

## **INITIAL STATEMENT OF REASONS**

### **BACKGROUND**

Health and Safety Code (HSC) section 131200 authorizes the California Department of Public Health (Department) to adopt and enforce regulations for the execution of its duties. HSC section 120330 authorizes the Department in consultation with the California Department of Education (CDE) to carry out Chapter 1, Educational and Child Care Facility Immunization Requirements (commencing with section 120325 but excluding section 120380). The Department also consulted with the Department of Social Services (DSS) for input on the immunization requirements for pre-kindergarten facilities. Consultation letters from CDE and DSS are included with this package.

Under existing law, HSC sections 120325 through 120375, children are required to receive certain immunizations in order to attend public and private elementary and secondary schools, and various child care facilities (child care centers, family day care homes, nursery schools, day nurseries and developmental centers), hereafter, referred to as “pre-kindergarten facilities.” The immunizing agents and age-appropriate immunization requirements are specified by the Department, in consultation with CDE, pursuant to HSC sections 120330 and 120335, and defined by the Department in Title 17, California Code of Regulations (17 CCR) sections 6020 and 6035.

The Department also specifies the documenting and reporting requirements for governing authorities of pre-kindergarten facilities and schools in 17 CCR sections 6065, 6070, and 6075. In its regulation development, HSC section 120335(b)(11) requires the Department to consider recommendations of the national Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

National immunization recommendations are developed and harmonized by the federal ACIP in cooperation with the AAP and AAFP, and published yearly. The necessity of updating these recommendations is driven by both the development of new vaccines and advancements in our understanding of currently licensed vaccines and at-risk populations.

School immunization requirements are developed by each state and generally reflect national recommendations. California pre-kindergarten and school immunization requirements are updated less frequently and do not include all nationally recommended vaccines. In 1995, the Legislature added a kindergarten hepatitis B vaccine requirement which was implemented in 1997. In 1997, the Legislature added a 7<sup>th</sup> grade hepatitis B vaccine requirement to increase coverage for hepatitis B vaccine for children who were not affected by the kindergarten requirement. This 7<sup>th</sup> grade requirement was implemented in 1999. In 1999, varicella vaccine was required by the Legislature for kindergarten entry and was implemented in 2001.

On September 29, 2010, Assembly Bill (AB) 354 (AB 354, Arambula, 2010) was signed and amended HSC sections 120325 and 120335 as follows:

- Added the AAFP to the list of national organizations and committees to consider immunization requirements for pre-kindergarten and school pupils.
- Removed statutory date and age restrictions for:
  - *Haemophilus influenzae* type b, allowing immunization requirements for children 4 years 6 months of age or older.
  - Mumps and pertussis, allowing immunization requirements for children 7 years of age or older.
  - Hepatitis B and varicella (chickenpox), deleting obsolete date restrictions.
- Deleted language that the varicella requirement be operative only to the extent that funds are available in the Budget Act.
- Required full immunization against pertussis, including any boosters, for students being admitted to or advancing into the 7<sup>th</sup> through 12<sup>th</sup> grades beginning July 1, 2011, and ending June 30, 2012.
- Required full immunization against pertussis, including any boosters, for students being admitted to or advancing into the 7<sup>th</sup> grade beginning July 1, 2012.
- Removed and prohibited the requirement for full immunization against hepatitis B as a condition for admission or advancement to the 7<sup>th</sup> grade.
- Made minor technical corrections in names of organizations.

An emergency regulatory package approved in 2011:

- Added the pertussis booster requirement for 7<sup>th</sup> through 12<sup>th</sup> grades for the time period July 1, 2011, through June 30, 2012.
- Added the pertussis booster requirement for pupils advancing or admitted to 7<sup>th</sup> grade starting July 1, 2013.
- Deleted the hepatitis B immunization requirement for 7<sup>th</sup> grade.

On September 30, 2012, AB 2109 (Pan, 2012) was signed, amending HSC section 120365. The amendment required additional steps for obtaining a personal beliefs exemption (PBE) from required immunizations. The law required parents to document for pre-kindergarten facilities or schools:

- Which required immunizations had been given and which had not been given.
- Their receipt of information about immunizations and communicable diseases from authorized health care practitioners, who are also required to document their provision of such information.

This documentation could not be signed more than 6 months prior to the date that immunization was required.

On June 30, 2015, Senate Bill (SB) 277 (Pan, 2015) was signed, amending HSC sections 120325, 120335, 120370, and repealing section 120365. The law:

- Eliminates the option to obtain a personal beliefs exemption beginning January 1, 2016.
- Allows personal beliefs exemption filed before 2016 to remain valid until a pupil reaches the next grade span.

- Removes existing immunization requirements for entry to home-based private schools and independent study programs if the pupil does not receive classroom-based instruction.
- Does not prohibit pupils from accessing special education and related services required by their individualized education program.

Proposed changes related to SB 277 address consistency with statute. Any significant changes to clarify or further specify the provisions of SB 277 may be addressed in a separate regulation package(s).

### **SUMMARY OF PROPOSAL**

The Department proposes to amend sections 6000, 6025, 6035, 6040, 6045, 6050, 6051, 6055, 6060, 6065, 6070, and 6075, and repeal sections 6015 and 6020, of 17 CCR, in order to be consistent with updated national immunization recommendations and changes to statutes.

### **POLICY STATEMENT OVERVIEW**

*Problem Statement:* To better protect the public from vaccine-preventable diseases, the Governor signed into law AB 354, AB 2109, and SB 277. AB 354 removed statutory date and age restrictions for *Haemophilus influenzae* type b (Hib), mumps, pertussis, hepatitis B, and varicella immunizations. It also amended statute by requiring full immunization against pertussis for pupils advancing or being admitted to 7<sup>th</sup> grade beginning July 1, 2012. AB 2109 changed the criteria to obtain a personal beliefs exemption from immunization requirements for pupils beginning January 1, 2014. SB 277 eliminates the option for new pupils to obtain personal beliefs exemptions in 2016 and future years.

*Objectives (Goals):* Broad objectives for this proposed regulatory action are to update the regulations in order to be consistent with:

- AB 354 amendments.
- AB 2109 requirements.
- SB 277 requirements.
- The age and vaccine dose recommendations of ACIP, AAP, and AAFP.

*Benefits:* Anticipated benefits from this proposed regulatory action are to:

- Protect the public's health by reducing outbreaks of vaccine-preventable diseases in schools.
- Prevent cases of vaccine-preventable diseases and their potentially severe consequences.
- Reduce health care, local health department, and family costs associated with vaccine-preventable diseases.
- Provide clear guidance to pre-kindergarten facilities and school staff implementing immunization requirements.

