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**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 333  
OREGON HEALTH AUTHORITY  
PUBLIC HEALTH DIVISION

**FILED**

12/24/2024 12:08 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: School, Child Care and College Immunization Administrative Rule Reorganization and Update

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 01/31/2025 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

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Filed By:  
Public Health Division  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 01/16/2025

TIME: 2:00 PM

OFFICER: Staff

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 971-277-2343

CONFERENCE ID: 453277692

SPECIAL INSTRUCTIONS:

This hearing is being held remotely via Microsoft Teams. To provide oral (spoken) testimony during this hearing, please contact [publichealth.rules@odhsoha.oregon.gov](mailto:publichealth.rules@odhsoha.oregon.gov) to register and receive the link for the Microsoft Teams video conference via calendar appointment, or you may access the hearing using the meeting URL above. Alternatively, you may dial 971- 277-2343, Phone Conference ID 453 277 692# for audio (listen) only.

This hearing will close no later than 3:00PM but may close as early as 2:30PM if everyone who signs up to provide testimony has been heard from.

Accessibility Statement: For individuals with disabilities or individuals who speak a language other than English, OHA can provide free help. Some examples are: sign language and spoken language interpreters, real-time captioning, braille, large print, audio, and written materials in other languages. If you need help with these services, please contact the Public Health Division at 971-673-1222, 711 TTY or [publichealth.rules@odhsoha.oregon.gov](mailto:publichealth.rules@odhsoha.oregon.gov) at least 48 hours before the meeting. All relay calls are accepted. To best ensure our ability to provide a modification please contact us if you are considering attending the meeting and require a modification. The earlier you make a request the more likely we can meet the need.

## NEED FOR THE RULE(S)

The Oregon Health Authority, Public Health Division, Oregon Immunization Program is proposing changes to Oregon Administrative Rules (OAR) in chapter 333, division 50, "School Immunization Rules." These proposed rule changes are a reorganization of existing school immunization rules, in OAR chapter 333, division 50. With this reorganization, existing OAR 333-050 will be repealed and replaced with the reorganized rules. These OARs have been added onto and revised many times since the 1980s, and a clean-up is needed for clarity. The goal of the reorganization is to group sections of related topics together so a reader can more easily find information, to make the rules easier to read, and to use inclusive and equity-focused language. Some language will be shortened or removed from OAR because it is already covered by Oregon Revised Statute. Major substantive changes proposed by these rule changes include:

1. Replacing a letter written by a physician with a form filled out by a physician for a medical exemption.
2. Requiring documentation of history of varicella (chickenpox) disease to be verified by a health care practitioner or titer test and removing the allowance of parent-signed history of varicella disease.
3. Changing the annual exclusion day from the third Wednesday in February to the fourth Wednesday in February.

A full description of all changes and the full text of these proposed rules are found below.

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## DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

American Academy of Pediatrics, Red Book: 2024–2027 Report of the Committee on Infectious Diseases (33rd Edition). Appendix IV: Guide to Contraindications and Precautions to Immunizations, 2024.

<https://publications.aap.org/redbook/book/755/chapter-abstract/14084193/Guide-to-Contraindications-and-Precautions-to?redirectedFrom=fulltext>

Centers for Disease Control and Prevention, General Best Practices for Immunization, July 25, 2024.

[https://www.cdc.gov/vaccines/hcp/imz-best-practices/?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](https://www.cdc.gov/vaccines/hcp/imz-best-practices/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)

Oregon Revised Statute Chapter 433 — Disease and Condition Control; Mass Gatherings; Indoor Air, 2024.

[https://www.oregonlegislature.gov/bills\\_laws/ors/ors433.html](https://www.oregonlegislature.gov/bills_laws/ors/ors433.html)

Oregon Administrative Rules Chapter 333, Division 50—School Immunization Rules, 1981-2022.

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1265>

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## STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The proposed rule revisions likely will have minimal effect on racial equity in the state. Reorganizing the rules is administrative in nature and is not anticipated to impact racial equity, as it is an administrative change. Racial equity impacts of the proposed changes are anticipated as follows:

1. Replacing a letter written by a physician with a standardized form filled out by the physician is anticipated to make the process for a medical exemption easier for physicians and local public health staff who review the documentation. It is unknown whether this change will impact racial equity, as no data are available on the racial/ethnic breakdown of medical exemptions.

2. Requiring documentation of history of varicella (chickenpox) disease to be verified by a health care practitioner or titer test and removing the allowance of parent-signed history of varicella disease—The majority of children in the U.S. no longer contract varicella disease because of the vaccine. Varicella disease is not reportable in Oregon, but in four states with continuous passive reporting the incidence of varicella disease has fallen 97% since the vaccine was introduced (Marin et al.). However, a small number of children contract varicella disease, and this change may disproportionately impact communities that have higher rates of history of varicella. Uninsured and underinsured communities who need provider verification, or a titer verification, may be impacted due to their lack of access to a

and affordable healthcare. Newly entering children who come from out of the country, or out of the state, may face challenges in provider verification of their history of disease due to issues accessing out of state/country medical records or difficulty communicating with previous providers. In turn, providers who serve these identified communities may see a disproportionate increase in history verification requests or titer tests.

3. Changing the annual exclusion day from the third Wednesday in February to the fourth Wednesday in February—This change gives parents/guardians an extra week to get immunization or exemption documentation updated with their child's school or children's facility. Data from the Oregon Health Authority show American Indian/Alaska Native, Black and Native Hawaiian/Pacific Islander children have lower routine childhood immunization rates compared to Asian, Hispanic, and white children (Oregon Immunization Program). Giving parents and guardians an additional week may allow more children to get caught up on immunizations and may have a positive impact on reducing the racial disparity in childhood immunizations and reducing the number of students excluded from school.

The additional proposed changes are primarily administrative in nature and little impact on racial equity is anticipated.

#### References:

Marin M, Leung J, Anderson TC, Lopez AS. "Monitoring Varicella Vaccine Impact on Varicella Incidence in the United States: Surveillance Challenges and Changing Epidemiology, 1995-2019. *J Infect Dis.* 2022 Oct 21;226(Suppl 4):S392-S399. doi: 10.1093/infdis/jiac236265855.

Oregon Immunization Program. Oregon Early Childhood Immunization Rates.

<https://public.tableau.com/app/profile/oregon.immunization.program/viz/OregonEarlyChildhoodImmunizationRates/Statewide>

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#### FISCAL AND ECONOMIC IMPACT:

These proposed amendments will have fiscal and economic impact to the Oregon Health Authority, Public Health Division; schools; and children's facilities. See below under "Cost of Compliance" for explanation.

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#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

(1) The Oregon Health Authority, Public Health Division will incur promotional costs to notify the public, schools, children's facilities, post-secondary institutions, and public and private health care providers of the rule changes. Costs to the Public Health Division to implement changes to OAR division 50 relating to school immunization law are estimated as follows: One-time \$2000 to notify interested parties, promote awareness of the rule changes, edit materials, provide technical assistance to schools in making changes to immunization tracking systems, and changing the data collection and reporting computer system. The Public Health Division will absorb these costs into the current budget. Public schools will incur costs to make minor changes to immunization tracking systems. There is no anticipated cost of compliance to the public.

(2)(a) Approximately 1,796 child care and preschool programs and 333 private schools will be affected by changes to these rules. Some of these sites are small businesses, but the Oregon Health Authority doesn't possess the data to accurately estimate how many are small businesses.

(b) No changes anticipated for compliance with these rule revisions.

(c) No changes anticipated for compliance with these rule revisions.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Representatives from child care facilities, private schools, and student information systems served on the administrative rule advisory committees that provided input during the development of these rules.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

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RULES PROPOSED:

333-050-0010, 333-050-0020, 333-050-0030, 333-050-0040, 333-050-0050, 333-050-0060, 333-050-0070, 333-050-0080, 333-050-0090, 333-050-0095, 333-050-0100, 333-050-0110, 333-050-0120, 333-050-0130, 333-050-0140, 333-050-0210, 333-050-0220, 333-050-0230, 333-050-0240, 333-050-0250, 333-050-0260, 333-050-0270, 333-050-0280, 333-050-0290, 333-050-0300, 333-050-0310, 333-050-0320, 333-050-0330, 333-050-0340, 333-050-0350, 333-050-0360, 333-050-0370, 333-050-0380, 333-050-0390, 333-050-0400, 333-050-0410

REPEAL: 333-050-0010

RULE SUMMARY: Repeal OAR 333-050-0010: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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.¶¶~~
- ~~(2) "Complete" means a category assigned to any child whose record indicates that the child is fully immunized or has immunity documentation as specified by OAR 333-050-0050(2) or (6).¶¶~~
- ~~(3) "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.¶¶~~
- ~~(4) "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.¶¶~~
- ~~(5) "Evidence of Immunization" means an appropriately signed and dated statement indicating the month, day and year each dose of each vaccine was received.¶¶~~
- ~~(6) "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.¶¶~~
- ~~(7) "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.¶¶~~
- ~~(8) "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.¶¶~~
- ~~(9) "Exempted Children's Facilities" are those that:¶¶~~
  - ~~(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.¶¶
- (10) "Exemption" means either a documented medical or nonmedical exemption.¶¶
- (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., N.D., nurse practitioners, and physician assistants, or a registered nurse working under the direction of an M.D., D.O., N.D. or nurse practitioner.¶¶
- (12) "Immunity Documentation" 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, on or before the date the Primary Review Summary form is due at the local health department, that the child:¶¶
- (a) Is not fully immunized as required in OAR 333-050-0050(2); and¶¶
- (b) Does not have a completed exemption or immunity documentation for a vaccine for which the child is not fully immunized.¶¶
- (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, and missing doses in the middle of a vaccine series. 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 local public health agency having jurisdiction within the area.¶¶
- (16) "Main Office" means a central administrative location at the school or children's facility where immunization rates are made available to parents.¶¶
- (17) "Medical Exemption" means a document signed by a physician or an authorized representative of the local health department stating that the child should be exempted from receiving specified immunizations based on a medical diagnosis resulting from a specific medical contraindication.¶¶
- (18) "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 (prekindergarten, 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).¶¶
- (19) "Non-Compliance" means failure to comply with any requirement of ORS 433.267(1) or these rules.¶¶
- (20) "Nonmedical Exemption" means a document, on a form prescribed by the Public Health Division, signed by the parent stating that the parent is declining one or more immunizations on behalf of the child, and including documentation of completion of the vaccine educational module or a signature from a health care practitioner verifying discussion of risks and benefits of immunization.¶¶
- (21) "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.¶¶
- (22) "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.¶¶
- (23) "Primary Review Table" means a document provided by the Public Health Division for the judgment of compliance or non-compliance with the required immunizations.¶¶
- (24) "Public Health Division" means the Oregon Health Authority, Public Health Division.¶¶
- (25) "Record" means a statement relating to compliance with the requirements of ORS 433.267(1)(a) through (c)

and these rules.¶¶

(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 nonmedical 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.¶¶

(32) "Vaccine Educational Module" means a resource approved by the Public Health Division to fulfill the requirement of receiving information about the risks and benefits of immunization in order to claim a nonmedical exemption.¶¶

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 433.004, 433.273

Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 - 433.284

REPEAL: 333-050-0020

RULE SUMMARY: Repeal OAR 333-050-0020: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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, a medical or nonmedical exemption, or immunity documentation 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 evidence of immunization, documentation of medical or nonmedical exemption, or immunity documentation.¶¶~~

~~(b) A transferring child provide evidence of immunization, immunity documentation 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, immunity documentation, or an exemption.¶¶~~

~~(3) All children's facilities are required to comply with these rules, including but not limited to certified child care centers, certified family child care homes, child care centers exempt from certification, Head Start programs, preschools and Early Intervention/Early Childhood Special Education child care programs.¶¶~~

~~(4) 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.¶¶~~

~~(5) All schools are required to comply with these rules, including but not limited to 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.¶¶~~

~~(6) 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:¶¶~~

~~(a) Medical and nonmedical exemptions and immunity documentation are included;¶¶~~

~~(b) 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; and¶¶~~

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

~~(7) Nothing in these rules is intended to prevent a person from using or accepting an electronic form, using or accepting an electronic signature as that is defined in ORS 84.004, or using, accepting, transmitting or storing documents electronically.~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~

REPEAL: 333-050-0030

RULE SUMMARY: Repeal OAR 333-050-0030: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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 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.~~

~~Statutory/Other Authority: 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~



RULE SUMMARY: Repeal OAR 333-050-0040: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~333-050-0040~~

~~Statements (Records) Required~~

- ~~(1) The statement initially documenting evidence of immunization, immunity or exemption under ORS 433.267(1)(a) through (c) must be on a Certificate of Immunization Status form or a form approved by the Public Health Division 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 or authorized representative of the local health department and approved by an authorized representative of the local health department;~~
  - ~~(c) A written statement of immunity documentation approved by an authorized representative of the local health department;~~
  - ~~(d) A written statement of nonmedical exemption signed by the parent, including documentation of completion of a vaccine educational module approved by the Public Health Division or signature of a health care practitioner verifying that the risks and benefits of immunizations have been discussed with the parent; or~~
  - ~~(e) A written statement of disease history (immunity documentation) for varicella signed by a parent, physician or authorized representative of the local health department.~~
- ~~(2) If age appropriate, required for the child's grade level, and the child has not claimed an exemption or immunity documentation, a minimum of one dose each of the following vaccines must be received for new enterers 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); [Table not included. See ED. NOTE.]~~
- ~~(3) Evidence of immunization shall include the month, day and year of each dose of each vaccine received and must be appropriately signed and dated to indicate verification by the signer.~~
- ~~(a) If evidence of immunization includes the month and year, but the day of the dose is not provided, the administrator shall attempt to get the day of immunization from the parent, the ALERT Immunization Information System or another source. If no day is obtainable, the administrator may use the last day of the month to assess the immunization status for the child.~~
  - ~~(b) Pre-signed Certificate of Immunization Status forms without vaccine dates are not allowed.~~
  - ~~(c) 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.~~
- ~~(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 (f) 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, ALERT IIS. ALERT IIS 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 IIS 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;~~
  - ~~(e) A written statement signed and dated by the parent; or~~
  - ~~(f) A statement electronically mailed 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, allow the student to enroll conditionally. If immunization records are not received, the~~

school will include the student on the Primary Review Summary report.¶¶

(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, immunity documentation or appropriately signed exemption, the school or facility may contact the local health department to request that an Exclusion Order for No Record be issued, or include the student on the Primary Review Summary report.¶¶

(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 or contact the local health department to request that an Exclusion Order for No Record be issued 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, ALERT IIS 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 a case of vaccine preventable disease the child may be excluded until it is determined that the child is not susceptible or the local health authority has determined that the risk of exposure within the school or facility has passed.¶¶

(12) Evidence of nonmedical exemption must include documentation that the parent has completed a vaccine educational module approved by the Public Health Division or signature from a health care practitioner verifying that risks and benefits of immunization have been discussed with the parent. Information provided must be consistent with information published by the Centers for Disease Control and Prevention, including epidemiology, the prevention of disease through use of vaccination, and the safety and efficacy of vaccines.¶¶

(a) The Public Health Division will make available to parents a no-cost internet based vaccine educational module.¶¶

(A) Criteria for the vaccine educational module must include:¶¶

(i) Information consistent with information published by the Centers for Disease Control and Prevention;¶¶

(ii) Information about the benefits and risks of each vaccine for which a parent is claiming a nonmedical exemption;¶¶

(iii) Information about the epidemiology, prevention of disease through use of vaccination, and the safety and efficacy of vaccines; and¶¶

(B) A person who wishes to have a vaccine educational module approved by the Oregon Health Authority shall submit the module to the medical director of the Public Health Division, Immunization Program. For approval, the vaccine educational module must contain the substantive content of the internet based vaccine educational module made available by the Public Health Division. The medical director must review the module to determine if it meets the criteria in these rules including the requirement that a vaccine educational module present information that is consistent with information published by the Centers for Disease Control and Prevention. Approval or disapproval shall be made in writing. If the module is disapproved the medical director must explain the reasons for disapproval.¶¶

(C) An official certification receipt to provide documentation of completion of the vaccine educational module must be in a form approved by the Public Health Division, Immunization Program.¶¶

(b) A health care practitioner may discuss with the parent the risks and benefits of immunization and provide documentation for the parent to claim a nonmedical exemption.¶¶

(A) The information provided by the health care practitioner must contain the substantive content of Internet based vaccine educational module made available by the Public Health Division. The content may be adjusted to meet individual parents' concerns.¶¶

(B) The health care practitioner will provide documentation to parents on a form prescribed by the Public Health Division that the practitioner has provided vaccine information to the parent.¶¶

(c) Parents claiming a nonmedical exemption must provide documentation of completion of a vaccine educational

module or a signed document from a health care practitioner to the administrator.¶¶

(d) The administrator must keep a copy of the documentation of nonmedical exemption with the child's Certificate of Immunization Status.¶¶

(13) The evidence of nonmedical exemption from a health care practitioner or the viewing of the educational module must:¶¶

(a) Have occurred within 12 months of the parent signing of the nonmedical exemption; and¶¶

(b) Specify the vaccines about which information about the benefits and risks has been provided and for which a nonmedical exemption may be claimed for the child.¶¶

(14) 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 and complete the process for obtaining a nonmedical exemption.

