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# Governance Brief

## Measles (*and other infectious diseases*)

Each year, millions of school days are lost in the United States due to illness.<sup>1</sup> The reality is that schools are inherently places that foster the spread of diseases, due to the close contact between students and staff and the sharing of supplies and equipment. Recent events, such as the nationally publicized measles outbreak in Southern California, have generated heightened awareness and piqued public interest regarding the risks of infectious diseases being spread in public schools.

Despite the unavoidable health challenges that schools face, districts can play an instrumental role in keeping communities healthy by developing a plan for preventing the spread of infectious diseases, teaching about good health practices and good hygiene, providing access to appropriate health care, effectively tracking immunization records, and partnering with local health agencies (see CSBA's sample board policies and administrative regulations BP/AR 5141.22 – Infectious Diseases and BP 4119.41/4219.41/4319.41 – Employees with Infectious Disease).

### Immunizations

To promote public safety, the state of California requires that students receive and show proof of immunization for several infectious diseases such as measles, mumps, whooping cough, hepatitis B, and others, as a condition of entering school (see CSBA's sample BP/AR 5141.31 – Immunizations). However, there are noteworthy exemptions and exclusions to this policy, many of which have come under heavy scrutiny following recent outbreaks.

#### Exemptions

Students may receive exemptions for immunizations based on the beliefs of their parents/guardians or due to medical reasons. However, new legislation<sup>2</sup> is pending that may limit the personal belief exemption. Currently, if parents/guardians choose not to vaccinate their children

because of personal beliefs, they must work with a health care provider to submit a Personal Beliefs Exemption Form (<http://eziz.org/assets/docs/CDPH-8262.pdf>) in place of immunization records. If a student is exempted for medical reasons, they should submit a letter from a health care provider documenting the medical exemption in place of immunization records.

#### Exclusions

Students who are exempted from being immunized may be required to stay away from school following a confirmed case of an infectious disease at their school for which they have not been vaccinated (see CSBA's sample AR 5112.2 – Exclusions From Attendance). Regarding the current measles outbreak, the California Department of Public Health made clear that if a school has a student with a confirmed case of measles, districts should send unvaccinated students home. Dr. Gilberto F. Chávez, deputy director of the Center for Infectious Diseases at the California Department of Public Health, told EdSource, "If there is a child with measles in a school setting, the expectation is that the rest of the children who are not immunized need to be excluded from that school."<sup>3</sup> This may be for a period as long as 21 days — the amount of time that a student could be susceptible to infection after being exposed to the disease.

If a student is excluded from school because he or she is unable to show immunization documentation or has an exemption from immunization, students should be provided with a plan for independent study in order to complete missed course work. Districts and county offices will continue to receive credit for that student in their average daily attendance calculation.

#### Conditional Enrollment

If students cannot show proof of immunization, or have not submitted an exemption form, they may be conditionally enrolled for 30 days.<sup>4</sup> When necessary, a transfer student may

be conditionally admitted for up to 30 school days while his or her immunization records are being transferred from a previous school (see BP 5141.31 – Immunizations).

Conditionally enrolling students who have not been vaccinated, or who opted for but have not completed the exemption, magnifies the need to have good administrative procedures in place. If a school conditionally admits a student who has not been vaccinated but does not follow up to ensure the immunization has been received, that student's health, as well as the health of other students, could be at risk.

## Case Study on Measles Outbreak

Measles is a highly infectious viral disease that can lead to serious short- and long-term complications including ear infections, diarrhea, pneumonia, encephalitis, and even death. Measles begins with cold-like symptoms, such as runny nose, a high fever and red, itchy and watery eyes. Two to four days after the symptoms begin, a raised red rash will appear on the head and spread downward to become a full-body rash, usually lasting five to six days. Measles is spread from person-to-person by airborne droplets. After being exposed, a person might not feel symptoms for up to 18 days.<sup>5</sup>

In 2000, measles was considered eliminated in the United States;<sup>6</sup> however, as of March 6, 2015, 132 cases have been reported and confirmed in California alone since 40 people contracted the disease while visiting Disneyland in December 2014.<sup>7</sup>

Huntington Beach Union High School District was one of several districts with a recent measles outbreak among its more than 15,000 students. Fortunately, over the past decade, the Board of Trustees paid close attention to matters of student health and wellness – aided by the fact that two nurses and one physician currently serve on the board. As a result of the board's commitment to student health, a school nurse is assigned to each of the six high schools in the district, and significant attention is paid to both immediate problems and prevention.

Partly because Huntington Beach Union HSD committed a nurse to each school, the district's immunization records were in good shape. As a result, when a case of the measles was confirmed within the district, staff knew quickly that, of the many students who might have been in contact with the infected student, 23 did not have immunization records on file or had an exemption.

In a decision strongly supported by the Orange County Department of Public Health, Huntington Beach Union Superintendent Greg Plutko informed the parents/guardians of these students that they were to stay at home for 21 days. Missing school for such a lengthy period is never easy, but the timing of the Huntington Beach Union measles outbreak was especially difficult as it closely coincided with final exams. Nevertheless, the district put the health and wellness of its students first and complied with the best practices recommended by the health department.

The district was diligent about communicating to the community that the situation was under control and proper action was being taken. A letter went to all parents/guardians from Superintendent Plutko and the district utilized its ConnectED system.

In addition to timely communication, the janitorial staff put into operation an intensified cleaning regimen and sterilized areas they identified as most impacted.

