

# OREGON ADMINISTRATIVE RULES

## DEPARTMENT OF HUMAN SERVICES, PUBLIC HEALTH DIVISION CHAPTER 333, DIVISION 49 IMMUNIZATION REGISTRY

### **333-049-0010**

#### **Definitions**

- (1) All definitions of ORS 433.090 et seq. and ORS 433.235 apply to these rules.
- (2) In addition to the definitions of ORS 433.090 et seq. and ORS 433.235, the following definitions apply:
  - (a) "Authorized user" has the meaning as defined in ORS 433.090(1).
  - (b) "Client" has the meaning as defined in ORS 433.090(3).
  - (c) "Exempt" means the special status of information on certain clients that will limit its disclosure.
  - (d) "Manager" means the manager of the statewide immunization registry or his/her designee.
  - (e) "Public Health Division" means the Department of Human Services Public Health Division.
  - (f) "Registry" means, in addition to the meaning under ORS 433.090(4), any immunization registry or immunization tracking and recall system.

Stat. Auth.: ORS 433.100

Stats. Implemented: ORS 433.100

### **333-049-0020**

#### **Purpose and Intent**

- (1) The purpose of these rules is to implement ORS 433.090 et seq., which:
  - (a) Authorizes the Public Health Division to develop a registry for all children and adults born or living in Oregon; and
  - (b) Requires the Public Health Division to adopt rules to develop and implement the registry, including a process by which a parent or guardian can control the transfer of information from the immunization record when such control is necessary to protect the health or safety of the family.
- (2) In order to increase appropriate immunizations among preschool age children, it is the intent that, as soon as practical, all children born in the state will be automatically enrolled in the registry using information derived from birth certificates, and that all children from birth through 35 months of age, who are not enrolled from birth certificates, will receive priority for enrollment in the registry.

Stat. Auth.: ORS 433.100

Stats. Implemented: ORS 433.092

### **333-049-0030**

#### **Enrollment**

- (1) All children born in the state shall be enrolled in the registry.
- (2) All children who live with a parent or guardian in the state for any period of time, and who receive an immunization, may be enrolled in the registry.
- (3) Any person who receives an immunization in the state may be enrolled in the registry.
- (4) The enrollment of clients in the registry shall be in a manner and on such forms as prescribed by the Manager.

(5) Nothing in these rules require the consent of a parent, guardian or client prior to enrollment in the registry.

(6) For the purposes of enrolling children in the registry, the Manager may identify children born in the state from any birth record or abstract.

Stat. Auth.: ORS 433.094, ORS 433.100 & ORS 432.119

Stats. Implemented: ORS 433.094 & ORS 433.100

### **333-049-0040**

#### **Collection and Release of Information**

(1) The Manager may collect information for a client's immunization record from any authorized user. Such information to be collected shall be determined by the Manager and provided to the registry on forms provided by the Manager.

(2) The Manager may collect information for a client's tracking and recall record from any authorized user. Information to be collected includes such information necessary to send reminder cards to, place telephone calls to, or personally contact the client or the parent or the guardian of a client. Such information shall be determined by the Manager and provided to the tracking and recall system on forms provided by the Manager.

(3) The Manager may receive information from other registries and may share information with other such registries, provided that the Manager makes a determination that other registries have confidentiality protection at least equivalent to those under ORS 433.090 to 433.102 and these rules. The Manager shall prescribe the information that may be shared and the forms for sharing information to and from other registries.

(4) The Manager may request information to determine the name of any person and information on contacting the person or such person's parent or guardian in order to notify them about the existence of the registry. The Manager may seek information on persons in the state who have not enrolled in the registry through contacting other state agencies, and other appropriate organizations that have access to such information.

(5) The Manager may release and publish information in the registry in an aggregate form that does not identify a client.

Stat. Auth.: ORS 433.096, ORS 433.094 & ORS 432.119

Stats. Implemented: ORS 433.096 & ORS 433.094

### **333-049-0050**

#### **Reporting to the Immunization Registry**

(1) Any provider who participates in the registry and who administers immunizations identified by the Manager shall report such immunization to the registry within fourteen (14) calendar days of such immunization.

(2) Reports shall be submitted to the registry in a manner and on such forms as required by the Manager. Such forms shall be provided by the Manager.

(3) Any authorized user may report immunizations, and other such information, permitted under ORS 433.090(3) and (5), as prescribed by the Manager, to the registry without the consent of the client or the parent or guardian of the client. Reporting this information without the consent mentioned above shall not subject a person to liability or civil action.

Stat. Auth.: ORS 433.096

Stats. Implemented: ORS 433.096

### **333-049-0060**

#### **Access to Immunization Records**

(1) Clients, parents and guardians:

(a) Clients and parents or guardians of children less than 18 years of age may request a copy of their, or their child's, immunization record by submitting a request for the record, as prescribed by the Manager.

(b) The Manager may provide a maximum of four (4) copies of any client's immunization record without charge, within one calendar year, pursuant to the request from a client, parent or guardian. Additional copies of the immunization record may be provided based on a fee established by the Manager that is reasonably calculated to reimburse the registry for the actual cost in making such records available.

(2) Other authorized users: All other authorized users shall access such records in a manner prescribed by the Manager.

Stat. Auth.: ORS 433.094 & ORS 433.096

Stats. Implemented: ORS 433.094 & ORS 433.096

### **333-049-0065**

#### **Fees**

For the purpose of implementing ORS Chapter 433.090 through 433.104 fees may be charged in accordance with this rule:

(1) Fees may be charged to authorized users including, but not limited to, the following: health plans, health provider associations, private or non-profit institutions, other state registries, federal health agencies or their contractors.

(2) Fees shall not be charged to the following users: individual health care providers and clinics, Oregon schools, Oregon children's facilities, Oregon hospitals or DMAP.

(3) Fees may be waived at the discretion of the ALERT Manager or the DHS Immunization Program Manager in accordance with Immunization Policy.

(4) Unless waived, or exempt under subsection (2) of this rule, a fee of \$10 per client shall be charged to each authorized user for each client specific immunization data request.

(5) A request for client specific data shall be responded to only when made by an authorized user for information about a client under its care. Requests from persons other than authorized users or from authorized users for data beyond that of a specific patient(s) under its care will be considered on a case by case basis in the interests of public health practice and may be responded to only with aggregate/de-identified data.