Statutory/Other Authority: ORS 433.004, 433.273

Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284

REPEAL: 333-050-0050

RULE SUMMARY: Repeal OAR 333-050-0050: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

### ~~333-050-0050~~

#### ~~Immunization Requirements~~

- ~~(1) For purposes of this rule, immunization against the following diseases means receipt of any vaccine licensed by the United States Food and Drug Administration (or the 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, within four days prior to 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 at, within four days prior to 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, within four days prior to 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. Vaccine doses given four days or fewer before 12 months of age are acceptable. The second dose must be received at least 24 days after first dose.~~
- ~~(d) Rubella - One dose must be received at or after 12 months of age. Vaccine doses given four days or fewer before 12 months of age are acceptable.~~
- ~~(e) Mumps - One dose must be received at or after 12 months of age. Vaccine doses given four days or fewer before 12 months of age are acceptable.~~
- ~~(f) Haemophilus influenzae Type b (Hib) - 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. Vaccine doses given four days or fewer before the 11th birthday are acceptable. If the first dose was received at or after 18 years of age, the student 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. Vaccine doses given four days or fewer before 12 months of age are acceptable. Second dose, if required, must be received at least 24 days after first dose.~~
- ~~(i) Hepatitis A - Two doses must be received at or after 12 months of age. Vaccine doses given four days or fewer before 12 months of age are acceptable. Beginning school year 2008-2009, the requirement for Hepatitis A vaccine will be phased in by grade. (See Primary Review Table, OAR 333-050-0120.)~~
- ~~(j) Tetanus/Diphtheria/Pertussis booster (Tdap) - One dose must be received at or after seven years of age, unless the last Diphtheria/Tetanus containing vaccine was given less than five years ago.~~
- ~~(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) 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.~~
- ~~(5) 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.¶¶

(6) The following immunity documentation satisfies the immunization requirements for the specified vaccines:¶¶

(a) Immunity documentation 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) Immunity documentation 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) Immunity documentation for Hib 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) Immunity documentation for Varicella vaccine may be signed by the parent for history of varicella. The date of the disease is not required. This immunity documentation will be automatically authorized by the local health department.¶¶

(e) Immunity documentation for Varicella based on laboratory confirmation of immunity may be certified by a physician or authorized representative of the local health department;¶¶

(f) Immunity documentation 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) Immunity documentation for Hepatitis A vaccination based on laboratory confirmation of immunity may be certified by a physician or authorized representative of the local health department.¶¶

(7) 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.¶¶

(8) Exemptions and immunity documentation submitted to the school or facility must be in English.¶¶

(9) 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.¶¶

(10) 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.¶¶

(11) 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.¶¶

(12) A nonmedical exemption from immunization requirement is allowed for one or more of the vaccines. Parents claiming a nonmedical exemption must select which vaccines a child is being exempted from by checking the appropriate boxes on the Certificate of Immunization Status and submit the Certificate of Immunization status and the documentation specified in OAR 333-050-0040(12)(a)(C) or 333-050-0040(12)(b)(B) to the school or facility.

Statutory/Other Authority: ORS 433.004, 433.273

Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284

REPEAL: 333-050-0060

RULE SUMMARY: Repeal OAR 333-050-0060: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

### ~~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 or Up-to-Date";~~

~~(b) "Nonmedical Exemption": This category applies to any child whose incomplete immunizations are covered by a nonmedical exemption;~~

~~(c) "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(6), 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;~~

~~(d) "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(7), whose medical exemption statement has not been reviewed by the local health department, or whose medical exemption is not permanent;~~

~~(e) "Incomplete/Insufficient";~~

~~(f) "No Record": This category applies to any child with no record on file at the school or facility. This category also applies to any child with a nonmedical exemption signed on or after August 1, 2008 with no vaccines selected for nonmedical exemption and with no vaccine dates;~~

~~(g) "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) Thirty-five 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 exemption or immunity documentation 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 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.

Statutory/Other Authority:

Statutes/Other Implemented:

REPEAL: 333-050-0070

RULE SUMMARY: Repeal OAR 333-050-0070: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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 nonmedical exemptions and then use the Primary Review Table to determine each child's current immunization status for each of the required vaccines.~~

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

~~(a) Complete/Up-to-date; or~~

~~(b) Medically exempt, and whether temporary or permanent.~~

~~(4) The local health department shall indicate on the Primary Review Summary form the specific vaccines that the exclusion order will need to be issued for children whose records are judged to be:~~

~~(a) Incomplete/Insufficient; or~~

~~(b) No record.~~

~~(5) In the event that any of the above records are original documents, the local health department shall return such records to the administrator.~~

~~(6) The local health department shall submit an updated copy of the Primary Review Summary form to the administrator.~~

~~(7) The local health department shall initiate exclusion procedures for those children whose records are judged to have insufficient information or incomplete immunizations, or who have no record, in accordance with OAR 333-050-0080.~~

~~(8) 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.~~

~~(9) 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]~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~



REPEAL: 333-050-0080

RULE SUMMARY: Repeal OAR 333-050-0080: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

### 333-050-0080

#### Exclusion-

~~(1) The date of exclusion shall be the third Wednesday in February.¶¶~~

~~(a) 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.¶¶~~

~~(b) 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 shall 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) At least 14 days before the exclusion day, 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.¶¶~~

~~(b) If a student is listed by the school as the "person responsible," the Exclusion Order will be sent to the student.¶¶~~

~~(c) 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.¶¶~~

~~(d) 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, or for one year.¶¶~~

~~(3) 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 in accordance with section (9) of this rule.¶¶~~

~~(4) 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.¶¶~~

~~(5) 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.¶¶~~

~~(6) If the excluded children do not meet the requirements specified by the local health department in accordance with section (9) of this rule 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.¶¶~~

~~(7) 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 that 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.¶¶~~

~~(8) Students in treatment facilities or court-mandated residential correctional facilities, including but not limited to Oregon Youth Authority closed custody sites, are not subject to exclusion. The administrator of such treatment or residential correctional facilities must comply with all other provisions of these rules, including submission of the required reports as specified by these rules. The administrator must ensure that students have complete or up-to-date immunization records, a medical or nonmedical exemption or immunity documentation for all vaccines required for the student's grade.¶¶~~

~~(9) Compliance:¶¶~~

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

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

~~(c) When the administrator verifies that the required information has been provided or that an appropriate immunity documentation or medical or nonmedical 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.~~

~~(10) Twelve calendar days after the mandatory exclusion date, the administrator shall ensure that:~~

~~(a) 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);~~

~~(b) The mathematics on the Primary Review Summary form are accurate including the number of children in the full school or children's facility, kindergarten and seventh grade with:~~

~~(A) The specified number of doses of each vaccine or all the doses required for the child's grade;~~

~~(B) Nonmedical exemptions for each vaccine;~~

~~(C) Nonmedical exemptions from each source, whether documentation from a health care practitioner or vaccine educational module;~~

~~(D) Nonmedical exemptions;~~

~~(E) Medical exemptions; and~~

~~(F) No record.~~

~~(c) A copy of the revised Primary Review Summary form is submitted to the local health department on that day. The administrator shall maintain a file copy of the updated Primary Review Summary form.~~

~~(11) 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.~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~

REPEAL: 333-050-0090

RULE SUMMARY: Repeal OAR 333-050-0090: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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(9), the Exclusion Order shall be rescinded.~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 - 433.284~~

REPEAL: 333-050-0095

RULE SUMMARY: Repeal OAR 333-050-0095: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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 five working 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 that 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.~~

~~Statutory/Other Authority: ORS 431.262, 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 431.262, 433.001, 433.004, 433.006, 433.235 - 433.284~~

REPEAL: 333-050-0100

RULE SUMMARY: Repeal OAR 333-050-0100: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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 or exemption for each child. ¶¶~~

~~(3) Information on disease restrictions for schools and facilities can be found in OAR 333-019-0010 and 333-019-0014. When a child must be excluded from attendance at a school or children's facility in accordance with OAR 333-019-0010(3), the parent of the susceptible child must be notified verbally or in writing by the local health department, school or children's facility administrator or designee when the child is to be excluded and for how long the exclusion will occur. ¶¶~~

~~(4) The administrator shall maintain a system to track and report susceptible persons. The local health department may request that the list of persons susceptible to a disease be sorted by classroom, grade, 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 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.~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~

REPEAL: 333-050-0110

RULE SUMMARY: Repeal OAR 333-050-0110: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

### ~~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 April, the Public Health Division shall publicize a summary of the immunization status of children in schools, children's facilities, kindergarten and seventh grade attending schools and facilities for each local public health jurisdiction.~~
- ~~(3) On or before May 15, the local health department shall make available immunization rates to each school and children's facility in the area served by the local health department, by disease, of children in the local area:~~
  - ~~(a) Compiled from school reports for kindergarten through 12th grade combined; and~~
  - ~~(b) Calculated from ALERT IIS for children 19 months up to kindergarten age.~~
- ~~(4) The local health department may request assistance from the Oregon Health Authority in calculating the rates described in section (3) of this rule.~~
- ~~(5) The administrator of the school or children's facility must make available a summary of the immunization status, for the school or children's facility and local area, by 30 days after the first day of school and by 30 days after the third Wednesday in February.~~
  - ~~(a) The summary of immunization status for the school or children's facility must include:~~
    - ~~(A) The percentage of children with all the doses required for each child's age or grade, by vaccine, for the school or children's facility and for the local area;~~
    - ~~(B) The percentage of children with nonmedical exemptions by vaccine for the school or children's facility;~~
    - ~~(C) The percentage of children with no record for the school or children's facility;~~
    - ~~(D) The percentage of children with medical exemptions for one or more vaccine for the school or children's facility;~~
    - ~~(E) The number of children for whom documentation of immunization status is required at the school or children's facility;~~
    - ~~(F) The number of enrolled children for whom documentation of immunization status is not required at the school or children's facility;~~
    - ~~(G) The number of children 18 months of age and younger in attendance at the school or children's facility who are not required to have completed the full series of vaccines required before kindergarten because of their age.~~
  - ~~(b) Rates must be made available:~~
    - ~~(A) In the main office;~~
    - ~~(B) On the school or children's facility website, if available. Rates may be posted on a social media website, such as Facebook, if this is the primary website for the school or children's facility. Public school rates must also be made available on the district website. If individual school webpages are linked to a district website, a central district webpage containing the required information for each school may be used to comply with this requirement; and~~
    - ~~(C) By sending to a parent of each child for whom documentation of immunization status is required at the school or children's facility, in electronic or paper format, in a clear and easy to understand manner.~~
  - ~~(c) Children's facilities shall make rates available based on the school calendar in the local area.~~
  - ~~(d) Rates may include immunization data collected in the previous school year.~~
- ~~(6) Schools and children's facilities for which immunization records are required for fewer than 10 children in attendance 18 months of age up to kindergarten are exempt from the requirements of OAR 333-050-0110(5) for these children. These sites must still comply with the reporting requirements specified in OAR 333-050-0060 and 333-050-0080.~~
- ~~(7) Schools and children's facilities for which immunization records for a vaccine are required for fewer than 10 students in attendance in kindergarten grade and older are exempt from the requirements of OAR 333-050-0110(5) for that vaccine for these students. These sites must still comply with the reporting requirements specified in OAR 333-050-0060 and 333-050-0080.~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 - 433.284~~

REPEAL: 333-050-0120

RULE SUMMARY: Repeal OAR 333-050-0120: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

~~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: To view tables referenced in rule text, click here to view rule.]~~

~~Statutory/Other Authority: ORS 433.004, 433.273~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~

REPEAL: 333-050-0130

RULE SUMMARY: Repeal OAR 333-050-0130: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

### ~~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 section (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, day and year of each dose, within four days prior to, on or after the first birthday, with a minimum of 24 days between the first and second dose;~~

~~(b) For students born prior to 1984, no available date for the first dose but written documentation by student, health care practitioner, or an authorized representative of the local health department of the month, day and year of the second dose in or after December, 1989;~~

~~(c) An unsigned record printout from the statewide immunization information system, ALERT IIS; 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 and nonmedical exemption and immunity documentation. Signing for a nonmedical exemption requires documentation of a signature of a health care practitioner that the practitioner has reviewed with the student the risks and benefits of immunization or a certificate verifying that the student has completed a vaccine educational module approved by the Public Health Division.~~

~~(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.~~

~~Statutory/Other Authority: ORS 433.004, 433.273, 433.282~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 - 433.284~~



REPEAL: 333-050-0140

RULE SUMMARY: Repeal OAR 333-050-0140: Changes are being proposed in the sequence of subjects covered by these rules, and changes to the language are extensive, so it is necessary to adopt new rules rather than amend existing rules.

