Are daycare/schools legally mandated to report to the Public Health?
Yes. It is the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report within one business day to the local health officer the presence or suspected presence of any of the reportable communicable diseases (Title 17, California Code of Regulations (CCR) §2508). Laboratory confirmation is not needed to report a suspect case.

Schools should provide the following information when reporting a suspect case to Public Health:
(Title 17, California Code of Regulations (CCR) §2500 (d)).

- Name of the disease reported
- Date of onset
- Date of diagnosis
- Immunization status
- Name, address, telephone number, Social Security Number, occupation, race/ethnic group, sex, age, and date of birth of case
- Name, address and telephone number of reporting facility

Note: Not all information may be requested by Public Health

Am I breaching a student’s confidentiality by sharing their personal information with Public Health?
No. In the case of reporting a person suspected to have a vaccine preventable disease, California Code of Regulations 2500 allows the release of personal information to the local Public Health authority for any person with a suspect reportable disease. In the case of an outbreak or a highly infectious disease, the Family Educational Rights and Privacy Act (FERPA) contains limited exceptions to its prior consent rule to disclose identifiable information from the education record. One of these exceptions allows disclosure of personally identifiable information to appropriate officials in connection with a health or safety emergency.

In the case of sharing immunization records of all students, Health and Safety Codes 120325 (d) and 120375 (c) allow health departments to obtain immunization records to determine immunization deficiencies.

Can students/staff remain out of daycare/school if exposed to a VPD?
Yes. Public Health will make the determination whether students and staff who are unvaccinated and were exposed to certain vaccine preventable diseases should not attend school/daycare and extracurricular activities. Public Health will determine when it is safe for unvaccinated and exposed children and staff to return to school (California Health and Safety Code, Division 105. Part 2. Immunizations 120335 (b)). During the investigation of a reported case, an unusual disease, or an outbreak situation, a Public Health health officer shall take whatever steps deemed necessary for the vaccine preventable disease investigation, including taking appropriate steps to prevent or control the spread of the diseases (Title 17, California Code of Regulations (CCR) § 2501; 45 CFR 164.512(b)).
What is the purpose of keeping unvaccinated and exposed persons out of daycare/preschool/school?

The purpose of keeping unvaccinated and exposed students and staff out of school is to protect the students, school community and general community from VPDs, which may be spread at school before the exposed individual develops symptoms of infection. Students and staff who are exposed to a VPD and are unvaccinated and not immune to the VPD have led to the ongoing spread of disease in addition to acquiring serious illness themselves.

Can a student enter daycare/preschool/school with a schedule that deviates from the required vaccine schedule?

Students must follow the required Centers for Disease Control and Prevention (CDC)/Advisory Committee on Immunization Practices (ACIP) vaccine schedule by age and grade before school entry. Any schedule that deviates from this schedule or "alternative schedules" are prohibited for school entry (Title 17, California Code of Regulations (CCR) § 6020).

What can staff do to prevent VPDs in their preschool/school communities?

Daycares/schools are legally responsible for managing records of immunizations on a routine basis (California Health and Safety Code, Division 105. Part 2. Immunizations 120325 (d)). Public Health has full access to the immunization status of each student in schools to determine immunization deficiencies (California Health and Safety Code, Division 105. Part 2. Immunizations 120375 (c)).

What if a child has a medical exemption?

A child with a medical exemption who is unvaccinated may be asked to stay home for disease protection purposes.

For a valid medical exemption, a parent or guardian must submit a written statement from a licensed physician (M.D. or D.O.) which provides the following information:

- A statement that the physical condition or medical circumstances of the child are such that the required immunization(s) is contraindicated.
- A statement regarding which vaccines are being exempted
- A statement whether the medical exemption is permanent or temporary
- An indication of the expiration date, if the exemption is temporary

Are “homeopathic” vaccines or "nosodes" acceptable to meet a student’s immunization requirements for entry into school?