Stat. Auth.: ORS 433.100

Stats. Implemented: ORS 433.100

### **333-049-0070**

#### **Limitations on Access to Information in the Immunization Registry and Tracking and Recall System**

(1) No authorized user shall access information on a client who is not presently under their care, or enrolled in their post-secondary educational institution, school, children's facility, program or health plan, except as otherwise provided by law.

(2) The Manager may monitor and audit all access to a client's record contained in the registry.

(3) The Manager may require any person who has accessed a client's record to provide evidence that such client was under the care of the person or enrolled in the person's post-secondary educational institution, school, children's facility, program or health plan at the time the client's record was accessed.

(4) The Public Health Division may report violations of these rules by any authorized user who has accessed a client's record to the appropriate licensing or regulatory authority.

Stat. Auth.: ORS 433.098

Stats. Implemented: ORS 433.098

### **333-049-0080**

#### **Limitations on the Transfer of Information from the Immunization Registry**

(1) A parent or guardian may request a limitation on the transfer of information pertaining to a child enrolled in a registry when such child has a disease or condition that precludes administration of some or all immunizations. No information on such children will be disclosed in response to inquiries to the registry.

(a) Any parent or guardian of a child who has a disease or condition that may preclude administration of some or all immunizations may request a limitation on the child's information that may be transferred from the registry by providing a written request to the Manager.

(b) Upon verification of the information in the request, the Manager shall cause the registry to flag the client's record and to limit transfer of the information on the client. The Manager shall also notify the parent or guardian of such action.

(2) Safety. A parent or guardian may request a limitation on the transfer of information pertaining to a child enrolled in a registry when a third party could use the information in the record to locate the child, or other family members who reside with the child, and who the parent or guardian reasonably believes presents a risk of harm to the child or other family members.

(a) Any parent or guardian of a client may request a limitation on the transfer of child's information by providing a written request to the Manager when the parent or guardian reasonably believes there is a risk of harm to the child, or other family members, where such person could be located through information from the registry, and the child or other family members may be harmed if located.

(b) The request for limitation must also include a statement and evidence that supports the request. Such evidence may include any evidence accepted under ORS 192.445(2)(b)(A)-(E).

(c) Upon receipt of acceptable evidence to support the request, the Manager shall cause the registry to flag the child's record and to limit transfer of the information on the child. The Manager shall also notify the parent or guardian of such action.

(3) Upon receipt of any request under this section, the Manager may cause the registry to flag the child's record for a period of 30 days until the request can be approved.

(4) After approval of a request under this section, such request will remain in effect until the Manager receives a written request from the parent or guardian to remove the flag from the child's record.

Stat. Auth.: ORS 433.100

Stats. Implemented: ORS 433.100

### **333-049-0090**

#### **Notification of Needed Immunizations**

(1) The Manager may provide notice to clients or parents and guardians of clients less than 18 years of age when the tracking and recall system indicates that a client has missed a scheduled immunization. Notification shall be in such form as prescribed by the Manager.

(2) The Manager may personally contact the client or parent or guardian of a client less than 18 years of age after two notifications that the client has missed an immunization have been sent and the registry has not received information that the client has been immunized within two weeks after the second notification was sent.

Stat. Auth.: ORS 433.096

Stats. Implemented: ORS 433.096

### **333-049-0120**

#### **Deletion of Information in the Registry and Tracking and Recall System**

A client who is 18 years of age or older may request to have their record sealed or removed from the registry. The election of whether to seal the record or remove the record is at the sole discretion of the client.

(1) Process. A client requesting sealing or removal of their registry record must submit a form approved by the Manager for that purpose. The client may elect to have their record sealed or removed from the registry. If the client does not elect either option then their record will be removed from the registry.

(2) The request for sealing or removal of a client's record must also include a legible photocopy of one piece of photo identification. Acceptable identification includes any of the following: a valid state-issued driver's license or identification card; a passport; or a U.S. military identification card.

(3) If a client elects to have their registry record sealed, the information will remain in the registry but will not be released to authorized users. In the case of a declared public health emergency, the Manager may release the information to public health officials for the sole purpose of responding to the declared emergency. A client may request that their record be unsealed by submitting the form approved by the Manager along with a photocopy of an approved document that verifies the client's identity. A record that is removed from the registry cannot be recovered.

(4) When an immunization record is removed from the registry, certain pieces of demographic information, including a client's name and date of birth, must be kept on file in order to keep the immunization record from being repopulated.

Stat. Auth.: ORS 433.098

Stats. Implemented: ORS 433.098

**CHAPTER 333, DIVISION 50  
SCHOOL IMMUNIZATION RULES**

**333-050-0010**

**Definitions Used in the Immunization Rules**

As used in OAR 333-050-0010 through 333-050-0140:

- (1) "Certificate of Immunization Status" means a form provided or approved by the Public Health Division on which to enter the child's immunization record or exemption.
- (2) "Certificate of Immunization Status Addendum" means a form provided or approved by the Public Health Division on which to enter the child's immunizations received after the initial series of Diphtheria/Tetanus containing vaccine, Polio and Measles/Mumps/Rubella vaccines.
- (3) "Complete" means a category assigned to any child whose record indicates that the child is fully immunized or has an immunity exemption as specified by OAR 333-050-0050(2) or (7).
- (4) "Contraindication" means either a child or a household member's physical condition or disease that renders a particular vaccine improper or undesirable in accordance with the current recommendations of the Advisory Committee on Immunization Practices, Department of Health and Human Services, Centers for Disease Control and Prevention, and the American Academy of Pediatrics.
- (5) "County Immunization Status Report" means a report submitted by the local health department (or school or facility if there is no local health department) to the Public Health Division to report annually the number of children as specified, in the area served, and the number susceptible to the vaccine preventable diseases covered by these rules.
- (6) "Evidence of Immunization" means an appropriately signed and dated statement indicating at least the month and year each dose of each vaccine was received.
- (7) "Exclude" or "Exclusion" means not being allowed to attend a school or facility pursuant to an Exclusion Order from the local health department based on non-compliance with the requirements of ORS 433.267(1), and these rules.
- (8) "Exclusion Order for Incomplete Immunization or Insufficient Information" means a form provided or approved by the Public Health Division for local health department and Public Health Division use in excluding a child who, based on the child's record, is in non-compliance with the vaccine requirements of OAR 333-050-0050(2) or who has insufficient information on his or her record to determine whether the child is in compliance. Forms submitted for approval must contain the substantive content of the Public Health Division form.
- (9) "Exclusion Order for No Record" means a form provided or approved by the Public Health Division for local health department, Public Health Division and school or facility use in excluding a child with no record. Forms submitted for approval must contain the substantive content of the Public Health Division form.
- (10) "Exempted Children's Facilities" are those which:
  - (a) Are primarily for supervised training in a specific subject, including, but not limited to, dancing, drama, or music;
  - (b) Are primarily an incident of group athletic or social activities sponsored by or under the supervision of an organized club or hobby group;
  - (c) Are operated at a facility where children may only attend on a limited basis not exceeding four different days per year; or
  - (d) Are operated on an occasional basis by a person, sponsor, or organization not ordinarily engaged in providing child care.
- (11) "Health Care Practitioner" means a practitioner of the healing arts who has within the scope of the practitioner's license, the authority to order immunizations, to include: M.D., D.O.,

licensed nurse practitioners with prescription writing privileges, and licensed physicians' assistants with prescription writing privileges who are working under the sponsorship of an M.D., D.O., or a registered nurse working under the direction of an M.D. or a D.O.