## **EVALUATION AS TO WHETHER THE PROPOSED REGULATIONS ARE INCONSISTENT OR INCOMPATIBLE WITH EXISTING STATE REGULATIONS**

The Department evaluated whether the proposed regulations are inconsistent or incompatible with existing state regulations. This evaluation included a review of the Department's existing general regulations, as well as CDE and DSS regulations. The proposed regulations intentionally align with CDE regulation and therefore are not inconsistent or incompatible. DSS regulations are relevant to and mirror the regulations put forth by the Department. DSS is aware of the Department's proposal to amend its immunization regulations and plans to revise its corresponding regulations accordingly.

## **AUTHORITY AND REFERENCE**

Authority: Sections 120330, 120335, and 131200, Health and Safety Code.

Reference: Sections 8263(e) and 49061, Education Code; and Sections 120325, 120335, 120340, 120360, 120370, and 120375, Health and Safety Code.

## **Table Clarifications**

Tables 1 and 2 in the current regulations display the required immunizations for grades and ages. The tables were developed many years ago when only a few immunizations were required. As immunization requirements have changed or been added over the years, the tables have become increasingly complex and confusing.

In an effort to more clearly present immunization requirements to the affected public, the Department consulted with CDE, pre-kindergarten facility staff, and school nurses. As a result of several teleconferences and a survey, Tables A through D were created to clearly present the immunization requirements for unconditional and conditional admission to pre-kindergarten facilities and kindergarten through 12<sup>th</sup> (K-12) grade.

## **Varicella**

The purpose of amending the varicella vaccine requirement is to:

- Better protect our population against varicella disease and its associated complications.
- Prevent outbreaks of varicella in the school setting and in other populations.
- Align California's requirements for varicella vaccine with the latest national recommendations of ACIP, AAP, and AAFP.

The amended regulations require 1 dose of varicella vaccine for children entering pre-kindergarten at any age from 15 months through 5 years, instead of age 18 months through 5 years. They establish a 2-dose varicella vaccine requirement for school admission (kindergarten and new admissions to K-12) to begin on July 1, 2017. They also require a time-limited, 2-dose varicella requirement for advancement to the 7<sup>th</sup> grade to begin July 1, 2017, and to become inoperative on July 1, 2024, as the kindergarten cohort in 2017-2018 will reach the 7<sup>th</sup> grade. These amendments align current regulations with the latest national recommendations (ACIP, AAP, and AAFP) for the use of varicella vaccine and help to prevent varicella disease and outbreaks in the school setting.

Varicella disease can be quite serious and have severe complications. Hospitalizations and death due to varicella disease are much more common after early childhood. At least one previously healthy teenager in the United States (U.S.) has died of varicella recently.

In 1995, the varicella vaccine was licensed in the U.S. In 1996, ACIP recommended 1 dose of varicella vaccine for routine administration for children up to 18 months old and 2 doses for susceptible older children and adolescents.

In 1999, ACIP updated its varicella vaccine recommendations to include recommendations for pre-kindergarten and school entry requirements. That same year, the California Legislature mandated the varicella vaccine for school entry and in 2001, required:

- 1 dose for kindergarten entry and admission to pre-kindergarten or school at age 18 months through 12 years.
- 2 doses for students age 13 through 17 years.

The 1-dose varicella vaccine strategy was successful in decreasing the burden attributable to varicella disease; however, varicella outbreaks continued to occur after the introduction of the varicella vaccine, even among highly vaccinated school children with 1 dose of varicella vaccine.

In 2006, ACIP recommended:

- The first dose of varicella at age 12-15 months for all healthy children.
- A routine second dose of varicella vaccine as a part of routine childhood immunization at age 4-6 years.
- A second dose of varicella vaccine in older persons who have received just 1 dose of varicella vaccine.

The rationale for routinely recommending the second dose of varicella vaccine was to further decrease varicella disease and its complications. The proposed 2-dose varicella vaccine requirement in the regulations would help to prevent varicella outbreaks at school. Vaccine efficacy after 2 doses is estimated to be higher than after 1 dose with a lower risk for breakthrough varicella disease. Breakthrough varicella disease after immunization, although mild, is still contagious.

In 2007, ACIP recommended that pre-kindergarten and school children in all grades be fully immunized against varicella, including middle and high school students. The benefit of requiring 2 doses of varicella not only at kindergarten but at later grades is to assure that older cohorts are also up-to-date on their 2-dose varicella vaccine requirement. The proposed time-limited 7<sup>th</sup> grade 2-dose varicella requirement will help to assure adequate protection against varicella in older students.

### **Measles, Mumps, and Rubella (MMR) Vaccine**

AB 354 deleted obsolete age and date restrictions in statute, including the age restriction preventing the requirement of mumps vaccine over the age of 7 years. In

1998, ACIP recommended that all states take immediate steps to implement a 2-dose MMR requirement for school entry and any additional measures needed to ensure that all school-aged children are vaccinated with 2 doses of MMR by 2001. The ACIP recommendation for 2 doses of MMR vaccine was based on studies which indicated that 2 doses of measles vaccine are necessary to develop adequate population immunity to prevent measles outbreaks among school-aged and older persons.

In addition, mumps can occur in highly vaccinated populations; in mumps outbreaks, substantial numbers of cases have occurred among persons who had previously received a single dose of mumps vaccine. In 2006, ACIP updated its definition of immunity to mumps from 1 dose to 2 doses of a live mumps vaccine. HSC restricted California from requiring immunization against mumps for students 7 years or older. Thus, California could not require 2 doses of MMR vaccine for students 7 years of age or older because MMR contains the mumps vaccine component.

Since 2008, only the combined measles, mumps, rubella (MMR) vaccine has been available in the U.S. from the manufacturer. However, because of the age restrictions in HSC, California school immunization requirements were written using the individual antigens contained in the MMR vaccine.

Currently, the requirement for kindergarten or age 4-6 years is:

- 2 doses of measles vaccine.
- 1 dose of rubella vaccine.
- 1 dose of mumps vaccine.

The existing requirement for students entering a California elementary or secondary school at ages 7 years through 17 years is 1 dose of measles vaccine and 1 dose of rubella vaccine. However, this requirement was written prior to the 2-dose MMR recommendation and is now out-of-date.

The amended regulations will align with the 1998 ACIP recommendations by requiring 2 doses of MMR vaccine at first admission to a California school. The ACIP, AAP, and AAFP recommend that all children should receive the first dose of MMR vaccine at age 12 through 15 months and the second dose at age 4 through 6 years. Conforming to the current recommendations would improve the protection of California students from these vaccine-preventable diseases and potential school outbreaks.

### **Electronic Recordkeeping and Report Submission**

Because many schools are moving towards electronic recordkeeping and submission of reports, the proposed regulation will be amended to allow electronic storage of specific required immunization information. The amended regulations specify the required fields, which can be recorded in any paper or electronic form. In addition, the amended regulations list the annual reporting requirement data elements and allow the electronic submission of annual assessment reports through the Department's Immunization Branch website.

