

Immunization Management Protocol

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)¹ to specify the mandatory health programs and services provided by boards of health. 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

The table below identifies the OPHS standard 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 licensed child care programs as defined in the Day Nurseries Act;• The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; and• Immunizations administered at board of health-based clinics as required <p>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>
	<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 the assessment of the immunization status of children in licensed day nurseries as defined in the Day Nurseries Act and the enforcement of the Immunization of School Pupils Act.</p>

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 and students if 16 years of age or older provide a copy of the student's immunization information necessary to compile a complete immunization record, as specified in O. Reg. 645² under the Immunization of School Pupils Act,³ attached to a completed immunization information form, 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 the Immunization Record Information System (IRIS) 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 questionnaire/suspension process specified in this protocol.

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 Immunization of School Pupils Act (ISPA), Section 11³
- 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) At the beginning of the school year, the board of health shall ensure that:
 - i) Boards of education and school principals are notified in advance of yearly ISPA³ enforcement activities;
 - ii) Information is provided to parents, students, and schools regarding the ISPA,³ including enforcement activities, and the immunization requirements for students attending school in Ontario;
 - iii) Parents and students are advised about how to access immunization services in order to comply with the requirements of the ISPA³;
 - iv) Student enrollment lists are requested from boards of education^{††} and private schools (student enrollment lists shall include the student's name, date of birth, address, telephone number; and parent/legal guardian's name, address, and telephone number) and that this data is imported into the IRIS or any other method specified by the ministry;
 - v) Board of health staff check for valid exemptions in the IRIS or any other method specified by the ministry. Valid exemptions shall be documented at least annually;
 - vi) Student information is updated in the IRIS 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 IRIS or any other method specified by the ministry is used to assess the immunization status of all students by birth year and by vaccine antigen(s) or antigen combination;
 - viii) An immunization program questionnaire 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 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. 645² under the ISPA³

[†] 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.

^{††} Education Act s. 266(2.1).

- d) The board of health shall, once a student's immunization is in progress, consider readmitting 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
 - i) In this case, the board of health staff person shall complete and give to the parent or the student if 16 years of age or older a letter indicating that the child 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 with limited or no history of immunization 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 all phone and/or mail contacts with the parent/student in the student's immunization record at the board of health.

3) Orders for the suspension of a school pupil

- a) 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.
- b) 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.
- c) If the missing immunization information is provided, the board of health shall ensure that the student's record is updated in the IRIS or any other method specified by the ministry and no further action is required.
- d) The board of health shall ensure that a board of health staff person records in the IRIS or any other method specified by the ministry that the student has been removed from the suspension list and admitted to school.
- e) The board of health shall ensure that at the completion of the assessment and suspension process, all immunization records are updated in the IRIS or any other method specified by the ministry by the end of May of each school year.
- f) 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.

4) 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 the IRIS 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 the IRIS or any other method specified by the ministry.

5) 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 the IRIS or any other method specified by the ministry as soon as possible; and
 - ii) If a medical exemption form is incomplete, a board of health staff person 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 the IRIS or any other method specified by the ministry.

6) Assessment of the immunization status of children in licensed day nurseries

- a) The board of health shall ensure that operators of licensed day nurseries receive annual recommendations from the medical officer of health with respect to immunizations required for enrollment and attendance in a licensed day nursery.
- b) The board of health shall ensure that the recommendations are, at a minimum, according to the current provincial publicly funded immunization schedule(s).
- c) The board of health shall ensure that the medical officer of health requests the immunization records for all children enrolled in licensed day nurseries in order to assess whether all attendees are immunized as recommended by the medical officer of health on or prior to admission to a licensed day nursery.
- d) The board of health shall provide information and recommendations to parents of children enrolled in licensed day nurseries with respect to immunizations recommended by the medical officer of health.
- e) The board of health shall ensure that licensed day nursery attendees have access to immunization services in order to comply with recommendations of the medical officer of health.
- f) The board of health shall provide annual education with regard to immunization recommendations to licensed day nursery operators.
- g) The board of health shall assess and maintain records of the immunization status of attendees of all licensed day nurseries in the health unit on an annual basis to ensure that children 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:
 - i) Request that every operator of a licensed day nursery provide a list of attendees;
 - ii) Request that the operator of a day nursery provide the immunization records or written exemptions of all children attending a licensed day nursery to the local medical officer of health on an annual basis with monthly updates as required;
 - iii) Assess and maintain records of immunizations for all children attending a licensed day nursery in the health unit;
 - iv) Check for valid exemptions;
 - v) Review the records of children enrolled in licensed day nurseries in the health unit and input the information into the IRIS or any other method specified by the ministry;
 - vi) Send immunization questionnaires to the parents of children with missing or incomplete immunizations; and
 - vii) Assist the licensed day nursery operator in maintaining immunization records on all attendees.

7) Exclusions in relation to licensed day nurseries 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 licensed day nursery, the board of health shall undertake an immediate and rigorous assessment of the day care 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 licensed day care attendees and staff without the required immunization information or a valid exemption under Section 22 of the HPPA¹ where there is an outbreak or risk of an outbreak of a communicable disease.
- c) The exclusion order shall be documented in the IRIS or any other method specified by the ministry.

8) Exemptions under the Day Nurseries Act

- 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 IRIS 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 on:
 - i) Immunization coverage rates with respect to designated vaccine preventable diseases for school pupils;
 - ii) Immunization coverage rates retrospectively at age two with respect to selected antigens for children currently enrolled in school in the health unit; and
 - iii) Immunization coverage rates with respect to recommended vaccines for all children under four years of age attending a licensed day nursery.

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.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.³

Overdue: For vaccines administered to school-age children, overdue parameters have been set for required antigens according to the schedule under the ISPA³; this is the age or interval beyond which a child can be suspended from school. Although overdue parameters are defined for doses given to those younger or older than school age, with the exception of the day nursery setting, only school pupils may be suspended if overdue for required vaccines. For vaccines that are not required under the ISPA³ but are recommended by the ministry, overdue triggers a reminder system.

Parent: As defined in the ISPA³ “parent” includes an individual or a corporation that has the responsibilities of a parent.

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

School: As defined in the ISPA³ – “school” means a “private school” and a “school” as defined in the Education Act⁵ and includes a kindergarten, a junior kindergarten and a beginners class within the meaning of the Education Act⁵ (“école”).

References

1. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm.
2. O. Reg. 645/90. Available from http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_900645_e.htm.
3. *Immunization of School Pupils Act*, R.S.O. 1990, c. 1.1.
Available from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90i01_e.htm.
4. Institute of Medicine Committee for the Study of the Future of Public Health.
The future of public health. Washington, DC: National Academy Press, 1988.
Available from <http://www.nap.edu/openbook.php?isbn=0309038308&page=141>.
5. *Education Act*, R.S.O. 1990, c. E.2.
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