(12) "Immunity Exemption" means a written statement signed by a physician or an authorized representative of the local health department that the child should be exempted from receiving specified immunizations due to a disease history based on a health care practitioner's diagnosis or the results of an immune titer.

(13) "Incomplete" means a category assigned to any child whose record indicates that the child is not fully immunized as specified in OAR 333-050-0050(2). This category only includes a child whose record indicates that the child is past due on immunizations on or before the date the Primary Review Summary form is due at the local health department;

(14) "Insufficient" means a category assigned to any child whose record does not have enough information to make a proper determination about the child's immunization status, including unsigned records, vaccine dates before day of birth, dates out of sequence, missing doses in the middle of a vaccine series, more than two doses of a vaccine series given in the same month, dates before vaccine licensure and religious exemptions signed by the parent and dated August 2008 or after where no vaccines are specified. This category does not apply to signed but undated records;

(15) "Local Health Department" means the District or County Board of Health, Public Health Officer, Public Health Administrator or Health Department having jurisdiction within the area.

(16) "Medical Exemption" means a written statement signed by a physician or an authorized representative of the local health department that the child should be exempted from receiving specified immunizations based on a medical diagnosis resulting from a specific medical contraindication.

(17) "New Enterer" means a child who meets one of the following criteria:

(a) Infants or preschoolers attending an Oregon facility;

(b) Infants or preschoolers attending a drop-in facility on five or more different days within one year;

(c) Children initially attending a school at the entry level (kindergarten or the first grade, whichever is the entry level);

(d) Children from a home-school setting initially attending a school or facility at any grade (preschool through 12th grade); or

(e) Children initially attending a school or facility after entering the United States from a foreign country at any grade (preschool through 12th grade).

(18) "Non-Compliance" means failure to comply with any requirement of ORS 433.267(1) or these rules.

(19) "Post-Secondary Education Institution" means:

(a) A state institution of higher education under the jurisdiction of the State Board of Higher Education;

(b) A community college operated under ORS chapter 341;

(c) A school or division of Oregon Health and Science University; or

(d) An Oregon-based, generally accredited, private institution of higher education, where:

(A) Oregon-based, generally accredited includes any post-secondary institution described in OAR 583-030-0005(2) or classified as exempt under ORS 348.604; and

(B) Private institution refers to any non-public post-secondary education institution.

(20) "Primary Review Summary" means a form provided or approved by the Public Health Division to schools and facilities for enclosure with records forwarded to the local health department for secondary review and follow up. Forms submitted for approval must contain the substantive content of the Public Health Division form.

- (21) "Primary Review Table" means a document provided by the Public Health Division for the judgment of compliance or non-compliance with the required immunizations.
- (22) "Public Health Division" means the Department of Human Services Public Health Division.
- (23) "Record" means a statement relating to compliance with the requirements of ORS 433.267(1)(a) through (c) and these rules.
- (24) "Religion" means any system of beliefs, practices or ethical values.
- (25) "Religious Exemption" means a statement signed by a parent that the child has not been immunized as prescribed by OAR 333-050-0050(2), because the child is being reared as an adherent to a religion, the teachings of which are opposed to such immunization.
- (26) "Restrictable Disease" means a communicable disease for which the local health department or administrator has the authority to exclude a child as described in OAR 333-019-0010 through 333-019-0014.
- (27) "School Year" means an academic year as adopted by the school or school district (usually September through June).
- (28) "Susceptible" means being at risk of contracting one of the diseases covered by these rules, by virtue of being in one or more of the following categories:
- (a) Not being complete on the immunizations required by these rules;
  - (b) Possessing a medical exemption from any of the vaccines required by these rules due to a specific medical diagnosis based on a specific medical contraindication; or
  - (c) Possessing a religious exemption for any of the vaccines required by these rules.
- (29) "These Rules" means OAR 333-050-0010 through 333-050-0140.
- (30) "Transferring Child" means a child moving from:
- (a) One facility to another facility, only when records are requested in advance of attendance from a previous facility;
  - (b) One school in this state to another school in this state when the move is not the result of a normal progression of grade level; or
  - (c) A school in another state to a school in this state.
- (31) "Up-to-Date" means not complete, currently on schedule and not subject to exclusion, based on the immunization schedule for spacing doses, as prescribed in OAR 333-050-0120.
- [Publications: Publications referenced are available from the agency.]
- Stat. Auth.: ORS 433.004 & 433.273
- Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0020**

#### **Purpose and Intent**

- (1) The purpose of these rules is to implement ORS 433.235 through 433.284, which require evidence of immunization or a medical, immunity, or religious exemption for each child as a condition of attendance in any school or facility, and which require exclusion from school or facility attendance until such requirements are met.
- (2) The intent of the school and facility immunization statutes and these rules is to require that:
- (a) A new enterer provide a signed and dated Certificate of Immunization Status form documenting either: evidence of immunization or a religious, and/or medical or immunity exemption. If age appropriate, required for the child's grade level, and the child has not claimed an exemption, a minimum of one dose each of the following vaccines must be received prior to attendance: Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, Varicella, Haemophilus influenzae Type b vaccine and Diphtheria/Tetanus/Pertussis containing vaccine. (See Primary Review Table);
  - (b) A transferring child provide evidence of immunization or an exemption:

(A) Within 30 days of initial attendance if records will be requested from a school in the United States;

(B) Prior to initial attendance, as specified in OAR 333-050-0020(2)(a), if records will not be requested from a school in the United States;

(C) Prior to initial attendance, as specified in OAR 333-050-0020(2)(a), if the child is transferring from one facility to another;

(c) A child currently attending not be allowed to continue in attendance without complete or up-to-date evidence of immunization, or an exemption.

