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California's New School Immunization Exemption Policy: Messages for Health Care Providers

Julia Heinzerling, MPH

In January 2014, a new law went into effect that changed the process for exempting children from school immunization requirements due to parents' personal beliefs regarding immunizations. Under the law, parents who wish to file a personal beliefs exemption (PBE) for their child must consult with an approved licensed health care practitioner regarding the benefits and risks of vaccines and the risks of vaccine-preventable diseases (VPDs). The new PBE requirement is intended to help parents make informed decisions that are based on sound information and advice about immunizations. This article provides information regarding exemptions, messages that can be shared with vaccine-hesitant parents, and links to resources.

California School Immunization Requirements

Under California law, students who are entering child care or kindergarten or advancing to the 7th grade are required to submit proof that they have received a series of vaccines that are required for

school entry (Figure 1). School requirements like California's protect students from vaccine-preventable diseases, prevent the spread of disease, and are recommended by the Community Preventive Services Task Force based on strong evidence that they increase immunization rates and decrease VPD rates.¹

California School Immunization Exemptions

Students who have not received all required vaccines are excluded from attending school unless they have a valid exemption on file. The following exemptions are permitted under California law. With the exception of religious exemptions, a signature from an approved health care practitioner is required for these exemptions (Table 1).

- **Medical Exemption:** A temporary or permanent medical exemption to one or more required immunizations that are contraindicated may be granted if the parent submits a signed written statement from a licensed physician. In addition, children who have had measles, laboratory-confirmed rubella disease, laboratory-confirmed mumps

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Figure 1. California School Immunization Requirements

California Immunization Requirements for Child Care

<http://eziz.org/assets/docs/IMM-230.pdf>

California Immunization Requirements for Grades K-12

<http://eziz.org/assets/docs/IMM-231.pdf>

Immunization Recommendations and Screening Requirements for California Colleges and Universities with Student Housing

<http://www.cdph.ca.gov/programs/immunize/Pages/CollegelZandScreeningRecommendations.aspx>



Table 1. Summary of California Immunization Exemptions Requiring a Signature from an Authorized Health Care Provider

Temporary or Permanent Medical Exemption	
<p>Authorized Providers</p> <ul style="list-style-type: none"> Licensed Medical Doctor Doctor of Osteopathic Medicine 	<p>Authorized Providers</p> <ul style="list-style-type: none"> Assess for true contraindications and, when appropriate, provide a signed written statement that indicates: <ul style="list-style-type: none"> The vaccines that are contraindicated Whether the exemption is temporary or permanent How long the medical exemption will last (if temporary). Confirm disease history for measles, rubella disease, mumps disease, or varicella disease. (Rubella and mumps must be lab-confirmed.) When appropriate, provide a signed written statement that identifies the disease(s) that the child has had.
Personal Beliefs Exemption (PBE)	
<p>Authorized Providers</p> <ul style="list-style-type: none"> Licensed Medical Doctor Doctor of Osteopathic Medicine Nurse Practitioner Physician Assistant Naturopathic Doctor Credentialed School Nurse 	<p>Health Care Practitioner Role</p> <ul style="list-style-type: none"> Discuss the benefits and risks of immunizations and the risks of vaccine-preventable diseases. Identify and address parents' concerns regarding vaccines. Respond openly and non-judgmentally to parents' questions. Provide educational materials that reinforce key messages. Vaccinate or sign the PBE Form: <ul style="list-style-type: none"> If the parent accepts vaccines: Provide all doses that can be given at the visit and schedule appointments for the remaining doses. If the parent declines vaccines: Sign the "Personal Beliefs Exemption to Required Immunizations Form."

disease, or varicella disease may be exempted from receiving those vaccines with signed written documentation of the disease from a licensed physician.²

- Personal Beliefs Exemption (PBE):** Children whose parents hold personal beliefs that are contrary to immunization may be granted an exemption if their parents 1) receive information regarding vaccines and VPDs from an authorized health care practitioner and 2) submit the California Department of Public Health's "Personal Beliefs Exemption to Required Immunizations Form" that has been signed and dated by that provider.³
- Religious Exemption:** A parent whose religion prohibits him/her from receiving medical advice or treatment from a health care practitioner may file an exemption to school immunization requirements without receiving information about immunizations from an approved health care practitioner. However, the parent must complete and submit to the child care center or school, an exemption form, as well as a record of all required immunizations that the student has received.³

Frequently Asked Questions about the New PBE Process

As we approach the new school year, physicians and other health care practitioners are likely to receive requests to provide information regarding immunizations and to sign the

PBE form. Responses to common questions regarding the new law are listed here.

