Immunization Coverage in Schools and Licensed Childcare Centres

To:	Chair and Members of the Board of Health
Meeting Date:	November 5, 2026
Report No.	**BH.01.NOV0525.R27**, Pages: 9
Prepared By:	Karen Mulvey, Manager Vaccine Preventable Disease Program
Approved By:	Rita Isley, RN, MPA VP of Community Health and Chief Nursing Officer
Submitted By & Signature:	*Original signed document on file.* **Dr. Nicola J. Mercer, MD, MBA, MPH, FRCPC** **Medical Officer of Health & CEO**

Recommendations

It is recommended that the Board of Health receive this report for information.

Key Points

- Immunization has been identified as one of the most impactful public health initiatives in history and prevents up to 5 million deaths globally each year.[1]
- Since the onset of COVID-19, vaccine hesitancy and misinformation have increased, leading to heightened vaccine fatigue and diminished public confidence in Ontario.[1]
- All students in Wellington Dufferin Guelph Public Health (WDGPH) were assessed per the requirements if the *Immunization of School Pupils Act (ISPA)*; following this 93% were in compliance.
- Non-medical exemptions (NME) submission for philosophical, conscience, or religious belief objections have increased since 2019.

Background

Under the ***Immunization of School Pupils Act (ISPA*)** and the Immunization for Children in Schools and Licensed Child Care Settings Protocol (2018) public health units are required to assess immunization records for school-aged students and children that attend licensed child care settings in Ontario.[2,3] Under the *ISPA* students must provide proof of vaccination or a valid exemption for nine designated diseases: **Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal disease, Pertussis**, and **Varicella**. Under the ***Childcare and Early Years Act, 2014, (CCEYA),*** childcare operators must collect proof of immunization or a valid exemption.[4] Parents/guardians can report vaccine records or exemptions to WDGPH in a variety of ways including online via Immunization Connect (ICON), telephone, mail, or in person. ICON requires manual submission of vaccine records that can include medical language, this can be difficult for parents to complete, especially for those whose first language is not English. New in 2025, WDGPH will offer submission of vaccine records and exemptions online by uploading records via a photo rather than manual record entry via ICON or email.

In Ontario, vaccine record assessments typically require public health units to notify parents and students only about overdue vaccines for designated diseases under the *ISPA* or the *CCEYA*. In Wellington Dufferin Guelph (WDG), immunization notices include all vaccines eligible in Ontario, not just those required to be reported under the *ISPA* and *CCEYA*. This approach ensures families are aware of all publicly funded vaccines available for their children, such as Hepatitis B, Human papilloma virus (HPV), and pneumococcal vaccines.

To comply with the *ISPA* or the *CCEYA*, families are required to report vaccine records or submit a valid medical or non-medical exemption:

- A medical exemption is provided by a healthcare professional when a vaccine is contraindicated for medical reasons or when immunity is present due to previous disease.
- A non-medical exemption (NME) consists of a philosophical, conscience, or religious objection submitted by a parent/guardian through a formal affidavit process.

Vaccination records and exemptions are maintained in the provincial Digital Health Immunization Repository (DHIR). This data allows WDGPH to assess compliance and evaluate outbreak risks and implement measures to protect students that are under vaccinated and reduce disease transmission.

In the 2024-2025 school year 24% (11, 668) of school-aged students and 38% (1662) of children in licensed childcare centres received an immunization notice letter from WDGPH.

ISPA compliance means WDGPH has received either updated vaccine records or a valid exemption. Students that have not met these requirements may face suspension for up to 20 school days. In the 2023-2024 school year 3.5% of elementary and secondary students were suspended totalling1743 students overall. In the 2024-2025 school year, 2.3 % of elementary and secondary students were suspended totalling 1104 students overall. This number has been steadily declining each year since the COVID-19 pandemic.

Most suspended students returned to school within a few days so that by the conclusion of the 2024-2025 academic year, the compliance rate among students in the WDG area was 93%. While the provincial NME rate has remained steady at 2% since 2019, WDGPH's NME rate has risen to 4.9% in the 2024–25 school year.