(3) The only exception is for family child care homes, either registered or exempt from registration, providing child care, six weeks of age to kindergarten entry, in a residential or nonresidential setting. These programs are exempt from all requirements except an up-to-date Certificate of Immunization Status form on each child in attendance.

(4) All schools are required to comply with these rules, including public schools, private schools, charter schools, and alternative education programs. Any program that provides educational instruction designed to lead to a high school diploma or transfer into a regular high school program must also comply with these rules.

(5) Nothing prohibits a school, children's facility, or post-secondary educational institution from adopting additional or more stringent requirements than the statutes or rules as long as medical, immunity, and religious exemptions are included and the requirements are in compliance with the recommendations of the Advisory Committee on Immunization Practices, Department of Health and Human Services, Centers for Disease Control and Prevention.

(6) Public schools are required to allow transferring students at least 30 days to provide an immunization record.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0030**

#### **Visitors, Part-Time Students, and Residents**

(1) Any child visiting or attending a school or facility on five or more different days in a given school year or residing on the premises of a school or facility regardless of whether the child attends classes or receives child care, at any age or grade through grade 12, shall be subject to the requirements of either a new enterer or transferring child as appropriate. Such residents and visitors for the purposes of these rules are in attendance.

(2) Home-schooled, private, or special education students or students in other non-traditional educational settings are subject to these rules if they:

(a) Meet with an instructor in a school building for any amount of time on a regular or irregular basis, but at least five times per school year; or

(b) Participate in sports or other activities at a school through a school-sponsored program at least five times per school year.

(3) Students in residential, correctional, or treatment programs that receive educational instruction are subject to these rules.

(4) For facilities providing drop-in child care, a child may attend on up to four different days without a Certificate of Immunization Status on file. Before allowing attendance on the fifth visit, a Certificate of Immunization Status must be provided showing at least one dose of each required vaccine or an appropriately signed exemption.

Stat. Auth.: 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0040**

#### **Statements (Records) Required**

(1) The statement initially documenting evidence of immunization or exemption under ORS 433.267(1)(a) through (c) must be on a Certificate of Immunization Status form and include one or more of the following:

- (a) Evidence of Immunization signed by the parent, health care practitioner or an authorized representative of the local health department;
- (b) A written statement of medical exemption signed by a physician and an authorized representative of the local health department;
- (c) A written statement of immunity exemption signed by an authorized representative of the local health department;
- (d) A written statement of religious exemption signed by the parent; or
- (e) A written statement of disease history (immunity exemption) for varicella signed by a parent, physician or authorized representative of the local health department.

(2) Evidence of immunization shall include at least the month and year of each dose of each vaccine received and must be appropriately signed and dated to indicate verification by the signer. Pre-signed Certificate of Immunization Status forms without vaccine dates are not allowed. If a Certificate of Immunization Status form is signed but not dated, the person who receives the form at the school or facility may date the form with the date it was received.

(3) The statement documenting evidence of updated immunizations under ORS 433.267(1)(a) through (c) may be on the initial Certificate of Immunization Status form or a Certificate of Immunization Status Addendum. The Addendum does not replace the Certificate of Immunization Status form. The Addendum should be attached to the child's original Certificate of Immunization Status form. Dates on the Addendum do not need to be transcribed onto the original Certificate of Immunization Status form. Evidence of updated immunizations shall include at least the month and year of each dose of each vaccine received and must be appropriately signed and dated to indicate verification by the signer.

(4) The school or facility may choose to complete or update a Certificate of Immunization Status form, by transcribing dates from, attaching and referencing on the form, one or more of the following records listed in subsections (a) through (e) of this section.

- (a) A health care practitioner documented immunization record;
- (b) An unsigned record on health care practitioner or clinic letterhead;
- (c) An unsigned record printout from the statewide immunization information system, Oregon Immunization ALERT. ALERT records may be placed in the student's file without transcription onto a Certificate of Immunization Status as long as the printout represents a complete or up-to-date immunization history. If the ALERT record is an update to the Certificate of Immunization Status, it may be attached to the original certificate without transcription;
- (d) An unsigned record printout from a computer system approved by the Public Health Division as specified in OAR 333-050-0060(5). Record printouts for Public Health Division-approved computer systems may be placed in the student's file without transcription onto a Certificate of Immunization Status as long as the printout represents a complete or up-to-date immunization history, and includes a history of chickenpox disease if present; or
- (e) A written statement signed and dated by the parent.

(5) The Certificate of Immunization Status form must be signed and dated by the person transcribing the information.

(6) When a transferring student enters an Oregon school, the receiving school will attempt to obtain immunization records from the previous school. If immunization records are not immediately available, the receiving school may, according to school policy:

- (a) Allow the student to enroll conditionally. If immunization records are not received the school will include the student on the Primary Review Summary report; or
- (b) Issue an Exclusion Order for No Record to the parent or guardian with an exclusion date of not less than thirty days after initial attendance. The school is required to provide a copy of the order to the parent either by hand at time of enrollment or by mailing the order at least 14 calendar days prior to the exclusion date.
- (7) If the student transfers to a new school district, except when the move is due to the normal progression of grade levels, such as to a junior high or senior high from a feeder school, the receiving school shall ensure that the transferred records are on a signed Certificate of Immunization Status form or another Public Health Division-approved form. The original transferred records that are not on an approved form shall be attached to a Certificate of Immunization Status form and the form shall be marked with a reference to the attached records, signed, and dated by the person transcribing the information on the form.
- (8) The records relating to the immunization status of children in schools shall be transferred to the receiving schools pursuant to ORS 326.575(2) within 30 days.
- (9) When a new enterer is admitted in error to a school or facility without an immunization history or appropriately signed exemption, the school or facility may issue an Exclusion Order for No Record. The exclusion date shall be 14 calendar days after the date the Exclusion Order is mailed to the parent.
- (10) When a child is determined by the facility, school or school district to be homeless and does not have a completed Certificate of Immunization Status on file with the school, the student will be allowed to enroll conditionally.
- (a) If immunization records are not received the school will include the student on the Primary Review Summary report. Schools may also choose to issue an Exclusion Order for No Record to the parent with an exclusion date of not less than 30 days after initial attendance.
- (b) School staff shall make every effort to help the family compile an immunization record for the student, including requesting a record from a previous school, Oregon Immunization ALERT or a previous medical provider.
- (11) Where a child attends both a facility and a school, the school is responsible for reporting and for enforcing these rules in accordance with the school and facility vaccine requirements. However, because of the need for outbreak control when school is not in session, the facility administrator will be responsible for requesting that the parent also provide an up-to-date Certificate of Immunization Status to the facility. If the parent does not comply, the facility administrator shall inform the parent that in the event of an outbreak the child will be excluded until it is determined that the child is not susceptible.
- (12) When a child reaches the age of medical consent in Oregon, 15 years of age, the child may sign his or her own Certificate of Immunization Status, including religious exemption.
- Stat. Auth.: ORS 433.004 & 433.273  
Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0050**

