

Montana Immunization Program

2016-2017 School Immunization Assessment Results



Introduction

The annual school immunization assessment is conducted by the Montana Immunization Program each fall to evaluate compliance with immunization requirements. To define compliance, the Montana Code Annotated ([MCA 20-5-403](#)) and Administrative Rule of Montana ([ARM 37.114.705](#)) require all public and private schools' governing authority or designee to submit the immunization status of all enrolled students. Results from this survey are used to measure vaccination coverage among children enrolled in Montana schools and to identify areas where children may be under immunized.

School vaccination requirements are important for maintaining high levels of vaccination and reducing the occurrence of vaccine preventable diseases among children enrolled in schools. In addition to protecting children who are immunized, vaccinations are necessary to protect children and staff who are unable to receive vaccination for medical reasons. Children who are not vaccinated may be excluded from child care, school, sporting events, or other organized activities during disease outbreaks or as a result of illness.

For the second consecutive year, the School Immunization Assessment includes the vaccination status of preschool children. Additionally, the 2015 Montana State Legislature revised the school immunization requirements for attendance to include varicella (chickenpox) vaccination for all students and a pertussis booster vaccine for all students in 7th grade and above.

The assessment documents immunization coverage for vaccines required for school entry by [ARM 37.114.705](#) including: Diphtheria, Tetanus, Pertussis (DTaP/DTP/Tdap/DT/Td), Polio (IPV), Measles, Mumps, Rubella (MMR) and Varicella (VAR). The number of students without immunization records and the number of students reporting medical or religious exemptions from vaccination are also collected.

Medical or religious exemptions may be submitted in lieu of the required dates of immunization per [MCA 20-5-405](#) for students enrolled in preschool through 12th grade. Medical exemptions may be granted if a child has an allergy to a component of a vaccine or a medical condition that is a contraindication to receiving the required vaccine. The medical exemption form must be signed by a Doctor of Medicine (MD) or a Doctor of Osteopathy (DO) and includes a designated expiration date for the exemption. Religious exemptions require a parent, guardian, or an emancipated minor to complete and sign a religious exemption form in the presence of a notary, stating a religious objection to one or more vaccines, allowing the child to be exempted from vaccine requirements. Religious exemptions must be completed each academic year.

The majority of required vaccines include multiple doses. For students who have received at least one dose of a required vaccine, [ARM 37.114.710](#) allows conditional school enrollment if the student continues to receive the remaining vaccine doses on a defined schedule. Subsequently, school staff are required to monitor the progress of conditionally enrolled students until they are fully vaccinated.

Methods

The purpose of this report is to describe school vaccination coverage levels among students enrolled in public and private schools in Montana during the 2016-2017 school year. An accredited school is defined as having an approval status determined by the Board of Public Education that indicates a school's level of compliance with the accreditation standards. The categories include: regular accreditation, regular accreditation with note of minor deviations, accreditation with advice, and accreditation with deficiency.

Reminders to comply with [ARM 37.114.720](#) were mailed directly to all accredited public and private schools registered with the Montana Office of Public Instruction (OPI) in early September 2016 informing them to complete the school immunization assessment on or before December 1, 2016. Additional preschools and private schools not registered with OPI were confirmed by local health jurisdiction contacts and notified via mail. A preschool registered as a child care facility was not surveyed under the school assessment. Survey respondents were typically school nurses or other school administrators with access to student immunization records. Each school had the option to directly enter their results into an online database or fax a report to DPHHS to enter the results. Results were compiled and reviewed for completeness. Individual respondents were contacted regarding inconsistent data or information requiring clarification.

School vaccination requirements for the 2016-2017 academic year included: 4 doses of DTaP/DTP; 3 doses of IPV; 2 doses of MMR; 2 doses of varicella and a Tdap booster for students in 7th grade and above. Students in preschool were required to have: 4 doses of DTaP/DTP; 3 doses of IPV; 1 dose of MMR; 1 dose of varicella and at least 1 dose of *Haemophilus influenzae* type b (Hib). A verified history of chickenpox was also included as a measure of compliance for varicella.

The assessment collected cross-sectional data at a single point in time so changes in vaccination coverage after initial submission of the survey were not captured.