Refer to Appendix A for further details regarding 2024/2025 ISPA & CCEYA activities and planning for the 2025/2026 school year.

Discussion

The 2024 Annual Report of the Chief Medical Officer of Health of Ontario (CMOH) *Protecting Ontario: The Future of Immunization in Ontario* highlights immunization as one of the most impactful public health initiatives in history, preventing up to 5 million deaths globally each year.[1] In Ontario, publicly funded vaccine programs continue to be supported and cover 29 vaccines for 23 diseases. Challenges identified by the CMOH report include the lack of a centralized immunization registry, uneven access in some communities, declining vaccine confidence, and rising misinformation.[1] Vaccine hesitancy as a global issue is marked by decreased confidence and an increase in misinformation.[1]

Following the COVID-19 pandemic, these sentiments have increased, and Ontario is experiencing higher rates of vaccine fatigue and reduced public confidence.[1]

Parents and guardians can choose to opt out of immunizations for philosophical, conscience, or religious objections through a formal affidavit process called an NME. Given the noted increase in misinformation and declining vaccine confidence, an understanding of the factors that contribute to NME rates is essential for developing effective strategies to maintain and improve immunization coverage.

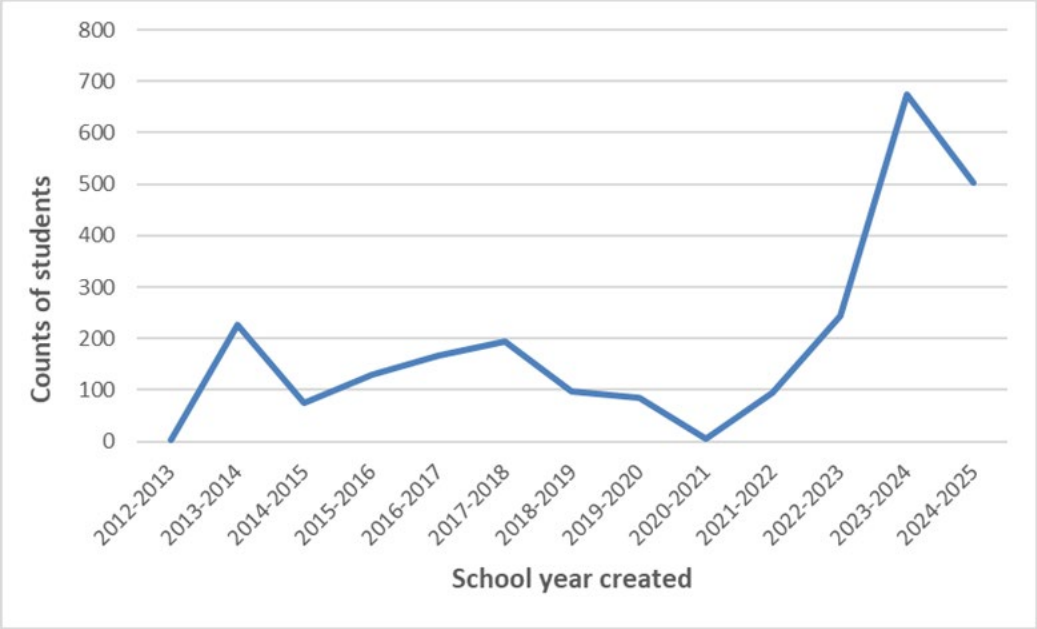
A population-based study of Ontario students (ages 7–17) in the 2016–2017 school year found that NMEs among Ontario students were more common in private and "other" schools (such as religious or home schools), and in rural or southwestern regions, with the highest rates found in a cluster of neighboring public health units in the southwest.[5] Of the 90% of students with a NME for all required vaccines, about half were in fact partially or fully immunized.[5]

These provincial trends provide an important context for understanding vaccine hesitancy and NME patterns. The following section reviews how similar patterns have emerged in the WDG region during the 2024-2025 school year, with a focus on local NME rates, geographic distribution, and school-specific rates.