#### **Immunization Requirements**

- (1) For purposes of this section, immunization against the following diseases means receipt of any vaccine licensed by the United States Food and Drug Administration (or their foreign equivalent) for the prevention of that disease.
- (2) For purposes of ORS 433.267(1), immunizations are required as follows (see Primary Review Table to determine the number of required doses for a child's age or grade):

- (a) Diphtheria/Tetanus/Pertussis containing vaccine (DTaP) -- Five doses must be received unless:
- (A) The fourth dose was given at or after the fourth birthday, in which case the child is complete with four doses; or
  - (B) The third dose of Diphtheria/Tetanus containing vaccine was received on or after the seventh birthday, in which case the child is complete with three doses.
- (b) Polio -- Four doses must be received unless:
- (A) The third dose was given at or after the fourth birthday, in which case the child is complete with three doses of polio vaccine; or
  - (B) The student is 18 years of age or older. Polio vaccination at or after the 18th birthday is not required.
- (c) Measles -- Two doses must be received at or after 12 months of age, or in the same month and year as the child's first birthday. Second dose must be received at least 28 days after first dose.
- (d) Rubella -- One dose must be received at or after 12 months of age, or in the same month and year as the child's first birthday.
- (e) Mumps -- One dose must be received at or after 12 months of age, or in the same month and year as the child's first birthday.
- (f) *Haemophilus influenzae Type b* (Hib) vaccine -- Up to four doses depending on the child's current age and when previous doses were administered.
- (g) Hepatitis B -- Up to three doses must be received. If the first dose was received at or after 11 years of age and the second dose is received at least four months after dose one, the child is complete with two doses.
- (h) Varicella -- Up to two doses must be received, depending on the child's age when the first dose was administered. The first dose must be received at or after 12 months of age or in the same month and year as the child's first birthday, and after March 1995, the date the vaccine was licensed in the United States. Second dose, if required, must be received at least 28 days after first dose.
- (i) Hepatitis A -- Two doses must be received at or after 12 months of age, or in the same month and year as the child's first birthday. Beginning school year 2008-2009, the requirement for Hepatitis A vaccine will be phased in by grade. (See Primary Review Table.)
- (j) Tetanus/Diphtheria/Pertussis booster (Tdap) -- One dose must be received at or after 10 years of age, unless the last Diphtheria/Tetanus containing vaccine was given less than five years ago. Beginning school year 2008-2009, the requirement for Tdap will be phased in by grade. (See Primary Review Table.)
- (3) Interrupted series: If there is a lapse of time between doses longer than that recommended by the standard described in OAR 333-050-0120, the schedule should not be restarted. Immunization may resume with the next dose in the series.
- (4) Partial doses: Because the efficacy of immunizing with partial doses of the vaccines listed in this rule is not known, this procedure does not satisfy the requirements of these rules.
- (5) A child shall not be excluded from school for failing to receive a required vaccine if the State Health Officer has determined that there is a vaccine shortage and that is the reason the child has not received the vaccine. Any vaccine that has been waived due to a vaccine shortage will be required at the next review cycle, once the shortage has been lifted. The Public Health Division shall notify local health departments, schools and facilities of any shortages that affect their procedures under these rules.
- (6) The local public health officer, after consultation with the Public Health Division, may allow a child to attend a school or facility without meeting the minimum immunization requirements in case of temporary local vaccine shortage.

- (a) The local health department shall provide a letter signed by the local health officer to the parent of the affected student detailing which vaccines the student is being exempted from. The letter must state that the student will receive an Exclusion Order if the student's record is not updated with the missing doses prior to the next exclusion cycle.
- (b) A copy of the letter must be attached to the student's Certificate of Immunization Status on file at the school or facility.
- (c) A photocopied form letter signed by the local health officer may be used by the local health department when the shortage is expected to affect more than one child.
- (d) If the vaccine is still unavailable at the next exclusion cycle, the local health department, with the agreement of the Public Health Division, will not issue Exclusion Orders for the unavailable vaccine.
- (7) The following immunity exemptions satisfy the immunization requirements for the specified vaccines:
- (a) Exemption for Measles, Mumps or Rubella vaccination due to a disease history may be certified by a physician or an authorized representative of the local health department for a child who has immunity based on a health care practitioner's diagnosis;
- (b) Exemption for Measles, Mumps or Rubella vaccination due to a documented immune titer may be certified by a physician or an authorized representative of the local health department;
- (c) Exemption for Hib conjugate vaccination may be certified by a physician or authorized representative of the local health department for a child who experienced invasive Haemophilus influenzae Type b disease at 24 months of age or older;
- (d) Exemption for Varicella vaccine may be signed by the parent for history of varicella. The date of the disease is not required. This exemption will be automatically authorized by the local health department.
- (e) Exemption for Varicella based on laboratory confirmation of immunity may be certified by a physician or authorized representative of the local health department;
- (f) Exemption for Hepatitis B vaccination based on laboratory confirmation of immunity or confirmation of carrier status may be certified by a physician or authorized representative of the local health department; and
- (g) Exemption for Hepatitis A vaccination based on laboratory confirmation of immunity may be certified by a physician or authorized representative of the local health department.
- (8) Children possessing the following medical exemptions are susceptible to the diseases for which they are exempt from vaccination:
- (a) Exemption for measles, mumps, rubella or varicella vaccination may be certified by a physician or an authorized representative of the local health department for a post-pubertal female when she is currently pregnant or there is a significant risk of her becoming pregnant within one month; and
- (b) Exemption for one or more immunizations shall be established by a diagnosis based on a specific medical contraindication certified in a letter from the physician or an authorized representative of the local health department. The vaccines, medical diagnosis, practitioner's name, address and phone number must be documented and attached to the record.
- (9) Exemptions submitted to the school or facility must be in English.
- (10) A child may attend a school or facility under ORS 433.267(1) if the child is up-to-date and remains up-to-date and in compliance with immunization schedules for spacing between doses presented in OAR 333-050-0120.
- (11) If evidence is presented to the local health department that an Exclusion Order was issued in error because a vaccine was given within the four-day grace period recommended by the Advisory Committee on Immunization Practices as published in the General Recommendations

on Immunization, the local health department shall rescind the Exclusion Order. The local health department shall notify the child's school or facility when an Exclusion Order is rescinded.

