

Immunization Requirements for Students Attending Schools in WDG

To: Chair and Members of the Board of Health

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Prepared By: Karen Mulvey, Manager, Vaccine Preventable Diseases

Approved By: Rita Isley, RN, MPA
VP, 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; and
- Send a letter to the Ontario Ministry of Health advocating for the timely development of a user-friendly provincial immunization registry that: 1) includes vaccination records for everyone in Ontario; 2) provides real-time access to current vaccination information; and 3) integrates with electronic medical record systems already used by health care providers in various settings to avoid increased workloads.

Key Points

- To attend school in Ontario, the *Immunization of School Pupils Act (ISPA)* requires proof of immunization or a valid exemption for nine designated diseases.
- The 2023/2024 school year was the first year since the COVID-19 pandemic that ISPA legislation was enforced in Wellington-Dufferin-Guelph and as expected, many student vaccine records were either not reported to public health or not up to date.
- A provincial immunization registry that captures all immunizations administered across the lifespan in all settings would provide real-time access to current vaccination information for both clients and providers.

- A provincial registry would reduce the substantial administrative and financial burden placed on public health units to track down, access and assess client's immunization records to identify unimmunized and under-immunized individuals.

Background

The *Immunization of School Pupils Act (ISPA)* requires that all public health units assess immunization records of school-age children in Ontario. There are nine designated diseases that require proof of vaccination or a valid medical or philosophical exemption under ISPA: Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal disease (meningitis), Pertussis (whooping cough) and Varicella (chicken pox).¹ Collection of this information helps assess the risks during outbreaks of vaccine preventable diseases in schools and childcare settings. For vaccine records, the term 'up to date' means that an individual has received all the recommended doses of vaccines for their current age according to the Publicly Funded Immunization Schedules for Ontario. To meet the requirements of ISPA, parents/guardians/students must report their vaccinations for the nine designated diseases or provide a valid exemption to their local health unit. The local public health unit then enters the vaccination record or valid exemption into the provincial Digital Health Immunization Repository (DHIR) database for Ontario.² The immunization data in the DHIR is primarily driven by Ontario's *Immunization of School Pupils Act (ISPA)* requirements for school age children and does not typically contain immunization information for adults and children prior to school entry.²

Accurate vaccination information helps WDG Public Health assess the risks during outbreaks of vaccine preventable diseases. By understanding who is and is not protected, WDG Public Health is able to quickly respond and remove students that are not protected to prevent the spread of vaccine preventable diseases.

2023/2024 ISPA Assessment

All students (ages four to seventeen) enrolled in school were assessed under ISPA for the 2023/2024 school year. At the start of the 2023/2024 school year, approximately 75% of students in the Wellington-Dufferin-Guelph (WDG) area had complete records on file and approximately 25% (12,322 students) were not compliant with ISPA legislation. Students who did have complete records received a letter outlining how to report completed vaccinations or valid exemptions to WDG Public Health by a specified date to avoid suspension. For the 2023/2024 school year, approximately 3.5% (1743) of students were suspended under ISPA legislation and most students returned to school after a few days. By April 2024, 94% of students in the WDG area were compliant with ISPA legislation. Of these students in compliance, 6% provided valid exemptions primarily for philosophical reasons and are thus not

protected against vaccine preventable diseases. See Appendix A for immunization coverage rates.

The 2023/2024 school year was the first year since the COVID-19 pandemic that ISPA legislation was enforced in the WDG area. As expected, there were many student vaccine records that were either not reported to public health or not up to date. Figures 1 and 2 show the number of elementary and secondary students that received immunization notices (i.e., students without up-to-date records or reported exemptions) compared to the number of students suspended, over the past four school years.