CHANGES TO RULE:

### ~~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, day and year of each dose, within four days prior to, on or after the first birthday, with a minimum of 24 days between first dose and second dose;¶¶~~

~~(b) For students born prior to 1984, no available date for the first dose but written documentation by student, health care practitioner, or an authorized representative of the local health department of the month, day and year of the second dose in or after December, 1989;¶¶~~

~~(c) An unsigned record printout from the statewide immunization information system, ALERT IIS; 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 and nonmedical exemption and immunity documentation. Signing for a nonmedical exemption requires documentation of a signature of a health care practitioner that the practitioner has reviewed with the student the risks and benefits of immunization or a certificate verifying that the student has completed a vaccine educational module approved by the Public Health Division.¶¶~~

~~(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.~~

~~Statutory/Other Authority: ORS 433.004, 433.273, 433.283~~

~~Statutes/Other Implemented: ORS 433.001, 433.004, 433.006, 433.235 – 433.284~~

RULE SUMMARY: Adopt OAR 333-050-0210 Definitions

- The following definitions are added to this proposed rule. These were not previously defined in these rules, but are used in these rules so a definition is needed:
  - o “Administrator”—this definition is added to reference the statute where this term is defined.
  - o “ALERT Immunization Information System”—this definition is added to reference the Oregon administrative rules where this term is defined and described.
  - o “Attend” or “attending”—this definition is added to define what attend or attending means in these rules.
  - o “Child”—this definition is added to define what child means in these rules.
  - o “Children’s facility” or “facility”—this definition is added to reference the statute where this term is defined, and to reference the rule that contains exemptions to this definition.
  - o “Electronic signature”—this definition is added to reference the statute where this term is defined.
  - o “Exclusion Day”—this definition is added to define what Exclusion Day means in these rules; this definition changes the Exclusion Day from the third Wednesday in February to the fourth Wednesday in February.
  - o “Exclusion Order” —this definition is added to define what Exclusion Order means in these rules, and combines the definitions of Exclusion Order for Incomplete Immunization or Insufficient Immunization and Exclusion Order for No Record for simplification.
  - o “Immunization” —this definition is added to define what immunization means in these rules.
  - o “Medical Exemption Form”—a specific form for a medical exemption is added to these rules, so this definition with the specifications for the form is added.
  - o “Parent”—this definition is added to reference the statute where this term is defined.
  - o “Physician”—this definition is added to reference the statute where this term is defined.
  - o “School”—this definition is added to reference the statute where this term is defined.
  - o “School Year” —this definition is added to define what a school year means in these rules.
- The following definitions have significant proposed changes:
  - o “Contraindication” = adds “or precaution”, adds “a medical diagnosis of”, to allow for medically diagnosed reasons to not immunize based on contraindications and precautions, aligning language with that of the American Academy of Pediatrics and the Advisory Committee on Immunization Practices.
  - o “Immunity Documentation” = changes to a health care practitioner “with authority to diagnose disease” instead of physician, adds “clinical laboratory”. These changes expand allowances for immunity documentation, so that a parent has more sources from which to obtain this documentation if immunity documentation is relevant for the child.
  - o “Health Care Practitioner” = changes from an exhaustive list to a non-exhaustive list of practitioners with authority to order immunizations. This change clarifies the definition is based on the authority to order immunizations rather than an exhaustive list of practitioner types.
  - o “Local health department” = this definition now references ORS 431.003 to align with statute.
  - o “Medical Exemption” = removes that it needs to be a “document”, as the document is covered in the new definition for “medical exemption form”, and adds that a medical exemption can be permanent or temporary for clarification.
  - o “Newly entering child” = changes from the term “new enterer” to align with ORS 433.267.
  - o “Nonmedical Exemption” = changes the definition to “a parent is declining one or more immunizations on behalf of the child for non-medical reasons” rather than a document, as the documentation requirement is covered elsewhere in these rules.
  - o “Post-Secondary Education Institution” = changes the jurisdiction to Higher Education Coordinating Commission to reflect the current name.
  - o “Susceptible” = changes to the meaning in OAR 333-019-0010 to align the rules and avoid the confusion of having two separate definitions in related rules.
  - o “Transferring Child” = this definition now references ORS 433.267 to align with statute.
- The following definitions were removed from these proposed rules:

- o "County Immunization Status Report"—this definition was removed as this report is no longer submitted. County immunization information is compiled in a data entry system and separate report is no longer needed.
- o "Exclusion Order for Incomplete Immunization or Insufficient Information" —this definition was removed as it is covered under Exclusion Order.
- o "Exclusion Order for No Record"—this definition was removed as it is covered under Exclusion Order.
- o "Exempted Children's Facilities"—this definition was removed as these programs are now covered under the definition of children's facility.
- o "Non-Compliance"—this term is described in rule now but removed from definitions.
- o "Primary Review Summary"—this term is now referred to as "Immunization Report" in the rules and removed from definitions.
- o "Primary Review Table" —this term is described in rule now but removed from definitions.
- o "Restrictable Disease"—this definition was removed as restrictable diseases are covered in OAR chapter 333, division 19, not these rules.

CHANGES TO RULE:

333-050-0210

Definitions

As used in OAR 333-050-0210 through 333-050-0410:

- (1) "Administrator" has the meaning given that term in ORS 433.235.
- (2) "ALERT Immunization Information System" means the system defined and described in OAR chapter 333, division 49.
- (3) "Attend" or "attending" means:
  - (a) Enrolled with a school or children's facility and being physically present for any reason at the school or facility.
  - (b) Residing on the premises of a children's facility or school on five or more days in a given school year.
  - (c) For home-schooled, private, or special education students or students in other non-traditional educational settings subject to these rules:
    - (A) Meeting with an instructor in a school building five or more days during a school year; or
    - (B) Participating in sports, field trips or other activities through a school-sponsored program five or more times per school year.
- (4) "Certificate of Immunization Status" means a form provided by the Public Health Division (Division) or other documentation approved by the Division in accordance with OAR 333-050-0300.
- (5) "Child" means:
  - (a) An individual of any age up to the age of 18; or
  - (b) An individual of any age in any grade through 12th grade.
- (6) "Children's facility" or "facility":
  - (a) Has the meaning given that term in ORS 433.235, and includes but is not limited to certified child care centers, certified family child care homes, child care centers exempt from certification, Head Start programs, preschools and Early Intervention/Early Childhood Special Education programs.
  - (b) Does not mean facilities or programs classified as exempt under OAR 333-050-0220.
- (7) "Complete" means a record indicating that a child is fully immunized as required in OAR 333-050-0240 or has immunity documentation, as specified in OAR 333-050-0260, to each disease against which the child is not fully vaccinated.
- (8) "Contraindication or precaution" means a medical diagnosis of a physical condition or disease that renders a particular vaccine improper or undesirable for a child in accordance with the current recommendations of the Advisory Committee on Immunization Practices, U.S. Department of Health and Human Services, U.S. Centers for Disease Control and Prevention, or the American Academy of Pediatrics.
- (9) "Electronic signature" has the meaning given that term in ORS 84.004.
- (10) "Evidence of immunization" means a record that complies with the requirements in OAR 333-050-0240 that indicates the month, day and year of receipt of each dose of a vaccine.
- (11) "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 433.255, 433.260, or 433.267(1), and these rules.
- (12) "Exclusion Day" means the fourth Wednesday in February, unless a different date is identified by the Public Health Division, in accordance with OAR 333-050-0310.

- (13) "Exclusion order" means an order issued by the local health department prohibiting a child from attending a school or children's facility because the school or children's facility does not have documentation for the child required by ORS 433.267(1) or (2) and these rules.¶
- (14) "Exemption" means either a documented medical or nonmedical exemption.¶
- (15) "Health care practitioner" means:¶
- (a) A practitioner of the healing arts who has within the scope of the practitioner's license, the authority to order immunizations, including but not limited to individuals licensed to practice by the Oregon Medical Board, Oregon Board of Naturopathic Medicine, and nurse practitioners licensed by the Oregon State Board of Nursing, or the equivalent licensing board in other states; and¶
- (b) For purposes of OAR 333-050-0270(2) includes registered nurses and physician associates.¶
- (16) "Immunity documentation" means documentation that meets the requirements in OAR 333-050-0260 from a health care practitioner with authority to diagnose disease, or from a representative of the local health department, or a clinical laboratory.¶
- (17) "Immunization" means a vaccine authorized, approved or licensed by the United States Food and Drug Administration (or the foreign equivalent) for the prevention of a particular disease.¶
- (18) "Incomplete" means a record indicating that a child:¶
- (a) Is not fully immunized as required in OAR 333-050-0240; and¶
- (b) Does not have a completed exemption or immunity documentation for a disease for which the child is not fully vaccinated.¶
- (19) "Insufficient" means a record that does not have enough information to make a proper determination about a child's immunization status or has information that is clearly in error.¶
- (20) "Local health department" has the meaning given that term in ORS 431.003, or if the local public health authority has transferred its authority to the Oregon Health Authority (Authority) under ORS 431.382, means the entity identified by the Authority to conduct the activities required by a local health department under these rules.¶
- (21) "Main office" means a central administrative location at the school or children's facility where immunization rates are made available to parents.¶
- (22) "Medical exemption" means that, based on a contraindication or precaution, a child should not receive a specified immunization, either temporarily or permanently, depending on the duration of the contraindication or precaution.¶
- (23) "Medical exemption form" means a document prescribed by the Oregon Health Authority and completed by a physician or a representative of the local health department for the purpose of claiming a medical exemption that includes, at a minimum, the following:¶
- (a) Child's name.¶
- (b) Child's birth date.¶
- (c) Child's medical condition that contraindicates or is a precaution to a vaccine.¶
- (d) List of vaccines for which there is a contraindication or precaution.¶
- (e) The duration of the contraindication or precaution, or approximate time until the child's condition resolves, if applicable.¶
- (f) Physician's name.¶
- (g) Physician's signature.¶
- (h) Physician's license number.¶
- (i) Physician's contact information including the phone number.¶
- (24) "Newly entering child" has the meaning given that term in ORS 433.267.¶
- (25) "Nonmedical exemption" means the declination by a parent of one or more immunizations on behalf of the child for reasons other than those constituting medical exemptions.¶
- (26) "Parent" has the meaning given that term in ORS 433.235.¶
- (27) "Physician" has the meaning given that term in ORS 433.235.¶
- (28) "Post-secondary education institution" means:¶
- (a) A state institution of higher education under the jurisdiction of the Higher Education Coordinating Commission;¶
- (b) A community college operated under ORS chapter 341;¶
- (c) A school or division of Oregon Health and Science University; or¶
- (d) A school located in Oregon described in OAR 583-030-0005 or classified as exempt under ORS 348.604.¶
- (29) "Public Health Division" means the Oregon Health Authority, Public Health Division.¶
- (30) "Record" means a document described in ORS 433.267(1).¶
- (31) "School": ¶
- (a) Has the meaning given that term in ORS 433.235, and includes but is not limited to public schools, private schools, charter schools, alternative education programs, any program that provides educational instruction

designed to lead toward a high school diploma, and residential, correctional, or treatment program settings that provide K-12 educational instruction to children who are residents. ¶

(b) Does not mean institutions or programs classified as exempt under OAR 333-050-0220.¶

(32) "School year" means an academic year as adopted by the school or school district (usually September through June).¶

(33) "Susceptible" has the meaning given that term in OAR 333-019-0010.¶

(34) "These rules" means OAR 333-050-0210 through 333-050-0410.¶

(35) "Transferring child" has the meaning given that term in ORS 433.267.¶

(36) "Up-to-date" means not complete with required immunizations but currently on schedule and not subject to exclusion, based on the immunization schedule for spacing doses, as prescribed in the Primary Review Table described in OAR 333-050-0240(1).¶

(37) "Vaccine educational module" means an education module approved by the Public Health Division to fulfill the requirement in ORS 433.267 to claim a nonmedical exemption.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0220

RULE SUMMARY: Adopt OAR 333-050-0220 Exempt Children's Facility and Schools. This proposed rule is added to describe those children's facilities and schools that are exempt from the requirements of these rules. This proposed rule consists of text that was taken from previous OAR 333-050-0010 and 333-050-0020. The significant changes to this text are as follows:

- Registered family child care homes are proposed to be exempt from all requirements of these rules, rather than part of the requirements, because exemption from all of the rules is what statute permits.

CHANGES TO RULE:

333-050-0220

Exempt Childrens Facility and Schools

The following schools and children's facilities are exempt from the requirements in these rules: ¶

(1) Schools and facilities whose primary purpose is to supervise the training of children in a specific subject including but not limited to, dancing, drama, or music.¶

(2) Schools and facilities whose primary purpose is related to children's group athletic or social activities sponsored by or under the supervision of an organized club or hobby group.¶

(3) Schools and facilities operated at a location where children may only attend on a limited basis not more than four different days per year.¶

(4) Schools and facilities operated on an occasional basis by a person, sponsor, or organization not ordinarily engaged in providing child care.¶

(5) Registered family child care homes, as defined in OAR 414-205-0010.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0230

RULE SUMMARY: Adopt OAR 333-050-0230 Documentation Requirements to Attend a Children's Facility or School. This proposed rule is added to describe what documentation a parent needs to provide for a child to attend a children's facility or school in Oregon. This proposed rule consists of text that was taken from previous OAR 333-050-0020, 333-050-0030, and 333-050-0040. The significant changes to this text are as follows:

- For newly entered children, the new text clarifies but does not change the process of submitting immunization documentation.
- For transferring children, the new text clarifies but does not change the process of submitting immunization documentation.
- For children at drop-in child care facilities, the new text clarifies but does not change the process of submitting immunization documentation.
- The section about electronic documents and signatures is moved from OAR 333-050-0020 but not substantially changed.
- Text about adopting additional or more stringent requirements than statute or rules is removed from this rule, as it is covered in ORS 433.284.

CHANGES TO RULE:

### 333-050-0230

#### Documentation Requirements to Attend a Childrens Facility or School

(1) Prior to attending any children's facility or school in Oregon, the parent of a newly entering child must submit to the administrator:¶

(a) Documentation of a minimum of one dose of each vaccine required for the child's age and grade as identified in OAR 333-050-0240 through 333-050-0250;¶

(b) A medical or nonmedical exemption from vaccinations in accordance with OAR 333-050-0270; or ¶

(c) Immunity documentation, in accordance with OAR 333-050-050-0260.¶

(2) If a transfer record does not arrive from a previous school within 30 days, the parent of a transferring child must submit to the administrator:¶

(a) Documentation of required immunizations as identified in OAR 333-050-0240 through 333-050-0250;¶

(b) A medical or nonmedical exemption from vaccinations in accordance with OAR 333-050-0270; or ¶

(c) Immunity documentation, in accordance with OAR 333-050-050-0260.¶

(3) For children's facilities providing drop-in child care, the parent of a newly entering child must submit to the administrator the same information required in section (1) of this rule prior to the child attending on the fifth visit.¶

(4) Nothing in this rule is intended to prevent a person from using or accepting an electronic document, using or accepting an electronic signature, or using, accepting, transmitting or storing documents electronically.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

RULE SUMMARY: Adopt OAR 333-050-0240 Immunization Requirements. This proposed rule is added to describe the immunization requirements for a child seeking to attend a children's facility or school in Oregon. This proposed rule consists of text that was taken from previous OAR 333-050-0050 and 333-050-0120. The significant changes to this text are as follows:

- In situations where a child's immunization history makes it difficult to determine whether the child has received all of the required immunizations, it is now proposed that an administrator requests that the local health department make a final determination of the child's immunization status. The previous rule did not include the administrator in this process, but the administrator is needed because the school or children's facility has the child's immunization history, so the administrator needs to contact the local health department before a determination about the record can be made.
- The Immunization Primary Review Table from OAR 333-050-0120 includes modifications to:
  - o Delete the hepatitis A phase-in schedule. The phase-in of the hepatitis A vaccine to upper grade levels was finished in 2021, so this schedule is no longer needed.
  - o Add a specification to DTaP vaccine that a child with three doses who is less than 18 months of age is up-to-date for that vaccine. This scenario is missing from the existing table, so it is being added.
  - o Add a specification to varicella vaccine that a child with the second dose given prior to 12 months of age is incomplete for that vaccine. This scenario is missing from the existing table, so it is being added.
  - o Add a specification to measles vaccine that if the first dose was received prior to 12 months of age and the second dose was received less than two months ago, the child is up-to-date for that vaccine. This scenario is missing from the existing table, so it is being added.
  - o Add a specification to measles vaccine that if the first dose was received prior to 12 months of age and the second dose was received two or more months ago, the child is incomplete for that vaccine. This scenario is missing from the existing table, so it is being added.
  - o Add a specification for hepatitis B vaccine that for a person with two doses, if the first dose was given at or after 18 years of age, or within four days prior to age 18 years, then the person is complete for that vaccine. This scenario is missing from the existing table, so it is being added.
  - o Clarify that when a vaccine is not required, the child is considered complete for that vaccine.

