



## COMMONWEALTH of VIRGINIA

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January 21, 2026

### MEMORANDUM

TO: The Honorable Abigail D. Spanberger  
Governor of 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: Dr. Cameron Webb  
State Health Commissioner, Virginia Department of Health

SUBJECT: 2025 Annual Review of Statutory Childhood Immunization  
Requirements Report

This report is submitted in compliance with Code of Virginia § 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.

CW/KB  
Enclosure

Pc: The Honorable Martin B. Figueroa, Secretary of Health and Human Resources

# 2025 ANNUAL REVIEW OF STATUTORY CHILDHOOD IMMUNIZATION

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



VIRGINIA DEPARTMENT OF HEALTH

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**PREFACE**

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

**STUDY CONTRIBUTORS**

**Virginia Department of Health**

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## EXECUTIVE SUMMARY

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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) CDC Recommended Child and Adolescent Immunization Schedule. The findings are listed below.

### FINDINGS

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, 2024 or whose vaccination history is unknown should receive two (2) doses separated by four (4) weeks. The CDC Recommended Child and Adolescent Immunization Schedule is consistent with those recommendations.
2. In 2022, ACIP initially recommended COVID-19 immunization for school-age children. At the time, this recommendation was shared by the CDC, AAP, and AAFP. In 2025, following a request from Secretary Kennedy, the CDC revised its guidance for COVID-19 immunization from routine to shared clinician decision-making. At the time of this report, the newly established ACIP committee has not yet voted on COVID-19 vaccine recommendations and AAP maintains its COVID-19 immunization routine recommendation. There has never been a COVID-19 immunization requirement for school entry in Virginia; however, ACIP recommendations established by the prior committee and AAP 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). The CDC Recommended Child and Adolescent Immunization Schedule is inconsistent with those recommendations and ACIP has not yet voted on a 2025 recommendation.
3. In 2023, ACIP recommended Respiratory Syncytial Virus (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. The CDC Recommended Child and Adolescent 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 § 32.1-46 of the Code of Virginia or the Regulations for the Immunization of School Children at this time.
7. The Virginia Board of Health raises concern that the AAP does not currently endorse the recent changes made to the CDC Recommended Child and Adolescent Immunization Schedule. The recent changes and management of ACIP have also increased concern among public health and healthcare provider industry groups. The Virginia Board of Health will continue to monitor developments regarding the reconstitution of ACIP and work to ensure that Virginians have access to safe, effective vaccines based on the best available scientific evidence.

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## INTRODUCTION

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### 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. (0)

### STUDY ACTIVITIES

The Division of Immunization completed the 2025 Annual Review of Statutory Childhood Immunization Requirements Report on June 16, 2025. It has been reviewed by the Office of Epidemiology, Deputy Commissioner of Population Health and Preparedness, and Commissioner of Health.

### REPORT OUTLINE

The 2025 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 of Virginia requirements.

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## BACKGROUND

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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.<sup>1</sup> 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.<sup>2</sup>

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)

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

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

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

On May 29, 2025, the CDC updated its Recommended Child and Adolescent Immunization Schedule for the COVID-19 vaccine for children and pregnant women at the request of U.S. Secretary of Health and Human Services Robert F Kennedy, Jr., in the absence of a CDC Director and without ACIP input. ACIP recommendations are closely linked to which vaccines health plans will cover and which vaccines are incorporated into the Vaccines for Children program, creating concerns about access to vaccines for Virginians in the future. ACIP met June 25-26, 2025, with newly appointed committee members. Although the COVID-19 vaccine was discussed, no vote was cast. Presumably, a vote for the upcoming 2025-2026 respiratory season will occur at the next meeting, tentatively scheduled for August/September 2025.

## 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 CDC Routinely Recommended Immunization Schedule for Children and Adolescents. A description of the differences identified are shown in Table 1 below.

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

Immunization	Routinely Recommended Immunization Schedule	Virginia Requirements for School Attendance
Influenza	Routine vaccination annually for all children/adolescents aged six (6) months and older. Children aged six (6) months to eight (8) years who have not received two (2) doses of the annual influenza vaccine before July 1, 2024, should receive two (2) doses separated by four (4) weeks.	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

## 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 may include 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 370 influenza outbreaks during the 2024-25 flu season, and six (6) 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 transmission such as social distancing, masking, increased hand washing and sanitation, as well as statewide orders to close schools and businesses.