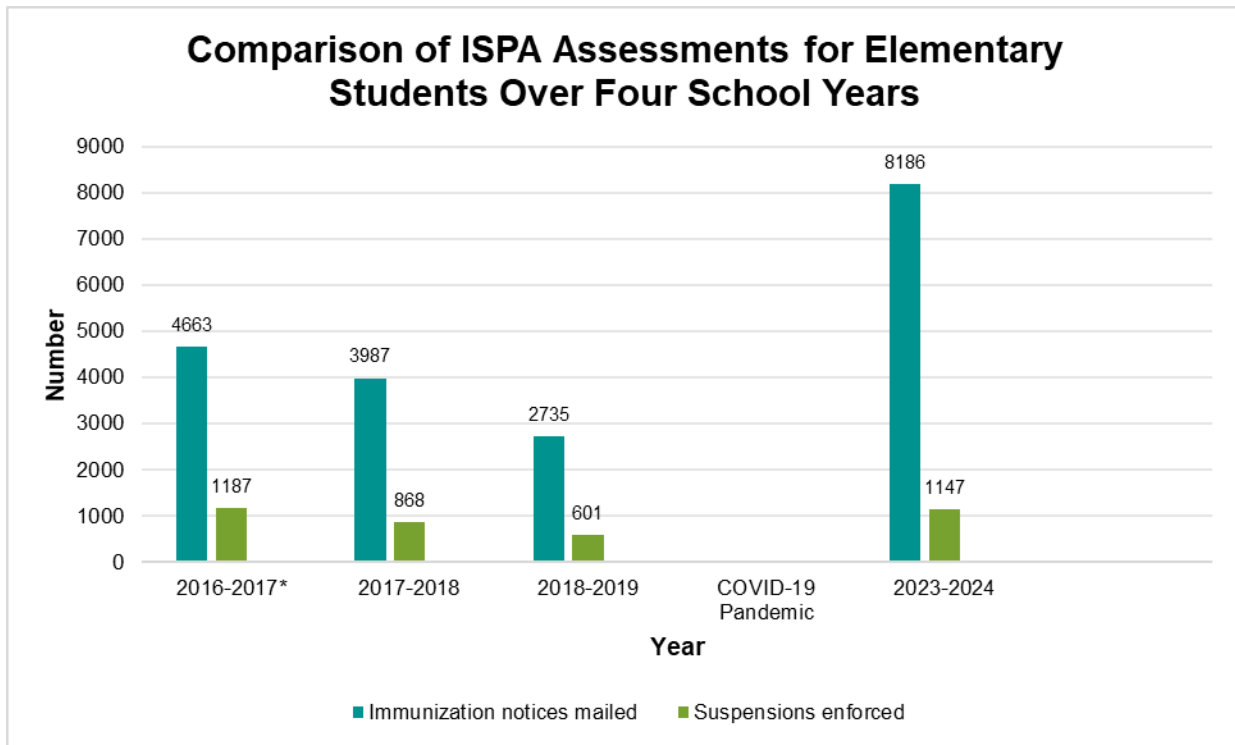


Figure 1: Change is the number of elementary students that received immunization notices and subsequent suspensions over the past four ISPA assessments in the WDG area. *Note: For the 2016-2017 assessment, elementary students exclude 4-6 year olds.

