**Policy Statement**

**CLHO Committee:** Communicable Disease

**Policy Statement:** The Oregon Coalition of Local Health Officials supports equal access to low- or no-cost vaccines across the lifespan including strong vaccination programs that protect priority populations and their families and include right-to-know policies.

**Policy Positions:** CLHO supports legislation that:

* Expands individual vaccination access
* Increase vaccination rates of health care providers, and employees in child care facilities, schools and long-term care facilities
* Expand prevention and outreach in communities and to priority populations to educate people about vaccines and address barriers to care

**Public Health Issue that Policy Statement is Addressing:**

* Disease prevention and outbreak control
* “Right to know” policy
* Data collection
* Health equity
* Research has shown that vaccines are effective in preventing serious illnesses, disability, and death.

**Justification (data supporting the need to work on this issue)**

Vaccinations are one of the most important and impactful public health interventions. They are responsible for the global eradication of smallpox and for making diseases such as polio and diphtheria very rare.[[1]](#footnote-1) In the United States, all children are required to get vaccinated to attend school, although states vary in the exemptions they allow. In Oregon there are still challenges to ensuring that all individuals who need vaccinations and have the opportunity to spread disease, receive vacations.

*Expanding Vaccine Access*

Vaccinations required by Oregon schools include measles, diphtheria, tetanus, pertussis (whooping cough), mumps, rubella, hepatitis A and B, polio and varicella (chickenpox). Oregon allows exemptions and historically has had among the lowest overall vaccination rates in the country.[[2]](#footnote-2) For the 2016-2017 school year, 6.7% of Oregon kindergartners claimed at least one exemption. Only Alaska had a higher rate.[[3]](#footnote-3)

To prevent sustained outbreaks at schools, 95% of children need to be fully vaccinated. In this last school year, 910 of 1670 (54%) Oregon schools with available vaccination information did not reach the 95% level.[[4]](#footnote-4)

In recent years Oregon has experienced worsening outbreaks of certain diseases that are preventable by vaccination. In 2012, Oregon experienced a pertussis epidemic with the most cases (910) seen in a single year since 1953. Since pertussis often goes undiagnosed in adolescents and adults, it is likely the actual number of cases greatly exceeded the number reported. In recent years, the incidence among infants has consistently been higher than all other age groups. Infants with pertussis are also the most likely to suffer complications and death. From 2003 to 2016, 249 (35%) of the 707 infants diagnosed with pertussis in Oregon have been hospitalized and five have died.[[5]](#footnote-5)

Oregon has made some progress in increasing healthcare worker flu vaccination rates, but the 2016-2017 season’s rate at 73% still lags behind the Healthy People 2020 goal of 90%. For healthcare workers at skilled nursing facilities, the rate was only 57% during 2016-2017, representing a 9.5 percent drop from the previous season.[[6]](#footnote-6)

Strategies for increasing vaccine access include:

* Removing the prohibition on mandating flu vaccination for health care employers
* Expanding the data in ALERT IIS to capture old(er) immunization records including refusals
* Requiring insurance companies to cover ALL vaccines, treatment and prophylaxis of reportable diseases[[7]](#footnote-7) not just during a declared outbreak (as required in HB 3276 (2017)).

*Increase vaccination rates of health care providers, and employees in child care facilities, schools and long-term care facilities*

In Oregon, childcare facilities and schools are required to post their immunization rates of children attending.  However, staff working in those facilities are not required to report their immunization status and there is currently no law or regulation that requires these employees to be vaccinated.  Several outbreaks in Oregon that occurred within childcare facilities or schools within the past year involved staff who were positive for the disease; ie., pertussis and measles outbreaks. Staff comes in close contact with children including infants who might not yet be vaccinated.

In 2017, there were 186 outbreaks in Long-Term Care Facilities impacting one of Oregon’s most vulnerable populations.  92 of the 186 outbreaks were caused by influenza.  **Oregon** law requires long-term care facilities to report the number of staff with a documented refusal of influenza vaccination during the previous influenza season, but does not post vaccination rates of employees or require flu vaccination.

Strategies for increasing surveillance include:

* Posting vaccination rates of staff, providers, and workers in facilities including Long-Term Care Facilities, Child Care and Schools.