**Table 2: Influenza Outbreak Investigations and Pediatric Deaths by Year**

Flu Season	Outbreak Investigations (all settings)	Influenza-Related Pediatric Deaths
2018-2019	140	5
2019-2020	124	6
2020-2021	0	0
2021-2022	22	1
2022-2023	168	5
2023-2024	117	3
2024-2025	370	6

<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 the seasonal influenza vaccine annually. Six (6) states require an annual influenza vaccine for daycare attendance.<sup>3</sup>

Influenza vaccination coverage estimates indicate that 61.8% of Virginia children aged six (6) months to 17 years received the vaccine in the 2023-24 influenza season, compared to 55.4% of children nationally.<sup>4</sup>

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.

## 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

<sup>3</sup> “Influenza Vaccine Mandates for Child Care and Pre-K.” Immunize.org, July 11, 2024  
[https://www.immunize.org/laws/flu\\_childcare.asp](https://www.immunize.org/laws/flu_childcare.asp).

<sup>4</sup> Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD). FluVaxView.

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 over 900 at the height of the 2024-2025 season in November and December.<sup>5</sup>

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 RSV immunization is substantially higher per dose creating significant cost to VDH, DMAS, and school systems.

#### 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 2025, three manufacturers have COVID-19 vaccines that have been authorized or approved by the Food and Drug Administration (FDA) for use in the United States. On May 22, 2025, 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 2025. On May 29, the CDC announced an updated immunization schedule for the COVID-19 vaccine for healthy children and pregnant women per the request from Secretary Kennedy. As of June 16, 2025, the CDC recommends that everyone ages six (6) months and older may enter shared clinical decision making with their child's healthcare provider regarding receipt of a 2024-2025 COVID-19 vaccine rather than routinely recommending it for all in that age range. A "routine" vaccine recommendation means the vaccine is universally recommended for all individuals in a specific population group because the benefits clearly outweigh the risks. Healthcare providers should offer and encourage vaccination for all eligible patients. In contrast, a "shared clinical decision making" recommendation means the vaccine may benefit some

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<sup>5</sup> Monthly Respiratory Disease Surveillance Report. (May 31, 2025). Retrieved June 16, 2025, from 2024-25\_Weekly-RDS-Report\_Week-22.pdf(virginia.gov).

individuals, but the decision should be made collaboratively between patient and provider. This approach is used when benefits vary significantly among individuals or when patient preferences and circumstances are crucial factors. The provider presents evidence and works with the patient to determine the best course based on their specific situation and values.

The COVID-19 vaccine has been available to people 16 years of age and up since December 2020, 12 to 15 years old since May 2021, 5 to 11 years old since November 2021, and 6 months to 4 years olds since June 2022. Between July 1, 2024, and June 16, 2025, there were 7,570 cases of COVID-19 in children 0-17 years of age in Virginia.<sup>6</sup> ACIP met June 25-26, 2025, with the new committee members; however, the agenda items published in the Federal Register for the meeting, including COVID-19 votes, were changed shortly before the meeting. Although the COVID-19 vaccine was discussed, no vote was cast. A vote for the upcoming 2025-2026 respiratory season will occur at the next meeting, tentatively scheduled for August/September 2025.

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, requiring 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.

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#### RECOMMENDATION

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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 immunizations recommended by these organizations are not in alignment with Virginia's childhood immunization statutes: influenza, RSV, and COVID-19. 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.

The Virginia Board of Health relies on evidence-based vaccine recommendations to inform our immunization programs and protect the health of all Virginians. The Virginia Department of Health remains committed to following established scientific processes and evidence-based practices in our immunization programs. We will continue to monitor developments regarding the

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<sup>6</sup> Virginia Department of Health Respiratory Disease Data Dashboard, June 7, 2025  
<https://www.vdh.virginia.gov/epidemiology/respiratory-diseases-in-virginia/data/>

reconstitution of ACIP and work to ensure that Virginians have access to safe, effective vaccines based on the best available scientific evidence.

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APPENDIX A – Code of Virginia 32.1 -46

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§ 32.1-46 Immunization of patients against certain diseases.

A. The parent, guardian or person standing in loco parentis of each child within this Commonwealth shall cause such child to be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). The 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 shall be those set forth in the State Board of Health Regulations for the Immunization of School Children. The Board's regulations shall at a minimum require:

1. A minimum of three properly spaced doses of hepatitis B vaccine (HepB).
2. A minimum of three or more properly spaced doses of diphtheria toxoid. One dose shall be administered on or after the fourth birthday.
3. A minimum of three or more properly spaced doses of tetanus toxoid. One dose shall be administered on or after the fourth birthday.
4. A minimum of three or more properly spaced doses of acellular pertussis vaccine. One dose shall be administered on or after the fourth birthday. A booster dose shall be administered prior to entry into the seventh grade.
5. Two or three primary doses of *Haemophilus influenzae* type b (Hib) vaccine, depending on the manufacturer, for children up to 60 months of age.
6. Two properly spaced doses of live attenuated measles (rubeola) vaccine. The first dose shall be administered at age 12 months or older.
7. One dose of live attenuated rubella vaccine shall be administered at age 12 months or older.
8. One dose of live attenuated mumps vaccine shall be administered at age 12 months or older.
9. Two properly spaced doses of varicella vaccine. The first dose shall be administered at age 12 months or older.
10. Three or more properly spaced doses of oral polio vaccine (OPV) or inactivated polio vaccine (IPV). One dose shall be administered on or after the fourth birthday. A fourth dose shall be required if the three dose primary series consisted of a combination of OPV and IPV.
11. One to four doses, dependent on age at first dose, of properly spaced pneumococcal conjugate (PCV) vaccine for children up to 60 months of age.
12. Two doses of properly spaced human papillomavirus (HPV) vaccine. The first dose shall be administered before the child enters the seventh grade.
13. Two or three properly spaced doses of rotavirus vaccine, depending on the manufacturer, for children up to eight months of age.
14. Two properly spaced doses of hepatitis A vaccine (HAV). The first dose shall be administered at age 12 months or older.
15. Two properly spaced doses of meningococcal conjugate vaccine (MenACWY). The first dose shall be administered prior to entry to seventh grade. The second dose shall be administered prior to entry to twelfth grade.

The parent, guardian or person standing in loco parentis may have such child immunized by a physician, a physician assistant, an advanced practice registered nurse, a registered nurse, or a licensed practical nurse, or a pharmacist who administers pursuant to a valid prescription, or may present the child to the appropriate local health department, which shall administer the vaccines required by the State Board of Health Regulations for the Immunization of School Children without charge to the parent or person standing in loco parentis to the child if (i) the child is eligible for the Vaccines for Children Program or (ii) the child is eligible for coverages issued pursuant to Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. (Medicare), Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq. (Medicaid), Title XXI of the Social Security Act, 42 U.S.C. § 1397aa et seq. (CHIP), or 10 U.S.C. § 1071 et seq. (CHAMPUS). In all cases in which a child is covered by a health carrier, Medicare, Medicaid, CHIP, or CHAMPUS, the Department shall seek reimbursement from the health carrier, Medicare, Medicaid, CHIP, or CHAMPUS for all allowable costs associated with the provision of the vaccine. For the purposes of this section, the Department shall be deemed a participating provider with a managed care health insurance plan as defined in § 32.1-137.1.

B. A physician, a physician assistant, an advanced practice registered nurse, a registered nurse, a licensed practical nurse, a pharmacist, or a local health department administering a vaccine required by this section shall provide to the person who presents the child for immunizations a certificate that shall state the diseases for which the child has been immunized, the numbers of doses given, the dates when administered and any further immunizations indicated.

C. The vaccines required by this section shall meet the standards prescribed in, and be administered in accordance with, the State Board of Health Regulations for the Immunization of School Children. The State Board of Health shall amend the State Board of Health Regulations for the Immunization of School Children as necessary from time to time to maintain conformity with evidence-based, routinely recommended vaccinations for children. The adoption of such regulations shall be exempt from the requirements of Article 2 (§ 2.2-4006 et seq.) of the Administrative Process Act (§ 2.2-4000 et seq.). However, the Department shall (i) provide a Notice of Intended Regulatory Action and (ii) provide for a 60-day public comment period prior to the Board's adoption of the regulations.

D. The provisions of this section shall not apply if:

1. The parent or guardian of the child objects thereto on the grounds that the administration of immunizing agents conflicts with his religious tenets or practices, unless an emergency or epidemic of disease has been declared by the Board;
2. The parent or guardian presents a statement from a physician licensed to practice medicine in Virginia, a licensed advanced practice registered nurse, or a local health department that states that the physical condition of the child is such that the administration of one or more of the required immunizing agents would be detrimental to the health of the child; or
3. Because the human papillomavirus is not communicable in a school setting, a parent or guardian, at the parent's or guardian's sole discretion, may elect for the parent's or guardian's child not to receive the human papillomavirus vaccine, after having reviewed materials describing the link between the human papillomavirus and cervical cancer approved for such use by the Board.

E. For the purpose of protecting the public health by ensuring that each child receives age-appropriate immunizations, any physician, physician assistant, advanced practice registered nurse, licensed institutional health care provider, or local or district health department, the Virginia Immunization Information System, and the Department of Health may share immunization and patient locator information without parental authorization, including, but not limited to, the month, day, and year of each administered immunization; the patient's name, address, telephone number, birth date, and social security number; and the parents' names. The immunization information; the patient's name, address, telephone number, birth date, and social security number; and the parents' names shall be confidential and shall only be shared for the purposes set out in this subsection.

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.

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**Appendix B – ACRONYMS AND ABBREVIATIONS**

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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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