What steps are required to file a PBE?

A parent who wishes to exempt his/her child from a child care or school immunization requirement must:

- Receive information from an approved health care practitioner regarding the benefits and risks of immunizations and the risks of VPDs
- Submit the California Department of Public Health's "Personal Beliefs Exemption to Required Immunizations Form" to the school, which has been signed and dated by the parent and an authorized health care practitioner
- Provide the school with a record of required immunizations that have been received by the student.

Why was the process for filing a PBE changed?

Assembly Bill 2109 (Pan) changed the legal requirements for filing a PBE. The new requirement is intended to help parents make informed decisions that are based on accurate, fact-based information about immunizations.

Medical and public health experts strongly supported the bill's passage, which was cosponsored by the California Immunization Coalition, the California Medical Association, the American Academy of Pediatrics – California Chapter, and the Health Officers Association of California.

What students does the new PBE requirement affect?

The new requirement applies to the following students: those under 18 years of age who are newly admitted to a child care facility or kindergarten in a public or private school, advancing to the 7th grade in a public or private school, already enrolled in a child care center and subject to new immunization requirements because they have grown older, or transferring from an out-of-state school into any grade level. The law does not apply to students who had a PBE on file before January 1, 2014, unless they meet one of these criteria.

Who is authorized to provide information and sign the exemption form?

Under the new law, not all practitioners who administer immunizations are authorized to sign the exemption form. For instance, pharmacists, medical assistants, and nurses (unless they are credentialed school nurses) are not authorized to sign the form. The following types of health care practitioners are authorized by law to provide the required information and sign the PBE form if they are licensed and/or credentialed in California:

- Medical Doctor (MD)
- Doctor of Osteopathic Medicine (DO)
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Naturopathic Doctor
- Credentialed School Nurse.

Can a practitioner sign the PBE form any time before the student enrolls in school?

No. The form cannot be signed earlier than 6 months before the student is admitted to a child care facility or kindergarten, advances to the 7th grade, or transfers from out of state.



For example, if school begins on September 1, the form may not be signed before March 1.

Can an authorized practitioner decline a parent's request to sign the form?

Yes. Authorized practitioners may provide information and sign the form, but are not required to carry out these tasks. Thus, a practitioner may choose to decline a parent's request to sign the exemption form. However, regardless of whether they sign the form, practitioners can take advantage of the opportunity to provide parents with accurate information, address concerns, and counter misperceptions regarding immunizations.

Does signing the exemption form indicate that the practitioner supports a parent's decision to decline vaccinations?

No. Signing the exemption form does not signal agreement

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Figure 2. Educational Resources for Patients and Health Care Providers

Frequently Asked Questions - New Personal Beliefs Exemption Requirement

http://publichealth.lacounty.gov/ip/Docs/PBE_FAQ_04-14.pdf

California School Immunization Requirements

www.shotsforschool.org

CDPH Personal Beliefs Exemption to Required Immunizations Form

www.shotsforschool.org/immunizationlaws

Vaccine Safety Information and Communication Tips

www.publichealth.lacounty.gov/ip/providers/VaccineSafety.htm

www.immunizeca.org/what-we-do/provide-vaccine-safety-information

http://publichealth.lacounty.gov/ip/providers/Tips_for_Communicating_With_Parents.pdf

www.immunize.org/concerns/comm_talk.asp

http://www2.aap.org/immunization/pediatricians/pdf/Vaccine-Hesitant%20Parent_Final.pdf

Journal Articles Regarding Vaccine Hesitancy and Communication Strategies

<http://www.immunize.org/journalarticles/>


with the parent's decision to opt out of vaccines; it only confirms that the practitioner provided information regarding VPDs and vaccine risks and benefits.

What information should a practitioner share with parents before signing the exemption form?

Before signing the exemption form, practitioners should provide the parent with information regarding the risks and benefits of immunizations and the health risks to the student and community of specific vaccine-preventable diseases. To help parents better understand the benefits of vaccines and the risks of skipping or delaying doses, practitioners may...