While the Huntington Beach Union board and superintendent were largely pleased with their response, they also took the opportunity to reflect on how they can improve their infectious disease prevention efforts. One new strategy identified was the utilization of technology for tracking immunization records.

"We were able to know how many students were at risk of infection due to a lack of immunization in just a couple of hours. This was because of the diligence of our great student health team" said Superintendent Plutko. "But wouldn't it be great if we could have this data at just the click of a few buttons? I appreciate my board's support in utilizing technology to provide a top notch 21st Century Learning experience, as well as 21st Century-appropriate health infrastructure."

## Role of The Board

"The health and safety of students are always a board's first priority," said CSBA Assistant Executive Director Naomi Eason. "This must be the foundation of a district's guiding vision." Boards adopt policies that set expectations for healthy practices and ensure compliance with law. In addition to supporting the superintendent in carrying out health and safety planning, board members can act as community leaders by encouraging common sense health practices, such as regularly washing hands and staying out of public places while sick.

An effective and timely response is critical when facing an infectious disease crisis. “Districts need to be clear about what is happening and the steps they are taking to remedy the situation and protect the students they serve,” said CSBA Senior Director of Communications Suzanne Meraz. “It’s too late to develop a crisis communications plan after a disaster hits, so superintendents should ensure that a continually updated plan is in place, and that everyone is informed about their role in carrying it out.” The expectations of board members will differ from district to district — but regardless of these variances, it is crucial that board members fully support the district’s overall health and safety message.

### *Districts Should Consider the Following Questions:*

1. Does our district or county office have sound plans and policies in place for health and safety, and do our plans include strategies for preventing the spread of infectious diseases?
2. What percentage of our students opt out of vaccinations, and where are the potential hotbeds for infectious diseases, such as schools where vaccination rates are significantly lower than average?
3. What is the status of our medical records and what staff resources have we committed to maintaining those records?
4. When did we last review our crisis communications plan?
5. What is our protocol for providing services to students that are excluded from attendance?
6. What is our relationship with local and state public health agencies? Who is our key contact? What resources do they have that we need to help us ensure the health and safety of our students?

### Resources

- » Centers for Disease Control and Prevention, Infectious Diseases at School:  
[www.cdc.gov/healthyouth/infectious/](http://www.cdc.gov/healthyouth/infectious/)
- » CA Department of Public Health: Immunization Handbook for Schools and Child Care Programs  
[www.cdph.ca.gov/programs/immunize/Documents/HandbookText.pdf](http://www.cdph.ca.gov/programs/immunize/Documents/HandbookText.pdf)

*Measles is highly contagious and highly preventable through vaccinations. CDPH is urging caution to individuals who are not vaccinated, especially infants under 12 months. Any place where large numbers of people congregate and there are a number of international visitors, like airports, shopping malls and tourist attractions, you may be more likely to find measles, which should be considered if you are not vaccinated. It is safe to visit these places, including the Disneyland Resort, if you are vaccinated. Therefore, CDPH recommends that anyone not already immunized against measles get immunized at this time. Two doses of measles-containing vaccine (MMR vaccine) are more than 97 percent effective in preventing measles. If you are unsure of your vaccination status, check with your doctor to have a test to check for measles immunity or to receive vaccination.*

— **Dr. Gil Chavez**, State Epidemiologist and Deputy Director, Center for Infectious Diseases, California Department of Public Health

### What is a school health center?

“School-based” health centers are health clinics located directly on school campuses. “School-linked” health centers are located off-campus but have formal operating agreements with districts or county offices and may serve one or more schools. Schools will sometimes provide health services through mobile vans that serve multiple campuses.

Although school health centers can be run by school districts, they may also be operated by community health centers, hospitals, county health departments, community-based agencies and private physician groups.

## Endnotes

- 1 Centers for Disease Control and Prevention. Infectious diseases at school. <http://www.cdc.gov/healthyyouth/infectious/>
- 2 Senate Bill 277, Authors: Senators Pan and Allen.
- 3 Adams, J. M. (2015 January 26). Measles outbreak prompts schools to push immunizations. EdSource. <http://edsource.org/2015/schools-encouraging-parents-to-immunize-students/73279#.VP3j1610yM9>
- 4 Code of Regulations, Title 17: Subchapter 8. Immunization Against Poliomyelitis, Diphtheria, Pertussis, Tetanus, Measles (Rubeola), Rubella, Haemophilus Influenzae Type B ( Hib), Mumps, and Hepatitis B. Article 5. Records as Evidence of Immunization (Refs & Annos). School/Child Care Facility Immunization Record.
- 5 Centers for Disease Control. About measles. <http://www.cdc.gov/measles/about/index.html>
- 6 Papania, M. J., Wallace, G. S., Rota, P. A., Icenogle, J. P., Fiebelkorn, A. P., Armstrong, G. L., ... & Seward, J. F. (2014). Elimination of endemic measles, rubella, and congenital rubella syndrome from the Western hemisphere: the US experience. *JAMA pediatrics*, 168(2), 148-155.
- 7 California Department of Public Health (2015 March 6). California measles surveillance update. [http://www.cdph.ca.gov/HealthInfo/discond/Documents/Measles\\_update\\_3\\_-\\_6\\_-\\_2015\\_public.pdf](http://www.cdph.ca.gov/HealthInfo/discond/Documents/Measles_update_3_-_6_-_2015_public.pdf)