## **Exemptions**

The current specificity in regulations regarding medical exemptions is limiting and subject to updating on a frequent basis. The success of vaccines has led to less disease, and, therefore, an increasing reliance on laboratory testing for diagnosis of disease. Laboratory technologies and national guidelines and recommendations for evidence of immunity are updated more frequently than school immunization regulations. Physicians generally follow the most up-to-date national recommendations and guidelines when determining whether a child is immune to a vaccine-preventable disease or has a contraindication to an immunization and needs a medical exemption from a requirement. Thus, the specific detail of a limited number of medical exemptions currently in section 6051 is proposed to be deleted.

The Department has received inquiries about the necessary elements of a medical exemption. To discourage the use of fabricated or factitious forms and promote authenticity, the proposed regulations require a licensed physician to sign the medical exemption.

With the passage of SB 277, non-medical exemptions are no longer allowed for immunizations that are currently required. However, existing PBEs remain valid until a pupil enrolls in the next grade span as defined in HSC section 120335. To be consistent with statute, the proposed regulations allow for admission with an existing PBE when appropriate but remove language about granting new PBEs.

Proposed regulations clarify that schools and pre-kindergarten facilities must record the specific immunization(s) exempted because of medical reasons along with those immunizations that have been received. The rationale for these recording requirements is to assist students and schools. When immunizations have not been recorded and outbreaks of disease occur, schools and local health departments (LHDs) have to attempt to confirm the immunization status of students in the heat of the outbreak, often leading to unnecessary exclusion of students with missing information about their immunizations.

The proposed regulations will allow pre-kindergarten facilities, schools, and LHDs to more efficiently and accurately identify students who are adequately protected against a specific vaccine-preventable disease and those who should be excluded in the case of an outbreak.

## **Necessity**

HSC section 120330 authorizes the Department to specify in regulations the details of the pupil immunization requirements, including the immunizing agents and the recording and reporting requirements for schools. The regulations are needed to provide clear, consistent, and specific instructions for the regulated public, health care providers, pre-kindergarten facilities, schools, school governing authorities, and LHDs. The amended regulations also will align the regulations with the amended HSC and ACIP, AAP, and AAFP immunization recommendations. Implementation of the proposed regulations will protect against disease and outbreaks in the school setting.

### **Federal Statute or Regulations**

The regulation does not duplicate or conflict with any existing federal law or regulation.

### **Discussion of Proposed Regulations**

The regulations interpreting, specifying, or implementing HSC sections 120325 through 120380 are in 17 CCR sections 6000 through 6075. The proposed changes are as follows:

#### **Article 1.**

Article 1 is proposed to be amended to retitle to “General” for organizational purposes. The heading “Definitions” is moved to section 6000.

#### **Section 6000. Definitions and Abbreviations.**

Section 6000 is proposed to be amended to be retitled “Definitions and Abbreviations” and to consolidate, add, alphabetize, and expand upon definitions. Definitions specifically related to schools were developed to be consistent with definitions used in the Education Code and/or CDE regulations. Amendments also include commonly used abbreviations for immunizations.

Subsection (a) is proposed to be amended to replace the term “entry” with “attendance” because of ambiguity caused by the term “entry.” The Department proposes using “attendance” as it is a term that is generally familiar to school and pre-kindergarten staff.

Subsection (a) is proposed to be amended to more clearly organize the definitions of “unconditional admission” and “conditional admission.”

Subsection (b) is proposed to be amended to clarify and provide a practical definition of “governing authority” provided in HSC section 120335(a).

Subsection (c) is proposed to be adopted to provide commonly used abbreviations for immunizations; this helps reduce the number of footnotes needed in the tables in sections 6025 and 6035.

Subsection (d) is proposed to be adopted to ensure schools apply a consistent definition of kindergarten and check pupils’ immunization status at the appropriate time. After pupils fulfill their pre-kindergarten facility immunization requirements, their next immunization checkpoint is at kindergarten.

Subsection (e) is proposed to be adopted to denote an abbreviation used in later sections.

Subsection (f) is proposed to be adopted to clarify the term “licensed physician,” as provided in HSC section 120370.

Subsection (g) is proposed to be adopted to clarify the term “parent or guardian.”

Subsection (h) is proposed to be adopted to consolidate and simplify the terms used for the various types of child care that require immunizations prior to attendance.

Subsection (i) is proposed to be adopted to incorporate the definition of “pupil” from section 6015, which is to be repealed. The definition from section 6015 is amended by removing reference to persons being under 18 years old. This amendment is consistent with the definition of “pupil” in CCR, Title 5, Division 1, Chapter 1, Subchapter 1, section 2, which does not refer to age.

Subsection (j) is proposed to be adopted to ensure schools use a consistent definition of pupil record, which is where a pupil’s state immunization record is to be placed. Subsection (j) is an amended version of the definition in CCR, Title 5, Division 1, Chapter 2, Subchapter 2, Article 3, section 430(d) and is applied to pre-kindergarten facilities as well.

Subsection (k) is proposed to be adopted to clarify what types of schools are subject to the immunization requirements outlined in section 6000 et seq.

Subsection (l) is proposed to be adopted to denote an abbreviation used in later sections.

The Authority and Reference Note includes nonsubstantive amendments that delete obsolete and repealed HSC sections, adds a HSC section referenced in proposed subsection (i), and adds the Education Code section that CCR, Title 5, Division 1, Chapter 2, Subchapter 2, Article 3, section 430(d) makes more specific.

**Section 6015. Pupil.**

Section 6015 is proposed to be repealed and the definition of “pupil” is moved to section 6000 to consolidate all of the definitions.

**Article 2.**

Article 2 “Required Immunizations” is proposed to be amended to retitle it “Requirement for Admission and Continued Attendance” and to place it before the amended section 6025.

**Section 6020. Required Immunizations.**

Section 6020 is proposed to be repealed and the requirements are moved to the text and tables in section 6025. Sections 6020 and 6025 are consolidated as they both apply to unconditional admission.

The age and exemption restrictions in subsections (d) and (g) will not be retained in section 6025 as these restrictions were repealed from statute by AB 354 and exempted school cohorts have all advanced through grade 12. These subsections are no longer necessary or applicable.

The Tdap requirement for pupils advancing to 8<sup>th</sup>-12<sup>th</sup> grade in subsection (h) will not be retained as its effective date expired on June 30, 2012.

Table 1 is replaced by Tables A and B in section 6025. Table amendments and details are provided in the discussion on section 6025.

**Section 6025. Unconditional Admission.**

Section 6025 is proposed to be amended to relocate it from Article 3, to Article 2 and to consolidate the requirements from sections 6020 and 6025 as they both contain requirements for unconditional admission.

Subsection (a) is proposed to be adopted for reformatting purposes and contains amended text from the current language in section 6025. The amendments are nonsubstantive; they refer to Tables A and B instead of listing the required immunizations. They also add “grade” as the category by which immunization status is checked for those in K-12. Previous statutory language was restrictive in such a way that requirements differed between pupils younger than 7 years and 7 years and older. These age limitations were repealed by AB 354, thereby allowing the immunization requirements in these proposed regulations to be more standardized.

