

Immunization Management Protocol, 2016

Population and Public Health Division,
Ministry of Health and Long-Term Care

May 2016

Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1, 2} Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

Purpose

The purpose of this protocol is to provide direction to boards of health, and to promote standardized practices, with respect to the required assessment of the immunization status of school pupils, including processes associated with issuing suspensions, and the assessment of the immunization status of children in licensed day nurseries

Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

Standard	Requirement
Vaccine Preventable Diseases	<p>Requirement #1: The board of health shall assess, maintain records and report, where applicable, on:</p> <ul style="list-style-type: none"> • The immunization status of children enrolled in child care centres as defined in the <i>Child Care and Early Years Act</i>; • The immunization status of children attending schools in accordance with the <i>Immunization of School Pupils Act</i>; and • Immunizations administered at board of health-based clinics as required in accordance with the <i>Immunization Management Protocol, 2008</i> (or as current) and the <i>Infectious Diseases Protocol, 2008</i> (or as current). <p>Requirement #13: The board of health shall comply with the <i>Immunization Management Protocol, 2008</i> (or as current), that specifies the process for</p>

Standard	Requirement
	the assessment of the immunization status of children in child care centres as defined in the <i>Child Care and Early Years Act</i> and the enforcement of the <i>Immunization of School Pupils Act</i> .

Operational Roles and Responsibilities

1) Assessment of the immunization status of school pupils and the school suspension process

- a) The board of health shall request that parents of all school pupils (or the student if 16 years of age or older) provide a copy of the student's immunization information necessary to compile a complete immunization record. Student immunization records are to meet the requirements specified in O. Reg.645 under the *Immunization of School Pupils Act* (ISPA).^{3,4} This information should be attached to a completed immunization information form submitted to the board of health[†]:
 - i) The board of health shall also request additional immunization information from parents and students if 16 years of age or older, as required, to update the student's immunization information on file at the board of health.
- b) The board of health shall ensure that all immunization records collected are entered into Panorama or any other method specified by the Ministry of Health and Long-Term Care (the "ministry") as soon as possible.
- c) The board of health shall ensure that students who have incomplete records or are overdue for immunization are notified through the information notice/suspension process specified in this protocol.

[†] The board of health should consider special circumstances where a school pupil does not live with either their parent or legal guardian and ensure that, where appropriate, it communicates directly with the school pupil.

2) Assessing and maintaining immunization records

- a) The board of health shall annually assess and maintain records of the immunization status of school pupils as required in the ISPA, section 11.⁵
- b) The board of health shall maintain policies and procedures with regard to the school pupil immunization assessment and suspension processes specified in this protocol.
- c) Annually, with each school year, the board of health shall ensure that:
 - i) Boards of education and school principals are notified in advance of yearly ISPA enforcement activities;⁴
 - ii) Information is provided to parents, students, and schools regarding the ISPA, including enforcement activities, and the immunization requirements for students attending school in Ontario;⁴
 - iii) Parents and students are advised about how to access immunization services in order to comply with the requirements of the ISPA;⁴
 - iv) Student enrollment lists are requested from persons who operate schools (including public and private schools). Student enrollment lists shall include all information specified in Regulation 645 under the ISPA. Boards of health shall import this data into Panorama or any other method specified by the ministry;³
 - v) Valid exemptions are checked for in the Panorama or any other method specified by the ministry. Students with new valid exemptions shall be entered into the Panorama, or any other method specified by the ministry, annually;
 - vi) Student information is updated in Panorama or any other method specified by the ministry by reconciling information from the schools with the current provincial electronic information system and checking for duplicates;
 - vii) The immunization status of all students is assessed by birth year and by vaccine antigen(s) or antigen combination;
 - viii) An immunization program information notice, based on data generated by the current information system is sent to the parent of each student and/or to the student if 16 years of age or older. For students with incomplete immunization records and/or “overdue” status, the board of health shall request the missing/incomplete immunization information; and the notice shall state that students may be suspended from school for up to 20 school days or until records have been forwarded to the board of health and assessed for up-to-date status or valid exemptions; and
 - ix) The student’s record is updated and the board of health considers taking no further action if the immunization information gathered is sufficient to demonstrate that the student is up-to-date according to the schedule in O. Reg. 645 under the ISPA.^{3, 4}

