

Clause 11 in Report No. 2 of Committee of the Whole was adopted, without amendment, by the Council of The Regional Municipality of York at its meeting held on February 18, 2016.

11

Enforcement of the Immunization of School Pupils Act

Committee of the Whole recommends adoption of the following recommendation, as *amended*, contained in the report dated January 22, 2106 from the Medical Officer of Health and Commissioner of Community and Health Services:

1. The Regional Clerk circulate this report to the Directors of Education of York Region's Catholic, Public and French School Boards *and the Clerks of the local municipalities for distribution to their Members of Council.*

1. Recommendation

It is recommended that:

1. The Regional Clerk circulate this report to the Directors of Education of York Region's Catholic, Public and French School Boards.

2. Purpose

This report outlines York Region Public Health Branch's role in enforcing the *Immunization of School Pupils Act*.

3. Background

Vaccinations prevent diseases, save lives and reduce health care costs

As outlined in the Ministry of Health and Long-Term Care's report *Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program*, immunization has saved more lives in Canada than any other health initiative in the last 50 years and is widely acknowledged as one of the greatest

achievements in public health. Publicly funded immunization programs, like Ontario's, have been extremely effective at preventing diseases that would otherwise cause illness and death in our communities.

Being immunized against infectious diseases not only protects an individual from the negative health impacts of infectious diseases, but it also benefits everyone around them, including family members, students within schools and other community members.

When enough people are vaccinated against a disease, a greater number of people are immune, reducing the likelihood that unimmunized people will come into contact with the infection. This is known as herd immunity and only applies to diseases that can be transmitted from one person to another. Herd immunity requirements are not universal for all diseases. For example, measles has a much higher herd immunity requirement compared to polio because measles is so highly infectious compared to polio. Herd immunity helps protect individuals who cannot be immunized, including: babies too young to receive vaccines; unvaccinated children and adults; pregnant women; the elderly; individuals with weakened immune systems, such as those with asthma, chronic illness, or undergoing treatment for cancer; and individuals who are allergic to vaccine components.

The *Immunization of School Pupils Act* outlines the mandatory immunizations school-aged children require

The *Immunization of School Pupils Act* (the Act) requires that parents of school-aged children provide the local Medical Officer of Health with proof of their child's immunization against the following designated diseases: diphtheria, tetanus, poliomyelitis, measles, mumps and rubella. In July 2014, the Act was revised to add meningococcal disease and pertussis (whooping cough) to the list of designated diseases. In addition, students born on or after January 1, 2010 are required to have immunization against varicella (chickenpox). These designated diseases have serious health consequences that may require hospitalization and can lead to death.

Students can be exempt from these requirements under the Act if the Medical Officer of Health is provided with a statement of medical exemption or a statement of conscience or religious belief. For the 2013/2014 school year, York Region Public Health had approximately 5,000 exemptions across the 190,000 students attending York Region schools (2.6%).

The Act outlines the schedule of immunizations a student requires

Following Ontario's immunization schedule is the best way to protect the health of our community. The vaccines are considered so important that they are

provided for free to all Ontarians. For a child that follows the schedule from birth until they turn 17, they will have received mandatory immunization against nine diseases and can receive an additional five immunizations for other recommended diseases. Table 1 outlines the mandatory immunization schedule.

Table 1

Mandatory Vaccines - *Immunization of School Pupils Act*

Vaccine	Age of Child									
	Months						Years			
	2	4	6	12+	15	18	4-6	12	13	14-16
Diphtheria	✓	✓	✓			✓	✓			✓
Tetanus	✓	✓	✓			✓	✓			✓
Pertussis (Whooping Cough)	✓	✓	✓			✓	✓			✓
Polio	✓	✓	✓			✓	✓			
Measles				✓			✓			
Mumps				✓			✓			
Rubella				✓			✓			
Varicella (Chickenpox)*					✓		✓			
Meningococcal Disease:										
• Type C				✓						
• Type A, C, Y, W-135								✓		

* Varicella (chickenpox) vaccine is only required for students born on or after January 1, 2010

The Medical Officer of Health is responsible for enforcing the Act

The Act outlines two enforcement capabilities of the medical officer of health. First, a student can be suspended for up to 20 school days under an order of a medical officer of health if a student's immunization records are not up to date with legislative requirements and there are no exemptions on file regarding immunization. Second, unimmunized or under-immunized students can be excluded from school if the medical officer of health believes, on reasonable and probable grounds, that there is an outbreak or immediate risk of an outbreak of a vaccine preventable disease at a school where the students attend.

York Region Public Health's ongoing efforts to increase immunization in the region's student population

Each year, York Region Public Health sends letters to parents advising them when the students are not up to date with their immunization requirements under the Act and informing them of opportunities available to receive missing immunizations.

Student suspensions as a result of non-compliance with the Act have taken place in York Region in the past. Between the 2010/2011 and 2013/2014 school years, nearly 149,000 students attending secondary schools or elementary schools with high levels of unimmunized or under-immunized populations were advised of the requirement to update their immunizations. Of these, 7,753 (5.2%) students were suspended for non-compliance with the Act within the required time limits. Prior to being suspended, all students were given the opportunity to receive the required immunization and provide updated records to Public Health.