CHANGES TO RULE:

333-050-0240

Immunization Requirements

(1) The following are required immunizations for children attending a school or children's facility, along with the required number of doses for the child's age or grade as described in the Primary Review Table, incorporated by reference and provided as an attachment at the end of this rule, unless a child has immunity documentation for certain diseases listed in OAR 333-050-0260, or a child has a medical or nonmedical exemption. ¶

(a) Diphtheria/Tetanus/Pertussis containing vaccine (DTaP) - Five doses unless:¶

(A) The fourth dose was given on or after the fourth birthday, then only four doses are required. The fourth dose given within four days prior to the fourth birthday is acceptable; or¶

(B) The third dose was given on or after the seventh birthday, then only three doses are required. The third dose given within four days prior to the seventh birthday is acceptable. ¶

(b) Tetanus/Diphtheria/Pertussis booster (Tdap) - One dose given on or after the seventh birthday. A dose given within four days prior to the seventh birthday is acceptable. ¶

(c) Polio - Four doses unless:¶

(A) The third dose was given on or after the fourth birthday, then only three doses are required. The third dose given within four days prior to the fourth birthday is acceptable; or¶

(B) The child is 18 years of age or older. Polio vaccination at or after the 18th birthday is not required.¶

(d) Varicella - One dose given on or after the first birthday. A dose given within four days prior to the first birthday is acceptable, unless:¶

(A) The first dose was received at or after 13 years of age, in which case, two doses are required. ¶

(B) If a second dose is required, the second dose must be received at least 24 days after first dose. ¶

(e) Measles - Two doses given on or after the first birthday. A dose given within four days prior to the first birthday



is acceptable. The second dose must be received at least 24 days after first dose.¶

(f) Mumps - One dose is required, given on or after the first birthday. A dose given within four days prior to the first birthday is acceptable. ¶

(g) Rubella - One dose given on or after the first birthday. A dose given within four days prior to the first birthday is acceptable. ¶

(h) Hepatitis B - Three doses unless:¶

(A) The first dose was given on or after the 11th birthday, and the second dose was given at least four months after the first dose, in which case only two doses are required. The first dose given within four days prior to the 11th birthday is acceptable; or¶

(B) The first dose was received at or after 18 years of age, in which case the student is complete with two doses.¶

(i) Hepatitis A - Two doses given on or after the first birthday. A dose given within four days prior to the first birthday is acceptable.¶

(j) Haemophilus influenzae Type b (Hib) - Up to four doses depending on the child's current age and when previous doses were administered.¶

(2) If there is a lapse of time between doses longer than that recommended by the standard described in the Primary Review Table in section (1) of this rule, the dose still counts for purposes of compliance with these rules.¶

(3) In situations where a child's immunization history makes it difficult to determine whether the child has received all of the required immunizations, the administrator must request that the local health department make a final determination of the child's immunization status.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

# Immunization Primary Review Table

## Use for School/Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

### DTAP CHILDHOOD SERIES: REQUIRED FOR CHILDREN'S FACILITIES AND GRADES K - 12

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
Diphtheria/ Tetanus/ Pertussis Containing Vaccines	0 DOSES	CHILD IS UNDER 2 MONTHS OF AGE	UP-TO-DATE	NO
		CHILD IS 2 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
DTP DTaP DT Td Tdap	1 DOSE	LESS THAN 2 MONTHS AGO OR CHILD IS LESS THAN 4 MONTHS OF AGE	UP-TO-DATE	NO
		2 MONTHS OR MORE AGO AND CHILD IS 4 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
DTP DTaP DT Td Tdap	2 DOSES	DOSE 1 RECEIVED AT OR AFTER 1 <sup>ST</sup> BIRTHDAY AND DOSE 2 RECEIVED LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		DOSE 1 RECEIVED AT OR AFTER 1 <sup>ST</sup> BIRTHDAY AND DOSE 2 RECEIVED 12 MONTHS OR MORE AGO	INCOMPLETE	YES
		CHILD IS 7 YEARS OF AGE OR OLDER AND DOSE 2 RECEIVED LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		CHILD IS 7 YEARS OF AGE OR OLDER AND DOSE 2 RECEIVED 12 MONTHS OR MORE AGO	INCOMPLETE	YES
		DOSE 2 RECEIVED LESS THAN 2 MONTHS AGO OR CHILD IS LESS THAN 6 MONTHS OF AGE	UP-TO DATE	NO
		DOSE 2 RECEIVED 2 MONTHS OR MORE AGO AND CHILD IS 6 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
		DOSE 3 RECEIVED AT OR AFTER 7 <sup>TH</sup> BIRTHDAY (or within 4 days prior to the 7 <sup>th</sup> birthday)	COMPLETE	NO
3 DOSES	DOSE 3 RECEIVED LESS THAN 12 MONTHS AGO	DOSE 3 RECEIVED LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		DOSE 1 RECEIVED AT OR AFTER 1 <sup>ST</sup> BIRTHDAY AND CHILD IS LESS THAN 4 YEARS OF AGE	UP-TO-DATE	NO
		<u>CHILD IS LESS THAN 18 MONTHS OF AGE</u>	<u>UP-TO-DATE</u>	<u>NO</u>
		DOSE 3 RECEIVED 12 MONTHS OR MORE AGO AND CHILD IS 18 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
		DOSE 4 WAS GIVEN AT OR AFTER 4 <sup>TH</sup> BIRTHDAY (or within 4 days prior to the 4 <sup>th</sup> birthday)	COMPLETE	NO
4 DOSES	DOSE 4 WAS BEFORE 4 <sup>TH</sup> BIRTHDAY AND CHILD IS LESS THAN KINDERGARTEN GRADE	DOSE 4 WAS BEFORE 4 <sup>TH</sup> BIRTHDAY AND CHILD IS LESS THAN KINDERGARTEN GRADE	UP-TO-DATE	NO
		DOSE 4 WAS RECEIVED BEFORE 4 <sup>TH</sup> BIRTHDAY AND CHILD IS KINDERGARTEN OR HIGHER GRADE	INCOMPLETE	YES
		5 DOSES	COMPLETE	NO

For students in grades 7-12 who are complete for the DTaP series, please see page 8 for the Tdap assessment.

**To request this material in other languages, large print, braille or a format you prefer, contact the Oregon Immunization Program at 800-980-9431 or [Oregon.imm@odhsoha.oregon.gov](mailto:Oregon.imm@odhsoha.oregon.gov). an alternate format (e.g. Braille), call (971) 673-0300.**

# Immunization Primary Review Table

## Use for School/Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>Polio</b>	0 DOSES	CHILD IS LESS THAN 2 MONTHS OF AGE	UP-TO-DATE	NO
		STUDENT IS 18 YEARS OF AGE OR OLDER – <u>Not Required</u>	<del>NOT REQUIRED</del> <u>COMPLETE</u>	NO
		CHILD IS 2 MONTHS OF AGE OR OLDER AND LESS THAN 18 YEARS OF AGE	INCOMPLETE	YES
	1 DOSE	DOSE 1 RECEIVED LESS THAN 2 MONTHS AGO OR CHILD IS LESS THAN 4 MONTHS OF AGE	UP-TO-DATE	NO
		DOSE 1 RECEIVED 2 MONTHS OR MORE AGO, AND CHILD IS AT LEAST 4 MONTHS OF AGE, AND IS LESS THAN 18 YEARS OF AGE	INCOMPLETE	YES
	2 DOSES	DOSE 2 RECEIVED LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		CHILD IS LESS THAN 18 MONTHS OF AGE	UP-TO-DATE	NO
		DOSE 2 RECEIVED 12 MONTHS OR MORE AGO AND CHILD IS LESS THAN 18 YEARS OF AGE	INCOMPLETE	YES
	3 DOSES	DOSE 3 RECEIVED ON OR AFTER 4 <sup>TH</sup> BIRTHDAY (or within 4 days of the 4 <sup>th</sup> birthday)	COMPLETE	NO
		DOSE 3 RECEIVED LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		CHILD IS LESS THAN KINDERGARTEN GRADE	UP-TO-DATE	NO
		DOSE 3 RECEIVED 12 MONTHS OR MORE AGO, AND CHILD IS KINDERGARTEN OR HIGHER GRADE, AND LESS THAN 18 YEARS OF AGE	INCOMPLETE	YES
	4 DOSES	COMPLETE	COMPLETE	NO

# Immunization Primary Review Table

## Use for School/Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>Varicella</b>	0 DOSES	HISTORY OF CHICKENPOX DISEASE AT ANY AGE (DISEASE DATE NOT REQUIRED)	COMPLETE	NO
		NOT RECEIVED AND CHILD IS UNDER 18 MONTHS OF AGE	UP-TO-DATE	NO
		NOT RECEIVED AND CHILD IS 18 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	1 DOSE	RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months, AND PRIOR TO 13 YEARS OF AGE	COMPLETE	NO
		RECEIVED PRIOR TO 12 MONTHS OF AGE AND CHILD IS LESS THAN 18 MONTHS	UP-TO-DATE	NO
		RECEIVED PRIOR TO 12 MONTHS OF AGE AND CHILD IS 18 MONTHS OR OLDER	INCOMPLETE	YES
		RECEIVED AT OR AFTER 13 YEARS OF AGE AND LESS THAN TWO MONTHS AGO	UP-TO-DATE	NO
		RECEIVED AT OR AFTER 13 YEARS OF AGE AND TWO MONTHS OR MORE AGO	INCOMPLETE	YES
		2 DOSES	AT LEAST ONE DOSE GIVEN BETWEEN THE AGES OF <del>TWELVE</del> <u>12</u> MONTHS, or within 4 days prior to age 12 months, -AND <del>TWELVE</del> <u>12</u> YEARS <u>OF AGE</u>	COMPLETE
	2 DOSES	FIRST DOSE GIVEN AT OR AFTER 13 YEARS OF AGE, AND SECOND DOSE GIVEN 24 OR MORE DAYS AFTER THE FIRST DOSE	COMPLETE	NO
		CHILD IS LESS THAN 18 MONTHS OF AGE	UP-TO-DATE	NO
		SECOND DOSE GIVEN FEWER THAN 24 DAYS AFTER THE FIRST DOSE AND LESS THAN TWO MONTHS AGO	UP-TO-DATE	NO
		SECOND DOSE GIVEN FEWER THAN 24 DAYS AFTER THE FIRST DOSE AND TWO OR MORE MONTHS AGO	INCOMPLETE	YES
		<del>SECOND DOSE GIVEN PRIOR TO 12 MONTHS OF AGE</del>	<del>INCOMPLETE</del>	<del>YES</del>
	3 DOSES	COMPLETE	COMPLETE	NO

# Immunization Primary Review Table

## Use for School/Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

### MEASLES, MUMPS AND RUBELLA: REQUIRED FOR CHILDREN'S FACILITIES AND GRADES K - 12

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>MMR (Measles, Mumps, and Rubella)</b>	0 DOSES	CHILD IS UNDER 15 MONTHS OF AGE	UP-TO-DATE	NO
		CHILD IS 15 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	1 DOSE	RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months	Measles: UP-TO-DATE Mumps and Rubella: COMPLETE	NO
		RECEIVED PRIOR TO 12 MONTHS OF AGE AND CHILD IS UNDER 15 MONTHS OF AGE	UP-TO-DATE	NO
		RECEIVED PRIOR TO 12 MONTHS OF AGE AND CHILD IS 15 MONTHS OF AGE OR OLDER	INCOMPLETE	YES

### SECOND DOSE MEASLES: REQUIRED ONLY FOR STUDENTS GRADES K - 12

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>Second Dose Measles</b>  (Measles or MMR)	0 DOSES	NOT RECEIVED	INCOMPLETE	YES
	1 DOSE	RECEIVED LESS THAN TWO MONTHS AGO	UP-TO-DATE	NO
		RECEIVED TWO MONTHS OR MORE AGO	INCOMPLETE	YES
	2 DOSES	FIRST DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months, AND SECOND DOSE GIVEN 24 DAYS OR MORE AFTER THE FIRST DOSE	COMPLETE	NO
		<u>FIRST DOSE RECEIVED PRIOR TO 12 MONTHS OF AGE AND SECOND DOSE RECEIVED LESS THAN TWO MONTHS AGO</u>	<u>UP-TO-DATE</u>	<u>NO</u>
		<u>FIRST DOSE RECEIVED PRIOR TO 12 MONTHS OF AGE AND SECOND DOSE RECEIVED TWO OR MORE MONTHS AGO</u>	<u>INCOMPLETE</u>	<u>YES</u>
		SECOND DOSE GIVEN FEWER THAN 24 DAYS AFTER THE FIRST DOSE AND LESS THAN TWO MONTHS AGO	UP-TO-DATE	NO
		SECOND DOSE GIVEN FEWER THAN 24 DAYS AFTER THE FIRST DOSE AND TWO OR MORE MONTHS AGO	INCOMPLETE	YES
3 DOSES	COMPLETE	COMPLETE	NO	

# Immunization Primary Review Table

Use for School/Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>Hepatitis B</b>	0 DOSES	CHILD IS LESS THAN 2 MONTHS OF AGE	UP-TO-DATE	NO
		CHILD IS 2 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	1 DOSE	RECEIVED AT OR AFTER 11 YEARS OF AGE, or within 4 days prior to age 11 years, AND LESS THAN 6 MONTHS AGO	UP-TO-DATE	NO
		RECEIVED AT OR AFTER 11 YEARS OF AGE-, or within 4 days prior to age 11 years, AND 6 MONTHS OR MORE AGO	INCOMPLETE	YES
		RECEIVED BEFORE 11 YEARS OF AGE AND LESS THAN 2 MONTHS AGO OR CHILD IS_LESS THAN 4 MONTHS OF AGE	UP-TO-DATE	NO
		RECEIVED BEFORE 11 YEARS OF AGE, 2 MONTHS OR MORE AGO AND CHILD IS 4 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	2 DOSES	1 <sup>st</sup> <u>FIRST</u> DOSE RECEIVED AT OR AFTER 11 YEARS OF AGE-, or within 4 days prior to age 11 years, AND 2 <sup>nd</sup> <u>SECOND</u> DOSE RECEIVED AT LEAST 4 MONTHS AFTER 1 <sup>st</sup> DOSE	COMPLETE	NO
		<u>FIRST DOSE RECEIVED AT OR AFTER 18 YEARS OF AGE, or within 4 days prior to age 18 years</u>	<u>COMPLETE</u>	<u>NO</u>
		RECEIVED LESS THAN 5 MONTHS AGO	UP-TO-DATE	NO
		RECEIVED 5 MONTHS OR MORE AGO AND CHILD IS LESS THAN 18 MONTHS OLD	UP-TO-DATE	NO
		RECEIVED 5 MONTHS OR MORE AGO AND CHILD IS 18 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	3 DOSES	COMPLETE	COMPLETE	NO