Paragraph (a)(1) is proposed to be adopted to clarify that documentation must be received by a school or pre-kindergarten facility of all immunization doses a child has received regardless of whether the child is exempted from some immunizations.

Paragraph (a)(2) is proposed to be adopted to add the requirement that pupils with a Permanent Medical Exemption (PME) from any required immunization must have received all other required immunization doses in order to be admitted unconditionally. This addition helps clarify these pupils must provide documentation of receiving all other required immunizations. It will also reduce the time needed to ascertain whether a pupil with a PME should be excluded from school due to incomplete immunization coverage in the event of an outbreak of a vaccine-preventable disease.

Paragraph (a)(3) is proposed to be adopted to be consistent with listing the various circumstances of unconditional admission. It also refers the regulated public to HSC section 120335 for the current PBE requirements.

Subsection (b) is proposed to be adopted to re-organize the text from section 6025. The proposed text deletes an outdated reference to an additional dose of DTP and deletes an unnecessary reference to an additional dose of polio at K-12 admission as Table B clearly indicates how many doses of polio are required at K-12 admission. Proposed language is broadened to include all school immunization requirements at a later age or grade to encompass any future requirements (e.g. for advancement or graduation).

Subsection (c) is added to introduce Tables A and B, which are derived from the repealed Table 1 in section 6020 and are explained in further detail below.

**Tables.**

Table 1 from section 6020 is replaced entirely with Tables A and B. Subsection (b) is added to describe the contents of Tables A and B. For clarity purposes, the tables consolidate requirements that were previously interspersed in the text and Table 1. Tables A and B also further clarify and distinguish the immunization requirements for unconditional admission to pre-kindergarten and kindergarten.

Table A clearly displays vaccine and dose requirements for pupils in pre-kindergarten. The 1 dose varicella requirement at age 18 months through 5 years is amended to admission at age 15 months through 17 months and 18 months through 5 years to be consistent with changes to the ACIP recommendations. Footnote 2 adds that immunizations administered up to four days prior to the minimum age for an immunization requirement are acceptable. This aligns with recommendations by ACIP, AAP, and AAFP.

Table A, footnote 3 clarifies the Hib requirement, as there is confusion among pre-kindergarten staff about how many doses of Hib are due at certain ages. The age restriction for Hib (Table 1, footnote 3) is not retained in Table A as this restriction was repealed from statute by AB 354.

Like Table A, Table B clearly displays vaccine and dose requirements. Table B includes all currently required vaccines for admission to grades K-12. The varicella immunization requirement is amended from 1 dose at admission for 4-12 year olds and 2 doses at admission for 13-17 year olds not admitted to California schools before July 1, 2001 to 2 doses at admission to K-12. It also establishes a time limited 2-dose requirement at 7th grade advancement to facilitate catch-up for pupils who may have been admitted under the 1 dose varicella immunization requirement. This requirement is consistent with ACIP, AAP, and AAFP.

Table B does not retain Table 1 footnotes 2, 4, 5, and 8 because the age or exemption restrictions were repealed from statute by AB 354, the restriction is no longer applicable, or exempted school cohorts have advanced through grade 12.

Table B, footnote 1 is added to clarify that pupils transferring between schools within California or from out-of-state are subject to the immunization requirements for K-12 admission.

Table B, footnote 8 is added to clarify how the 7<sup>th</sup> grade Tdap immunization requirement applies to pupils in ungraded schools. Table B also clarifies that the Tdap immunization requirement applies to pupils being admitted to 7<sup>th</sup> -12<sup>th</sup> grade.

**Section 6035. Conditional Admission.**

Section 6035 contains several nonsubstantive amendments, such as removing pronouns and incorporating terms that consolidate text. This section also replaces Table 2 with Tables C and D.

Subsection (a) is proposed to be amended to include the following nonsubstantive changes: updating references to the Tables and their new section number, deleting references to individual vaccines, directing the reader to the appropriate Table for the appropriate age or grade for required vaccines, and replacing the reference to childcare and educational centers with the newly defined terms of “school” and “pre-kindergarten facility.”

Paragraph (a)(1) adds “grade” to indicate that in Table D “grade” is the category by which immunization status is checked for those in K-12. Previous statutory language was restrictive in such a way that requirements differed between pupils younger than 7 years and 7 years and older. These age limitations were repealed in statute by AB 354, thereby allowing the immunization requirements in these proposed regulations to be more standardized.

Paragraph (a)(1) and (a)(2) clarify that the governing authority must notify parents of the date(s) by which pupils must complete the required doses. Additionally, paragraph (a)(1) is amended to delete the reference to Table 2 and replace with a reference to Tables C and D.

Paragraph (a)(3) changes the responsibility for obtaining a temporary medical exemption (TME) from pupils to parents; this is the more likely scenario for obtaining a TME. It also clarifies that the governing authority must notify parents of the date by which pupils must provide documentation of all remaining required immunization doses.

Paragraph (a)(4) is deleted as the requirements in Education Code section 8263(e), formerly 8263(c), are clearly stated in statute and rarely apply to these regulations.

The text of subsection (b) is deleted and replaced by amended text from section 6070(f). The current text of subsection (b) is unnecessary because amended section 6055 addresses when pupils are to be excluded, which includes the barring of admission. The text from section 6070(f) is reworded to clarify vague language that “the governing authority shall see that the immunization record of each pupil admitted conditionally is reviewed every 30 days . . . .” The proposed amendments explicitly require the governing authority to follow up on conditionally admitted pupils and inform parents when the next immunizations are due. Also, it deletes the requirement for pre-kindergarten facilities to review immunization records of conditionally admitted pupils every 30 days. Checking records every 30 days is unnecessary because pupils younger than 18 months who are following the recommended vaccination series will have their records checked when their next immunizations are due (usually after at least 2 months), and some doses in Table C are not required for 2 or more months.

Subsection (c) is proposed to be adopted and includes text moved from the last sentence of section 6000(b) regarding continued attendance after conditional admission, and adds references to sections 6025 and 6065. Moving the regulation here consolidates requirements specific to conditional admission.

Subsection (d)(1) is proposed to be adopted. It amends text moved from section 6070(e) by reformatting it. The amendments are nonsubstantive. Transfer pupils are often admitted conditionally due to a delay in receiving immunization records from previously-attended schools. Therefore, moving the regulation here consolidates requirements specific to conditional admission.

Subsection (d)(2) clarifies that pupils transferring on the first day of 7<sup>th</sup> grade may not be admitted for up to 30 days while awaiting records for the Tdap requirement since Tdap is a new requirement starting at 7<sup>th</sup> grade and the Tdap immunization date would not have been required to be in the school record prior to 7<sup>th</sup> grade.