No. "Homeopathic" vaccines or “nosodes” do not meet the immunization requirements detailed in the California Code of Regulations, Title 17, section 6020. The United States childhood immunization schedule is based upon scientifically validated recommendations made by a non-governmental-led board of individuals, the Advisory Committee on Immunization Practices (ACIP). Only vaccines licensed by the FDA are recommended by the ACIP and subsequently adopted by the Centers for Disease Control and Prevention (CDC) along with their state and local entities to meet daycare and school immunization requirements. Homeopathic vaccines or "nosodes" do not meet the immunization requirements for school entry.
Referenced Legislation Statutes in Fact Sheet

This document provides the language of laws referenced in the “Federal and California Reportable Disease Legislation Fact Sheet.”

Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812

Reportable Diseases and Conditions

§2500. (a)(15) ‘Health care provider’ means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

§2500. (b) It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed in subsection(j) of this section, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed may make such a report to the local health officer for the jurisdiction where the patient resides.

§2500. (c) The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.

§2500. (d) Each report made pursuant to subsection (b) shall include all of the following information if known: (1) name of the disease or condition being reported; the date of onset; the date of diagnosis; the name, address, telephone number, occupation, race/ethnic group, Social Security number, sex, age, and date of birth for the case or suspected case; the date of death if death has occurred; and the name, address and telephone number of the person making the report.

§ 2501. Investigation of a Reported Case, Unusual Disease, or Outbreak of Disease. (a) Upon receiving a report made pursuant to Section 2500 or 2505, the local health officer shall take whatever steps deemed necessary for the investigation and control of the disease, condition or outbreak reported. If the health officer finds that the nature of the disease and the circumstances of the case, unusual disease, or outbreak warrant such action, the health officer shall make or cause to be made an examination of any person who or animal which has been reported pursuant to Sections 2500 or 2505 in order to verify the diagnosis, or the existence of an unusual disease, or outbreak, make an investigation to determine the source of infection, and take appropriate steps to prevent or control the spread of the disease.

§2508 Reporting by Schools. It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence or suspected presence of any of the communicable diseases.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

1. Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.

2. Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.

3. Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
   a. School officials with legitimate educational interest
   b. Other schools to which a student is transferring
   c. Specified officials for audit or evaluation purposes
   d. Appropriate parties in connection with financial aid to a student
c. Organizations conducting certain studies for or on behalf of the school
f. Accrediting organizations
g. To comply with a judicial order or lawfully issued subpoena
h. Appropriate officials in cases of health and safety emergencies
i. State and local authorities, within a juvenile justice system, pursuant to specific State law

4. Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

Health and Safety Code, DIVISION 105. PART 1. ADMINISTRATION OF COMMUNICABLE DISEASE PREVENTION AND CONTROL [120100 - 120305]

120230. No instructor, teacher, pupil, or child who resides where any contagious, infectious, or communicable disease exists or has recently existed, that is subject to strict isolation or quarantine of contacts, shall be permitted by any superintendent, principal, or teacher of any college, seminary, or public or private school to attend the college, seminary, or school, except by the written permission of the health officer.


120325. (d) For the keeping of adequate records of immunization so that health departments, schools, and other institutions, parents or guardians, and the persons immunized will be able to ascertain that a child is fully or only partially immunized, and so that appropriate public agencies will be able to ascertain the immunization needs of groups of children in schools or other institutions.

120335. (a) As used in this chapter, “governing authority” means the governing board of each school district or the authority of each other private or public institution responsible for the operation and control of the institution or the principal or administrator of each school or institution.

120335. (e) The department may specify the immunizing agents that may be utilized and the manner in which immunizations are administered

120370. (a) If the parent or guardian files with the governing authority a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician does not recommend immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician’s statement.

120370. (b) If there is good cause to believe that a child has been exposed to a disease listed in subdivision (b) of Section 120335 and his or her documentary proof of immunization status does not show proof of immunization against that disease, that child may be temporarily excluded from the school or institution until the local health officer is satisfied that the child is no longer at risk of developing or transmitting the disease.

120375. (c) The governing authority shall file a written report on the immunization status of new entrants to the school or institution under their jurisdiction with the department and the local health department at times and on forms prescribed by the department. As provided in paragraph (4) of subdivision (a) of Section 49076 of the Education Code, the local health department shall have access to the complete health information as it relates to immunization of each student in the schools or other institutions listed in Section 120335 to determine immunization deficiencies.