- d) The board of health shall, once a student's immunization is in progress, readmit the student to school and provide further follow-up to ensure completion of the immunization. For example: if the board of health has required tetanus/diphtheria/polio (Td-IPV) and measles/mumps/rubella (MMR) immunizations and a physician has provided only a Td-IPV, choosing to wait to give the MMR, the student's immunization would be considered to be in progress; and, in this example, the board of health shall notify the parent or the student if 16 years of age or older that the student has been admitted to school but will still require the outstanding immunization(s) prior to the next school year.
- e) The board of health shall assess students who are new to Ontario for the adequacy of previous immunizations:
 - i) Some cases may need to be assessed on an individual basis and should be discussed with the medical officer of health; and
 - ii) If the parent or the student if 16 years of age or older has not provided the required immunization information by the designated date, the medical officer of health can consider issuing an order for suspension.
- f) The board of health shall consider accepting verbal/phone reports of immunization information given by parents or students if 16 years of age or older. In general, estimated dates of immunization should not be accepted.
- g) The board of health shall document and/or keep a record of all contacts (e.g., telephone, mail, email) with the parent/student at the board of health.

3) Exemptions

- a) The board of health shall maintain medical exemption records of students for a designated disease:
 - i) Medical exemptions in respect of designated disease shall be documented in Panorama or any other method specified by the ministry as soon as possible; and
 - ii) If a medical exemption form is incomplete, the board of health shall contact the physician or the registered nurse in the extended class (RN[EC]) as appropriate for the additional information required.
- b) The board of health shall ensure that statement(s) of conscience or religious belief affidavits are kept on file at the board of health and entered in Panorama or any other method specified by the ministry.

4) Orders for the suspension of a school pupil

- a) The board of health shall have regard to section 6 of the ISPA which provides that a medical officer of health may by written order require a person who operates a school to suspend a student from school where the grounds in section 6(2) have been met.
- b) On the day of suspension, the board of health shall ensure that the school principal or director of education has the contact information (such as name and telephone number) of a designated board of health staff person who is able to respond to any issues that may arise from the suspension process.
- c) If the immunization information is received within 20 school days, the board of health shall ensure that the parent and/or the student if 16 years of age or older, is notified by the local medical officer of health of a decision to rescind a suspension order.
- d) If the missing immunization information is provided, the board of health shall ensure that the student's record is updated in Panorama or any other method specified by the ministry and no further action is required.
- e) The board of health shall record in Panorama or any other method specified by the ministry that the student has been removed from the suspension list and admitted to school.
- f) The board of health shall ensure that at the completion of the assessment and suspension process, all immunization records are updated in Panorama or any other method specified by the ministry by the end of June of each school year.
- g) The board of health shall maintain statistical information on school suspensions in the health unit and create a summary of suspensions for each school year.
- h) The board of health shall rescind the order where the circumstances for making the order no longer exist and notify the school principal or director of education and parent and/or the student if 16 years of age or older.

5) Order of exclusion for an outbreak or risk of an outbreak of a designated disease

- a) Upon notification of an outbreak or threat of an outbreak of a designated disease at a school, the board of health shall undertake an immediate and rigorous assessment of students' immunization information on file to determine students who are at risk for the disease.

- b) For students who are not up-to-date according to Panorama or any other method specified by the ministry, the board of health shall contact the parent, or student if 16 years of age or older, to request the information.
- c) The board of health shall ensure that students who are not up-to-date with their immunizations have access to immunization services.
- d) The board of health shall document any orders of exclusion in Panorama or any other method specified by the ministry.

6) Assessment of the immunization status of children in child care centres

- a) The board of health shall ensure that operators of child care centres receive annual recommendations from the medical officer of health with respect to immunizations required for enrollment and attendance for children who are not in attendance at a school within the meaning of the *Education Act* in a child care centre.⁶
- b) The board of health shall ensure that the vaccine recommendations include immunization against the following vaccine preventable diseases: diphtheria, measles, mumps, poliomyelitis, rubella, tetanus, pertussis, meningococcal, varicella, pneumococcal, *haemophilus influenzae* type b, and rotavirus. These recommendations shall be in accordance with the current provincial publicly funded immunization schedule(s).
- c) The board of health shall provide information and recommendations to parents of children enrolled in child care centres with respect to immunizations recommended by the medical officer of health.
- d) The board of health shall ensure that child care centre attendees have access to immunization services in order to comply with recommendations of the medical officer of health.
- e) The board of health shall provide annual education with regard to immunization recommendations to child care centre operators.
- f) The board of health shall assess and maintain records of the immunization status of attendees of all child care centres in the health unit on an annual basis to ensure that children who are not in attendance at a school within the meaning of the *Education Act*, are up-to-date with their immunizations as recommended by the medical officer of health (or have a valid exemption), in order to identify children susceptible to vaccine preventable diseases and for the prevention and control of vaccine preventable diseases. In order to operationalize this requirement, the board of health shall:⁶
 - i) Request that every operator of a child care centre provide a list of attendees;
 - ii) Request that the operator of a child care centre provide the immunization records or written exemptions of all children attending a child care centre to