Subsection (e) is proposed to be adopted to introduce Tables C and D, which set forth the vaccine and time interval between doses required for conditional admission and attendance for pupils behind schedule on their immunizations. These tables replace Table 2, are formatted to clarify when pupils must be excluded, and are separated by age/grade of admission requirements to help staff more easily determine which requirements apply to pre-kindergarten and which to K-12.

For Tables C and D, the minimal intervals between immunization doses are amended to be more consistent with current ACIP, AAP, and AAFP recommendations. The exclusion dates are amended to harmonize the timing for receiving future immunization doses and to simplify follow-up by staff.

Table D amends the conditional admission schedule for measles, mumps, and rubella vaccines. Instead of a separate schedule for measles, mumps, and rubella vaccines, the schedule reflects timing for the second dose of MMR. This schedule is consistent with ACIP, AAP, and AAFP recommendations.

Table D amends the conditional admission schedule for varicella vaccine. The amended regulations require 2 doses of varicella vaccine at admission to K-12, which adds an additional dose to the requirement for pupils 4 through 12 years old. Therefore, Table D displays when the second dose should be given for those younger than 13 years old. This schedule is consistent with ACIP, AAP, and AAFP recommendations.

Table 2, footnote 1, which contains abbreviations, is not retained in Tables C and D. All abbreviations are now in section 6000 to minimize the number of footnotes in tables.

Table 2, footnote 2 is not retained in Table D, as this exemption from the varicella requirement was deleted from statute by AB 354.

**Section 6040. Requirements for Continued Attendance of Pupils Already Admitted.**

Section 6040 is amended with nonsubstantive changes to the wording and format to improve clarity. Subsection (a) is proposed to be adopted for reformatting purposes.

Subsection (b) is proposed to be adopted to specify requirements for pupils first attending 7<sup>th</sup> grade.

This section updates the authority and reference notes to delete obsolete HSC sections and remove references to HSC section 120335(c). Referring to HSC section 120335(c) is unnecessary as there is no longer a requirement to check immunization against hepatitis B for continued attendance at 7<sup>th</sup> grade.

**Section 6045. Special Immunization Schedules.**

Section 6045 contains nonsubstantive changes.

The text is reformatted into one paragraph. Subsection (a) is repealed as there is no need for a subsection.

The term State Department of Health Services is changed to Department, as defined in section 6000.

The section adds “vaccine shortage” as an additional example of a condition under which the Department may approve an alternative immunization schedule. The section adds an example of the manner in which the Department may notify effected parties of a change to the immunization schedule.

This section updates the authority and reference notes to delete obsolete HSC sections and replace them with re-numbered sections of the HSC.

**Section 6050. Conditional Admission with Temporary Medical Exemption (TME).**

Section 6050 is proposed to be reformatted, reworded, and amended to clarify the conditions under which a TME may be granted.

Subsection (a) is proposed to be adopted and clarifies the necessary elements in a physician’s written statement for a TME. The proposed text clarifies that the statement must: specify the required vaccine for which the pupil is exempt, state the exemption is temporary, and give the date the exemption expires.

Subsection (b) is proposed to be adopted to clarify that a pupil with a TME to a specific vaccine may be admitted if all other vaccine requirements under section 6025 are met.

Subsection (d) is proposed to be adopted and clarifies that “temporary” means 12 months or less. New documentation from the physician would need to be submitted for a TME which exceeds the initial 12 months. This clarification will aid school staff with documentation and follow-up of these pupils.

Subsection (e) is proposed to be adopted to clarify where to record the exemption.

The Reference Note is proposed to be amended to correct a typographical error in section numbering and delete repealed HSC section 120365.

**Section 6051. Unconditional Admission with Permanent Medical Exemption (PME).**

Section 6051 proposes to remove reference to specific medical exemption criteria, move the subsection on PME and reformat the text.

Subsection (a) is proposed to be amended to clarify that pupils with a PME must have documentation of receiving all other required immunizations. This will reduce the time needed by school and local public health staff to ascertain whether a pupil with a PME should be excluded from school due to incomplete immunization coverage in the event of an outbreak of a vaccine-preventable disease.

Subsection (a) is proposed to be amended to specify that the written statement must be signed by a licensed physician.

Subsection (a) is proposed to be amended to remove examples of permanent medical exemptions due to immunity to disease as these examples are not comprehensive and the regulations may become out-of-date as valid evidence of immunity changes over time. Additionally, physicians are more likely to reference the most up-to-date criteria from clinical guidelines, rather than these regulations, to determine if a pupil should be exempted from a vaccine.

Subsection (b) proposes to delete reference to PBEs to be consistent with statutory amendments enacted by SB 277 that no longer allow new PBEs. HSC section 120335 includes the requirements for PBEs submitted prior to January 1, 2016.

Subsection (b) is proposed to be amended and requires a PME be recorded in the pupil's record instead of the "California School Immunization Record, PM 286 (1/02) or CDPH (01/14)" form. This amendment will allow more flexibility for schools and pre-kindergarten facilities to record the PME in hard copy form or an electronic system.

Subsection (c) is proposed to be adopted. It includes amended language from the first paragraph of section 6051 indicating pupils with a PME may be excluded in the event of an outbreak regardless of the reason for the PME. Use of pre-existing immunity as a reason not to be excluded in an outbreak is not necessarily recommended anymore since laboratory technologies and national guidelines and recommendations for evidence of immunity have changed over time. The local health officer, per section 6060, will determine whether pupils with pre-existing immunity should be excluded in the event of an outbreak.

The Reference Note includes a nonsubstantive amendment deleting repealed HSC section 120365.

**Section 6055. Exclusion.**

A nonsubstantive change is made to renumber Article 4 as Article 3 and change the title to "Exclusion."

The title is proposed to be amended to reflect the intent of this section.

Current language in section 6055 refers to excluding pupils admitted conditionally who do not meet the requirements for continued attendance. The text is proposed to be deleted to avoid redundancy with section 6040.

As amended, section 6055 clarifies and makes explicit that pupils will be excluded if they do not meet the requirements for admission or continued attendance. Exclusion applies to prospective pupils seeking admission as well as conditionally admitted pupils. The requirement to report excluded pupils to the attendance supervisor or building administrator is proposed to be repealed. This allows flexibility for schools to follow their protocols for keeping track of excluded pupils.

This section updates the authority and reference notes to remove HSC sections that are no longer in statute.

**Section 6060. Pupil Not Completely Immunized for Age/Grade and Exposed to Communicable Disease.**

Section 6060 is proposed to be reformatted for clarity, includes nonsubstantive changes, and adds text from current form “California School Immunization Record, CDPH 286 (01/14).”

