

## Vaccine Status Reporting Regulation (VSRR) Information for Health Care Providers January 16, 2020

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## 1. What is the Vaccination Status Reporting Regulation (VSRR)?

The [Vaccination Status Reporting Regulation](#) (the Regulation) allows the Medical health officer (MHO) to require a parent/ guardian to provide a vaccination status record for their school-aged child, in the instance where such a record has not been voluntarily provided. The Regulation applies to all students attending public or private schools or who are home schooled. It does not apply to schools in First Nations communities. A vaccination status record may be a record of the immunizations the child received or documentation of non-vaccination. In such circumstances, the MHO may also require that reasons for non-vaccination (medical contraindication and intention not to vaccinate the child including the reason) be documented, signed and dated, and submitted to the MHO, by the health care provider or the parent/ guardian, respectively.

## 2. Why are schools in First Nations communities not covered by the Regulation?

Before this regulation can be put into place in First Nations communities, more discussion and consultation needs to occur between government and First Nations educational and health organizations.

## 3. Why was the VSRR put into place?

The VSRR was put into place to facilitate the collection of immunization records and documentation of immunization status of school age children. In late 2018 and early 2019 there were several measles importations to BC, including cases among school age children. The public health response to these importations, including management of an outbreak in early 2019, highlighted that students who were unvaccinated and those whose immunization status was undocumented hampered prevention and control efforts. In recognition of the increasing emphasis at the global and national level about the vulnerability posed by declining rates of vaccine acceptance and more prolonged and persistent outbreaks in other countries related to similar declines in vaccination rates, it was deemed important to support public health efforts to optimize immunization services for school-aged children through a regulatory framework. Such a framework ensures collection of immunization records under an explicit authority, requires parents to thoughtfully consider refusal

of vaccination, and in future years, provides for additional supports such as educational sessions prior to completion of a non-vaccination intent form.

#### 4. What are the Ministry of Health expectations for implementation of the VSRR?

In the first year of the Regulation and by June 30<sup>th</sup> 2020, Ministry expectations for its implementation are as follows:

- a) Regional health authorities will actively seek and review immunization records for all school-aged children K-12 in the provincial immunization registry except those attending schools excluded by the Regulation.
- b) Regional health authorities will actively offer missing immunizations to all students in grades K, 6 and 9. In the case of children who remain unimmunized, the reason must be documented in the registry before the record can be considered complete (see question #17 regarding documentation requirements).
- c) All other students not up to date will be informed of and offered access to opportunities for catching up on their missing immunizations, subject to regional feasibility.

Each regional health authority was asked to develop more detailed regional plans for implementation and submit these to the Ministry of Health, allowing for regional differences in the operational implementation of the Regulation.

#### 5. What are the timelines for implementation?

The VSRR took effect July 1 2019 and was announced by the Minister of Health upon its launch. The first school year of implementation is from September 2019 through June 2020. In this first year, activities to offer immunization services and document the immunization status of school age children are proceeding in the usual manner in BC as in prior years for the majority of circumstances. This is through a voluntary process, in which public health staff request and receive immunization records or vaccine-specific refusal from parents/ guardians of school children, or may receive the child's immunization record from the child's physician. Immunization record review and catch up is expected to be completed by June 30, 2020.

#### 6. Which vaccines are covered by the VSRR?

While records of all recommended vaccines received are to be collected and entered into the immunization registry, records are 'required' under the Regulation for [vaccines recommended for all school-age children](#) with the exception of hepatitis B and HPV vaccines. The recommended vaccines include pertussis, measles, mumps, rubella, varicella and meningococcal vaccines. Hepatitis B and HPV do not present the risk of outbreaks in school settings, and in this first year, are not included in the documentation requirements under sections 5 and 6 of the Regulation (see Question 15)

including documentation of non-vaccination (medical contraindication or intention to not vaccinate). Hepatitis A vaccine, which is recommended for Indigenous school age children, is also not included pending completion of a consultation with First Nations communities. Dates of receipt of these three vaccines as well as reasons for non-vaccination including refusal should continue to be documented in immunization registries in the usual manner, for clinical and individual protection reasons as well as for program evaluation and coverage assessment.

