

IMMUNIZE. PREVENT WHAT'S PREVENTABLE

TEXAS IMMUNIZATION LAW



THE
IMMUNIZATION
PARTNERSHIP

Allison N. Winnike, J.D.
President & CEO

28 November 2017
Texas Immunization Conference

DISCLOSURE AND DISCLAIMER

- **No financial conflicts of interest**
- **Statements do not represent DSHS**
- **This presentation is for educational use only and does not constitute legal advice**
- **Please consult with legal counsel if you have questions regarding a legal matter**



THE IMMUNIZATION PARTNERSHIP

Vision

- > A community protected from vaccine-preventable diseases

Mission

- > To eradicate vaccine-preventable diseases by educating the community, advocating for evidence-based public policy, and supporting immunization best practices



PUBLIC HEALTH LAW



THE
IMMUNIZATION
PARTNERSHIP

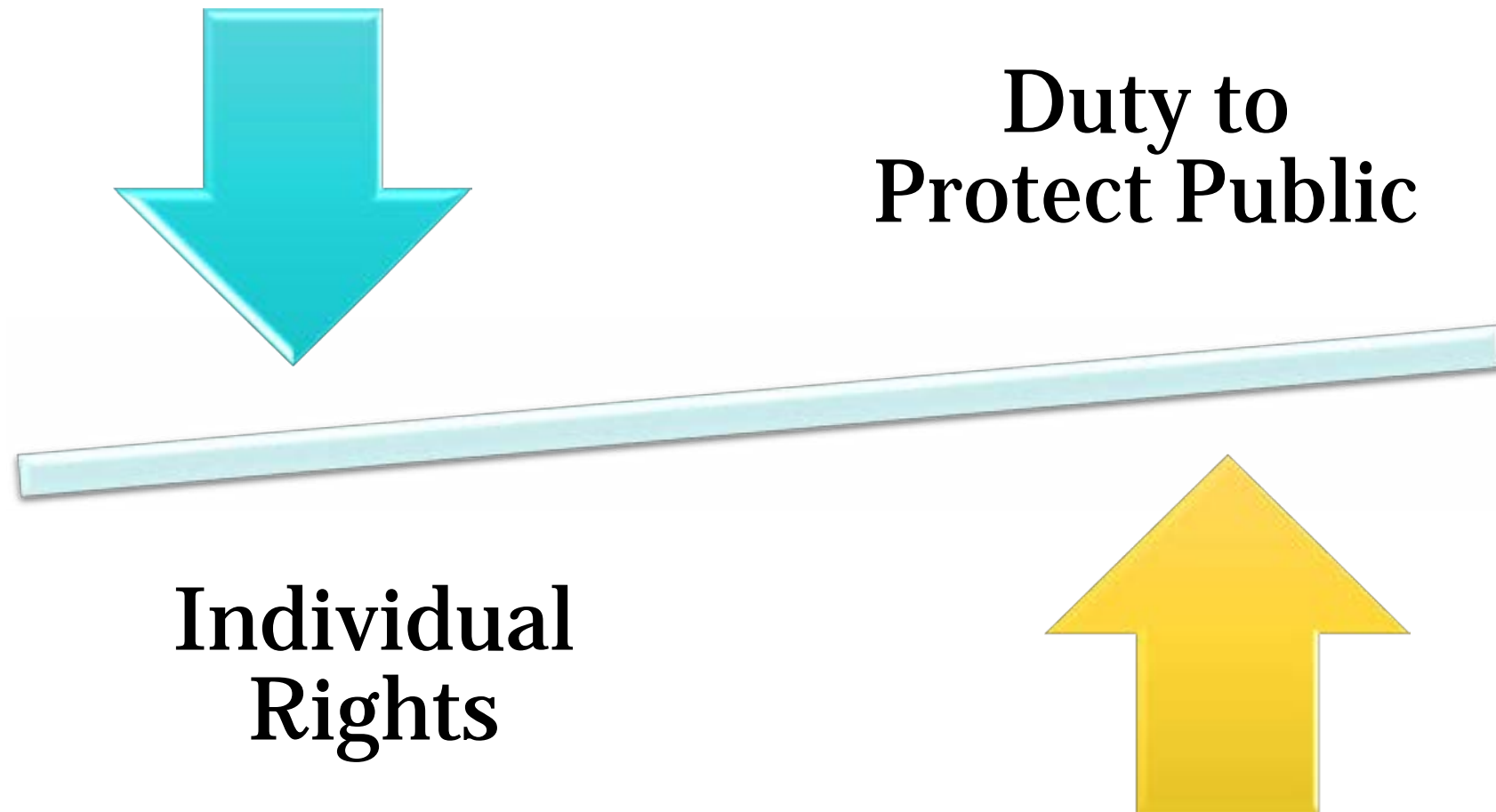


WHAT IS PUBLIC HEALTH LAW?

Public Health Law is the intersection of the legal authority and duty of government to protect the public's health and the legally protected rights of the individual.



PUBLIC HEALTH LAW BALANCE



GOVERNMENTAL DUTIES, POWERS, AND LIMITS

- > Does government have a *duty* to protect the public's health and safety?
- > What *power* does government have to regulate in the name of public health?
- > What *limits* exist in the exercise of public health powers?



FEDERAL V. STATE JURISDICTION

- States have primary responsibility for protecting the public's health
- State authority may be delegated to local health authorities
- Federal government has power in international and interstate transmission of disease



STATE POLICE POWERS

- 10th Amendment of U.S. Constitution
 - “The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”
- The police powers to protect the health, safety, morals, and general welfare of the people are reserved to the States
- Broad power and responsibility to protect public's health



LEGAL PRINCIPLES TO PROTECT PUBLIC HEALTH

- *Sic utere tuo ut alienum non laedas*
 - So use that which is yours so as not to injure others
- *Salus publica suprema lex est*
 - The health (safety/welfare/well-being) of the public is the supreme law
- *Parens patriae*
 - Parent of the country




LEVELS OF PUBLIC HEALTH INTERVENTIONS



- Voluntary



- Mandatory



- Compulsory



JACOBSON V. MASSACHUSETTS, **197 U.S. 11 (1905)**

- Upheld use of police powers to protect the public's health
- State may delegate public health authority to local health authorities
- Imposed limits on individual liberty if necessary to protect public health
- “There are manifold restraints to which every person is necessarily subject for the common good.”