(12) In situations where a child's vaccine history presents an unusual problem not covered by these rules, the local health department may use its judgment to make a final determination of the child's immunization status.

(13) Religious exemption from immunization requirement is allowed for one or more of the vaccines. Parents must select which vaccines a child is being exempted from by checking the appropriate boxes on the Certificate of Immunization Status.

(14) A child may not be excluded from school until kindergarten for not having the fifth dose of Diphtheria/Tetanus/Pertussis containing vaccine, fourth dose of Polio vaccine or second dose of Measles vaccine.

(15) A child may not be excluded from school until seventh grade for not having Tdap vaccine. [ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0060**

#### **Primary Review of Records**

(1) At least annually the administrator will conduct a primary review of each child's record to determine the appropriate category of each child. This review shall be completed no later than 35 calendar days prior to the third Wednesday in February unless otherwise approved in writing first by the local health department and then by the Public Health Division.

(2) The administrator shall categorize all children as follows:

(a) "Complete";

(b) "Up-to-Date";

(c) "Religious Exemption": This category applies to any child whose incomplete immunizations are covered by a religious exemption;

(d) "Permanent Medical Exemption": This category applies to any child who is susceptible as evidenced by a medical exemption statement on file as specified by OAR 333-050-0050(8), whose medical exemption statement has been reviewed by the local health department and has been determined to be based on a contraindication that is permanent;

(e) "Temporary Medical Exemption": This category applies to any child who is susceptible as evidenced by a medical exemption statement on file as specified by OAR 333-050-0050(8), whose medical exemption statement has not been reviewed by the local health department, or whose medical exemption is not permanent;

(f) "Incomplete";

(g) "Insufficient Information";

(h) "No Record": This category applies to any child with no record on file at the school or facility.

(i) "Children not to be counted": School age children also attending a facility should be counted by the school. Children enrolled in a school but physically attending another school should be counted by the school they physically attend. Children attending a preschool or Head Start program and another facility should be counted by the preschool or Head Start program. Children physically attending more than one child care facility or school should be counted by the facility or school where they attend the most hours.

(3) 35 calendar days prior to the third Wednesday in February, unless otherwise approved in writing first, by the local health department and then by the Public Health Division, the administrator shall provide to the local health department for secondary review:

- (a) Organized alphabetically within category, copies of records or a computer printout of the records for all children with incomplete immunizations or insufficient information;
  - (b) Copies of records of children with a medical exemption, except those records that have been certified by the local health department as having a permanent medical or immunity exemption and are otherwise complete with no further review required.
  - (c) A completed Primary Review Summary form that includes an alphabetical list for each category and includes children with no record. The form must include each child's name, current grade level, parent names and current mailing address. A computer-generated list from a system currently approved by the Public Health Division may be submitted in lieu of the Primary Review Summary form.
  - (4) The administrator shall review the completed Primary Review Summary form for mathematical accuracy and correct any errors before forwarding the completed Primary Review Summary form to the local health department.
  - (5) All copies of records provided to the local health department for secondary review must contain at least the following: The child's name, date of birth, and evidence of immunization or exemption. A copy of the records or a computer printout of the records must be used in place of the original record.
    - (a) Computer printouts and the results from computer-generated immunization assessments (computer outputs) must have the prior approval of the Public Health Division. To receive approval to be used for the primary review report in January, computer printouts and computer outputs must be received by the Public Health Division no later than the last working day of November in the year prior to the year in which the primary review reports are due.
    - (b) The Public Health Division will review computer printouts and computer outputs for essential data elements, the sequence of data elements, and specific test results as calculated by the computerized system.
    - (c) Provisional approval will be given to a computer tracking system after correct assessment has been confirmed for test data and essential data elements in required reports. Computer tracking systems with provisional approval will be reviewed after use during the annual review and exclusion cycle. Final approval will be given after any programming errors identified during the cycle have been corrected by the tracking system and additional reports have been approved by the Public Health Division.
    - (d) The Public Health Division also reserves the right to withdraw computer system approval.
    - (e) When ORS 433.235 through 433.284 and/or these rules are amended, computer systems must be updated within 120 calendar days. The Public Health Division will then allow 60 calendar days for review, needed changes and final approval. Computer outputs that are not in compliance will not be authorized for use during the annual review and exclusion cycle.
  - (6) Additional review cycles for incomplete or insufficient records with specific time-frames are allowable if:
    - (a) Mutually agreed upon by the affected local health department and school or facility.
    - (b) Additional exclusion cycles may be required at the direction of the local health department or the Public Health Division. Exclusion dates shall be no less than 14 calendar days from the date that the Exclusion Orders are mailed.
  - (7) It is the responsibility of the administrator to see that primary review of immunization records is accomplished according to these rules. All or part of the actual review may be delegated by mutual agreement of parties affected to a third party subject to this requirement.
- Stat. Auth.: ORS 433.004 & 433.273  
Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

**333-050-0070**

## **Secondary Review of Records**

(1) The local health department shall conduct a secondary review of those records received from the administrator. The review shall begin 35 calendar days prior to the third Wednesday in February, unless otherwise approved by the Public Health Division.

(2) In conducting secondary review of the records, the local health department shall review the Primary Review Summary for mathematical accuracy. Any errors should be corrected by contacting the affected school or facility. The local health department shall review each child's record that was received for appropriate medical or religious exemptions and then use the Primary Review Table to determine each child's current immunization status for each of the required vaccines, i.e., complete, up-to-date, or incomplete.

(3) The local health department shall indicate on the Primary Review Summary form those children whose records are judged to be:

(a) Complete;

(b) Up-to-date, listing the date that the next required vaccine is due; or

(c) Medically exempt, and whether temporary or permanent.

(4) In the event that any of the above records are original documents, the local health department shall return such records to the administrator.

(5) The local health department shall initiate exclusion procedures for those children whose records are judged to have insufficient information or incomplete immunizations.

(6) Additional secondary review cycles with specific time frames are allowable for incomplete or insufficient records as mutually agreed upon in writing by the affected local health department and school or facility. Exclusion dates shall be no less than 14 calendar days from the date that the Exclusion Orders were mailed.