# Immunization Primary Review Table

## Use for School/Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

**Hepatitis A** ~~This requirement is phased in by grades through School Year (SY) 2020/21  
SY 2014/15 — Children's facilities, Head Start, Preschool, Kindergarten, and grades 1-6  
SY 2015/16 — Children's facilities, Head Start, Preschool, Kindergarten, and grades 1-7  
SY 2016/17 — Children's facilities, Head Start, Preschool, Kindergarten, and grades 1-8  
SY 2017/18 — Children's facilities, Head Start, Preschool, Kindergarten, and grades 1-9  
SY 2018/19 — Children's facilities, Head Start, Preschool, Kindergarten, and grades 1-10  
SY 2019/20 — Children's facilities, Head Start, Preschool, Kindergarten, and grades 1-11  
SY 2020/21 — Children's facilities, Head Start, Preschool, Kindergarten and all students grades 1-12~~

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>Hepatitis A</b>	0 DOSES	CHILD IS LESS THAN 18 MONTHS OF AGE	UP-TO-DATE	NO
		CHILD IS 18 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	1 DOSE	RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months, AND LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months, AND 12 OR MORE MONTHS AGO	INCOMPLETE	YES
		RECEIVED PRIOR TO 12 MONTHS OF AGE AND CHILD IS LESS THAN 18 MONTHS OF AGE	UP-TO-DATE	NO
		RECEIVED PRIOR TO 12 MONTHS OF AGE AND CHILD IS 18 MONTHS OR OLDER	INCOMPLETE	YES
	2 DOSES	BOTH DOSES RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months	COMPLETE	NO
		DOSE 1 RECEIVED PRIOR TO 12 MONTHS OF AGE AND DOSE 2 RECEIVED LESS THAN 12 MONTHS AGO	UP-TO-DATE	NO
		DOSE 1 RECEIVED PRIOR TO 12 MONTHS OF AGE AND DOSE 2 RECEIVED 12 MONTHS OR MORE AGO	INCOMPLETE	YES
	3 DOSES	COMPLETE	COMPLETE	NO

# HIB Immunization Primary Review Table

Use for Children's Facility Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**

**HIB (*Haemophilus Influenzae* Type B): Required only for children 2 months - 59 months of age**

CURRENT AGE	RECORD SHOWS:	WHEN WAS THE HIB DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>2-11 Months</b>	0 DOSES	NOT RECEIVED	INCOMPLETE	YES
	1 DOSE	RECEIVED LESS THAN 2 MONTHS AGO OR CHILD IS LESS THAN 4 MONTHS OF AGE	UP-TO-DATE	NO
		RECEIVED 2 MONTHS OR MORE AGO AND CHILD IS 4 MONTHS OF AGE OR OLDER	INCOMPLETE	YES
	2 DOSES	UP-TO-DATE	UP-TO-DATE	NO
	3 DOSES	UP-TO-DATE	UP-TO-DATE	NO
<b>12-17 Months</b>	0 DOSES	NOT RECEIVED	INCOMPLETE	YES
	1 DOSE	DOSE WAS AT OR AFTER 15 MONTHS OF AGE, or within 4 days prior to age 15 months	COMPLETE	NO
		RECEIVED BEFORE 15 MONTHS OF AGE BUT LESS THAN 2 MONTHS AGO	UP-TO-DATE	NO
		RECEIVED 2 MONTHS OR MORE AGO	INCOMPLETE	YES
	2 DOSES	2 <sup>ND</sup> DOSE RECEIVED AT OR AFTER 15 MONTHS OF AGE, or within 4 days prior to age 15 months	COMPLETE	NO
		1 <sup>ST</sup> DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months	COMPLETE	NO
		1 <sup>ST</sup> DOSE RECEIVED BEFORE 12 MONTHS OF AGE	UP-TO-DATE	NO
	3 DOSES	3 <sup>RD</sup> DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months	COMPLETE	NO
		3 <sup>RD</sup> DOSE RECEIVED BEFORE 12 MONTHS OF AGE	UP-TO-DATE	NO
<b>18-59 Months</b>	0 DOSES	NOT RECEIVED	INCOMPLETE	YES
	1 DOSE	RECEIVED AT OR AFTER 15 MONTHS OF AGE, or within 4 days prior to age 15 months	COMPLETE	NO
		RECEIVED BEFORE 15 MONTHS OF AGE	INCOMPLETE	YES
	2 DOSES	2 <sup>ND</sup> DOSE WAS AT OR AFTER 15 MONTHS OF AGE, or within 4 days prior to age 15 months	COMPLETE	NO
		1 <sup>ST</sup> DOSE WAS AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months	COMPLETE	NO
		1 <sup>ST</sup> DOSE WAS BEFORE 12 MONTHS OF AGE AND 2 <sup>ND</sup> DOSE WAS BEFORE 15 MONTHS OF AGE	INCOMPLETE	YES
	3 DOSES	3 <sup>RD</sup> DOSE WAS AT OR AFTER 12 MONTHS OF AGE, or within 4 days prior to age 12 months	COMPLETE	NO
		3 <sup>RD</sup> DOSE WAS BEFORE 12 MONTHS OF AGE	INCOMPLETE	YES
	4 DOSES	COMPLETE	COMPLETE	NO
<b>5 Years or Older</b>	0-4 DOSES	NOT REQUIRED	COMPLETE	NO



# Use this page only for grades 7-12!

**READ ME FIRST!**

Tdap is a vaccine that is given to adolescents and adults. It helps boost protection against three diseases: tetanus, diphtheria, and pertussis (whooping cough). The childhood vaccine DTaP protects against the same diseases as Tdap, but DTaP is only given through 6 years of age.

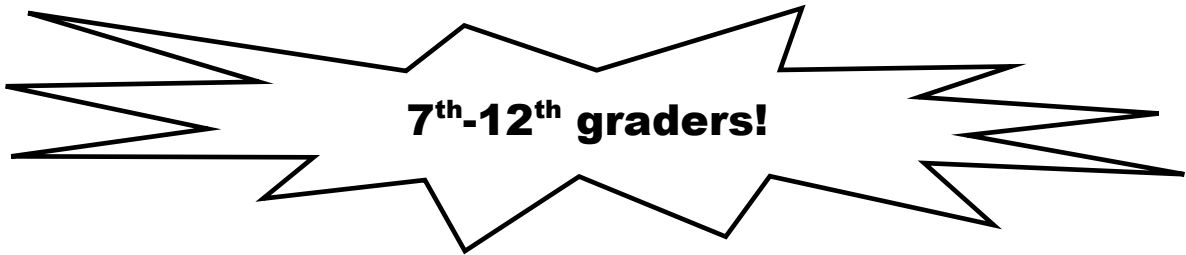
**Does the student's record show one dose of Tdap given at or after the 7<sup>th</sup> birthday, and are there at least 3 doses of Tdap, Td, DTaP, and/or DT total? If yes, this student is complete for Tdap, and you don't need to use the table!**

## Immunization Primary Review Table

Use for School Assessment ONLY



**When reviewing records, assess on month, day and year.  
Always read the options for each dose in descending order.**



**USE THIS TABLE ONLY IF CHILD IS 7<sup>TH</sup>-12<sup>TH</sup> GRADE INCLUDING 5<sup>TH</sup> YEAR SENIORS AND COMPLETE FOR DTAP CHILDHOOD SERIES (SEE PAGE 1)**

VACCINE	RECORD SHOWS:	WHEN WAS THE DOSE RECEIVED?	IMMUNIZATION STATUS:	NEEDS SHOT NOW!
<b>Tetanus/ Diphtheria/ Pertussis Containing Vaccines</b>  <b>Tdap Td DTaP DT</b>	0 DOSES 1 DOSE 2 DOSES (Remember to count all DTaP, DT, Td, and Tdap doses)	<u>DO NOT USE THIS TABLE—USE DTAP TABLE ON PAGE 1</u>		
	3 DOSES 4 DOSES 5 DOSES 6 DOSES (Remember to count all DTaP, DT, Td, and Tdap doses)	LAST TETANUS/DIPHThERIA/PERTUSSIS DOSE WAS GIVEN AT OR AFTER 7 <sup>TH</sup> BIRTHDAY or within 4 days prior to the 7 <sup>th</sup> birthday	COMPLETE	NO
		LAST TETANUS/DIPHThERIA/PERTUSSIS DOSE WAS RECEIVED PRIOR TO 7 YEARS OF AGE	INCOMPLETE— <b>NEEDS TDAP NOW!</b>	YES
	7 DOSES	COMPLETE	COMPLETE	NO

RULE SUMMARY: Adopt OAR 333-050-0250 Documentation of Immunizations. This proposed rule is added to describe the allowable form of and timeline for receiving immunization documentation. This proposed rule consists of text that was taken from previous OAR 333-050-0020 and 333-050-0040. The significant changes to this text are as follows:

- Documentation of immunization may be on a record from the ALERT Immunization Information System (IIS), rather than just allowing a Certificate of Immunization Status form. This is because ALERT IIS has the functionality to put the immunization record in the same format of the Certificate of Immunization Status form.
- Immunization documentation can include a print-out from an electronic medical record or other state's IIS, as these are common sources of immunization dates.
- The sentence "Pre-signed Certificate of Immunization Status forms without vaccine dates are not allowed" is removed, as the form without vaccine dates does not show a complete record regardless of signature.
- An enrolling school must now immediately refer the parent or guardian of a houseless student to the school district houseless student liaison. This change is added to clarify requirements for supporting houseless students on an individual basis, to help get documentation of immunization, documentation of exemption, or immunity documentation.
- If a houseless student's records are not received or are incomplete after appropriate support has been given, then the enrolling school shall include the student on the Immunization Report and the local health department shall proceed in issuing an exclusion order. A piece of the current rule is removed about the school staff requesting an Exclusion Order for No Record be issued with an exclusion date of not less than 30 days after initial attendance, as this is not a practice that school staff typically request, and an exclusion order will be issued after inclusion on the Immunization Report, if needed.

CHANGES TO RULE:

333-050-0250

Documentation of Immunizations

(1) Documentation of immunization must be on:

(a) A Certificate of Immunization Status form with the required signatures, along with evidence of immunization; or

(b) A record from the ALERT Immunization Information System with evidence of immunization.

(2) A person at a school or facility who receives a Certificate of Immunization Status form that is signed but not dated, may date the form with the date it was received.

(3) If a school or facility receives evidence of immunization that includes the month and year, but not the day the dose was received, the administrator must attempt to get the missing information from the parent, the ALERT Immunization Information System or another source. If no day of dose information is obtained the administrator may use the last day of the month to assess the immunization status for the child.

(4) If the parent of a child does not submit all the documentation required in this rule, the children's facility or school may choose to complete or update a Certificate of Immunization Status form, using one or more of the following records and attaching the respective record to the Certificate of Immunization Status form:

(a) A health care practitioner documented immunization record.

(b) A record with the immunization information that clearly identifies it as having been created by the health care practitioner or a health system, such as but not limited to:

(A) A print-out from an electronic medical record.

(B) A print-out from the ALERT Immunization Information System.

(C) A print-out from another state's immunization information system.

(c) A print-out from a children's facility's or school's computer system if approved by the Public Health Division (Division) in accordance with OAR 333-050-0300.

(d) A written immunization record signed and dated by the parent and provided by the facility or school.

(e) An immunization record sent electronically by the parent to the facility or school.

(5) If an individual at a children's facility or school completes the Certificate of Immunization Status form as permitted under section (4) of this rule, it must be signed and dated by that individual.

(6) When a child is determined by the facility, school or school district to be houseless and does not have a completed Certificate of Immunization Status on file with the school, the student shall be allowed to enroll

conditionally.¶

(a) The enrolling school shall immediately refer the parent or guardian of the student to the school district houseless student liaison who shall assist in obtaining necessary immunizations or screenings, or immunization or other required health records.¶

(b) The enrolling 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, ALERT Immunization Information System or a previous medical provider.¶

(c) If after completion of the steps described in subsection (a) and (b) of this section and review of the student's individual circumstances, immunization records are not received or are incomplete, the enrolling school shall include the student on the Immunization Report, and the local health department shall proceed as described in OAR 333-050-0290 and 333-050-0310.¶

(7) For children 15 years of age or older, a school may accept a Certificate of Immunization Status form signed by the child.¶

(8) Nothing in this rule is intended to prevent a person from using or accepting an electronic document, using or accepting an electronic signature, or using, accepting, transmitting or storing documents electronically.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0260

RULE SUMMARY: Adopt OAR 333-050-0260 Immunity Documentation. This proposed rule is added to describe the immunity documentation that satisfies the requirements for these rules. This proposed rule consists of text that was taken from previous OAR 333-050-0020, 333-050-0040, and 333-050-0050. The significant changes to this text are as follows:

- Removes the requirement that exemptions and immunity documentation be submitted in English. This is removed because a document can be translated if in a language other than English.
- Documentation of a history of varicella disease must be verified by a health care practitioner or titer test. Parent-signed histories are no longer acceptable documentation of varicella disease. This change is being made because varicella disease has decreased over time, so there are not many cases anymore, and identification of varicella disease by a parent is a much less common occurrence than in years past. This brings varicella into alignment with immunity documentation requirements for other diseases in this rule.

CHANGES TO RULE:

### 333-050-0260

#### Immunity Documentation

(1) If a child has immunity documentation to any of the diseases in this rule such documentation satisfies the immunization requirements for these rules. Immunity documentation must be included with the Certificate of Immunization Status form. ¶

(a) Measles, Mumps or Rubella due to a disease history. ¶

(b) Measles, Mumps or Rubella due to a documented immune titer. ¶

(c) Invasive Haemophilus influenzae Type b disease at 24 months of age or older. ¶

(d) Varicella due to documented immunity titer or disease history. ¶

(e) Hepatitis B based on laboratory confirmation of immunity or confirmation of carrier status. ¶

(f) Hepatitis A based on laboratory confirmation of immunity. ¶

(2) Nothing in this rule is intended to prevent a person from using or accepting an electronic document, using or accepting an electronic signature, or using, accepting, transmitting or storing documents electronically.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0270

RULE SUMMARY: Adopt OAR 333-050-0270 Record of Immunization Exemptions. This proposed rule is added to describe the process for obtaining a medical exemption and a nonmedical exemption. This proposed rule consists of text that was taken from previous OAR 333-050-0020, 333-050-0040, and 333-050-0050.

- This proposed rule outlines the process for claiming a medical exemption for a child.
  - o The requirement is proposed that a physician or representative of the local health department completes a form rather than writing a letter for a medical exemption. This change simplifies the process for completing the documentation for a medical exemption, as the form will list all of the required elements for a medical exemption, and an element would not inadvertently be omitted as sometimes currently happens with a letter written for a medical exemption.
  - o This updated process for using a medical exemption form is proposed to go into effect on August 1, 2025. Starting this process over the summer will help schools by having all new medical exemption documentation start at the beginning of the new school year. Valid medical exemptions submitted before this date will still be considered in effect, and new documentation is not required.
  - o Specific contraindications and precautions are removed that were described in the previous rules, such as exemption to MMR vaccine when a person is pregnant, as this is already covered under contraindications and precautions from the Advisory Committee on Immunization Practices and the American Academy of Pediatrics. It is not necessary to list specific contraindications and precautions in rule for these to qualify for a medical exemption under these rules.
- This proposed rule outlines the process for claiming a nonmedical exemption for a child.
  - o This process is the same as the current process described in previous OAR 333-050-0040 and 333-050-0050.

