in Virginia is 26.2% (385,604 children) as of July 2, 2024.

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, 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, occurring after the start of the school year in many areas of the state.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

Respiratory Syncytial Virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. However, infants and older adults have the potential to develop severe RSV and may need hospitalization. RSV is the most common cause of bronchiolitis and pneumonia in children younger than one year of age in the United States. Almost all children will have an RSV infection by their second birthday. RSV infections are seasonal, similar to influenza, with weekly emergency department and urgent care visits associated with diagnosed RSV in Virginia topping out at 900 at the height of the 2023-2024 season in November and December.⁵

In 2023, ACIP unanimously voted to add the RSV immunization to the children/adolescent immunization schedule to prevent severe RSV disease in infants. RSV routine immunization is recommended for all infants (zero (0) to eight (8) months old) entering their first RSV Season (September – March), if their mother did not receive RSV vaccine during pregnancy, if their mother's RSV vaccination status is unknown, or if the infant was born within 14 days of maternal vaccination. Unlike other immunizations, the RSV immunization recommendation is dependent on whether the infant's mother was vaccinated. The complexity of this dependency and timing of the infant's birth and RSV season would make it very difficult to implement a requirement for school attendance. Additionally, although an RSV immunization requirement would impact a smaller number of children annually, the price of the RSV immunization is substantially higher per dose creating significant cost to VDH, DMAS, and school systems.

RECOMMENDATION

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. Three

⁵ Monthly Respiratory Disease Surveillance Report. (June 28, 2024). Retrieved July 10, 2024, from [Weekly-RDS-Report Week-25.pdf \(virginia.gov\)](#).

immunizations recommended by these organizations are not in alignment with Virginia's childhood immunization statutes: influenza, COVID-19 and RSV. Incorporation of these immunizations into Virginia's childhood immunization statute presents fiscal and logistical challenges. 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.

The Virginia Board of Health does not recommend revisions to section 32.1-46 of the Code of Virginia or the Regulations for the Immunization of School Children.

APPENDIX A – § 32.1-46 OF THE CODE OF VIRGINIA

§ 32.1-46 Immunization of patients against certain diseases.

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

DMAS – Virginia Department of Medical Assistance Services

FDA – U.S. Food and Drug Administration

Flu - Influenza

RSV - Respiratory Syncytial Virus

VDH – Virginia Department of Health

VRBPAC – Vaccines and Related Biological Products Advisory Committee

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