Oregon School Immunization Law and Exemptions

IAC
June 28, 2012
Where are immunizations required?

- Schools
  - Public
  - Private

- Children’s Facilities
  - Preschool
  - Child Care
  - Head Start

- Colleges
  - 2 doses of measles vaccine
What exemptions are allowed?

Medical

Immunity

Religious

Claiming A Religious Exemption to School / Child Care Immunization Requirements In Oregon

What Parents Need To Know
Religious Exemptions
Rates and Options
Percent of Children with Exemptions to School/Children’s Facility Immunization Requirements or No Record, 2012

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<th>Category</th>
<th>Percent of Children with Exemptions</th>
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<td>Religious Exemptions</td>
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<td>No Record</td>
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- Children's Facility
- Kindergarten
- 7th Grade

Note: The graph shows the percentage of children with medical, religious, and no record exemptions in different grade levels.
Kindergarten Religious Exemptions, 2011-2012 (Oregon 5.8%)
Religious Exemption Options

- Oregon Revised Statute 433.267 allows parents to sign a statement that their child is “being reared as an adherent to a religion* the teachings of which are opposed to such immunization.” *Oregon Administrative Rule 333-050-0010 defines “religion” for the purpose of immunization requirements to be “any system of beliefs, practices or ethical values.”
1. Follow Washington’s lead of requiring a healthcare providers’ signature. *This approach would require legislative change.* (Not favored by CLHO Legislative Committee, health officers, Immunization School Law Advisory Committee or Immunization Policy Advisory Team.)

2. A multi-pronged educational approach: required webinar, on-line information sessions, interested groups could be certified to provide training, etc. *This approach would require legislative change.* (Exploration of this option favored by health officers, Immunization School Law Advisory Committee and Immunization Policy Advisory Team.)

3. Require a notarized affidavit. *This approach would require legislative change.* (Not favored by health officers, Immunization School Law Advisory Committee or Immunization Policy Advisory Team.)

4. Change administrative rule to redefine “religion” to not include “any system of beliefs, practices or ethical values.” *This approach would require administrative rule change.* (Not favored by health officers, Immunization School Law Advisory Committee or Immunization Policy Advisory Team).

5. Require an annual parent signature for a religious exemption to be considered valid; does not require a law change. *This approach has been reviewed by state counsel and considered legal with existing law; schools already have this capability, but most are not aware of it. If requiring all schools/facilities to require an annual signature, may require administrative rule change.* (Exploration of this option favored by health officers, Immunization School Law Advisory Committee and Immunization Policy Advisory Team.)
6. Encourage schools to search in ALERT IIS for immunization records for students with religious exemptions. Some parents that are using an alternative or delayed schedule do not update school/facility records after vaccine doses have been administered. *This would not require a law change, as schools/facilities can already access ALERT IIS.* (This option not favored as a requirement, but may be voluntary.)

7. Require parents to obtain a religious exemption form online or at another location, rather than having the form available on the Certificate of Immunization Status at the school/facility. *This approach would require legislative change.* (Not favored by health officers, Immunization School Law Advisory Committee or Immunization Policy Advisory Team.)

8. If the school reported statewide immunization rates for kindergartners drops below 90% for DTaP, MMR or Varicella or the children’s facility reported rate for DTaP, MMR, Varicella or Hib drops below 90%, the Oregon Health Authority will remove the religious exemption option for the specific vaccine for a specified time period. *This model is similar to a proposal being considered in Vermont.* *This approach would require legislative change.* (Not favored by Immunization School Law Advisory Committee or Immunization Policy Advisory Team.)

*Another option already in statute and rules would be to strengthen the utilization of exclusion of exemitors when there is vaccine-preventable disease activity present. (This option has not been discussed by the groups listed below).*
Option 2 is favored by health officers, the Immunization Policy Advisory Team, and the Immunization School Law Advisory Committee as a potential legislative change.

Option 5 is also favored, but would not require legislative change.

Different options have been discussed with the following groups:

- Health officers, late April 2012.
- Immunization School Law Advisory Committee meetings, November 2011 and May 2012
- CLHO Legislative Committee, December 2011
- Immunization Policy Advisory Committee meetings, quarterly for the past year, most recently June 2012
Oregon Immunization Program

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