CHANGES TO RULE:

### 333-050-0270

#### Record of Immunization Exemptions

##### (1) Medical Exemptions. ¶

(a) A parent may claim a medical exemption from an immunization for a child for one or more of the vaccines required in these rules. ¶

(b) A parent claiming a medical exemption on or after August 1, 2025, must submit a medical exemption form to the administrator. ¶

(c) The administrator must submit all medical exemption forms to the local health department. The local health department must review the forms to ensure all the fields are complete and to verify that the documentation includes a contraindication or precaution in accordance with the current recommendations of the Advisory Committee on Immunization Practices or the American Academy of Pediatrics. ¶

(d) If a medical exemption form does not contain a contraindication or precaution in accordance with the current recommendations of the Advisory Committee on Immunization Practices or the American Academy of Pediatrics, or lacks the information stated in OAR 333-050-0210(21), the local health department must inform the school or facility that the medical exemption form lacks the required elements for a medical exemption, and the school or facility must inform the parent. A medical exemption form may be resubmitted with all of the required elements for reevaluation. ¶

(e) The local health department must categorize a medical exemption as temporary or permanent based on the duration that the contraindication or precaution is expected to last. ¶

##### (2) Nonmedical Exemptions. ¶

(a) A parent may claim a nonmedical exemption from an immunization for a child for one or more of the vaccines required in these rules. ¶

(b) A parent claiming a nonmedical exemption must complete and submit a Certificate of Immunization Status form to the administrator in accordance with these rules, and must submit: ¶

(A) Documentation that the parent has completed a vaccine educational module approved by the Public Health Division within the previous 12 months; or ¶

(B) Documentation that the parent has discussed with a health care practitioner within the previous 12 months the risks and benefits of immunization that is consistent with information published by the U.S. Centers for Disease Control and Prevention and consistent with the contents of the vaccine educational module approved by the Public Health Division and contains the signature of the health care practitioner, on a form prescribed by the Oregon Health Authority. ¶

(c) Documentation of completion of the vaccine educational module must be on a form prescribed by the Public Health Division, Immunization Program.¶

(d) Documentation of nonmedical exemption must specify the vaccines about which information about the benefits and risks has been provided and for which a nonmedical exemption may be claimed for the child.¶

(e) For children 15 years of age or older, a school may accept a documentation of nonmedical exemption completed and signed by the child.¶

(3) Nothing in this rule is intended to prevent a person from using or accepting an electronic document, using or accepting an electronic signature, or using, accepting, transmitting or storing documents electronically.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

RULE SUMMARY: Adopt OAR 333-050-0280 Primary Review of Records. This proposed rule is added to describe the process of primary review of immunization records. This proposed rule consists of text that was taken from previous OAR 333-050-0060. The significant changes to this text are as follows:

- Primary review of immunization records will now be completed no later than 42 calendar days prior to the fourth Wednesday in February. This keeps the same due date for primary review and the Immunization Report that is due in January, but it is now be defined as 42 days before the fourth Wednesday in February instead of 35 days before the third Wednesday in February to align with the change in the exclusion date.
  - The definitions of the different categories have been deleted or moved to a different rule as part of the reorganization of these rules, but the categories remain the same.
  - The "Primary Review Summary" is now called the "Immunization Report" to simplify the name of the reporting form.
  - Clarification is added that schools and facilities should send copies to the local health department, not original documents.
- o Removes the text about local health departments being required to return originals to the school or facility, previously found in OAR 333-050-0070 and 333-050-0100, as no originals should be received.

CHANGES TO RULE:

333-050-0280

Primary Review of Records

(1) At least annually the administrator must conduct a primary review of the immunization records for each child within that children's facility or school to determine the immunization status of each child. This review shall be completed no later than 42 calendar days prior to the fourth Wednesday in February unless otherwise requested by the local health department and approved by the Public Health Division.

(2) The administrator must categorize each child's record as follows:

(a) Complete or Up-to-date.

(b) Nonmedical exemption.

(c) Permanent medical exemption.

(d) Temporary medical exemption.

(e) Incomplete/insufficient.

(f) No record.

(g) 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 physically attending more than one facility or school should be counted by the facility or school where they attend the most hours.

(3) An administrator must provide to the local health department, the following documents for secondary review, at least 42 calendar days prior to the fourth Wednesday in February, unless otherwise requested by the local health department and approved by the Public Health Division:

(a) Copies of records categorized as "incomplete/insufficient" organized alphabetically by the child's last name.

(b) Copies of records categorized as medical exemption, except those records that have been certified by the local health department as having a permanent medical exemption or immunity documentation and are otherwise complete with no further review required; and

(c) A completed Immunization Report form that includes an alphabetical list for each category and includes children with no record, an incomplete record, or a temporary medical exemption. The form must include each child's name, current grade level, parent names and current mailing address. A printout from the facility's or the school's computer system that has been approved in accordance with OAR 333-050-0300 is acceptable.

(4) The administrator shall review the completed Immunization Report form or printout to ensure accuracy and correct any errors before submitting it to the local health department.

(5) All copies of records provided by the administrator to the local health department must contain at least the child's name, the child's date of birth, and the child's evidence of immunization or exemption. An administrator should not provide original documents to the local health department.

(6) Additional review cycles for incomplete or insufficient records with specific timeframes are allowable if:

(a) Mutually agreed upon by the affected local health department and affected school or facility.

(b) If required at the direction of the affected local health department or the Public Health Division.

(7) An administrator is ultimately responsible for complying with this rule, but can delegate to others the functions

of gathering the records and completing the necessary forms.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284



ADOPT: 333-050-0290

RULE SUMMARY: Adopt OAR 333-050-0290 Secondary Review of Records. This proposed rule is added to describe the process of secondary review of immunization records. This proposed rule consists of text that was taken from previous OAR 333-050-0070 and 333-050-0080. The significant changes to this text are as follows:

- The "Primary Review Summary" is now called the "Immunization Report" to simplify the name of the reporting form.
- Removes the section stating that it is the responsibility of the local health department to accomplish the secondary review and that this responsibility can be delegated, as this is not necessary to specify in rule.

CHANGES TO RULE:

333-050-0290

Secondary Review of Records

(1) The local health department shall conduct a secondary review of records received from the administrator pursuant to OAR 333-050-0280. ¶

(2) In conducting secondary review of the records, the local health department shall review the Immunization Report for accuracy. The local health department shall review each child's record that was received for appropriate medical or nonmedical exemptions and then use the Primary Review Table described in OAR 333-050-0240(1) to determine each child's current immunization status for each of the required vaccines.¶

(3) After reviewing the records the local health department shall:¶

(a) Indicate on the Immunization Report form those children whose records are judged to be:¶

(A) Complete/up-to-date; and¶

(B) Medically exempt.¶

(b) For any child with an "incomplete/insufficient" record or no immunization record, indicate on the Immunization Report form the specific vaccines that the child is missing.¶

(c) Retain copies of the records of children to be excluded for at least one year.¶

(d) Provide the Immunization Report form with the department's secondary review information to the administrator.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0300

RULE SUMMARY: Adopt OAR 333-050-0300 Children's Facility or School Immunization Tracking Systems. This proposed rule is added to permit the use of school immunization tracking systems in immunization reporting and to detail the process for seeking Public Health Division (Division) approval of such a system. This proposed rule consists of text that was taken from previous OAR 333-050-0060. The significant changes to this text are as follows:

- The "Primary Review Summary" is now called the "Immunization Report" to simplify the name of the reporting form.
- A children's facility or school must have its immunization tracking system approved by the Division if it is using that system in lieu of completing the Immunization Report. This is to ensure that these systems are accurate when used to complete information contained on the Immunization Report.
- Removes exact timeline requirements for Division approval of an immunization tracking system (replaces with "within a reasonable period of time"). This is because changes needed to be made by an immunization tracking system take a variable amount of time, and these changes all need to be completed before the Division can approve a system, so the timeframe may be uncertain.

CHANGES TO RULE:

### 333-050-0300

#### Childrens Facility or School Immunization Tracking Systems

(1) A school or children's facility may use a computer system that contains immunization information for children that accurately calculates compliance with these rules and may use a printout from this system in lieu of filling out the Immunization Report form, if approved by the Public Health Division (Division). ¶

(2) In order to obtain Division approval, a children's facility or school must submit a request in accordance with section (3) of this rule and have its system tested by the Division to ensure it contains all the required elements and can correctly determine a child's immunization status, in accordance with the categories described in OAR 333-050-0280 and 333-050-0330. ¶

(3) Instructions for submitting a request for approval under this rule along with the information needed by the Division in order to test the system is provided as an attachment at the end of this rule. A request to test a computer system in time for the primary records review required under OAR 333-050-0280 must be received by the Division no later than the last working day of November. ¶

(4) Within a reasonable period of time of receiving a request for approval, the Division will review computer printouts and computer outputs for essential data elements, the sequence of data elements, specific test results as calculated by the computerized system, and accuracy of the compilation of data elements included on the Immunization Report form, in order to determine whether it can approve the request. ¶

(5) The Division may withdraw system approval at any time if it determines the system is not correctly determining a child's immunization status or is not accurately completing the Immunization Report forms.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

# SCHOOL IMMUNIZATION TRACKING SYSTEM REQUIREMENTS

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Oregon's immunization requirements for schools and child care facilities are unique to this state. Since Oregon's requirements differ from Advisory Committee on Immunization Practice (ACIP) clinical immunization schedule, student information systems (SIS) need to be specifically programed to be used by schools and child care facilities in Oregon. Any sites using a SIS to track compliance and report immunization records must be approved by the Oregon Health Authority's Immunization Program (OIP). (Oregon Administrative Rule [333-050-0060](#).) This guide explains the requirements and how a SIS gets approval to be used in Oregon for immunization assessment and reporting.

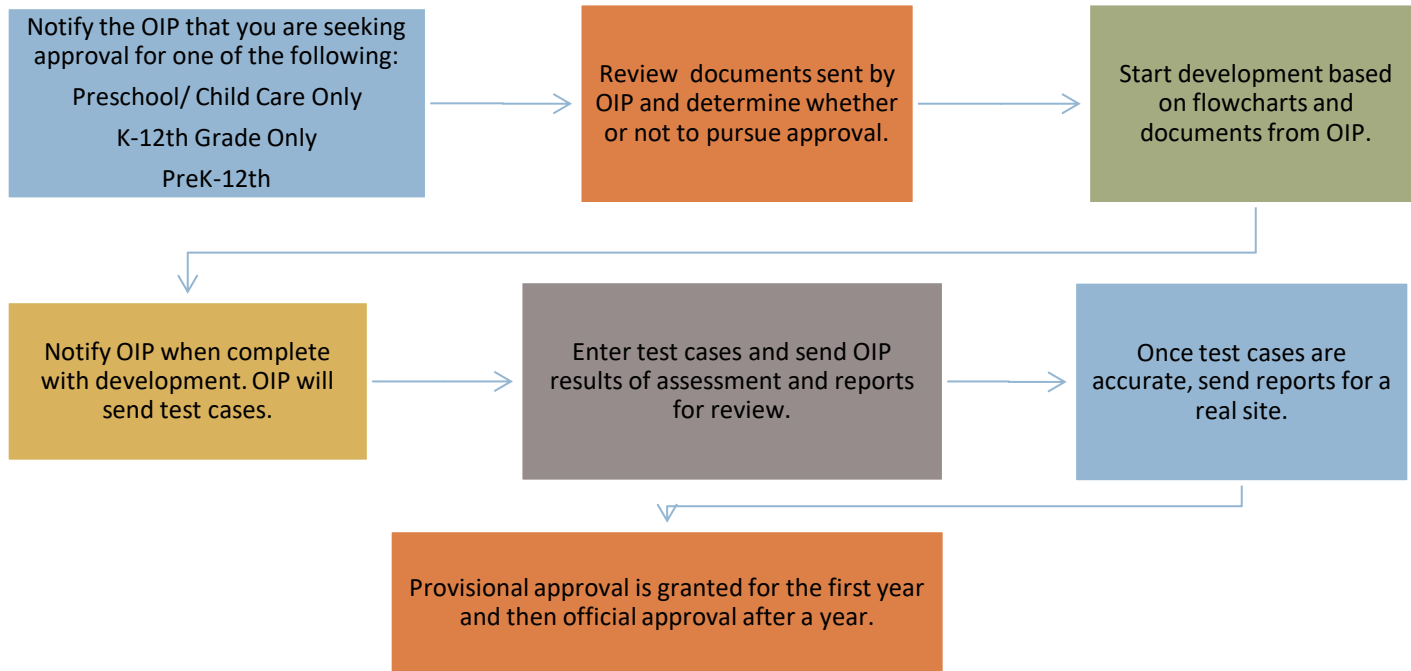
## Requirements for Approval

Student information systems can be approved for use in ages younger than kindergarten, grades K-12, or both. To become an approved SIS in Oregon a system must do the following:

1. Accurately assess student immunization records based on Oregon's school or child care requirements or both, depending on what grades you are seeking approval.  
AND
2. Accurately complete Oregon's Primary Review Summary (PRS) forms and create student immunization lists, including susceptibility list by vaccine.

Many SIS also provide optional documents that need approval, including parent reminder letters, the Oregon Certificate of Immunization Status, exclusion orders, and an immunization rate report.

## Process for approval



## IMMUNIZATION DOCUMENTATION

Approved SIS must be able to capture the information contained in the immunization documentation that schools and facilities collect for each student. This includes a combination of the following:

1. An immunization record that includes month, day and year for vaccines received by the child.
2. A nonmedical exemption that specifies for which vaccine(s) the exemption applies and month, day, and year.
3. A medical exemption that is either temporary or permanent and specifies for which vaccine(s) the exemption applies and month, day, and year.
4. Signed documentation of immunity.

## ASSESSMENT CRITERIA

There are two assessments for each student. First, each vaccine series is assessed to determine compliance for the vaccine. Then an overall category is determined for each student record. Assessment includes the age of the child when a dose of vaccine was given, the current grade and age, the number of doses received, and sometimes the spacing between the doses.

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## Vaccine Assessment

Following are the steps for assessment for each vaccine. A record should be checked to determine:

1. If a student is too old for a required vaccine.
2. If the student is in a grade that is included for the requirement for that vaccine.
3. If all doses were given after birth.
4. If the series dates for each vaccine are in chronological order.
5. If a CIS form is marked as unsigned.

If there are problems with conditions 3-5 listed above, that vaccine series should be considered “insufficient.”

If all dates in the vaccine series pass the above screening process, then the vaccine dates should be assessed as indicated on the enclosed Visio flow charts for each required vaccine and the current Immunization Primary Review Table (PRT).

## Overall Record Assessment

The following are the 8 categories for the status of the overall record, in order of precedence:

Status	Explanation
Permanent Medical Exemption	A student’s status is considered permanently medically exempt overall even if a student is permanently medically exempt for only a single dose of any vaccine. This is a status that will not change.
Temporary Medical Exemption	A student’s status is considered temporary medically exempt overall even if a student is temporarily medically exempt for only a single dose of any vaccine. It is still necessary to assess all other individual vaccine series independent of the overall assessment of medical exemption. If a signed medical exemption includes an incomplete assessment for a different vaccine series, the overall category should be assessed as a medical exemption, not as incomplete.
Insufficient	If the record does not contain a medical exemption, a student’s overall status is insufficient if there is a series that has an assessment of insufficient. It is possible that a record may contain an “insufficient” date for one vaccine but be “complete”; “incomplete”; “nonmedically exempt” or “up-to-date” for other vaccines. Except for records that contain a medical exemption, all

	unsigned records are assessed as insufficient regardless of the individual vaccine assessments.
Incomplete	A student is considered “incomplete” overall if a vaccine dose or series is incomplete and the vaccine record does not include a medical exemption or an insufficient vaccine assessment. The student may be “complete”, “up-to-date” or have a nonmedical exemption for other vaccines.
Nonmedical Exemption	A student is nonmedically exempt if there is a nonmedical exemption to even a single vaccine type and all other assessments are complete, up-to-date or nonmedically exempt.
Up-to-date	A student is up-to-date if the record only contains vaccine dose assessments that are “up-to-date” or “complete.”
Complete	A student is complete for all vaccine series or has compliance because of an immunity documentation or history of disease. A student is considered “Complete” for overall assessment for a student with a vaccine series that is not required because of age or grade
No Record	A student has No Record if there are no dates for any vaccines, documentation of immunity and no signed exemptions. The only exception is a child younger than 2 months of age who has no vaccines—this child is considered up-to-date for each vaccine series and up-to-date overall since no vaccines are required until two months of age.