In addition, during the 2014/2015 school year, the implementation of the provincial immunization record database, Panorama, took place. While Panorama was being implemented, suspensions were not enforced allowing student immunization records to be reviewed and updated while ensuring that information reported out of the database was accurate (e.g., no missing or duplicate records).

Comparative data on immunization rates across the province is limited due to the transition to the Panorama database. The last comparative data available was for the 2012/2013 school year for specific diseases.

In May 2015, the Chief Medical Officer of Health for Ontario issued a strong reminder to all health units encouraging the enforcement of the Act through student suspensions

In 2015, the Chief Medical Officer of Health strongly encouraged all Ontario Health Units to use their legislative authority under the Act by suspending students who were not up-to-date on their vaccinations. York Region Public Health has been working on an implementation plan to respond to these directions.

4. Analysis and Options

Suspending students is a last resort for York Region Public Health's enforcement of the Act.

Public Health recognizes the challenges and potential negative effects of suspending a large number of students and is implementing suspensions in a phased approach.

Phase 1 will take place in this academic year (2015/2016) and will focus on 17-year old students who are attending Catholic, Public or French high schools across the region. Based on current records, there are 13,726 students aged 17, of which, 5,839 (42%) have incomplete immunization records and could be suspended. From January to April 2016, these students will be given reminders as well as opportunities to update their immunizations. Only those who remain inadequately immunized will be suspended at the end of this period.

Phase 2 will take place in the next academic year (2016/2017) and will focus on 7-year old students who are attending Catholic, Public or French elementary schools across the region. Based on current records, there are 12,322 students aged 7, of which, 7,476 (61%) have incomplete immunization records and could be suspended. Suspension dates will be set after discussions with the various school boards.

Parents and students will have numerous opportunities to prevent school suspension

There are many opportunities for students at risk of suspension to be immunized including:

- Receiving vaccinations from York Region Public Health's
 - Evening community clinics
 - Saturday immunization clinics
- Receiving vaccinations through family physicians

Appointments can be booked for all York Region Public Health immunization clinics.

An escalating communications plan is being implemented

In the first quarter of 2016, two reminder letters are being distributed to parents and students to notify them of the pending enforcement activities. These letters outline the missing immunization records for individual students; provide options to receive the required vaccinations; and detail the process for submitting

updated immunization records to York Region Public Health. Parents and students will have three weeks to respond to the reminder letters in which students can be immunized and updating their records. Once a response is received by York Region Public Health, no further follow-up letters will be sent.

Each letter escalates the messaging regarding enforcement activities and possible suspension. A final letter will be sent during the week of March 21, 2016 which will state that the student is at risk of being suspended beginning April 27, 2016 if updated immunization records are not received. Again, this is the last resort.

The communication plan also targets family physicians and school boards. Physicians will be informed of the enforcement plans so they can prepare to meet increased immunization demands from their patients and ensure they have sufficient vaccine on hand. School boards will be informed of the enforcement plans as they have a role in assisting with the enforcement of suspension orders.

Phase 1 suspensions for 17-year old students will be issued between April 27, 2016 and May 24, 2016

If parents do not respond to the notifications from York Region Public Health regarding the immunization status of their child(ren), suspension orders will be issued by the Medical Officer of Health beginning April 27, 2016 up to and including May 24, 2016. Students can return to school as soon as they are immunized.

Phase 2 suspension timelines for 7 year old students will be arranged following discussion with the school boards.

Link to key Council-approved plans

Providing residents with access to publicly funded vaccines supports the Community Health and Well-Being priority area of the 2015 to 2019 Strategic Plan. It also aligns with an action of Vision 2051 to foster the health and well-being of the population through the promotion and protection of health and the prevention of illness.

5. Financial Implications

Activities related to the enforcement of the Act are included in the approved annual operating budget for the Public Health Branch. While there are potential additional costs associated with the scale of the 2016 suspension program, including staffing, postage, permits and venue rentals, these costs will be managed within the 2016 approved budget.

6. Local Municipal Impact

There is no direct impact from these recommendations on local municipalities. While enforcement of the Act is a responsibility of the local health unit, this enforcement relies heavily on a partnership with the local school boards to support suspension orders. As a result, York Region Public Health is working closely with the Catholic, Public and French school boards to minimize the number and impact of suspensions in the 2015/16 and 2016/17 school years.

7. Conclusion

As stated in the recent Ministry of Health and Long-Term Care report (2015), *Immunization 2020: Modernizing Ontario's Publicly Funded Immunization Program* "Immunization is one of the most cost-effective health interventions we have. By keeping people healthy and preventing disease, immunization reduces the burden on the health care system and has a positive effect on the economy."

By enforcing the requirements of the Act, Public Health ensures that students and the community are protected from harmful vaccine preventable diseases.

For more information on this report, please contact Marjolyn Pritchard, Director, Infectious Disease Control at ext. 74120.

The Senior Management Group has reviewed this report.

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Accessible formats or communication supports are available upon request