



epiConnections

A BIMONTHLY NEWSLETTER OF THE COMMUNICABLE DISEASE AND
EMERGENCY MANAGEMENT DIVISION OF BOULDER COUNTY PUBLIC HEALTH

A Message From Boulder Valley School District on Immunization Compliance

By Stephanie Faren, MSN, MPH, RN, NCSN, Director of Health Services, BVSD

This fall, the Boulder Valley School District (BVSD) undertook the task of increasing student immunization compliance by enforcing Colorado law (Board of Health rule [6 CCR 1009-2](#)). This law requires all students attending school or licensed child care in Colorado to be vaccinated against certain diseases or to file an exemption. There are three ways families can be in compliance with the school immunization law:

1. Ensure students are fully-immunized with required vaccines.
2. For students who are not up-to-date, get the required vaccines within 14 days or make an appointment to receive them.
3. Submit a [medical exemption form](#) signed by a health care provider or a [non-medical exemption \(religious or personal\)](#) submitted by a parent/guardian/emancipated student. Non-medical exemptions must be submitted annually.

As outbreaks of vaccine-preventable diseases continue, we at BVSD know our responsibility is to be able to respond quickly and accurately, to know our vaccinated population, to alert families with immunocompromised students in order to ensure their safety and, if required, to exclude students who are unvaccinated.

Historically BVSD has struggled with high rates of non-compliance. However, in response to ongoing measles outbreaks, BVSD's Superintendent and Board of Education agreed to take a firmer stance on compliance and enforce the required exclusion component.

In order to provide families time to find records and discuss options with providers, the district notified families about vaccination requirements in May 2019, and again in the fall. Then, in September and October, non-compliant families received individualized letters (Notice of Missing Immunizations), and a final letter in mid-November (Notice of Exclusion), if documentation was still missing. From November 18 until December 1, as many as eight additional notifications (i.e.e calls, texts, and emails) were sent to affected families.

September 18 more than 4,900 students were non-compliant. Over the course of the fall, our staff worked tirelessly to inform families of the requirements, locate missing vaccination records, search the [Colorado Immunization Information System \(CIIS\)](#), and explain Colorado school immunization regulations. On December 2, the exclusion day, just 24 students remained non-compliant and about 300 students' families had made plans to get required vaccines over

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2019-2020 Influenza Season Off to an Unusual Start

The 2019-2020 flu season is underway and as of January 25, 2020, widespread influenza activity has been reported in 49 states, including Colorado.¹

Thus far this season, most illnesses are a result of influenza B. Human influenza viruses A and B cause our seasonal epidemics every winter, with type A occurring more commonly in the early part of the flu season, and type B usually peaking later. Although it's too soon to know whether the B virus will dominate throughout the season, or if A strains will bounce back, this season has had an unusual start. The last time B strains dominated was during the 1992-1993 flu season.

Influenza-like illness (ILI) activity has been on the rise in Boulder County since the second week in December, with an increase in influenza-related hospitalizations during the last week of December. However, it's too soon to tell how long or how severe this season will be; every flu season is different. Over the last 15 seasons, influenza illnesses in Colorado have peaked anywhere between mid-October and mid-March

To keep up to date with ILI activity throughout the season, visit [BoulderCountyFlu.org](#) to monitor flu activity in Boulder County and [Colorado.gov/pacific/cdphe/influenza](#) to see statewide flu activity.

¹CDC FluView: <https://www.cdc.gov/flu/weekly/index.htm>

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Coronavirus Update

Public Health agencies in Colorado and Boulder County are closely monitoring the global outbreak of the 2019 novel coronavirus (2019-nCoV). Plans are in place to ensure hospitals and health care providers know what steps to take to minimize any potential spread of the virus. For more information: <https://www.colorado.gov/pacific/cdphe/2019-novel-coronavirus>



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the next couple of months.

Overall, we feel the effort was very successful. However, a few situations caused both families and staff considerable frustration and could likely be alleviated through better communication with local providers like you.

- Many students appeared to be non-compliant despite having the correct number of vaccine doses. (Hepatitis B vaccination was the most common.) This was usually due to an issue in the vaccine spacing; Colorado school immunization law follows strict minimum interval and age regulations including only a 4-day 'grace' period for spacing. This caused frustrated parents to question providers who had reassured them that their child was fully immunized with the required doses) and caused confusion. Unfortunately, many of these students were required to repeat vaccine doses or sign exemptions to ensure their student was compliant with state regulations.
- The Tdap vaccine also caused confusion. Although the ACIP recommendation is vaccination at 11-12 years of age, the Colorado law requires students must have the vaccination to enter 6th grade, regardless of their age.
- Less invasive but just as frustrating situations arose when families couldn't find records and their students' vaccines were not entered in [CIIS](#). Our staff reviews CIIS and can retrieve all needed vaccine information – if it's entered. This is a huge help for parents who have changed providers or moved from another district, etc. Please, if you don't currently participate in CIIS, consider it. We have 30,000 students in BVSD alone - an enormous amount of paperwork could be alleviated by using this system.

Although our data is not yet fully analyzed, anecdotally we believe our immunization rates will show improvement. Many families told us they thought their student was fully immunized because no one (us included) ever told them differently; they wanted their child to complete immunizations, not be exempt.

Finally, I would like to say 'Thank You' to all of the providers who worked with us to get records, get kids in for shots, and explain to parents why they sometimes had to be re-vaccinated. We'll be at it again next year and look forward to working with you.

Please let me know if there is anything we can do to assist you in working with us, and watch for our immunization data in [CDPHE's immunization data reports](#).

Healthy students are better learners!

Submitted by Stephanie Faren, MSN, MPH, RN, NCSN, Director of Health Services, BVSD

Refer TB patients to Denver Metro TB Clinic

If you are concerned about or suspect active TB, patients should be referred to the Denver Metro TB Clinic at Denver Health. To refer a patient, complete the TB patient referral form at: <http://www.denverpublichealth.org/clinics-services/tuberculosis>

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A Look Outside Our Community and Around the World

Measles Update: Home and Abroad

Many countries around the world experienced measles outbreaks during 2019, and many of the outbreaks are ongoing. As of November 5, 2019, there have been more than 400,000 confirmed measles cases reported to the World Health Organization by 187 countries. This includes in the United States, where there were 1,282 cases of the disease in 2019. Of these cases, 73% were linked to recent outbreaks in New York.

Here in Colorado there were four cases of measles during 2019. The most recent cases occurred in December, when three unvaccinated children who were visiting Colorado from another state tested positive for measles after traveling to a country with an ongoing measles outbreak. Thankfully, no additional cases have been identified. However, with outbreaks in the U.S. and abroad, there is a chance more cases will occur.

Each year, unvaccinated people contract measles while in other countries and bring the disease back to the United States where it can spread, especially in communities with pockets of unvaccinated people. To protect ourselves and our communities, it's important that anyone traveling internationally be up-to-date on their measles vaccination:

- Infants 6-11 months old need 1 dose of measles vaccine.
- Children 12 months and older need 2 doses, separated by at least 28 days.
- Teens and adults who do not have evidence of immunity against measles need 2 doses, separated by at least 28 days.

For infants 6-11 months old, the 1 dose would not be counted as part of the regular 2-dose series, but it will help to protect the child while travelling and until they can receive their regular age-appropriate series beginning at 1 year of age.

The current ACIP childhood immunization schedule and footnotes for MMR are available at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

For more information on the global measles situation, view the November 2019 WHO report at: <https://www.who.int/csr/don/26-november-2019-measles-global-situation/en/>

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