Results

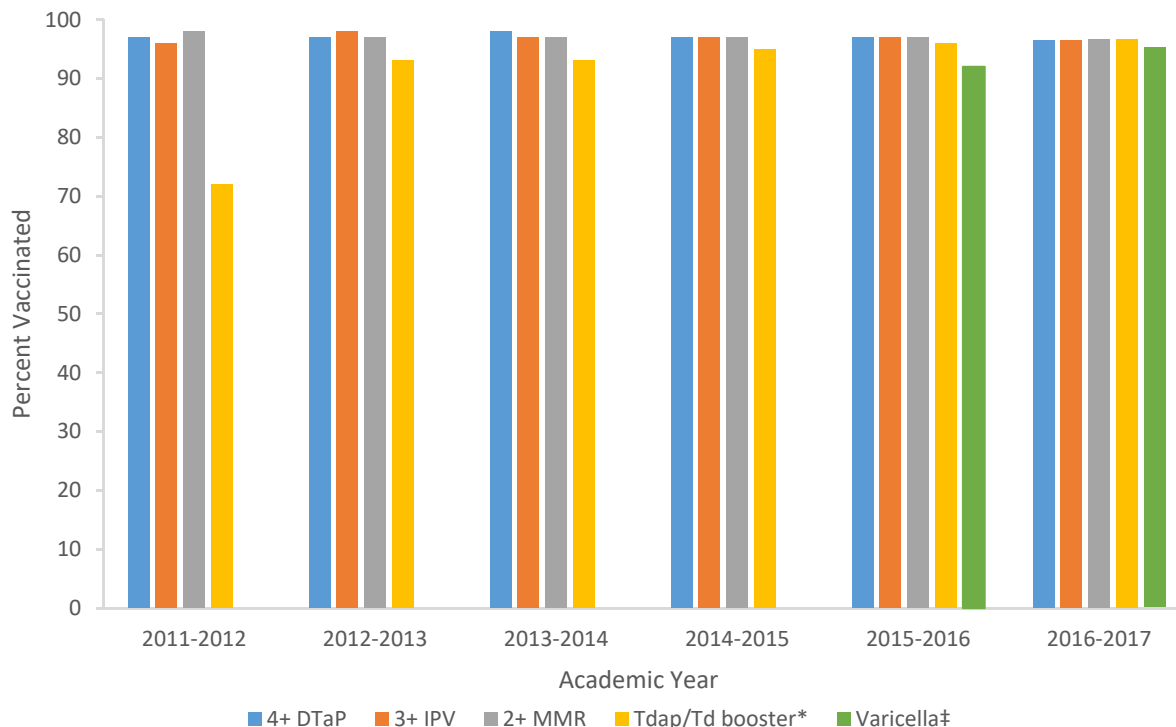
A total of 812 public K-12th grade schools (92%) submitted an immunization survey (Table 1). Of the 82 private schools serving K-12th grade students that were identified, 71 (87%) submitted a school immunization survey (Table 1).

Table 1. Number and percent of public and private schools submitting the School Immunization Survey, Montana 2016-2017 academic year.

Grade	Public Schools				Private Schools			
	Number Reported	Did not Report	Total	Percent Reported	Number Reported	Did not report	Total	Percent reported
Pre-K	58	1	59	98%	59	16	75	79%
K-12	812	70	882	92%	71	11	82	87%
Total	870	71	941	92%	130	27	157	83%

Over the past 5 academic years, statewide vaccination rates for DTaP, IPV and MMR have remained stable. The statewide Tdap/Td booster vaccination rate has increased from a low of 72% in 2011-2012 to a high of 96.6% in 2016-2017. In the second year of requirement, the statewide varicella vaccination rate rose to 95% (Figure 1). The varicella compliance rate includes those students reported as having verification of history of disease.

Figure 1. Vaccination coverage rates among public and private school students enrolled in kindergarten–12th grade by antigen and academic year, Montana 2011-2012 to 2016-2017 academic years.



*For the 2016-2017 academic year, only students who received the Tdap vaccination are counted as compliant. In previous years, students with Tdap or Td booster were counted as compliant.

‡Varicella added to school vaccination requirements for 2016-2017 academic year. The rate includes those reported as having a verified history of disease.

Abbreviations: DTaP =diphtheria, tetanus toxoid, and acellular pertussis vaccine; IPV = inactivated poliovirus vaccine; MMR = measles, mumps, and rubella vaccine; Td = tetanus and diphtheria vaccine; Tdap = tetanus toxoid, diphtheria, and acellular pertussis for 7-12th grades.

During the 2016-2017 academic year, >93% of students in grades kindergarten through 12th grade received the varicella vaccine or had a verified report of history of disease. The lowest percentage (85.3%) of varicella vaccination/disease history was among kindergarten students (Table 2).

Table 2. Vaccination coverage percent by grade and antigen among public and private school students, Montana, 2016-2017 academic year.