## **7. Will there be any additional funding from the ministry to support the implementation of the VSRR?**

No. At this time, the Regulation is being implemented within the existing funding available to all health authorities in BC.

## **8. How will parents be informed about these new requirements?**

Letters were distributed to all parents/guardians of school age children (K-12) covered under the Regulation from their regional health authority during the first week of November, informing them of the Regulation and their responsibilities. The letters directed parents to the [Vaccine Status Indicator](#) on ImmunizeBC to see if their child's records were complete.

Following a review of records by public health staff, parents/guardians of children who are missing immunization records and/or missing immunizations are being notified by letter or other reminders which were distributed starting December and through January through schools or mailed home.

## **9. Is public health expected to individually contact the parent/guardian of each student regarding their immunization records?**

Public health will only be contacting parents/guardians of students who are missing immunizations, or who have an incomplete or no record on file.

Parents/guardians who are unsure if public health has their children's complete record can check the [Vaccine Status Indicator](#) on ImmunizeBC.

## **10. What is the Vaccine Status Indicator?**

The Vaccine Status Indicator is an online tool that can help parents find out if their child's record is in the provincial public health immunization information system. Parents can access the Vaccine Status Indicator by entering their child's personal health number and date of birth.

Note: this tool only indicates whether a record is complete and does not provide any personal information. Public health may not have records for children who were immunized at a physician's office, pharmacy, in some First Nations communities, or out of province.

### **11. How will parents be able to find their child's immunization record if they do not have a copy?**

Parents/guardians should contact the health care provider who immunized their child to obtain a record. This may include their family physician, First Nations community health centre or an out of province health unit. Refer parents/guardians to [ImmunizeBC's Tips for locating immunization records](#) for more suggestions.

### **12. Where else can children be immunized?**

Some family physicians and pharmacists offer immunization services. In health authorities where immunizing physicians and pharmacists are available to assist with providing catch-up opportunities, parents and guardians can access these services. Information about immunizing pharmacists can be found on Immunize BC.

First Nations children who receive health services in their communities may be able to access immunization services at their community health centres.

### **13. What are the timelines for this work to be completed?**

All information must be entered into the registry by June 30, 2020. Regional health authorities should plan record review and immunization catch-up programs so that all work is completed by this date.

### **14. How will the VSRR be enforced?**

There are no enforcement mechanisms in the first year of the implementation of the Regulation. The Ministry of Health is considering options for subsequent years.

## 15. What are the documentation requirements under the Regulation?

In certain circumstances where a child's immunization record has not been provided through the regular process, the medical health officer **may require**<sup>1</sup> the parent/ guardian to provide the child's vaccination status report under Section 5 of the Vaccination Status Reporting Regulation. For children whose record does not indicate that they are fully vaccinated against the prescribed diseases (measles, mumps, rubella, varicella, pertussis, and meningococcal disease), as per Section 6(e)(i) and (ii) respectively, the parent/guardian's report must include a signed and dated statement from an authorized health professional advising against vaccination because of a medical contraindication, or a signed and dated statement from the parent/ guardian (or student themselves if aged 19+ years) stating the reason for non-vaccination. Two forms have been developed to support such documentation, although other written means of submitting these statements are permissible if these meet the requirements of these sections.

The two forms developed to support documentation under Section 6(e)(i) and (ii) are available at:

Section 6(e)(i)

**Medical contraindication form:**

<https://www2.gov.bc.ca/assets/gov/health/forms/2370fil.pdf>

Section 6(e)(ii)

**Intention to not vaccinate form:**

<https://www2.gov.bc.ca/assets/gov/health/forms/2369fil.pdf>

## 16. What are the consequences for the parents who refuse to vaccinate their children?

Parents who refuse to vaccinate their children may be requested by the Medical health officer to complete the NON-VACCINATION STATEMENT Intention to Not Vaccinate, HLTH 2369 form, available [here](#). In the second year of the Regulation, prior to completing such a form, the parent may be asked to attend or complete an education program to ensure that they are well informed about immunization and the vaccines recommended for their children.