- Discuss parents' questions and concerns. The reasons for vaccine-hesitancy vary. Parents may be concerned about vaccine side effects, a specific adjuvant or preservative, and or the number of vaccines given in one visit.⁴ Practitioners may wish to share the following messages and tailor their discussion to address parents' specific concerns.
 - Child care and school immunization requirements protect students from serious VPDs and prevent disease outbreaks.
 - VPDs still pose a threat in Los Angeles County, with pertussis, measles, mumps, and other VPDs reported each year.
 - Skipping or delaying vaccinations leaves children at risk for VPDs. For instance, in a recent study, children who were not vaccinated against pertussis were up to 21 times more likely to have pertussis than fully vaccinated children.⁵
 - In an outbreak, unimmunized children may be kept out of child care or school for days or weeks to reduce their chance of infection.
 - Vaccines are very safe. Most side effects are minor and are much less serious than the disease the vaccine is intended to prevent.
 - Receiving more than one vaccine at a time will not overburden a child's immune system.
- Share stories that show the impact of VPDs. Share your own experiences and refer parents to www.shotbyshot.org for stories of families that have been impacted by VPDs.
- Provide resources to parents. A variety of educational materials are available for download (Figure 2), including
 - Fact sheets about the vaccines that are required for child care and school entry
 - Vaccine safety fact sheets
 - Flyers describing the risks of not vaccinating.

Conclusion

In Los Angeles County, the number of parents who are exempting their children from immunizations required for school due to personal beliefs has been steadily climbing, with 2.2% of parents exempting their kindergarten students in 2013⁶ versus 0.6% in 2003.⁷ The revised process for filing PBEs holds the potential to reduce the number of parents who claim exemptions, which leave their children at risk for VPDs. As the most trusted source for immunization information, health care practitioners will continue to play an integral role in helping parents to make informed decisions regarding immunizations for their children. 

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4. "Addressing Common Concerns of Vaccine-Hesitant Parents" American Academy of Pediatrics website. http://www2.aap.org/immunization/pediatricians/pdf/vaccine-hesitant%20parent_final.pdf. Accessed June 26, 2014.
5. Liko, L, Robison S.G., Cieslak, P.R. Pertussis Vaccine Performance in an Epidemic Year- Oregon, 2012. *Clin Infect Dis*, 59, 261-263.
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7. "2003-2004 Kindergarten Immunization Assessment Results" California Department of Public Health website. <http://www.cdph.ca.gov/programs/immunize/Documents/2003-2004%20Kindergarten%20Immunization%20Assessment%20Results.pdf>. Accessed June 26, 2014.

Compounding Pharmacies

What Health Care Providers Should Know

Moon Kim, MD, MPH

Clara Tyson, RN, PHN, MSN

Health care providers should be aware that compounded drugs are not approved by the U.S. Food and Drug Administration. Unlike pharmaceuticals from conventional drug manufacturers, the FDA does not assess the safety or effectiveness of compounded drugs. Primary responsibility for the oversight of compounding pharmacies lies with state boards of pharmacy; however, new regulations are being implemented for FDA oversight over compounding pharmacies that register with the FDA.¹

In March 2012, the Acute Communicable Disease Control Program at the Los Angeles County Department of Public Health investigated an outbreak of fungal endophthalmitis.² In collaboration with the California Department of Public Health and the Centers for Disease Control and Prevention (CDC), the cause was identified as environmental mold contamination associated with compounded medications labeled as sterile from the single compounding pharmacy in Florida. In this multistate investigation, 47 cases in 9 states were identified: 21 patients had been exposed to the intraocular dye Brilliant Blue G (BBG) during retinal surgery, and the other 26 had received an intravitreal injection containing triamcinolone acetonide. *Fusarium incarnatum-equiseti* species complex mold was identified in specimens from BBG-exposed case patients and from an unopened BBG vial. *Bipolaris hawaiiensis* mold was identified in specimens from triamcinolone-exposed case patients. Infections among case patients were characterized by poor outcomes, including severe vision loss.


