VERMONT

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Agency of Human Services

Immunization Work Group for Protecting Immunocompromised Students

Meeting Minutes

October 16, 2012

Attendees: Breena Holmes, MD, Kate O'Neill, Jeff Francis, Barbara Frankowski, MD, William Raszka, MD, Brenda Perkins, RN

Guests: Dixie Henry, Christine Finley, Lisa Boisvert, Jennifer Stella

Agenda Item	Discussion	Action Required
Review Act 157 and charge of panel: How to protect immunocompromised students and students with special health needs	*The most effective way to protect these students has been taken off the table by Act 157. *90% threshold for immunization rate as a community indicator; not previously used for school building; much more difficult to control outbreaks below 90% immunization rate.	Dr. Raszka will draft statement of how to protect these students
Define Immunocompromised	*A state of having increased susceptibility to infection due to an impaired ability to clear infection (5 subgroups: genetic, acquired, chronic conditions, medications, physical state) *Difficulty of defining for an individual; varies even with diagnosis and over time.	Dr. Raszka will draft definition
Define Student with Special Health Need	*Federal definition: those who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. This is a much broader group than immunocompromised.	none

Feasibility of moving students	*If moving students to another school is implemented, it should be an option, but should not be required. *May not achieve objective to protect immunocompromised students because school immunization rate will not be known until January and decisions about school placement likely made in August. *Other concerns/difficulties in implementing this option include: the erratic and variable nature of the immunization rates, the migration of students, dwindling school enrollments, classroom size make the feasibility conversation difficult; socioeconomic factors of families that may prevent a choice for some families. *Concerns with need for a vulnerable child to move to different school as solution to be protected. *Not clear there would be an improvement in the health climate for students in either school; lack of data to support this as a solution; school data reports count unimmunized and under-immunized students in the same aggregated category.	Mr. Francis with Ms. O'Neill will look into general educational policy around moving students to another school
Necessity and practicability of requiring adults who work in schools to be "fully immunized"	*May not make sense to hold school employees to a different standard than the students. If students can philosophically refuse, then same for adults. *Key immunizations that should be required: measles, pertussis, varicella and possibly Hep B for child care employees. Others should be recommended: Hep A & B or at least required training about these diseases. *Could require school employees to show proof of immunity (proof of 2 doses of vaccine or disease); common required for health care workers and students enrolled in health care courses. Also, fingerprinting of teachers is required to protect students. *Charge to workgroup focused on employees, but some students have closer contact to volunteers.	Brenda Perkins will confirm whether there are any current health requirements for school personnel; look into whether other states require proof of immunization for adults in schools; and check with union for its position on this issue
Define "fully immunized"	Evidence of immunity to disease that is infectious for school aged children: Language SHOULD read proof of illness OR immunity to: measles, pertussis, chicken pox	Dr. Raszka will draft definition
Next meeting		November 27 , 2012 2-4pm Vermont Department of Health Room 3B