Subsection (a) is proposed to be adopted. It requires schools and pre-kindergarten facilities to maintain a list of all pupils not completely immunized and the missing immunizations for each pupil. The requirement to maintain a list of pupils is moved from the “Instructions” section of “California School Immunization Record, CDPH 286 (01/14)” form. As the regulation text proposes to allow schools the option of using this form, but not requiring it, this language has been incorporated into the regulation text to make HSC section 120370(b) more specific. The proposed changes will reduce the time needed to ascertain whether a pupil should be excluded from school due to incomplete immunization coverage in the urgent event of an outbreak of a vaccine-preventable disease.

Subsection (b) is proposed to be adopted and amend current section 6060 for clarity and to allow for various communication methods. The amendments clarify that the pupil may be excluded if (s)he is also suspected or confirmed to have the disease during the period of potential communicability of the disease.

This section updates the authority and reference notes to remove HSC sections no longer in statute. HSC section 120370(b) is added as section 6060 makes this statute more specific.

A nonsubstantive change is made to renumber Article 5 as Article 4 and change the title to “Records as Evidence of Immunization.”

**Section 6065. Documentary Proof.**

Section 6065 contains nonsubstantive changes, such as reformatting text for easier comprehension.

Subsection (a) is proposed to be amended to replace the term “written record” with “immunization record” as most physicians and many schools record and maintain health information, including immunizations, in electronic systems. This term reflects both paper and electronic recordkeeping options.

Subsection (b) is amended to clarify that the governing authority is responsible for reviewing the pupil’s immunization record and documenting immunization information according to section 6070. The text allowing the written record to only show month and year of vaccine doses is proposed to be deleted as it is inconsistent with existing text (section 6065(a)(4)) and proposed text (section 6070(b)(8)). This will help ensure consistent documentation for vaccine doses, including the month, day, and year each required vaccine dose was administered.

Subsection (c) is proposed to be amended to replace the term “written record” and to clarify that when no record is available, the pupil must meet the conditions outlined in section 6035 to be admitted. The current requirement in subsection (c) to refer parents to a physician or nurse is proposed to be deleted as parents often already have a designated health care provider for their child.

**Section 6070. Recording of Immunization Information by California Schools and Pre-Kindergarten Facilities.**

Section 6070 is proposed to be amended with nonsubstantive changes, such as reformatting, to clearly organize and further clarify the elements collected by schools and pre-kindergarten facilities. The title is amended to “Recording of Immunization Information” in order to remove the reference to “California School Immunization Record,” which will no longer be a required form. The title is also amended to include the term “pre-kindergarten” instead of “child care.”

Because most facilities are moving away from paper files to electronic recordkeeping systems, this section proposes to delineate the required immunization information schools and pre-kindergarten facilities need to record for each pupil. Listing the required data elements replaces current forms incorporated by reference in subsections (a) and (g), “California School Immunization Record, CDPH 286 (01/14)” and “Tdap (Pertussis Booster) Requirement, PM 286 S (01/11),” respectively.

Subsection (a) is proposed to be amended to clarify “school, child care center, day nursery, nursery school, family day care home, or development center” to “school and pre-kindergarten facility,” as defined in section 6000.

Subsection (a) proposes to repeal the requirement to use form “California School Immunization Record, CDPH 286 (01/14)” to record a pupil’s immunization information. The regulations are amended to require schools and pre-kindergarten facilities to more

generally record a pupil's immunization information in the pupil's record instead of form "California School Immunization Record, CDPH 286 (01/14)." This amendment will allow more flexibility for schools and pre-kindergarten facilities to record the information using a paper or electronic recordkeeping system.

Subsection (a) proposes to delete the reference to 5 CCR section 430, which defines "mandatory permanent pupil record," as these amended regulations use the more general term of "pupil's record." "Pupil's record" is defined in section 6000 and includes pre-kindergarten facilities. The added reference to HSC section 120440 et seq. refers to the enabling statute of the California Immunization Registry.

Subsection (b) is proposed to be amended to delete current language and incorporate the language from current subsection (c). The language to be deleted in subsection (b) is captured in amended section 6070(c).

Paragraph (b)(1) is proposed to be amended by adding "(Last, First, Middle)" to mitigate confusion between similarly-named pupils.

Paragraph (b)(2) is proposed to be amended. Birthday is moved to paragraph (b)(4) and replaced with Statewide Student Identifier (SSID), a unique identifier used by CDE. The field is optional, as only public schools use SSID.

Paragraph (b)(3) is proposed to be amended. Dates of unconditional or conditional admission text is moved to new paragraphs (b)(10), (b)(11), and (b)(12), and the text is replaced with name of pupil's parent/guardian.

Paragraph (b)(4) is proposed to be amended. Information describing the type of vaccine and administration date is moved to new paragraph (b)(8) and replaced with the pupil's birthdate.

Paragraph (b)(5) is proposed to be amended. The date and type of exemption is moved to new paragraph (b)(9) and replaced with the pupil's sex.

Paragraphs (b)(6) and (b)(7) are proposed to be adopted and include additional categories for pupil's ethnicity and race, respectively. These additional elements are consistent with CDE reporting categories.

Paragraph (b)(8) is proposed to be adopted to specify the required vaccines. The text references Table A and B and specifies the immunizations required for school entry in added subparagraphs (b)(8)(A) through (b)(8)(G). Hepatitis A is no longer listed along with the required immunizations as this is not a required immunization.

Paragraph (b)(9) is proposed to be adopted to specify whether a pupil has a permanent medical exemption and, if so, to which required vaccine(s), as detailed in sections 6051. This is consistent with revised section 6051 for PME's.

Paragraphs (b)(10), (b)(11), and (b)(12) are proposed to be adopted. They organize and further clarify the pupil's immunization status at admission to pre-kindergarten, admission to K-12, and admission or advancement to 7<sup>th</sup> grade, respectively, and to specify the staff person reviewing the pupil's immunization record.

Subparagraphs (b)(10)(B) and (b)(10)(B)i are proposed to be adopted to specify whether a pre-kindergarten pupil is up-to-date at the time of conditional admission, as specified in Tables A and C, and the follow-up date staff use to check for additional doses that are due. These elements are used only if applicable.

Subparagraph (b)(10)(C) is proposed to be adopted. It amends the current requirement to record whether a pupil has a temporary medical exemption by further specifying a pre-kindergarten pupil has this exemption, as specified in section 6050. Subparagraph (b)(10)(C)i is proposed to be adopted to specify the follow-up date for the pre-kindergarten pupil. These elements are to be used only if applicable.

Subparagraph (b)(10)(D) is proposed to be adopted. It amends the current requirement to record the date a pupil meets the requirements for admission by further specifying the date the pre-kindergarten pupil meets requirements for admission.

Subparagraph (b)(11)(B) and (b)(11)(B)i are proposed to be adopted to specify whether the K-12 pupil is up-to-date at the time of conditional admission, as specified in Tables B and D, and the follow-up date staff use to check for additional doses that are due. These elements are used only if applicable.

Subparagraph (b)(11)(C) is proposed to be adopted. It amends the current requirement to record whether a pupil has a temporary medical exemption by further specifying a K-12 pupil has this exemption, as specified in section 6050. Subparagraph (b)(11)(C)i is proposed to be adopted to specify the follow-up date for the K-12 pupil. These elements are to be used only if applicable.