Whether providers who administered BBG or the patients who received it were aware that it was not FDA-approved for human use is unknown. Regardless, greater transparency and improved education among involved parties as to BBG's regulatory status (as a medication not approved by FDA for human use), particularly at the time of purchase, might have affected the extent of its use and, subsequently, the number of infections in these outbreaks.²

Months later in September 2012, a multistate outbreak investigation of fungal infections associated with injection of methylprednisolone acetate solution associated with another compounding pharmacy was initiated by the CDC after a report of a single patient in whom aspergillus meningitis developed after an epidural injection.^{3,4} As of October 2013, a total of 751 cases were identified spanning 20 states, making this the largest outbreak of healthcare-associated infections ever reported in the United States.

Compounded drugs lack an FDA finding of manufacturing quality before such drugs are marketed. Although pharmacy compounding can serve unique health needs if a patient cannot be treated with an FDA-approved medication, the emergence of compounding pharmacies that formulate and

distribute drugs in a way that is similar to a conventional drug manufacturer rather than formulating a drug for a specific patient is of great concern to the FDA. As a result, new laws have been recently enacted to enhance FDA oversight. California has also taken regulatory steps to further monitor compounding pharmacies.

Health care providers should be aware that the availability of a compounded medication is not a guarantee of its quality, safety, or efficacy and should consider the following:

- Use only FDA-approved products, documenting when exceptions occur.
- Discuss with patients the risks and benefits of using compounded products.
- Take active steps to ensure the quality of compounded products and the facility where it was made:
 - Ask the pharmacy for inspection reports; perform an Internet search on the pharmacy.
 - Check for any disciplinary actions against a compounding pharmacy by checking with the Board of Pharmacy that has jurisdiction over that region (i.e, the state where the pharmacy is located).
 - Ask how sterility testing is performed, and how quality and potency are assured.
- Keep accurate inventory records of medications received from compounding pharmacies in case of recalls.
- Record the lot numbers of the medications patients received from compounding pharmacies in case it needs to be tracked.
- A single patient or cluster of patients with unusual disease presentation or an unusual organism on culture could warrant further inquiry. To report, call the Acute Communicable Disease Control Program at (213) 240-7941. 

Moon Kim, MD, MPH, is a Medical Epidemiologist, and **Clara Tyson, RN, PHN, MSN**, is a Program Specialist Public Health Nurse, Acute Communicable Disease Control Program, Los Angeles County Department of Public Health.

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3. Smith RM, Schaefer MK, Kainer MA, et al. Fungal Infections Associated with Contaminated Methylprednisolone Injections. 2013 *N Engl J Med*; 369:1598-1609.
4. Kainer MA, Reagan DR, Nguyen DB, et al. Fungal infections associated with contaminated methylprednisolone in Tennessee. 2012 *N Engl J Med*; 367:2194-2203.

New Report Highlights Increase in Emergency Department Visits for Sports-Related Head Injuries Among Youth

Concussion-related visits to emergency departments increased more than 50% between 2005 and 2011, according to a report released by the Los Angeles County Department of Public Health in June. The 16-page report, titled “Concussions: How Sports-Related Injuries Are Impacting Our Youth in Los Angeles County,” highlights the latest data on concussion rates and patterns of injuries in Los Angeles County.

“Every day in Los Angeles County, an average of 26 residents are treated in emergency departments and hospitals for concussions. Increased media attention surrounding concussion injuries has focused on professional athletes, but this is a problem we are facing among our own teens as well,” said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. “The data presented in this report demonstrate the need for prevention efforts to reduce the impact of concussion injuries, particularly among our youth and young adults.”

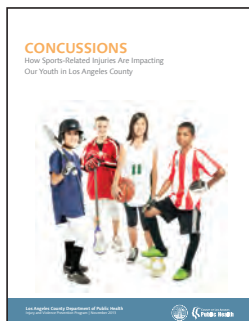
While the causes of the increase in reported concussions are not clear, the report suggests that increased awareness of the importance of seeking appropriate medical care and evaluation may be a key factor.

Some of the commonly reported causes of concussion included football, soccer, basketball, biking, skating and roller skating. The actual rate may be higher than reported. Many youth athletes may fail to report concussion symptoms due to fear of being prohibited from playing. Also, in general, people often do not seek medical advice following mild to moderate head injuries since they may underestimate the potential health impact of such injuries.

“It is important to pay attention to athletes who receive a head injury by removing them from the field of play and having them seek medical care to help reduce their risk for future concussions and other, more severe brain injuries,” said Dr. Fielding.

Key findings from the report include...