*Expand Vaccines Outreach*

One example of a priority population in Oregon that can benefit from access to vaccines are people who are homeless or who use injection and non-injection drugs. In June 2018, the CDC issued a Health Advisory to alert health departments and other healthcare providers about hepatitis A outbreaks occurring in multiple states among persons reporting drug use and/or homelessness.[[8]](#footnote-8) From January 2017 through April 2018, over 2500 cases of Hepatitis A were reported in the US. This is an increase over the 2007 cases reported in 2016 and 1390 cases reported in 2015.[[9]](#footnote-9) In these outbreaks, Hepatitis A is spread person-to-person primarily among people who use injection and non-injection drugs and/or people who are homeless. These outbreaks have also consistently reported higher rates of hospitalization and death compared to routine national surveillance of hepatitis A. This is likely because higher than expected hospitalization rates occur among people with pre-existing chronic illnesses such as diabetes, chronic liver diseases and cirrhosis. The CDC is currently recommending hepatitis A vaccination for high risk groups that include users of injection and non-injection drugs and anyone who wishes to obtain protection against hepatitis A, including those who are homeless. In Oregon, hepatitis A vaccination has been required for school age children since 2008, but rates among adults are unknown. Rates of hepatitis A in Oregon have remained low, with 27 cases reported in 2015 and 15 cases reported in 2016.[[10]](#footnote-10) In order to prevent person-to-person spread of hepatitis A among adult priority populations in Oregon, outreach to community providers who work with people who use drugs and those who are homeless is vital to reduce barriers and ensure access to vaccine.

**Role of Local Public Health (promising practice/ evidenced-based work)**

Just as children are required to get vaccinated before entering kindergarten, employees of childcare, school, and long-term care facilities should also be required to get vaccinated. Similarly, schools and childcare facilities in Oregon are required to make their vaccination and exemption rates available; the vaccination rates of employees of child care, school, and long-term care facilities should also be available to the public.[[11]](#footnote-11) This information would not only be beneficial to vulnerable families, but it would also be vital in the efforts of local public health to track and contain the spread of communicable diseases.

The role of public health during an outbreak is to track down all those who came in contact with an infected person through contact tracking. If those who are spreading the disease are employees who work at childcare, schools or long-term care facilities, it presents additional challenges and lengthens the response time during outbreaks when those workers immunization rates are not easily accessible.

**Connection to Modernization Manual Foundational Programs/ Capabilities**

Foundational Programs:

X Access to Clinical Preventative Services

[x]  Communicable Disease

[ ]  Environmental Health

[ ]  Health Promotion & Prevention

Foundational Capabilities:

X Assessment & Epidemiology

[ ]  Policy & Planning

[ ]  Leadership & Organizational

[x]  Health Equity

[ ]  Communications

X Community Partnerships

[ ]  Emergency Preparedness

References used in developing this Policy Statement:

1. "Vaccines & Immunizations." Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/vac-gen/why.htm (accessed August 2, 2018). [↑](#footnote-ref-1)
2. Lopez, German. “Vaccines, explained.” Vox.com. https://www.vox.com/cards/vaccines/children-required-get-vaccinated (accessed August 2, 2018). [↑](#footnote-ref-2)
3. Terry, Lynne. “Low vaccination rates put some Oregon schools at high risk for measles.” OregonLive.com. https://www.oregonlive.com/health/index.ssf/2018/02/low\_vaccination\_rates\_put\_oreg.html (accessed August 2, 2018). [↑](#footnote-ref-3)
4. “Sharing School Immunization Rates.” Oregon Health Authority.

<https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/SchRateShare.aspx> (accessed November 11, 2018). [↑](#footnote-ref-4)
5. “Pertussis.” Oregon Health Authority. https://www.oregon.gov/OHA/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/ANNUALREPORTS/Documents/2016/2016-Pertussis.pdf (accessed August 2, 2018). [↑](#footnote-ref-5)
6. “Influenza vaccination rates among Oregon health care workers fall short.” Oregon Health Authority. https://www.oregon.gov/oha/ERD/Pages/OregonHealthCareWorkersInfluenzaVaccinationRatesFallShort.aspx (accessed August 3, 2018). [↑](#footnote-ref-6)
7. [↑](#footnote-ref-7)
8. “Outbreak of Hepatitis A Virus (HAV) Infections among Persons Who Use Drugs and Persons Experiencing Homelessness.” Centers for Disease Control and Prevention. <https://emergency.cdc.gov/han/han00412.asp> (accessed Oct 19, 2018). [↑](#footnote-ref-8)
9. “Hepatitis A Statistics and Surveillance.” Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hav/statisticshav.htm#section1>. (accessed Oct 19, 2018). [↑](#footnote-ref-9)
10. ”Selected Reportable Communicable Disease Summary.” Oregon Health Authority. <https://apps.state.or.us/Forms/Served/le8645.pdf> (accessed Oct 19, 2018). [↑](#footnote-ref-10)
11. “Sharing School Immunization Rates.” Oregon Health Authority. https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/SchRateShare.aspx (accessed August 2, 2018). [↑](#footnote-ref-11)