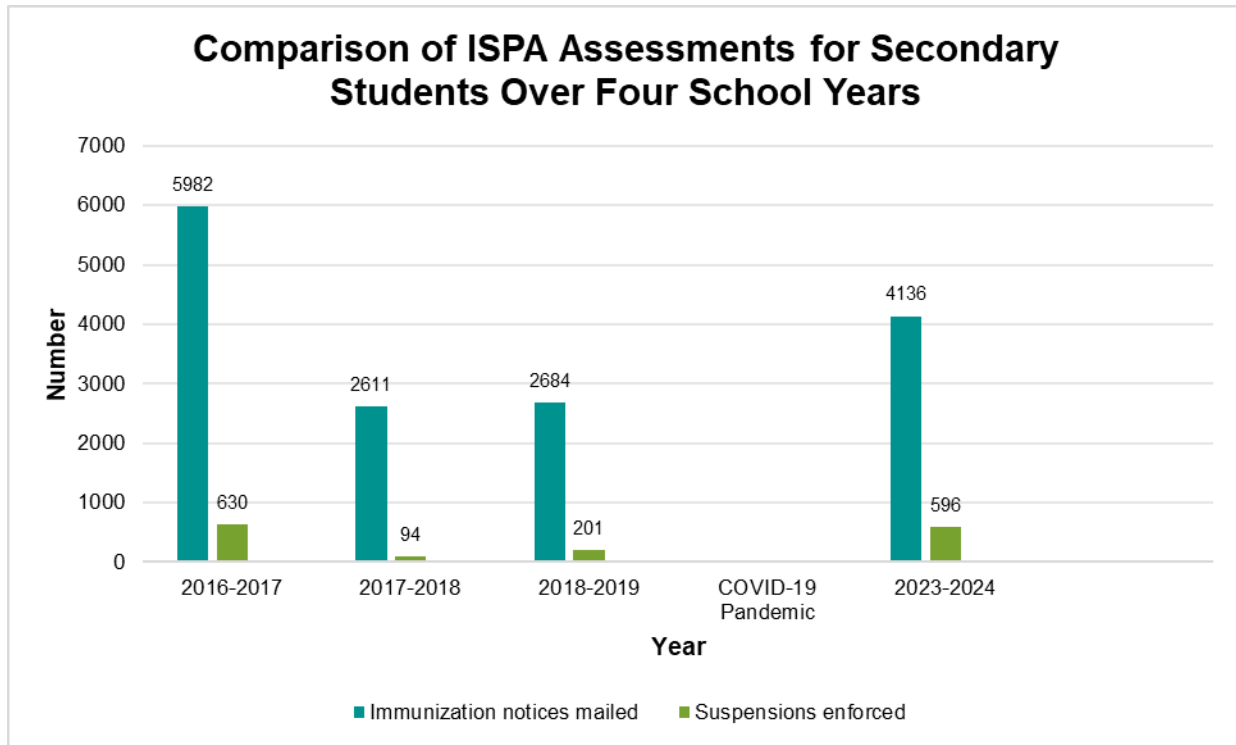


Figure 2: Change in the number of secondary students that received immunization notices and subsequent suspensions over the past four ISPA assessments in the WDG area.

Parents, guardians and students can report their childhood immunization record to the health unit via phone, email or online through ICON (Immunization Connect). During this year’s ISPA assessment, 68% of elementary students and 27% of secondary students who were non-compliant were up to date on their vaccinations but had not reported their records to public health. Reporting vaccine records can be challenging for parents and students. For example, many people find the ICON system difficult to use because it requires medical terminology for accurate reporting, and it poses challenges for those whose first language is not English. A provincial immunization registry that includes vaccination records for everyone in Ontario would simplify the reporting process and provide real-time access to current vaccination information for both clients and providers. It is also extremely important not to transfer the burden of recording of vaccines from parents and public health units to primary care providers. Experience both during and after the pandemic with the Covid vaccines strongly suggests that primary care providers will opt out of providing vaccines if they have to enter vaccine date both into their medical record and into a provincial registry.

Strategies to Increase Immunizations

WDG Public Health did not enforce ISPA legislation throughout the COVID-19 pandemic. This year, enforcing ISPA legislation by sending notices of assessment and subsequent suspensions proved to be an effective strategy to increase childhood immunizations in the WDG area for the 2023/2024 school year. To implement ISPA, WDG Public Health utilized an Incident Management System (IMS) involving multiple departments within the organization. A detailed and collaborative plan was developed and implemented over a six-month assessment period. To implement the plan WDG Public Health also relied on support from school boards, primary care teams, parents/guardians and students. Organizations like the Guelph Immigration Services Settlement Workers in Schools program helped newcomer youth and families understand how to report vaccinations and access vaccine information.

During the ISPA assessment period, immunization clinics were available daily at WDG Public Health offices, off-site locations and schools. In the week preceding suspension and one following it, there were 2348 of appointments at the public health offices for elementary and secondary school students. Of these, approximately 15% were to review vaccine records with a nurse and have them entered into the provincial DHIR database. Immunization clinics were offered at off-site locations in Shelburne and Palmerston to provide services in locations that are a distance from the main public health offices. For school-based clinics, parents/guardians/students received information about these clinics in a variety of ways including email, school websites, robocalls and texts and letters. Two clinics were offered in each high school resulting in 1800 vaccinations provided to 1135 students. In addition to providing immunization clinics, WDG Public Health continues to support primary care partners with low barrier access to all publicly funded vaccines, timely communication about updated immunization information and a detailed timeline of the ISPA process.