**REPORTS**

Approved SIS must accurately generate the following required reports:

1. Oregon Immunization Primary Review Summary Sections A-H
2. Student Immunization Report
3. Susceptibility Report. The Student Immunization Report may be used as the Susceptibility Report if it may be run for specific statuses (incomplete, no record, medical exemption, and nonmedical exemption) for a specific vaccine and includes the required elements of the susceptibility report.

The following optional reports must be approved:

1. Parent notification letter

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2. Certificate of Immunization Status
3. Exclusion Order
4. School immunization percentage report

For all reports:

1. Students enrolled as of a date that can be specified must be included on the report.
2. Withdrawn students must not be included on the report.
3. An assessment date that can be in the past or future must be able to be specified
4. A printable format is needed.

## PRIMARY REVIEW SUMMARY REPORTS

The Primary Review Summary (PRS) are Oregon's annual immunization reporting forms. They contain Sections A through H. Copies of the form and instructions for completion are at: [www.healthoregon.org/schoolpacket](http://www.healthoregon.org/schoolpacket)

PRS reports must include the following:

1. All fields included on the PRS sections A-H at, [www.healthoregon.org/schoolpacket](http://www.healthoregon.org/schoolpacket)
2. Vaccines and nonmedical exemptions listed in the order on the PRS forms. Note: read vaccines across (not down) on the PRS forms—1. DTaP, 2. Polio, 3. Varicella, etc.
3. The ability to print vaccine assessment for all or any combination of grade levels, although currently there are only statistical assessment requirements for PreK, kindergarten, grade 7 and K-12.
4. The ability to exclude students from the report based on enrollment date. The enrollment cutoff date must be printed on the report. Ex. Students enrolled after 1/15/2022 are excluded from PRS reports.

## STUDENT IMMUNIZATION REPORT

A student immunization report must include the following demographics:

- The name of the student information system
- School name
- Child's name
- Grade
- Date of birth
- Parent or guardian's name and mailing address

**Student Immunization Report requirements include:**

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- Month, day, and year for doses of vaccine, nonmedical exemptions, medical exemptions, and immunity documentation.
- Immunity documentation is accepted for varicella, measles, mumps, rubella, hepatitis B, hepatitis A, *Haemophilus influenzae type b* (Hib). Immunity documentation is not allowed for diphtheria, pertussis, tetanus, and polio. A date is not required for varicella immunity documentation, but a place to put a date is recommended.
- A date must be assigned to each form of documentation and clearly distinguishable. For example, it must be clear whether a date of 1/1/21 in the first dose of hepatitis B was a vaccine date or a nonmedical exemption.
- Date used for assessment. Ability to choose a past and future “due date” for assessment.
- Enrollment cutoff date. Capability to select a “before” or “after” enrollment date that may be used for running reports or parent notifications. It is important to be able to exclude students enrolled after a specific date from a report.
- Report run date
- Assessment of each vaccine series and overall immunization record assessment
- Capacity to code a student record as “unsigned.” The program should allow entry of records that are from an unsigned form, but the record must be coded as unsigned.
- Capacity to add fields for additional vaccine that may be required in the future.
- Enough fields to enter the following number of doses: DTaP/Tdap-7, Polio-5, Varicella-3, Measles, Mumps and Rubella (MMR)-3, Hepatitis B-4, Hepatitis A-3, Hib-4.
- Vaccine assessment results need to appear in the same order that the vaccines are listed on the Certificate of Immunization Status (CIS). These are the required vaccines in order: DTaP, Tdap, Polio, Varicella, Measles, Mumps, Rubella (MMR), Hepatitis B, Hepatitis A and *Haemophilus influenzae type B* (Hib). Hib is only required for children less than 5 years of age. The reports submitted to the Health Department must not contain vaccine dates for vaccines other than those required for Oregon school attendance.
- Capability to print student immunization reports for any and all grade levels and with the following sort selections:
  - a. School, overall assessment category, alpha by student last name
  - b. School, alpha by student last name
  - c. School, grade, alpha by student last name
  - d. School, grade, overall assessment category, alpha by student last name
  - e. School, classroom or home room teacher, alpha by student last name

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- In case of information insufficient to assess the record, the program should create an error message and accept the following:
  - Vaccine dates that were before the date of birth.
  - Vaccine dates not in chronological order. The program **MUST** not reorder the dates.
  - Missing early dates in a vaccine series, e.g., Dose #1=no date, Dose #2=no date, Dose #3= no date, Dose #4=month/day/year.

## SUSCEPTIBILITY LIST

Approved SIS must have a report to identify students susceptible for a specific disease (students not complete for the vaccine or immune) in case of an outbreak (Oregon Administrative Rule [333-050-0100](#)). The Student Immunization Report will suffice if it is designed to select susceptibility to a single vaccine such as measles or diphtheria/tetanus/pertussis containing vaccine, such as DTaP or Tdap. The report must be sorted alpha by student last name, by classroom teacher and include parent/guardian name, address, and telephone numbers.

## OPTIONAL REPORTS

### PARENT CONTACT LETTERS

Schools are not required to contact parents if a child is behind schedule or missing required doses of vaccine; however, most schools do send notification to parents. Some SIS send a CIS with vaccine dates on file at school or exemption information printed on the form so the parent can update, sign, and return the legal form. Parent notifications should include the following:

- Dates of doses of vaccine that are on file
- An indication of which doses are due
- A field for the parent to add vaccine dates
- A line for parent signature and date signed
- A statement that the law allows exemptions
- A text field that the school can customize
- Ability to run for students who will be due by a future date

## **CERTIFICATE OF IMMUNIZATION STATUS**

The current Certificate of Immunization Status form can be found at,  
<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINES/IMMUNIZATION/GETTINGIMMUNIZED/Documents/SchCISform.pdf>

## **EXCLUSION ORDERS**

If you are interested in creating these reports, contact OIP for templates.

## **SCHOOL IMMUNIZATION PERCENTAGE REPORT**

If you are interested in creating this report, contact OIP for a template.

## **TEST CASES**

OIP staff will supply you with a test file or files. There are two sets of test cases: PreK and grades K-12. The expected assessment results for each vaccine series and overall student record category are included.

## **APPROVAL PROCESS**

Test deck results and report samples must be received by the OIP no later than the last working day of November in the year prior to the year in which the Primary Review Summary is due. The documents needed are:

- Results of the OIP test cases.
- Immunization assessment results for specific grades (Student Immunization Report).  
Immunization assessment results for specific statuses (Student Immunization Report for incomplete, insufficient, no record and temporary medical exemption statuses)
- Primary Review Summary, Sections A, B, C, D, E, F, G and H
- A sample copy of a Susceptibility report for measles
- If the SIS will have these reports, also include sample of:
  - a. Parent notification letters
  - b. Certificate of Immunization Status form
  - c. Incomplete and No Record Exclusion Order
  - d. Immunization percentage report

You may be asked to provide additional information if there are concerns with the results of the documents listed above.

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Reports submitted for approval must be in the same format that the reports will look when the school runs the reports. The computer printouts will be reviewed for essential data elements, the sequence of data elements, correct assessment, and correct report numbers. Initial approval will be provisional until after review of actual school data by local health department staff during the next January review cycle.

After provisional approval, a set of directions or training materials provided to school staff on how to run reports must be submitted to OIP.

When ORS 433.235 to 433.280 and/or administrative rules are amended, computer systems must be updated within 120 days. The Division will then allow 60 days for review, any 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. The Division may withdraw approval if errors in reports cannot be corrected by the required submission date.

Forms, statutes, administrative rules and other related information can be found at the following:

<https://www.oregon.gov/OHA/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/GETTINGIMMUNIZED/Pages/school.aspx>

Please contact Stacy de Assis Matthews at (971) 673-0528, Mallory Metzger at (971) 673-0282 or email [Mallory.s.metzger@state.or.us](mailto:Mallory.s.metzger@state.or.us) or [stacy.d.matthews@state.or.us](mailto:stacy.d.matthews@state.or.us) if there are any questions regarding these requirements.

#### PROVISIONAL APPROVAL CHECKLIST

- SIS name is on reports
- Student Immunization Report generated match test deck results
- Student Immunization Report includes student name, student grade, student date of birth, parent/guardian name(s), parent/guardian mailing address.
- Student Immunization Report includes these vaccines: DTaP/Tdap, polio, varicella, measles, mumps, rubella, hepatitis B, hepatitis A, and *Haemophilus influenzae* type B (Hib, required for younger than kindergarten only).
- Student Immunization Report includes dates for vaccines, nonmedical exemptions, medical exemptions, and immunity documentation.
- Student Immunization Report has assessment for each vaccine series and an overall assessment for the student.
- PRS reports have the correct number totals
- PRS reports include an enrollment date, assessment date, and report run

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- PRS reports can be run with a past and assessment date
- Reports and student lists include the ability to exclude students from the report based on enrollment date.
- Vaccines and nonmedical exemptions are listed in the order on the PRS forms.
- Month, day, and year can be entered for doses of vaccine, nonmedical exemptions, medical exemptions, and immunity documentation.
- Immunity documentation can be accepted for varicella, measles, mumps, rubella, hepatitis B, hepatitis A, *Haemophilus influenzae* type b (Hib). Immunity documentation cannot be accepted for diphtheria, pertussis, tetanus, and polio. A date is not required for varicella immunity documentation, but a place to put a date is available.
- Susceptibility list can be generated as described in the tracking system requirements document
- Provide copy of training information given to end users
- Dates are distinguishable between different types of documentation. For example, it must be clear whether a date of 1/1/21 in the first dose of hepatitis B was a vaccine date or a nonmedical exemption.
- Capacity to code a student record as “unsigned” is included.
- System contains the capacity to add fields for additional vaccines that may be required in the future.
- System contains enough fields to enter the following number of doses: DTaP/Tdap-7, Polio-5, Varicella-3, Measles, Mumps and Rubella (MMR)-3, Hepatitis B-4, Hepatitis A-3, Hib-4.
- The system creates an error message or accepts the following and the series displays as insufficient on reports:
  - Vaccine dates that were before the date of birth.
  - Vaccine dates not in chronological order. The program MUST not reorder the dates.
- Optional: Template for parental notification letter
- Optional: If system will print exclusion orders, provide samples

RULE SUMMARY: Adopt OAR 333-050-0310 Child Exclusion from School and Children's Facility Attendance. This proposed rule is added to describe the process of excluding a child from a school or children's facility. The proposed rule consists of text that was taken from previous OAR 333-050-0050, 333-050-0070, 333-050-0080, and 333-050-0100. The significant changes to this text are as follows:

- The timeline for issuing an Exclusion Order is now no later than three weeks prior to the exclusion date, unless otherwise specified in the proposed rule. This is to give parents an extra week to provide documentation to the school or children's facility, which may help reduce the number of children excluded. This is also to take into account that mail delivery may be slower today than it has been in years past.
- If a valid mailing address cannot be obtained, the local health department must make arrangements to send a copy of the Exclusion Order home with the child and shall use reasonable efforts to ensure the child's parent/guardian receives the Exclusion Order, including sending it via email. Email is added as an option as more people use email today than in the past. People often keep the same email address even when their mailing address changes, so email may be a more reliable way to send communication if a mailing address has recently changed.
- Exclusion Day is now the fourth Wednesday in February rather than the third Wednesday in February. This date change is to give an extra week after exclusion orders are mailed for a parent to provide documentation to the school or children's facility. This extra time may help reduce the number of children excluded.
- Exclusion Orders may be issued on a different day if agreed upon by the school/facility, local public health authority, and the Public Health Division. This is to account for circumstances that schools or facilities may have that would necessitate exclusion on a different date, such as the site being closed during that time.
- The Public Health Division may change Exclusion Day due to a local/state emergency or vaccine shortage. This is to allow a change to exclusion in an emergency situation or if vaccine is not available.
- Removes details of what schools or facilities should do in terms of recording attendance for excluded children, as schools may look to their own attendance policies and statute.
- Removes the specification that an exclusion order issued must be rescinded due to an 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 new language now describes rescinding an exclusion order that can be for any error, because an error could occur for reasons other than regarding a four-day grace period. This rule also now specifies that the parent must be immediately notified that the child is in compliance, so that a parent knows that the exclusion order is no longer in effect.

CHANGES TO RULE:

333-050-0310

Child Exclusion from School and Children's Facility Attendance

(1) The local health department shall issue a signed exclusion order for each child who is not in compliance with ORS 433.267(1) and these rules no later than three weeks prior to the Exclusion Day specified in section (3) of this rule unless otherwise specified in this rule. ¶

(a) Exclusion orders must be mailed by the local health department by first class to the mailing address of record for the child, as provided by the school or children's facility, unless that information is known to be incorrect, in which case the local health department shall use reasonable efforts to obtain a valid mailing address. ¶

(b) If a valid mailing address cannot be obtained, the local health department must make arrangements to send a copy of the exclusion order home with the child and shall use reasonable efforts to ensure the child's parent receives the exclusion order, including sending it via electronic mail. ¶

(2) The local health department must provide a copy of each exclusion order to the administrator. ¶

(3) Starting on Exclusion Day, the administrator shall prohibit any child who was issued an exclusion order from attending the school or facility until the child has submitted records that indicate compliance with these rules, and the records have been verified by the administrator in accordance with section (10) of this rule. ¶

(4) 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.¶

(5) An exclusion order applies to a child's attendance at any school or children's facility in Oregon.¶

(6) Exclusion orders may be issued for a date of exclusion other than Exclusion Day if during a validation survey it is discovered that a child is out of compliance with the immunization requirements in ORS 433.267(1) and these rules.¶

(7) Exclusion orders may be issued for a date of exclusion other than Exclusion Day if agreed upon by the school or facility, local health department and the Public Health Division.¶

(8) Additional exclusion cycles may be required at the direction of the local health department or the Public Health Division. An exclusion date shall be no fewer than 14 calendar days from the date that the exclusion order is mailed.¶

(9) The Public Health Division may issue an order changing the date for Exclusion Day in part or all of the state, due to a local or state emergency, or due to the determination of vaccine shortage under ORS 433.040.¶

(10) Post exclusion compliance.¶

(a) A child who has been issued an exclusion order may come into compliance and return to attending a school or children's facility by submitting the information identified in the exclusion order, or otherwise providing evidence of compliance with ORS 433.267(1) and these rules, to the administrator.¶

(b) When the administrator verifies that the required information has been provided and the child is in compliance with ORS 433.267(1) and these rules the child must be permitted to attend school or a children's facility.¶

(11) If evidence is presented to the local health department that an exclusion order was issued in error the local health department shall rescind the exclusion order and immediately notify the child's school or children's facility, who shall immediately notify the parent that the child is in compliance.¶

(12) Treatment facilities or court-mandated residential correctional facilities that are operating a school, including but not limited to Oregon Youth Authority closed custody sites, are not required to exclude children from school based on non-compliance with ORS 433.267(1) and these rules. The administrator must ensure that students have complete or up-to-date immunization records, a medical or nonmedical exemption or immunity documentation for all vaccines required for the student's grade.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0320

RULE SUMMARY: Adopt OAR 333-050-0320 Requests to Review Exclusion Orders. This proposed rule is added to describe the process of reviewing an Exclusion Order for accuracy. This proposed rule consists of text that was taken from previous OAR 333-050-0090. The changes to this text are minimal.