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<sup>1</sup> As per MHO discussion held August 30, 2019 appropriate circumstances may include an imminent risk to health such as an outbreak of measles or other vaccine preventable disease.

### **17. What are the consequences for the student if their parents refuse to consent to vaccination?**

There are no specific consequences for the student. School-age children will not be suspended from attendance at school even if their records are incomplete.

### **18. What happens to an unvaccinated student if there is an outbreak of a vaccine preventable disease at their school?**

As in prior years, the Medical health officer has the authority to exclude unvaccinated children from school during an outbreak. This is done to prevent exposing susceptible children to infection and to prevent further transmission from such children should they be incubating the infection after being exposed. The Regulation does not add specific authority beyond that already available through the [Public Health Act](#).

### **19. Can students assessed to be 'mature minors' consent to their own immunizations?**

Yes, students 13 years of age and older may consent to their own immunizations if they are assessed as competent to do so. See the BC Immunization Manual, [Appendix A: Informed Consent](#).

### **20. Can a mature minor sign their own Intention to Not Vaccinate form?**

No. Although a mature minor can provide consent or dissent, they cannot sign the Intention to Not Vaccinate form. Only students who are 19 years of age or older can sign this form on their own behalf.

### **21. Can foster parents sign the Intention to Not Vaccinate form?**

No, only the parent or legal guardian can sign the Intention to Not Vaccinate form. In the case of children in foster care, this may be the Social Worker or the parent if they maintained guardianship of their child.

### **22. Who is authorized to sign the medical contraindication form?**

The medical contraindication form can be signed by the child's primary care provider, including a medical practitioner, a nurse practitioner, or a registered nurse-remote practice certified.

### **23. What if the primary care physician submits a medical contraindication that is not a valid contraindication?**

Under section 7 of the Regulation, the medical health officer may refuse to accept a documented medical contraindication that is invalid. The usual process of handling this circumstance should generally be followed, especially if the contraindication appears to be invalid due to a misunderstanding about valid contraindications e.g., egg allergy and MMR vaccine, as a primary care practitioner may have submitted an invalid contraindication in error. Because the Regulation allows for other reasons for non-vaccination, it is not anticipated that invalid contraindications will be commonly recorded by BC health care providers.

### **24. How will the privacy of a child's immunization status be maintained at their school?**

In order to maintain the child's privacy, all communication between public health and the parent/guardian should be sent in a sealed envelope. This includes the information parents send back to public health.

### **25. Does the Regulation affect private schools and private boarding schools?**

The Regulation applies to all public and independent (private) schools. It also applies to all students enrolled in such schools including international students. At this time, this Regulation does not apply to First Nations schools located on reserve or operated by a participating First Nation or by a treaty First Nation or the Nisga'a Nation.

### **26. How does the Regulation affect international students?**

The Regulation applies to international students. Public health staff will continue to work with the Ministry of Education, school districts and schools with international students in order to secure records of international students and develop strategies to obtain the consent of the overseas parent/ guardian for students missing recommended immunizations who are too young to be mature minors and who cannot consent on their own behalf.



## 27. Where should we direct parents/guardians for more information?

- General information about the [Vaccination Status Reporting Regulation](#) has been posted on ImmunizeBC and [HealthLink BC](#).
- Parents/guardians with general questions can call HealthLinkBC at 811 or submit a question through [ImmunizeBC Ask Us](#).
- Parents/guardians with specific questions about their child's immunization status should contact their child's health care or immunization provider.

## 28. Where do Health Care Providers go for more information?

Information about the Regulation is available in this Q & A. The Regulation itself is available [here](#). More information is also available at ImmunizeBC [here](#).