Discussion

Cost of the 2023/2024 ISPA Assessment

Implementing the 2023/2024 ISPA assessment was a large undertaking and required significant resources from the Agency. In total, over 17,000 hours of staff time were required between the divisions of Community Health and Information Systems and Digital Innovation. Although there were significant administrative contributions from Human Resources, Communications, Finance, Information Technology and Facilities, these are not included in the total staffing hours. The Agency leveraged existing staff resources to minimize the financial impacts, but still required additional staffing to complete the process. Many WDG Public Health staff were required from other program areas, which then placed service delivery pressures on these programs across the Agency. In addition, about 10% of the total hours utilized were from casual employees.

The resource impacts for the 2023-2024 assessment year are much higher than what should be anticipated in future years because this was the first full assessment completed since 2018, prior to the COVID-19 pandemic. For the 2023/2024 school year WDG Public Health had immunization records of over 12,000 students to review, a volume that is much higher than normal. Many students who were non-compliant with ISPA legislation were actually up to date on their vaccinations (68% of elementary students and 27% of secondary students) but had not reported current immunization records to public health. Other students had never been assessed because of the time that had elapsed since the last full assessment and the timing of when they either entered school or aged into a new vaccine requirement. Subsequently, WDG Public Health updated thousands of student records over a 6-month period to ensure vaccination records were accurate.

For upcoming years, it is anticipated that the number of students without complete immunization records will be much lower and that WDG Public Health will be able to respond utilizing fewer resources. WDG Public Health is also developing strategies to mitigate significant staffing hours by automating the review and upload process for immunization records received from voicemail, fax, and email.

Need for a Provincial Immunization Registry

As described in the Ontario Immunization Advisory Committee's [Position Statement: A Provincial Immunization Registry for Ontario](#), immunization registries are electronic systems that record information about the vaccines a person receives throughout their lifetime in all settings (e.g., doctor's offices, schools, workplaces, pharmacies, etc.).³ Most people in Ontario still have a paper-based record (i.e., yellow immunization card) and there is currently no reliable and complete system for people in the province to record vaccinations.³ The Digital Health Immunization Repository (DHIR) database that is used to assess immunization records for students during ISPA is only accessible to local public health units. All other healthcare providers cannot view the DHIR database and therefore cannot see information about the vaccines their clients have received and reported to Public Health. For example, a family doctor would not be able to see if a client had recently received a tetanus containing vaccine at a pharmacy. The need for a provincial immunization registry is based on three guiding principles:

1. "All people in Ontario and their health care providers require equitable and timely access to their complete immunization record to make informed decisions about their health.
2. Health care providers and public health require an immunization registry to assess, maintain and document immunizations to deliver vaccines efficiently and appropriately across the health system.
3. Public health, policy makers and researchers require real-time, individual level immunization data to monitor the uptake, safety, effectiveness and impact of new and existing vaccine programs to ensure that vaccine programs provide the best use of finite health care resources."³

Use of the COVaxONr platform during the COVID-19 pandemic demonstrated that a centralized electronic vaccination record for everyone in Ontario is possible.³ However, a provincial immunization registry would need to be connected to the current electronic medical record systems used by providers in primary care, hospitals, public health, midwifery and pharmacy settings to ensure ease of access and avoid increased workload. The Ontario Immunization Advisory Committee (OIAC) reviewed national standards for immunization registries and immunization policies in Ontario to outline seven recommendations on what is needed for Ontario to implement an immunization registry. Together, these recommendations serve as a strong recommendation for a comprehensive provincial immunization registry for Ontario.³ Alongside the OIAC, WDG Public Health recommends the Board of Health advocate for the timely development of a user friendly provincial immunization registry that: 1) includes vaccination records for everyone in Ontario; 2) provides real-time access to current vaccination information; and 3) integrates with electronic medical record systems already used by health care providers in various settings avoid increased workloads. This registry would benefit individuals, families, health care providers, public health and researchers by helping to reduce the burden of vaccine preventable diseases, improve the delivery of Ontario's immunization programs, and ensuring better use of finite health resources.³ At WDG Public Health, a provincial registry would reduce the substantial administrative and financial burden placed on public health to track down, access and assess client's immunization records to identify unimmunized and under-immunized individuals.³ Ongoing investment into a provincial immunization registry will also help Ontario prepare for and respond to future outbreaks and pandemics.³