Rates of NMEs in WDGPH since the COVID-19 pandemic

The 2023-2024 school year was the first school year since the COVID-19 pandemic that suspension was enforced under the ISPA legislation. Chart 1 indicates that there is a notable increase in new NMEs in the post-pandemic school years. In the 2024-2025 school year there were 500 new NMEs submitted in WDG, compared to approximately 200 annual NME submissions in previous years.

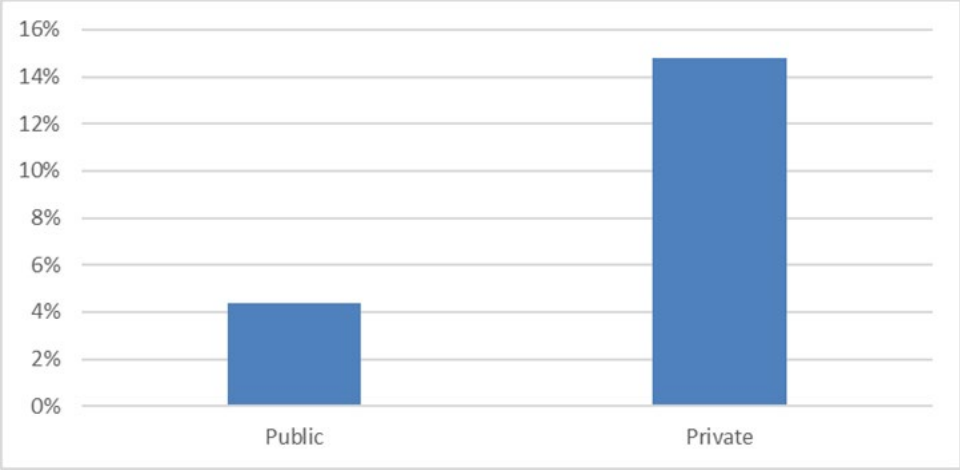
Chart 1. Valid NME in 2024-2025 school year by school year created.



Which areas in WDG have the highest rates of NMEs?

The highest rates of NMEs in WDGPH occur with students who attend school in this area but live outside of WDG. Chart 2 indicates that, similar to pre-pandemic provincial data, there are higher rates of students with NMEs in rural areas and among students that attend private vs. public schools.

Chart 2. Percent of student population with valid NME in 2024-2025 school year by school type



What vaccines are the focus of NMEs?

When parents or guardians submit an NME, they have the option to choose an exemption for one or more vaccine-preventable diseases. In WDG, 95.7 % of NMEs list four or more of the nine designated vaccine-preventable diseases under the ISPA, indicating that there is not one disease or vaccine that is targeted. NMEs in childcare centres revealed similar data. In all settings, it's rare that an NME is applied with 3 or less diseases listed. Again, this data is consistent with provincially reported data in the pre-pandemic years.

Health Equity Implications

Schools where lower uptake of school-based vaccines has been identified will receive extra support through in-class PHN education sessions including new videos tailored to the classroom. WDGPH offers flexible school immunization clinics for schools that prefer not to have all school-based vaccines administered on-site. These in-school initiatives will be complimented by a broader community campaign regarding vaccine safety and effectiveness that supports a pro-vaccine view among parents, caregivers and the general public. WDGPH continues to focus on fostering and building trusting relationships with specific communities in rural areas and groups such as the Guelph Wellington Immigration Services.

The provincial vaccine record reporting system ICON requires parents or students to enter vaccines records manually. Parent have often commented that this system is not user friendly and especially difficult for individuals whose first language is not English.

To improve reporting process for parents and students, WDGPH is implementing the following strategies:

- Finalizing agreements with school boards to use the Student Information System (SIS) for sending secure vaccine emails with QR codes to parents.
- New online vaccine submission now only requires uploading a photo your record, making the process simpler and more accurate than manual entry.
- Implementation of a new NME submission process through online submission in the same manner as vaccine submissions.