- the local medical officer of health on an annual basis with updates as required;
- iii) Assess and maintain records of immunizations for all children attending a child care centre in the health unit;
 - iv) Check for valid exemptions;
 - v) Review the records of children enrolled in child care centres in the health unit and input the information into Panorama or any other method specified by the ministry;
 - vi) Send immunization information notices to the parents of children with missing or incomplete immunizations; and
 - vii) Assist the child care centre operator in maintaining immunization records on all attendees.

7) Exemptions under the *Child Care and Early Years Act*⁷

- a) The board of health shall ensure that all statements of medical exemptions or statements of conscience or religious belief that are received by the board of health are entered into Panorama or any other method specified by the ministry.

8) Exclusions in relation to child care centres for an outbreak or risk of an outbreak of a designated disease

- a) Upon notification of an outbreak or threat of an outbreak of a designated disease at a child care centre, the board of health shall undertake an immediate and rigorous assessment of the child care centre attendees' immunization records to determine children who are at risk for the disease.
- b) The board of health shall ensure that consideration is given to the exclusion of child care centre attendees and staff without the required immunization information or a valid exemption under section 22 of the HPPA where there is an outbreak or risk of an outbreak of a communicable disease.⁸
- c) The exclusion order shall be documented in Panorama or any other method specified by the ministry.

9) Coverage reports

- a) The board of health shall annually, or more often as required, report to the ministry, or as specified by the ministry to the Ontario Agency for Health Protection and Promotion (Public Health Ontario), on immunization coverage rates with respect to designated diseases for school pupils and recommended vaccines for children attending a child care centre.

Glossary

Antigen: An antigen is any substance that causes your immune system to produce antibodies against it. An antigen may be a vaccine.

Assess: Involves the systematic collection and analysis of data (immunization records) in order to provide a basis for decision-making.⁹

Child Care Centre: As per the *Child Care and Early Years Act* (CCEYA) a child care centre means a premises operated by a person licensed under the CCEYA to operate a child care centre at the premises.⁷

Designated Diseases: As per the ISPA, designated diseases means diphtheria, measles, mumps, poliomyelitis, rubella, tetanus, pertussis, meningococcal and varicella and any other disease prescribed by the Minister of Health and Long-Term Care (“maladies designees”).⁴

Due: The recommended age for administration of a dose of vaccine, or the recommended interval between doses, based on the recommended immunization schedule(s).

Eligible: The minimum acceptable age for receipt of a dose of a vaccine, and the minimum acceptable interval between doses of a vaccine. Doses given prior to the minimum acceptable age or minimum acceptable interval are invalid and will not be recognized by the current provincial electronic information system.

Exemptions: Medical exemptions or a statement of conscience or religious belief apply only to vaccines as designated in the ISPA.⁴

Overdue: For vaccines administered to school-age children, overdue parameters have been set for required antigens according to the schedule under the ISPA; this is the age or interval beyond which a child can be suspended from school.⁴ Although overdue parameters are defined for doses given to those younger or older than school age, with the exception of the child care centres, only school pupils may be suspended if overdue for required vaccines. For vaccines that are not required under the ISPA but are recommended by the ministry, overdue triggers a reminder system.⁴

Parent: As defined in the ISPA “parent” includes an individual or a corporation that has the responsibilities of a parent.⁴

RN (EC): Registered nurse in the extended class.

School: As defined in the ISPA – “school” means a “private school” and a “school” as defined in the *Education Act* and includes a kindergarten, a junior kindergarten and a beginners class within the meaning of the *Education Act* (“école”).^{4, 6}

References

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