Health Equity Implications

High immunization coverage provides protection for school-age children against vaccine preventable diseases.² Immigration Services in the City of Guelph has settlement workers in schools to provide support to newcomers. Public health nurses have been collaborating with this team to help families with their immunization needs and understanding the requirements for students to attend school. WDG Public staff also offer services with the use of interpreters to clients where English is not their first language, either in person or by telephone service. Many of WDG Public Health's vaccine fact sheets and communication materials have been translated into different languages and are further translated as needed. WDG Public Health staff continue to support the parochial schools and offer vaccination within these settings to all Mennonite students in the WDG area. Staff value and foster positive relationships with these communities and equity-deserving groups.

A comprehensive provincial immunization registry that records vaccinations for all people in Ontario is foundational for monitoring inequities in vaccine coverage. For example, an electronic immunization registry that captures immunizations across the lifespan received in all settings

would allow for the identification of cohorts, communities or other equity-deserving populations with low vaccine uptakes or higher risk of exposure to certain diseases.³ This timely information could then be used to tailor the delivery of immunization programs and promote equitable access to vaccines. Limitations such as the preference to not have vaccinations recorded in a database would also need to be incorporated into the delivery of tailored programming.

Conclusion

The 2023/2024 school year was the first year after the COVID-19 pandemic that ISPA legislation was enforced in Wellington-Dufferin-Guelph and as expected, many student vaccine records were either not reported to public health or not up to date. A provincial immunization registry would reduce the substantial administrative and financial burden placed on public health to track down, access and assess client's immunization records to identify unimmunized and under-immunized individuals.³ Immunization records of all students will be assessed in the 2024/2025 school year and students between the ages of 4 and 17 with incomplete records will be notified about the process to report and meeting ISPA requirements. Access is an important component of vaccine uptake and WDG Public Health will continue to have community clinics, evening appointments, and support primary care with low barrier access to all publicly funded vaccines.

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. Government of Ontario (1990). Immunization of School Pupils Act, R.S.O. 1990, c.I.1. <https://www.ontario.ca/laws/statute/90i01>
2. Public Health Ontario (July 2023). Surveillance Report. Immunization Coverage Report for Routine Infant and Childhood Programs in Ontario: 2019-20, 2020-21 and 2021-22 School Years. https://www.publichealthontario.ca/-/media/Documents/I/2023/immunization-coverage-infant-childhood-2019-2022.pdf?rev=a0e297953e4f4752ad61c5290a2e27bb&sc_lang=en
3. OAC Public Health Ontario (September 2024). Position Statement: A Provincial Immunization Registry for Ontario. https://www.publichealthontario.ca/-/media/Documents/O/24/oiac-position-statement-provincial-immunization-registry.pdf?rev=566651b5a3834423bf5d9b21cf0aec93&sc_lang=en&hash=C0B0E2D5C1FAD03A0B31FF7822CC8A85

Appendices

Appendix A

Table 1: Immunization Coverage (%) for nine designated diseases of ISPA among elementary students in the WDG area compared to Ontario reported for the 2022-2023 school year.

Disease	WDGPH	Ontario
Diphtheria	79.3	59.5
Tetanus	79.3	59.5
Polio	79.7	59.6
Measles	79.8	60.2
Mumps	79.7	60.0
Rubella	94.0	83.1
Meningococcal	92.6	79.8
Pertussis	79.2	59.4
Varicella	78.2	58.1

Table 2: Immunization Coverage (%) for nine designated diseases of ISPA among secondary students in the WDG area compared to Ontario reported for the 2022-2023 school year.

Disease	WDGPH	Ontario
Diphtheria	81.7	55.4
Tetanus	81.7	55.4
Polio	93.4	90.1
Measles	95.1	92.3
Mumps	95.1	92.0
Rubella	96.4	94.1
Meningococcal	94.5	91.1
Pertussis	81.9	56.3
Varicella	N/A	N/A