Grade	No. students	Conditional Exemptions (%)	Medical Exemptions (%)	Religious Exemptions (%)	1 dose Hib (%)*	1 or 2 doses Varicella (%)‡	2+ doses MMR (%)	3+ doses IPV (%)	4+ doses DTaP (%)	1+ dose Tdap (%)**
Pre-K	3,831	130 (3.4)	8 (<1)	88 (2.3)	3,585 (93.6)	3,574 (93.3)	3,580 (93.4)	3,448 (90.0)	3,391 (88.5)	
K	11,956	209 (1.7)	53 (<1)	402 (3.6)		11,108 (92.9)	11,215 (93.8)	11,260 (94.2)	11,230 (93.9)	
1	11,536	60 (<1)	35 (<1)	420 (3.6)		10,939 (94.8)	10,973 (95.1)	10,913 (94.6)	10,947 (94.9)	
2	11,816	40 (<1)	34 (<1)	498 (4.2)		112,64 (95.3)	11,326 (95.9)	11,312 (95.7)	11,301 (95.6)	
3	12,191	45 (<1)	45 (<1)	391 (3.2)		11,548 (94.7)	11,720 (96.1)	11,716 (96.1)	11,698 (96.0)	
4	12,144	43 (<1)	57 (<1)	375 (3.1)		11,597 (95.5)	11,693 (96.3)	11,693 (96.3)	11,667 (96.1)	
5	12,424	58 (<1)	42 (<1)	417 (3.4)		11,869 (95.5)	11,989 (96.5)	11,986 (96.5)	11,955 (96.2)	
6	11,936	43 (<1)	38 (<1)	338 (2.8)		11,486 (96.2)	11,574 (96.8)	11,555 (96.8)	11,531 (96.6)	
7	12,084	73 (<1)	41 (<1)	372 (3.1)		11,689 (96.7)	11,803 (97.8)	11,814 (97.8)	11,803 (97.7)	11,525 (95.4)
8	11,442	47 (<1)	45 (<1)	327 (2.9)		10,998 (96.1)	11,122 (97.2)	11,120 (97.2)	11,149 (97.4)	11,037 (96.5)
9	11,751	69 (<1)	60 (<1)	409 (3.5)		11,282 (96.0)	11,470 (97.6)	11,406 (97.1)	11,460 (97.5)	11,358 (96.7)
10	10,935	34 (<1)	52 (<1)	344 (3.1)		10,424 (95.3)	10,714 (98.0)	10,645 (97.3)	10,703 (97.9)	10,632 (97.2)
11	10,188	39 (<1)	50 (<1)	299 (2.9)		9,710 (95.3)	10,000 (98.2)	9,947 (97.6)	9,986 (98.0)	9,922 (97.4)
12	9,753	45 (<1)	72 (<1)	321 (3.3)		9,225 (94.6)	9,544 (97.9)	9,491 (97.3)	9,548 (97.9)	9,444 (96.8)

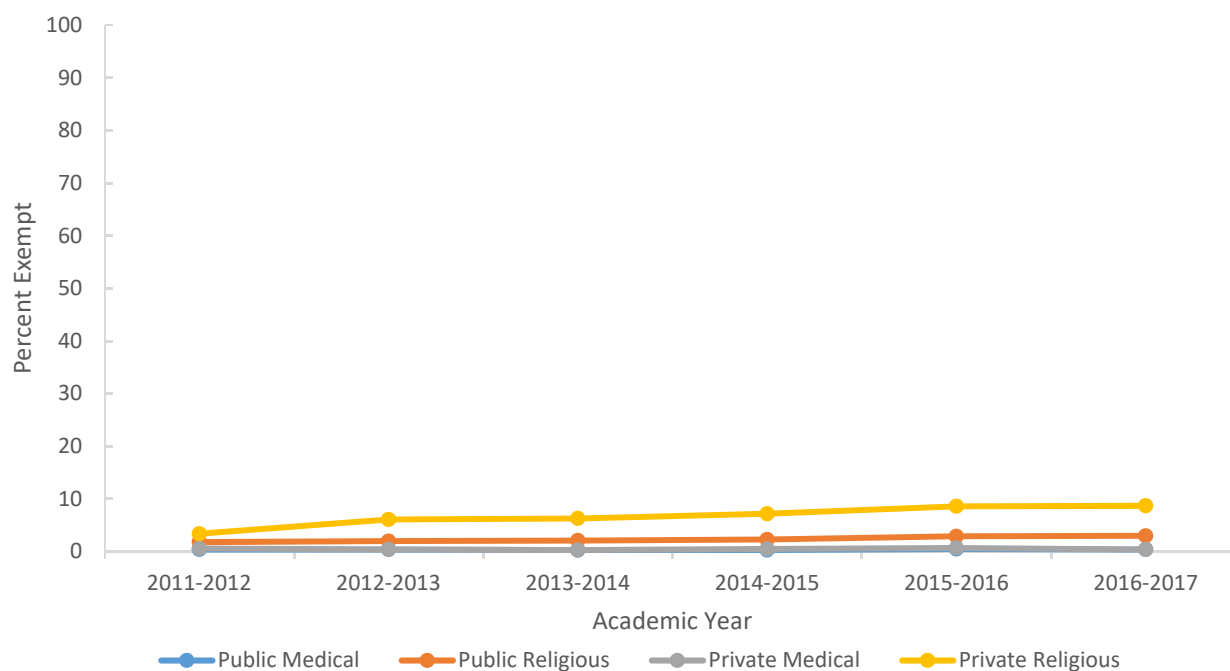
*Students in Pre-K are required to have at least one dose of Hib vaccine administered on or after their first birthday, unless the student is older than 59 months.