In the 2025/2026 school year WDGPH will be dividing the number of elementary schools assessed under the *ISPA* between two separate suspension dates. This staged approach will provide extra time for parents/students to either report immunizations or access them at their health care providers or through Public Health.

WDGPH will continue to offer vaccine clinics in all schools, rural locations and all three public health offices. Hours for clinics will be variable and will include evening appointments.

Many of the vaccine-related documents are now available in the top ten languages as identified by local school boards, WDGPH will continue to work on having items available in many languages.

Conclusion

While NMEs are more prevalent in certain school types and geographic regions, the underlying causes are multifaceted, involving social, cultural, and informational factors. Addressing these challenges requires targeted public health strategies that build vaccine confidence, counter misinformation, and improve access to immunization services. Continued monitoring and analysis will be essential to ensure high coverage rates and protect community health.

Ontario Public Health Standards

Foundational Standards

- ☒ Population Health Assessment
- ☒ Health Equity
- ☒ Effective Public Health Practice
- ☐ Emergency Management

Program Standards

- ☐ Chronic Disease Prevention and Well-Being
- ☐ Food Safety
- ☐ Healthy Environments
- ☐ Healthy Growth and Development
- ☒ Immunization
- ☒ Infectious and Communicable Diseases Prevention and Control
- ☐ Safe Water
- ☒ School Health
- ☐ Substance Use and Injury Prevention

2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in WDGPH's 2024-2028 Strategic Plan.

☒ Improve health outcomes

☒ Focus on children's health

☒ Build strong partnerships

☒ Innovate our programs and services

☐ Lead the way toward a sustainable Public Health system

References

1. Ontario. Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario. 2024. [Internet]. Retrieved from 2024 CMOH Annual Report
2. Ontario. *Immunization of School Pupils Act, R.S.O. 1990, c.I1.* Retrieved from Immunization of School Pupils Act, R.S.O. 1990, c. I.1 | ontario.ca
3. Ontario. Ministry of Health of Ontario. Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018. Retrieved from Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018
4. Ontario. *Childcare and Early Years Act, 2014.* Retrieved from Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1 | ontario.ca
5. Wilson, S., Bunko A., Johnson S., Murray J., Wang Y., Deeks S., et. al. *Vaccine* (39)8. 2021. Retrieved from The geographic distribution of un-immunized children in Ontario, Canada: Hotspot detection using Bayesian spatial analysis - ScienceDirect

Appendices

Appendix A-ISPA & CCEYA 2024/2025 Data and 2025/2026 Planning

Immunization of School Pupils Act (ISPA)

The ISPA requires all families with children attending school to provide Public Health with a record of their child's immunizations against designated diseases.

Health Units are required to assess students' immunization records. Students without the required immunizations or a legal exemption may be suspended from school.

2024/2025 ACTIVITIES

11,668 letters were distributed to students/parents/guardians informing them that WDG Public Health did not have complete immunization records. Letters indicated all vaccines students were eligible to receive (ISPA and non-ISPA).

11,668

Total letters sent

238

Total number of school immunization clinics

500

Non-medical exemptions applied

7,917

Vaccine records updated

2025/2026 PLANNING

Finalizing school board agreements

Securely linking with school boards through the Student Information System (SIS) to send encrypted, personalized vaccine reminder emails with QR codes.

Modernizing non-medical exemption (NME) process

Creating a secure online process for submitting and managing non-medical exemption documentation.

Simplifying vaccine record submissions

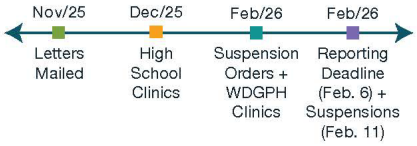
Launching an online form to securely upload student vaccine records, replacing the need for manual data entry by parents/guardians.

Introducing two suspension days

Moving from one suspension day to two to better distribute staff workload and manage student suspension processing.

Timelines

Secondary Schools



Elementary Schools