Subparagraph (b)(11)(D) is proposed to be adopted. It amends the existing requirement to record the date a pupil meets the requirements for admission by further specifying the date the K-12 pupil meets requirements for admission.

Subparagraph (b)(12)(B) and (b)(12)(B)i are proposed to be adopted to specify whether the 7<sup>th</sup> grade pupil is up-to-date at the time of conditional admission, as specified in Tables B and D, and the follow-up date staff use to check for an additional dose that is due. These elements are used only if applicable.

Subparagraph (b)(12)(C) is proposed to be adopted. It amends the current requirement to record whether a pupil has a temporary medical exemption by further specifying the 7<sup>th</sup> grade pupil has this exemption, as specified in section 6050. Subparagraph (b)(12)(C)i is proposed to be adopted to specify the follow-up date staff use to check the 7<sup>th</sup> grade pupil. These elements are to be used only if applicable.

Subparagraph (b)(12)(D) is proposed to be adopted. It amends the current requirement to record the date a pupil meets the requirements for admission by further specifying the date the 7<sup>th</sup> grade pupil meets requirements for admission.

Subsection (c) is proposed to be amended to clarify that facilities have the option of recording immunizations of pupils admitted prior to 2016 on form “California School Immunization Record, PM 286 (01/02) or CDPH 286 (01/14)” and the supplemental sticker form “Tdap (Pertussis Booster) Requirement, PM 286 S (01/11).”

The current language in subsection (d) is proposed to be moved to section 6035(d) and amended. Subsection (d) is proposed to be amended to specify the HSC sections that give the LHDs access to student health information relating to immunization.

Subsection (f) is proposed to be repealed. Similar text regarding periodically reviewing a conditionally admitted pupil’s immunization record is moved to section 6035, which addresses requirements for conditional admission.

Subsection (g) is proposed to be repealed and the requirement to use form “Tdap (Pertussis Booster) Requirement, PM 286 S (01/11)” is proposed to be repealed. The requirement to record the 7<sup>th</sup> grade Tdap dose is proposed to be captured in paragraph (b)(12).

**Section 6075. Reporting.**

Schools and pre-kindergarten facilities are required to report on compliance to the school and pre-kindergarten immunization requirements. Because most facilities are moving to electronic means of communication, the Department has developed the ability for schools and pre-kindergarten facilities to submit electronic aggregate data. To assist in accommodating electronic recordkeeping systems and to facilitate timely data submission, section 6075 proposes to delineate the required reporting elements pre-kindergarten facilities and schools need to report yearly to the state and LHDs. Listing the required data elements replaces the current reporting forms incorporated by reference.

Subsection (a) includes nonsubstantive amendments and adds the Department website and physical address as additional means of accessing information related to reporting.

Paragraph (a)(1) is proposed to be repealed. It describes the reporting form: IMMUNIZATION ASSESSMENT OF KINDERGARTEN STUDENTS – ANNUAL REPORT [PM 236 (3/01)]. The reporting data elements in this form are moved to amended subsection (b) and new subsection (d). Subsection (d) removes a specific due date for the report to allow for flexibility in when entities report, staggering LHD and school workload related to reporting, and limiting the potential for overloading the electronic system used for reporting. Paragraph (d)(2) adds the requirement to report on school subtype in order to reflect the different types of schools now offered. Paragraph (d)(5) removes documented history of disease because such pupils will now

need a PME from their physician or proof of vaccination. The PBE data element is deleted since this type of exemption is not allowed for kindergarten admission.

Paragraph (a)(2) is proposed to be repealed. It describes the reporting form: PERTUSSIS BOOSTER IMMUNIZATION ASSESSMENT OF SEVENTH GRADE STUDENTS [CDPH 8259 (9/11)]. The reporting data elements in this form are proposed to be moved to amended subsection (b) and new subsection (e). Subsection (e) proposes to delete a specific due date to allow for flexibility in when entities report, staggering LHD and school workload related to reporting, and limiting the potential for overloading the electronic system used for reporting. Paragraph (e)(2) is proposed to be amended to add the requirement to report on school subtype in order to reflect the different types of schools now available. Paragraph (e)(4) is proposed to be adopted to account for schools that may not have any 7<sup>th</sup> grade immunization data to report. Subparagraph (e)(5)(B) is proposed to be adopted to gather data on pupils admitted conditionally and who will require follow-up. This is consistent with the pre-kindergarten and kindergarten reporting requirements. The PBE data element is deleted since this type of exemption is not allowed for 7<sup>th</sup> grade admission or advancement.

Paragraph (a)(3) is proposed to be repealed. It describes two reporting forms: ANNUAL IMMUNIZATION REPORT ON CHILDREN ENROLLED IN CHILD CARE CENTERS [DHS 8018 (3/01)] and ANNUAL IMMUNIZATION ASSESSMENT REPORT OF CHILDREN ENROLLED IN CHILD CARE CENTERS – LINE LISTING [DHS 8387 (3/94)]. The reporting data elements in these forms are proposed to be moved to amended subsections (b) and (c). Subsection (c) is proposed to be amended by listing the data elements that pre-kindergarten facilities are required to report. Subsection (c) proposes to remove a specific due date to allow for flexibility in when entities report, staggering LHD workload related to reporting, and limiting the potential for overloading the electronic system used for reporting. Subparagraphs (c)(2)(A) through (C) are proposed to be adopted to account for pre-kindergarten facilities that may not have any 2-5 year olds to report immunization data on.

Paragraph (a)(4) is proposed to be repealed. It describes the reporting form: ANNUAL FAMILY DAY CARE HOME IMMUNIZATION SURVEY [DHS 8529 (10/00)]. The data elements that pre-kindergarten facilities are required to report are listed in proposed subsection (c).

Paragraph (a)(5) is proposed to be repealed. It describes an assessment form that is no longer required by the Department: PERTUSSIS (Tdap) ASSESSMENT OF 7-12<sup>TH</sup> GRADE STUDENTS 2011-2012 SCHOOL SUMMARY SHEET [CDPH 8260 (01/11)]. The 7<sup>th</sup>-12<sup>th</sup> grade pertussis reporting requirements are proposed to be repealed as the requirement for pupils to have received a dose of Tdap prior to advancement to 8<sup>th</sup>-12<sup>th</sup> grades expired June 30, 2012. Reporting on pupils in 7<sup>th</sup> grade will be captured in subsection (e).

Subsection (b) is proposed to be amended by listing all of the data elements that are the same for the pre-kindergarten, kindergarten, and 7<sup>th</sup> grade annual reporting

requirements. This reduces repetition in listing these data elements for each of the three reports.

Subsection (f) is proposed to be adopted to clarify the Department may request immunization status information at times other than the annual Fall report.