- Rates of emergency department visits for concussions among 15- to 24-year-olds were almost twice as high as for any other age group.
- Males account for 3 out of every 5 emergency department visits for concussions.
- Among all age groups, falls were the most common cause of concussions.



- Football was the most common team sport reported as a cause of concussion.

The report outlines recommendations for preventing concussions and resources for parents, sports coaches, and medical professionals to recognize the signs and symptoms of head injuries.

For a full copy of the report, visit www.publichealth.lacounty.gov/yrhealth.htm.

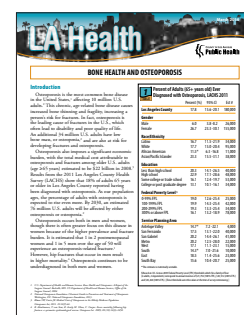
Osteoporosis Affects 18% of Older Adults in LA County

Osteoporosis is the most common bone disease in the United States, affecting 10 million U.S. adults. A chronic, age-related bone disease that causes increased bone thinning and fragility, osteoporosis is the leading cause of fractures in the nation, often leading to disability and poor quality of life. It is estimated that 1 in 2 postmenopausal women and 1 in 5 men over the age of 50 will experience an osteoporosis-related fracture in their lifetime. By 2030, an estimated 76 million U.S. adults will be affected by either osteoporosis or osteopenia (low bone mass that does not meet the criteria for osteoporosis).

According to “LA Health – Bone Health and Osteoporosis,” a report released in March by the Los Angeles County Department of Public Health, 18% of adults 65 years and older in LA County reported that they have been diagnosed with osteoporosis. Results from the 2011 LA County Health Survey also show that:

- The prevalence of osteoporosis in older adults in LA County was 4 times higher in women (26.7%) than in men (6.0%).
- The prevalence was highest among Asian/Pacific Islanders (23.3%).
- The prevalence of osteoporosis was higher among adults with lower levels of education.
- Adults with osteoporosis reported significantly more physically and mentally unhealthy days, as well as days that their activities were limited, compared to adults without osteoporosis.

The 6-page report provides information about osteoporosis risk factors, prevention, and management. Health care providers are encouraged to follow osteoporosis screening guidelines, to treat and monitor diagnosed patients appropriately, and to counsel patients about fall prevention.



The Centers for Disease Control and Prevention’s STEADI toolkit can help physicians incorporate fall risk assessment and fall prevention into their clinical practice. The toolkit may be accessed at www.cdc.gov/homeandrecreationalafety/Falls/steadi/index.html.

To read the full “LA Health” report or to obtain hard copies, visit www.publichealth.lacounty.gov/ha.

New Report Focuses on Binge Drinking

Excessive alcohol consumption is the second-leading cause of premature death and disability in Los Angeles County and is responsible for approximately 2,800 deaths each year, according to a new report titled “LA Health – Binge Drinking.” This 4-page publication was released by the Los Angeles County Department of Public Health in March.

Binge drinking, a type of excessive alcohol consumption, is defined as 4 or more drinks for women or 5 or more drinks for men on any one occasion. Nationally, binge drinking accounts for half of the deaths from excessive alcohol consumption.

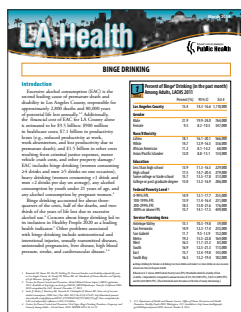
Key findings from the report include...

- 1.1 million adults (15.4%) in LA County reported binge drinking in the past month (2011).
- Men reported binge drinking at significantly higher rates (21.9%) than women (9.3%).
- Latino males reported binge drinking with significantly higher frequency than other males.
- Nearly one-fifth (17.7%) of underage adults (18-20 years) reported binge drinking; binge drinking peaked among 21- to 29-year-olds, then declined with age.
- The percentage of individuals reporting binge drinking was highest in the Metro Service Planning Area (19.2%) and lowest in the San Gabriel Service Planning Area (11.7%).

Problems associated with binge drinking include unintentional and intentional injuries, sexually transmitted diseases, unintended pregnancies, liver disease, high blood pressure, stroke, and cardiovascular disease.