(7) It is the responsibility of the local health department to see that secondary review of immunization records is accomplished according to these rules. All or part of the actual review may be delegated by mutual agreement of parties affected to a third party subject to this requirement.

[ED. NOTE: Tables referenced are available from the agency]

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

## **333-050-0080**

### **Exclusion**

(1) Exclusion occurs when records have not been received or updated by the starting time of the school or facility on the specified exclusion day.

(2) The local health department may use an Exclusion Order for Incomplete Immunization or Insufficient Information or an Exclusion Order for No Record depending upon the reason the child is found to be in non-compliance with ORS 433.267(1) and these rules:

(a) No later than 21 calendar days from the date that the secondary review began, the local health department shall mail by first class mail an appropriately completed and signed order of exclusion to the parent of each child determined to be out of compliance with these rules. If a student is listed by the school as the "person responsible," the Exclusion Order will be sent to the student. In the event that the local health department has knowledge that the address of the parent provided on the Primary Review Summary form is incorrect, the local health department shall use all reasonable means to notify the parent, including inquiries to the school or facility administrator, to establish the appropriate mailing address and sending home from the school a copy of the Exclusion Order with the child. After all reasonable means have been exhausted, the administrator shall exclude the child on the stated exclusion date. For all orders issued, one copy of the Exclusion Order shall be sent to the administrator and the local health department shall

retain one copy. The local health department shall also retain copies of the records of children to be excluded until notification from the school or facility that such children are in compliance.

(b) The local health department shall indicate on the Primary Review Summary form the status of each child whose records it reviewed and shall submit a copy of that form to the administrator along with copies of Exclusion Orders issued.

(c) The date of exclusion shall be 35 calendar days from the date that the secondary review began. If additional exclusion cycles are conducted, the exclusion dates shall be set at no less than 14 calendar days from the date that the Exclusion Orders are mailed.

(d) For children excluded for insufficient information and/or incomplete immunizations, compliance will be achieved by submitting to the administrator one of the statements allowed in OAR 333-050-0040(1)(d);

(e) For children excluded for no record, compliance will be achieved by submitting to the administrator evidence of immunizations which includes at least one dose of each vaccine required for that grade or age, or a medical, immunity or religious exemption.

(f) When the administrator verifies that the required information has been provided or that an appropriate medical, immunity and/or religious exemption has been provided, the child shall be in compliance with ORS 433.267(1) and these rules and qualified for school or facility attendance.

(g) On the specified date of exclusion, the administrator shall exclude from school or facility attendance all children so ordered by the local health department until the requirements specified by the local health department are verified by the administrator.

(h) The local health department shall maintain copies of immunization records of children excluded and shall maintain contact with administrators regarding the status of such children.

(3) If children whose records are not updated on the specified exclusion day arrive at their school or facility, the administrator shall make every effort to contact their parent by phone. The administrator shall place excluded children in a space away from the other children until their parent arrives to pick them up or until they are returned home by regular school district transportation.

(4) If the excluded children do not meet the requirements specified by the local health department and do not return to school within four school days, it is the responsibility of the public school administrator, as proper authority, to notify the attendance supervisor of the unexcused absence. The attendance supervisor is required to proceed as required in ORS 339.080 and 339.090.

(5) Children who have been issued an Exclusion Order are not entitled to begin or continue in attendance in any school or facility in Oregon while the Exclusion Order is still in effect. Administrators who receive, or are otherwise made aware of the records of a child from another school or facility containing an Exclusion Order, which has not been cancelled, shall notify the parent and immediately exclude the child until the requirements specified on the Exclusion Order are met and verified by the administrator.

(6) Twelve calendar days after the mandatory February exclusion date, the administrator shall ensure: that the Primary Review Summary form returned from the local health department is updated by appropriately marking the current status of each child as specified (including children listed as having no record); that the mathematics on the Primary Review Summary form are accurate; and that a copy of the revised Primary Review Summary form is forwarded to the local health department on that day by first class mail or hand delivery. The administrator shall maintain a file copy of the updated Primary Review Summary form.

(7) The local health department shall review the updated Primary Review Summary form for mathematical accuracy. Any errors should be corrected by contacting the affected school or facility.

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0090**

#### **Review of Exclusion Orders**

(1) If a parent believes an Exclusion Order is in error, the parent shall contact the local health department and request that the local health department review and re-check the information to determine the accuracy of the Exclusion Order.

(2) A local health department shall review and re-check a child's immunization records upon receipt of a request by a parent.

(3) If the Exclusion Order is found by the local health department to be in error, or if compliance is achieved pursuant to OAR 333-050-0080(1)(d) or (e), the Exclusion Order shall be rescinded.

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0095**

#### **School/Facility Compliance**

(1) In the event that a school or facility fails to comply with these rules, the local health department shall make a verbal, documented contact with the non-compliant school or facility that covers:

(a) The specific requirements of the state's immunization law and rules; and

(b) Establishes a four-working-day time frame for the school or facility administrator to comply.

(2) If the school or facility still fails to comply, the local health department shall notify the Public Health Division of the name and address of the school or facility.

(3) The local health department shall send to the Public Health Division, via mail, electronic mail or facsimile, documentation of contacts made with the non-compliant school or facility.

(4) Within six calendar days of notification by the local health department, the Public Health Division shall send a certified letter to the non-compliant school or facility that:

(a) Notifies the school or facility that it is out of compliance and how it is out of compliance with the immunization law and rules;

(b) Establishes seven calendar days to comply before the matter is referred to the Attorney General's office; and

(c) Notifies the school or facility that a civil penalty may be imposed if the school or facility does not comply within seven calendar days.

(5) The Public Health Division shall send copies of the letter to the Child Care Division of the Employment Department, the Department of Education and/or the school district superintendent as appropriate.

(6) The Public Health Division shall notify the local health department of the new due date for compliance.

(7) If the school or facility does not comply by the new due date, the local health department shall notify the Public Health Division.

(8) The Public Health Division may impose a civil penalty on a school or facility does not comply with the immunization law or rules after a notification of non-compliance. Civil penalties will be imposed as follows:

(a) One day late in complying: \$100;

(b) Two days late in complying: \$200;

(c) Three days late in complying: \$300;

(d) Four days late in complying: \$400;

(e) Five days or more late in complying: \$500 per day until there is compliance.

(9) A notice of imposition of civil penalties shall comply with ORS 183.745.

(10) The Public Health Division shall forward all documentation of contacts to the Attorney General's office for action if the school or facility does not comply by the new date.