CHANGES TO RULE:

333-050-0320

Requests to Review Exclusion Orders

- (1) If a parent believes an exclusion order is in error, the parent may 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 must review and re-check a child's immunization records upon receipt of a request by a parent.¶
- (3) If the local health department finds an exclusion order was issued in error the exclusion order must be rescinded in accordance with OAR 333-050-0310.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0330

RULE SUMMARY: Adopt OAR 333-050-0330 Updating Immunization Report Forms; Local Health Department Review. This proposed rule is added to detail the steps that must be taken by schools, facilities, and local health departments following Exclusion Day. The proposed rule consists of text that was taken from previous OAR 333-050-0080. The significant changes to this text are as follows:

- The "Primary Review Summary" is now called the "Immunization Report" to simplify the name of the reporting form.

CHANGES TO RULE:

### 333-050-0330

#### Updating Immunization Report Forms; Local Health Department Review

- (1) No later than 12 calendar days after the mandatory exclusion date, the administrator shall ensure that:
- (a) The Immunization Report 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).
  - (b) The information on the Immunization Report form is accurate including the number of children in attendance at the school or children's facility, kindergarten, seventh grade, and any grades kindergarten through 12 with:
    - (A) The specified number of doses of each vaccine or all the doses required for the child's grade;
    - (B) Nonmedical exemptions for each vaccine, the total number of nonmedical exemptions, and how many nonmedical exemptions for all required vaccines;
    - (C) Nonmedical exemptions from each source, whether documentation from a health care practitioner or vaccine educational module;
    - (D) Medical exemptions; and
    - (E) No record.
  - (c) A copy of the revised Immunization Report form is submitted to the local health department. The administrator shall maintain a copy of the updated Immunization Report form submitted to the local health department.
- (2) The local health department shall review the updated Immunization Report form for accuracy.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284



ADOPT: 333-050-0340

RULE SUMMARY: Adopt OAR 333-050-0340 Vaccine Shortages. This proposed rule is added to describe what to do in the event of a vaccine shortage. The proposed rule consists of text that was taken from previous OAR 333-050-0050, 333-050-0130, and 333-050-0140. The significant changes to this text are as follows:

- A copy of the letter alerting a parent that vaccines requirements are temporarily waived due to a shortage must be included in the child's immunization record on file at the school or facility, but it is no longer required to be attached to the child's Certificate of Immunization Status form. This letter must be included with the immunization records on file. This is to allow for different methods of recordkeeping.

CHANGES TO RULE:

### 333-050-0340

#### Vaccine Shortages

(1) A child shall not be excluded from a children's facility or school for failing to receive a required vaccine if the State Public Health Officer has determined that there is a vaccine shortage under ORS 433.040 and that is the reason the child has not received the vaccine. Any vaccine, a requirement for which 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.¶

(2) During a local vaccine shortage, a 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 any student whose vaccination requirement has been waived, detailing which vaccines are being waived for the student. 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, unless the vaccine shortage continues.¶

(b) A copy of the letter must also be provided to the children's facility or school and the administrator must include it with the child's immunization records on file at the school or facility.¶

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

(4) 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.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0350

RULE SUMMARY: Adopt OAR 333-050-0350 School/Facility Compliance and Civil Penalties. This proposed rule is added to describe what will occur if a school or facility fails to comply with these rules. The proposed rule consists of text that was taken from previous OAR 333-050-0095. The significant changes to this text are as follows:

- Local health department notification now to be in writing, by email or letter, whereas previously only verbal documented contact was required. Written communication is being added because some schools and children's facility administrators may be more effectively reached with a communication method such as email.
- The local health department is required to make at least one attempt at documented verbal communication prior to the identified compliance date. This previously was the only contact method specified, but it can be difficult to reach some school and children's facility administrators via phone.
- Removes the requirement that noncompliance issues escalated to the Public Health Division be set a compliance date of seven calendar days. This allows for more flexibility in working with sites to come into compliance.
- Changed the civil penalty for noncompliance to no more than \$500 per day per violation. This change replaces a prescribed certain amount per day, and \$500 per day after five days until compliance is reached. This now allows for different amounts of civil penalties up to \$500 per day, allowing for lower amounts if appropriate.

CHANGES TO RULE:

### 333-050-0350

#### School/Facility Compliance and Civil Penalties

(1) If a school or facility fails to comply with these rules, the local health department shall notify that school or facility in writing, by electronic mail or letter, informing them of the following: ¶

(a) The specific rules the school or facility is not complying with. ¶

(b) What the school or facility needs to do to come into compliance. ¶

(c) The date by which compliance is required, with a four working day time frame. ¶

(2) The local health department will make a minimum of one attempt of verbal contact prior to the date established for compliance and document this attempt. ¶

(3) If the school or facility fails to meet the timeframe established for compliance, the local health department shall notify the Public Health Division (Division) of the name and address of the school or facility and provide the Division with written documentation to the school or facility, and any other supporting documentation. ¶

(4) After receiving a notification by a local health department, the Public Health Division shall send a certified letter ("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 laws, including a citation to the applicable statutes and rules. ¶

(b) Describes what is required to come into compliance. ¶

(c) Establishes a compliance deadline. ¶

(d) Informs the school or facility that a civil penalty may be imposed if the school or facility does not meet the compliance deadline. ¶

(5) The Public Health Division shall send copies of the Letter to the local health department, the school administrator or school district's superintendent, and the Department of Early Learning and Care, as applicable. ¶

(6) Schools or facilities that fail to comply with these rules may be subject to civil penalties not to exceed \$500 per day per violation. ¶

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

Statutory/Other Authority: ORS 431.262, ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 431.262, ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0360

RULE SUMMARY: Adopt OAR 333-050-0360 Updating Records. This proposed rule is added to describe the requirements for updating records and for tracking and reporting children who are susceptible and do not have immunity documentation. The proposed rule consists of text that was taken from previous OAR 333-050-0040 and 333-050-0100. The significant changes to this text are as follows:

- Removes text about children's facility administrators informing the parent of a child that attends a school in addition to a facility that in the event of a case of vaccine preventable disease the child may be excluded if an up-to-date Certificate of Immunization Status is not on file. This additional notification is not needed.

CHANGES TO RULE:

333-050-0360

Updating Records

(1) The administrator is responsible for updating records each time a child's parent, health care practitioner, or an authorized representative of the local health department provides evidence of immunization or exemption.¶

(2) The administrator shall maintain a system to track and report children who are susceptible and do not have immunity documentation. The local health department may request that the list of children who are susceptible and do not have immunity documentation to a disease be sorted by classroom, grade, or school. The administrator will provide the list within one calendar day of the local health department's request to facilitate appropriate disease control measures.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0370

RULE SUMMARY: Adopt OAR 333-050-0370 Validation Surveys. This proposed rule is added so that local health departments and/or the Public Health Division may conduct validation surveys. The proposed rule consists of text that was taken from previous OAR 333-050-0100. The changes to this text are minimal.

CHANGES TO RULE:

333-050-0370

Validation Surveys

(1) The local health department 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.¶

(2) If the local health department or Public Health Division finds children who are not in compliance with ORS 433.267(1) or these rules the local health department may issue exclusion orders in the manner provided in OAR 333-050-0310.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

RULE SUMMARY: Adopt OAR 333-050-0380 Annual Reporting Requirements. This proposed rule is added to describe the process of submitting and publicizing the immunization statuses of children in Oregon. The proposed rule consists of text that was taken from previous OAR 333-050-0110. The significant changes to this text are as follows:

- The "Primary Review Summary" is now called the "Immunization Report" to simplify the name of the reporting form.
- The local health department must now submit the numbers from each school and children's facility's Immunization Report to the Public Health Division no later than 23 calendar days after the fourth Wednesday in February. This moves the due date one week later, because the Exclusion Day is moved one week later.
- Removes the specification of where immunization rates must be shared, as this is stated in ORS 433.269.

CHANGES TO RULE:

333-050-0380

Annual Reporting Requirements

(1) For purposes of this rule, "local area" is defined as the jurisdiction of the local health department.¶

(2) The local health department shall submit the numbers from each school and children's facility's Immunization Report to the Public Health Division no later than 23 calendar days after the fourth Wednesday in February. ¶

(3) On or before April 30th of each year, the Public Health Division shall publicize a summary of the immunization status of children attending schools and facilities for each county.¶

(4) On or before May 15th of every year the local health department shall make available to each school and children's facility in the area served by the local health department, the following:¶

(a) The immunization rates of children in the local area compiled from school reports for kindergarten through 12th grade categorized by disease; and¶

(b) The immunization rates of children in the local area calculated from the ALERT Immunization Information System for children 19 months up to kindergarten age categorized by disease.¶

(5) The administrator of the school or children's facility must make available a summary of the immunization status, for the administrator's school or children's facility and a summary of the immunization status of children attending schools and facilities in the local area within 30 days after the first day of school and within 30 days after the fourth Wednesday in February, in accordance with section (6) of this rule. For facilities, both summaries must be made available within 30 days after the first day of school based on the school calendar in the local area. ¶

(6) A summary of immunization status for the school or children's facility must include:¶

(a) The percentage of children who are up to date on their immunizations by vaccine;¶

(b) The percentage of children with nonmedical exemptions, by vaccine;¶

(c) The percentage of children with no record;¶

(d) The percentage of children with medical exemptions;¶

(e) The total number of children;¶

(f) The total number of enrolled children for whom documentation of immunization status is not required; and¶

(g) The number of children 18 months of age and younger in attendance who are not required to have completed the full series of vaccines required before kindergarten because of their age.¶

(7) Immunization rates shared by children's facilities and schools may include immunization data collected in the previous school year.¶

(8) Children's facilities shall make rates available based on the school calendar in the local area.¶

(9) Schools and children's facilities for which immunization records are required for fewer than 10 children in attendance, 18 months of age up to kindergarten, are exempt from the requirements of section (5) of this rule for these children.¶

(10) Schools and children's facilities for which immunization records for a vaccine are required for fewer than 10 students in attendance, in kindergarten and above, are exempt from the reporting requirements of section (5) of this rule for that vaccine.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0390

RULE SUMMARY: Adopt OAR 333-050-0390 Second Dose Measles in Post Secondary Educational Institutions. This proposed rule is added to detail the measles vaccine requirements for post-secondary education institutions. The proposed rule consists of text that was taken from previous OAR 333-050-0130. The significant changes to this text are as follows:

- Clarifies that students who participate in classes fully virtually and do not come onto campus are not subject to the requirements of this rule. This clarification is needed as students did not attend classes virtually many years ago when this rule was originally implemented.
- Removes some documentation specifications, including allowing ALERT IIS records and nonmedical exemption documentation, and instead refers to statute so that colleges can develop their own procedures for documentation.

CHANGES TO RULE:

### 333-050-0390

#### Second Dose Measles in Post Secondary Educational Institutions

(1) Each post-secondary education institution, except for a community college, shall require, subject to section (4) of this rule, 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.¶

(2) Students attending classes fully virtually who do not come on campus are not subject to the requirements of this rule.¶

(3) For students attending an institution subject to section (1) of this rule 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.¶

(4) The following records are acceptable proof of two doses of measles vaccine:¶

(a) Written documentation by the student, a health care practitioner, or an authorized representative of the local health department of the month, day and year of each dose. Two doses are required, given on or after the first birthday. A dose given within four days prior to the first birthday is acceptable. The second dose must be received at least 24 days after first dose.¶

(b) For students born prior to 1984, if there is no available date for the first dose, written documentation by the student, a health care practitioner, or an authorized representative of the local health department of the month, day and year of the second dose as long as the second dose was after December 31, 1989.¶

(5) Each post-secondary educational institution subject to these rules shall develop procedures to implement and maintain the records required by this rule and ORS 433.282 and 433.284.¶

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

Statutory/Other Authority: ORS 433.004, ORS 433.273, ORS 433.282

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0400

RULE SUMMARY: Adopt OAR 333-050-0400 Second Dose Measles in Community Colleges. This proposed rule is added to detail the measles vaccine requirements for community colleges. The proposed rule consists of text that was taken from previous OAR 333-050-0140.

- Removes some documentation specifications, including allowing ALERT IIS records and nonmedical exemption documentation, and instead refers to statute so that colleges can develop their own procedures for documentation.

CHANGES TO RULE:

### 333-050-0400

#### Second Dose Measles in Community Colleges

(1) Each community college shall require, subject to section (3) of this rule, that students born on or after January 1, 1957, involved in the following, have two doses of measles vaccine prior to each student's participation in the following:¶

(a) Clinical experiences in allied health programs.¶

(b) Practicum experiences in education and child care programs.¶

(c) Intercollegiate sports. ¶

(2) Community colleges shall develop procedures to implement and maintain the records required by this rule. ¶

(3) The following records are acceptable proof of two doses of measles vaccine:¶

(a) Written documentation by the student, a health care practitioner, or an authorized representative of the local health department of the month, day and year of each dose. Two doses are required, given on or after the first birthday. A dose given within four days prior to the first birthday is acceptable. The second dose must be received at least 24 days after first dose.¶

(b) For students born prior to 1984, if there is no available date for the first dose, written documentation by the student, a health care practitioner, or an authorized representative of the local health department of the month, day and year of the second dose as long as the second dose was after December 31, 1989.¶

(4) Each community college subject to these rules shall develop procedures to implement and maintain the records required by this rule and ORS 433.283 and 433.284. ¶

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

Statutory/Other Authority: ORS 433.004, ORS 433.273, ORS 433.283

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284

ADOPT: 333-050-0410

RULE SUMMARY: Adopt OAR 333-050-0410 Vaccine Education Module. This proposed rule is added to detail the required specifications for a vaccine education module. The proposed rule consists of text that was taken from previous OAR 333-050-0040. The changes to this text are minimal.

CHANGES TO RULE:

333-050-0410

Vaccine Education Module

(1) The Public Health Division will make available to parents a no-cost Internet-based vaccine educational module that includes: ¶

(a) Information consistent with information published by the U.S. Centers for Disease Control and Prevention;¶

(b) Information about the benefits and risks of each vaccine for which a parent is claiming a nonmedical exemption; and¶

(c) Information about the epidemiology, prevention of disease through use of vaccination, and the safety and efficacy of vaccines.¶

(2) A person may submit a vaccine educational module to the Oregon Health Authority, Public Health Division for approval. To obtain approval, the vaccine educational module must contain the substantive content of the Internet-based vaccine educational module made available by the Public Health Division. The Oregon Health Authority must review the module to determine whether it meets the criteria in these rules, including the requirement that the information in the module is consistent with information published by the U.S. Centers for Disease Control and Prevention. Approval or disapproval shall be made in writing. If the module is disapproved the Oregon Health Authority must explain the reasons for disapproval.

Statutory/Other Authority: ORS 433.004, ORS 433.273

Statutes/Other Implemented: ORS 433.001, ORS 433.004, ORS 433.006, ORS 433.235 - 433.284