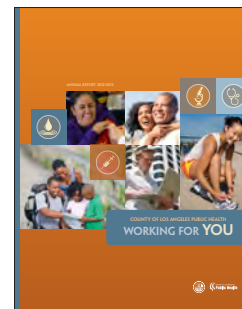
The report recommends that health care providers screen their patients regarding alcohol consumption and counsel or refer patients for treatment when necessary. In addition, providers should routinely inform women of child-bearing age of the harmful effects of alcohol on the developing fetus.

To read the full report or obtain hard copies, visit www.publichealth.lacounty.gov/ha.



Public Health Releases Its 2012-2013 Annual Report

The Los Angeles County Department of Public Health has just published its most recent annual report, which features the major achievements of the department’s many programs. The theme of this publication, which covers the 2012-2013 fiscal year, is “County of Los Angeles Public Health



Working for You.” This 46-page report includes infographics that show at-a-glance the significant gains that have been made in improving the health of Angelenos, which reflect the work of Public Health in partnership with the medical community and community partners. Among the health improvements listed are increased life expectancy, reduced infant mortality, and decreases in many of the leading causes of death (notably coronary heart disease, stroke, and lung cancer).

Highlighted throughout its pages are examples of the many ways the department works unceasingly to improve health for all in Los Angeles County. For instance, in June 2013, when Public Health was alerted of a foodborne illness caused by a frozen berry mix contaminated with hepatitis A, it swiftly organized a campaign to safely remove this product from store shelves and provided residents with vaccine and immunoglobulin at several public health clinics. In addition, the department strengthened the ability of communities to prepare for, and respond to, emergencies through its Community Resiliency Project. It also opened a new customer call center at the Division of Environmental Health to process complaints and requests more efficiently, and it developed many new public health outreach campaigns to educate the community about healthy living and eating.

Further, the report features a bulleted list of additional accomplishments, strategic priorities, a map of Area Health Offices, photos and addresses for the department’s 14 public health centers, and listings of reports published and awards won during the fiscal year.

To view the full annual report, go to www.publichealth.lacounty.gov.

Rx for Prevention is published 10 times a year by the Los Angeles County Department of Public Health. If you would like to receive this newsletter by e-mail, go to www.publichealth.lacounty.gov and subscribe to the ListServ for *Rx for Prevention*.

Rx for Prevention

Promoting health through prevention in Los Angeles County

Upcoming Training

Immunization Skills Training for Medical Assistants

The Immunization Skills Institute is a 4-hour course that trains medical assistants on safe, effective, and caring immunization skills.

Topics include

- Proper vaccine administration techniques
- Immunization documentation
- Effective communication
- Proper vaccine storage and handling.

To register or learn more about other trainings sponsored by the Immunization Program, visit www.publichealth.lacounty.gov/ip/trainconf.htm or call (213) 351-7800.



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Index of Disease Reporting Forms

All case reporting forms from the LA County Department of Public Health are available by telephone or Internet.

Reportable Diseases & Conditions

Confidential Morbidity Report
Morbidity Unit (888) 397-3993
Acute Communicable Disease Control
(213) 240-7941
www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf

Sexually Transmitted Disease

Confidential Morbidity Report
(213) 744-3070
www.publichealth.lacounty.gov/dhsp/ReportCase.htm (web page)
www.publichealth.lacounty.gov/dhsp/ReportCase/STD_CMCR.pdf (form)

Adult HIV/AIDS Case Report Form

For patients over 13 years of age at time of diagnosis
Division of HIV and STD Programs
(213) 351-8196
www.publichealth.lacounty.gov/dhsp/ReportCase.htm

Pediatric HIV/AIDS Case Report Form

For patients less than 13 years of age at time of diagnosis

Pediatric AIDS Surveillance Program

(213) 351-8153
Must first call program before reporting
www.publichealth.lacounty.gov/dhsp/ReportCase.htm

Tuberculosis Suspects & Cases

Confidential Morbidity Report
Tuberculosis Control (213) 745-0800
www.publichealth.lacounty.gov/tb/forms/cmcr.pdf

Lead Reporting

No reporting form. Reports are taken over the phone.
Lead Program (323) 869-7195

Animal Bite Report Form

Veterinary Public Health (877) 747-2243
www.publichealth.lacounty.gov/vet/biteintro.htm

Animal Diseases and Syndrome Report Form

Veterinary Public Health (877) 747-2243
www.publichealth.lacounty.gov/vet/disintro.htm

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