Stat. Auth.: ORS 431.262, 433.004, 433.273

Stats. Implemented: ORS 431.262, 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0100**

#### **Follow Up**

(1) In the event that the local health department receives records that are original documents from a school or facility, the local health department shall return such records to the administrator.

(2) The administrator shall be responsible for updating records each time the parents, health care practitioner, or an authorized representative of the local health department provides evidence of immunization and/or exemption on each child.

(3) When a person is diagnosed as having one of the following school or facility restrictable diseases:

(a) Diphtheria, Measles, Pertussis, Rubella, Hepatitis A, Varicella or, in children's facilities only, Polio, the local health officer (or designee) may exclude from any school or facility in his or her jurisdiction, any student and/or employee who is susceptible to that disease.

(b) More information on disease restrictions for schools and facilities can be found in OAR 333-019-0010 and 333-019-0014.

(4) The administrator shall maintain a system to track and report susceptible persons. The local health department may request that the list of susceptible persons be sorted by disease susceptibility, classroom, grade, and/or school. The administrator will provide the list within one calendar day of the local health department's request in order to facilitate appropriate disease control measures.

(5) The local health department and/or the Public Health Division may conduct school or facility record validation surveys to ensure compliance with ORS 433.235 through 433.280 and these rules.

(6) The local health department may issue Exclusion Orders as needed for compliance with these rules during the validation survey process.

(7) The Public Health Division may issue Exclusion Orders when the Public Health Division is the recognized Public Health Authority in the county.

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0110**

#### **Annual Reporting Requirements**

(1) The local health department shall submit a County Immunization Status Report to the Public Health Division annually no later than 23 calendar days after the third Wednesday in February.

(2) On or before the last day of March, the Public Health Division shall publicize a summary of the immunization status of children attending schools and facilities for each county.

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433

### **333-050-0120**

#### **Immunizations Schedules for Spacing of Doses**

See **Primary Review Table** for the judgment of compliance or non-compliance with the required immunizations.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 433.004 & 433.273

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0130**

#### **Second Dose Measles in Post Secondary Educational Institution**

- (1) Each post-secondary education institution, except a community college and a private, proprietary vocational school, shall require that each entering full-time student born on or after January 1, 1957, has two doses of measles vaccine prior to the student's second quarter or semester of enrollment on an Oregon campus, using procedures developed by the institution.
- (2) For students subject to subsection (1) of this rule who are attending the institution pursuant to a non-immigrant visa, documentation of measles vaccination must be provided prior to the student attending classes. If the student's first dose of measles vaccine was received less than 30 days prior to attendance, the student has until the beginning of the second term or semester to provide documentation of the second dose.
- (3) The following records may be accepted as adequate proof of two doses of measles vaccine:
  - (a) Written documentation by student, health care practitioner, or an authorized representative of the local health department of the month and year of each dose, on or after the first birthday, with a minimum of 28 days between the first and second dose;
  - (b) No available month and year for the first dose but written documentation by student, health care practitioner, or an authorized representative of the local health department of the month and year of the second dose in or after December, 1989;
  - (c) An unsigned record printout from the statewide immunization information system, Oregon Immunization ALERT; or
  - (d) An unsigned record printout from a computer system approved by the Public Health Division as specified in OAR 333-050-0060(5).
- (4) Each post-secondary education institution under the jurisdiction of the law shall include a medical, immunity and religious exemption.
- (5) Each post-secondary educational institution under the jurisdiction of the law shall develop procedures to implement and maintain this requirement.
- (6) The Public Health Division may conduct validation surveys to ensure compliance.
- (7) A student shall not be excluded from a post-secondary institution for failing to receive a required vaccine if the State Health Officer has determined that there is a vaccine shortage and that is the reason the student has not received the vaccine. Any vaccine that has been waived due to a vaccine shortage will be required at the next term or semester, once the shortage has been lifted.
- (8) The local public health officer, after consultation with the Public Health Division, may allow a student to attend an educational institution without meeting the minimum immunization requirements in case of temporary local vaccine shortage.
  - (a) The local health department shall provide a letter signed by the local health officer to the affected student stating that the vaccine requirement is being postponed. The letter must give guidance to the post-secondary institution about when vaccine is expected to be available.
  - (b) A photocopied form letter signed by the local health officer may be used by the local health department when the shortage is expected to affect more than one student.

Stat. Auth.: ORS 433.004, 433.273 & 433.282

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284

### **333-050-0140**

#### **Second Dose Measles in Community Colleges**

(1) Each community college shall require that students involved in clinical experiences in allied health programs, practicum experiences in education and child care programs and membership on intercollegiate sports teams have two doses of measles vaccine prior to each student's participation. The requirement shall apply only to those students born on or after January 1, 1957, using procedures developed by the institutions.

(2) The following records may be accepted as adequate proof of two doses of measles vaccine:

(a) Written documentation by student, health care practitioner, or an authorized representative of the local health department of the month and year of each dose, on or after the first birthday, with a minimum of 28 days between first dose and second dose;

(b) No available month and year for the first dose but written documentation by student, health care practitioner, or an authorized representative of the local health department of the month and year of the second dose in or after December, 1989;

(c) An unsigned record printout from the statewide immunization information system, Oregon Immunization ALERT; or

(d) An unsigned record printout from a computer system approved by the Public Health Division as specified in OAR 333-050-0060(5).

(3) Each community college under the jurisdiction of the law shall include a medical, immunity and religious exemption.

(4) Each community college shall develop procedures to implement and maintain this requirement.

(5) The Public Health Division may conduct validation surveys to ensure compliance.

(6) A student shall not be excluded from a community college for failing to receive a required vaccine if the State Health Officer has determined that there is a vaccine shortage and that is the reason the student has not received the vaccine. Any vaccine that has been waived due to a vaccine shortage will be required at the next term or semester, once the shortage has been lifted.

(7) The local public health officer, after consultation with the Public Health Division, may allow a student to attend an educational institution without meeting the minimum immunization requirements in case of temporary local vaccine shortage.

(a) The local health department shall provide a letter signed by the local health officer to the affected student stating that the vaccine requirement is being postponed. The letter must give guidance to the community college about when vaccine is expected to be available.

(b) A photocopied form letter signed by the local health officer may be used by the local health department when the shortage is expected to affect more than one student.

Stat. Auth.: ORS 433.004, 433.273 & 433.283

Stats. Implemented: ORS 433.001, 433.004, 433.006 & 433.235 - 433.284