**Tdap = tetanus toxoid, diphtheria, and acellular pertussis for 7-12th grades.

‡Varicella added to school vaccination requirements for 2016-2017 academic year. The rate includes those reported as having a verified history of disease

The statewide percentage of Montana students enrolled in kindergarten through 12th grade who had medical exemptions to one or more vaccine(s) has remained at or below 0.5% between the 2011-2012 and 2016-2017 academic years among public school students, and at or below 0.7% among private school students (Figure 2). Over the same time period, the statewide percentage of Montana students enrolled in kindergarten through 12th grade with a religious exemption to one or more vaccine(s) increased from 1.8% during the 2011-2012 academic year to 3.0% during the 2016-2017 academic year among public school students, and from 3.4% to 8.7% among private school students. Figures 3 and 4 describe county level medical and religious exemption percentages, respectively.

Figure 2. Percentage of public and private school students enrolled in kindergarten–12th grade with medical* or religious exemptions to required vaccines by exemption and school type, Montana 2011-2012 to 2016-2017 academic years.



*No significant difference was noted between public and private medical exemption rates.

Limitations

The school immunization assessment is subject to several limitations. First, data was collected from reports submitted by school nurses, administrators, and teachers. The accuracy and completeness of the data cannot be verified because reviews of individual immunization records for students were not completed. Second, immunization records were not available for all students (N=205), which could affect overall vaccine coverage or exemption percentages. Third, the survey collects cross-sectional data at a single point in time. Changes in immunization coverage related to changes in student enrollment or vaccines administered after the initial submission were not detected by the survey. Fourth, a child with an exemption to a vaccine or vaccines is not necessarily unvaccinated for all vaccines.

Private schools and preschools are required to report the immunization status of all enrolled students; however, they are not accredited and a complete master list of schools is not available. Typically, county health officials compile a list of schools, but frequent changes in the opening and closing of private schools make this list difficult to maintain, leading to the possible inclusion of schools that are closed in the denominator resulting in an inflated percentage of private schools not reporting.

Conclusion

Measured immunization coverage levels statewide are above estimated herd immunity levels for diphtheria, measles, mumps, pertussis, polio, rubella, tetanus, and varicella. A small percentage of children have medical or religious exemptions to required vaccines. Statewide, less than 1% of students had medical exemptions and 3.3% of students reported a religious exemption for the 2016-2017 academic year. While herd immunity levels tend to vary by disease, in general schools with immunization coverage below 90% for at least one required vaccine may be at risk for disease outbreaks.

Based on the results of the 2016-2017 School Immunization Assessment the Montana Immunization Program suggests the following recommendations for improving school immunization rates in Montana:

- The school districts and the local health departments should continue the collaborative effort to track students excluded for failing to meet the requirements of a conditional enrollment and notify the Montana Immunization Program when the child has met the immunization requirements.
- In the first year of the requirement, the statewide varicella vaccination/history of disease rate was 92%. The 2016-2017 academic year school immunization assessment found that the rate increased to 95%. Analysis of the grade level varicella vaccination rates determined that group with the lowest rate was in kindergarten students (93%). This group will be targeted for improvement.
- The Immunization Program will continue to monitor medical and religious exemptions for increases or decreases in rates across academic years and at the county level.

Figure 3. Percentage of public and private school students enrolled in kindergarten through 12th grade with a medical exemption to required vaccines, Montana 2016-2017 academic year.