### **REASONABLE ALTERNATIVES STANDARDS**

The Department must determine that no other reasonable alternative considered by the Department or that has otherwise been identified or brought to the attention of the Department would be more effective in carrying out the purpose for which this regulatory action is proposed, or would be as effective as and less burdensome to affected private persons than this action, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

The Department considered not proposing any regulation changes other than those necessary to be consistent with amendments to statute. However, the Department has decided to propose more extensive amendments to the regulations because, over the years:

- Applicable statutes have been amended.
- National recommendations of the ACIP, AAP, and AAFP have been updated.
- Laboratory technologies have evolved.
- Recordkeeping systems have advanced.
- The Department has received feedback from schools that the current immunization requirement tables are confusing and inconsistent with national recommendations.

### **ECONOMIC IMPACT ANALYSIS**

The Department has made an initial determination that these regulations would not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states.

The Department has determined that the regulations would not significantly affect the following:

- 1. The creation or elimination of jobs within the State of California.** Pre-kindergarten and school staff already exists who implement the immunization regulations. The proposed regulations do not significantly add or delete responsibilities requiring the addition or reduction of existing staff.
- 2. The creation of new businesses or elimination of existing businesses within the State of California.** The proposed regulations primarily impact schools and pre-kindergarten facilities. Private schools and pre-kindergarten facilities may be classified as small businesses; however, there are no proposed regulations that would necessitate the creation or elimination of these private entities.

3. **The expansion of businesses currently doing business within the State of California.** Some businesses currently sell products that assist schools with data management, including immunization data; however, there are no proposed regulations that would require the use of new products.
4. **The benefits of the regulation to the health and welfare of California residents, worker safety, and the state's environment.** This proposal may result in better protection of children and adolescents from vaccine-preventable diseases. With fewer cases of vaccine-preventable disease in the pre-kindergarten and school settings, staff and communities will also be better protected from exposure to these diseases.

### **SIGNIFICANT STATEWIDE ADVERSE ECONOMIC ADVERSE ECONOMIC IMPACT DIRECTLY AFFECTING BUSINESS, INCLUDING ABILITY TO COMPETE**

The Department has determined that the proposed regulatory action would have no significant adverse economic impact on California business enterprises and individuals, including the ability of California businesses to compete with businesses in other states. The private schools that are considered small businesses will incur some costs due to the proposed regulations; however, these costs will neither impose an undue burden nor have a significant economic impact. Thus, there will be no significant adverse economic impact on California businesses.

### **LOCAL MANDATE**

Existing regulations (17 CCR sections 6000 through 6075) and the governing statutes (HSC sections 120325 through 120380) may impose a mandated cost for pupil immunization assessment by schools pursuant to Government Code section 17514 and 17561. The State Controller's Office may be required to reimburse public school districts for the additional costs associated with the new immunization requirement to check for 2 doses of varicella vaccine at K-12 admission and 7<sup>th</sup> grade (until 2024). This reimbursement is based on estimated workload costs to implement the regulation. As schools already check for other required immunizations at kindergarten and 7<sup>th</sup> grade, including the first dose of varicella vaccine that is currently required, the additional workload of the new requirements would be small. If a test claim for reimbursement is submitted, the Commission on State Mandates will determine whether the costs are reimbursable.

### **EFFECT ON SMALL BUSINESS**

The Department has determined that the proposed regulations will affect small businesses but should not be unduly burdensome. The costs to small businesses (private schools with kindergarten and 7<sup>th</sup> grade pupils) are estimated to be similar to potential mandated cost estimate calculations (detailed in the Cost Estimating Methodology).

### **EFFECT ON HOUSING**

The Department has determined that the proposed regulatory action will have no impact on housing costs.

**DOCUMENTS RELIED UPON**

1. Centers for Disease Control and Prevention. Recommended Immunization Schedule for Persons Aged 0 Through 18 Years, 2014.  
<http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-combined-schedule-bw.pdf>
2. Centers for Disease Control and Prevention. General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60(RR02):1-64.  
<http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>
3. Marin M, Watson TL, Chaves SS, Civen R, Watson BM, Zhang JX, et al. Varicella among Adults: Data from an Active Surveillance Project, 1995-2005. J Infect Dis 2008; 197 Suppl 2:S94-S100.
4. Centers for Disease Control and Prevention. Prevention of Varicella: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2007; 56(No. RR-4):1-48.  
<http://www.cdc.gov/mmwr/PDF/rr/rr5604.pdf>
5. Centers for Disease Control and Prevention. Varicella Death of an Unvaccinated, Previously Healthy Adolescent—Ohio, 2009. MMWR 2013; 62(14):261-263.  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6214a1.htm?s\\_cid=mm6214a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6214a1.htm?s_cid=mm6214a1_w)
6. Centers for Disease Control and Prevention. Measles, Mumps, and Rubella—Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1998;47(RR-8):1-57.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm>
7. Centers for Disease Control and Prevention. Updated Recommendations of the Advisory Committee on Immunization Practices for the Control and Elimination of Mumps. MMWR 2006; 55(22):629-630.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5522a4.htm>
8. Centers for Disease Control and Prevention. Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2013; 62(RR-4):1-40.  
<http://www.cdc.gov/mmwr/pdf/rr/rr6204.pdf>
9. Centers for Disease Control and Prevention. A Comprehensive Immunization Strategy to Eliminate Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-16):1-39.  
<http://www.cdc.gov/mmwr/pdf/rr/rr5416.pdf>

10. Centers for Disease Control and Prevention. National, State, and Local Area Vaccination Coverage among Adolescents Aged 13-17 Years—United States, 2012. MMWR 2013; 62(34):685-693.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a1.htm#Tab1>

11. Department of Finance. California Public K–12 Graded Enrollment and High School Graduate Projections by County — 2013 Series. California Public K–12 Graded Enrollment Projections Table, 2013 Series. Tab “2013 Series”, columns C and J, row 2887.

<http://www.dof.ca.gov/research/demographic/reports/projections/k-12/documents/2013SeriesReportsW.xls>

12. California Department of Education. Private Schools, 2013-2014 Excel spreadsheet. <http://www.cde.ca.gov/ds/si/ps/>

13. Office of the State Controller. State Mandated Costs Claiming Instructions No. 2009-15. Immunization Records. Revised July 1, 2012.

[http://www.sco.ca.gov/Files-ARD-Local/Manuals/sd\\_1112\\_ir032.pdf](http://www.sco.ca.gov/Files-ARD-Local/Manuals/sd_1112_ir032.pdf)

14. Office of the State Controller. State Mandated Costs Claiming Instructions No. 2003-18. Immunization Records: Hepatitis B. October 6, 2003; revised July 1, 2012.

[http://www.sco.ca.gov/Files-ARD-Local/Manuals/sd\\_1112\\_irhb230.pdf](http://www.sco.ca.gov/Files-ARD-Local/Manuals/sd_1112_irhb230.pdf)