IMMUNIZATION LAWS



THE
IMMUNIZATION
PARTNERSHIP

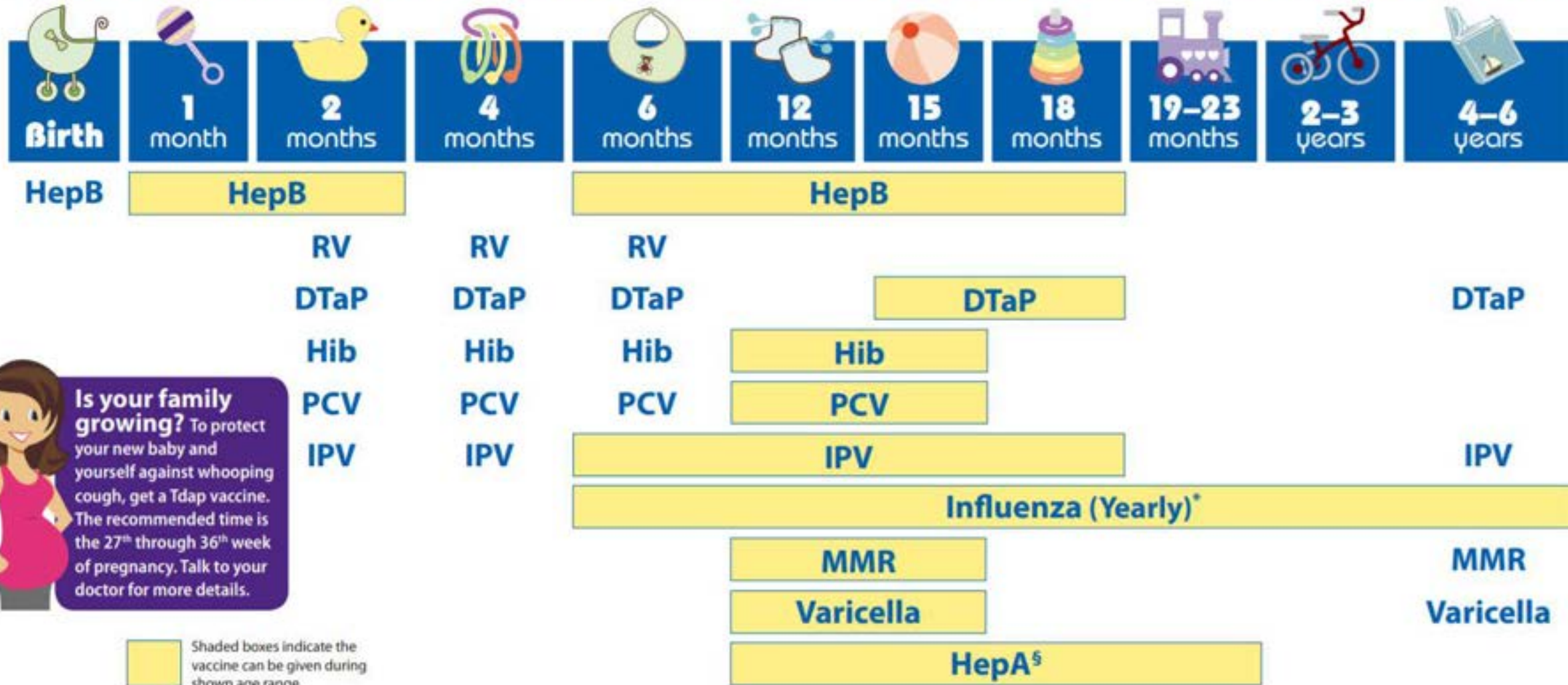


STATE MANDATORY IMMUNIZATION LAWS

- All states have mandatory immunization laws for children as a condition of school attendance
- Some states have mandatory immunization laws for attendance at schools of higher education
- Some states have mandatory immunization laws for health care workers
- Many states provide for mandatory or compulsory immunization during a declared public health emergency



2017 Recommended Immunizations for Children from Birth Through 6 Years Old



Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
0 through 2 months								
By 3 months	1 Dose	1 Dose	1 Dose	1 Dose	1 Dose			
By 5 months	2 Doses	2 Doses	2 Doses	2 Doses	2 Doses			
By 7 months	3 Doses	2 Doses	2 Doses	2 Doses ¹	3 Doses ²			
By 16 months	3 Doses	2 Doses	2 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	
By 19 months	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	1 Dose ³
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses ¹	4 Doses ²	1 Dose ³	1 Dose ³	2 Doses ³

¹ A complete Hib series is two doses plus a booster dose on or after 12 months of age (three doses total). If a child receives the first dose of Hib vaccine at 12 - 14 months of age, only one additional dose is required (two doses total). Any child who has received a single dose of Hib vaccine on or after 15 - 59 months of age is in compliance with these specified vaccine requirements. Children 60 months of age and older are not required to receive Hib vaccine.



Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years		★					★	★	★	★	★
9-10 Years		★					★	★	★	★	★
11-12 Years		★		★			★	★	★	★	★
13-15 Years		★		★			★	★	★	★	★
16-18 Years		★		★			★	★	★	★	★

More information:

Preteens and teens should get a flu vaccine every year.

Preteens and teens should get one shot of Tdap at age 11 or 12 years.

All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.

All 11-12 year olds should get a single shot of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.

Teens, 16-18 years old, may be vaccinated with a MenB vaccine.



Similar or approximate Texas school requirement

Nat'l Ctr for Immunization & Respiratory Diseases, Ctr. For Disease Control & Prevention, 2017 Recommended Immunizations for Children 7-18 Years Old (Jan. 18, 2017), <https://www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf>.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/acip-list.htm.



This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics



AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA



TYPES OF EXEMPTIONS IN TEXAS

Medical

Reasons of
Conscience

Religious

Personal
Belief

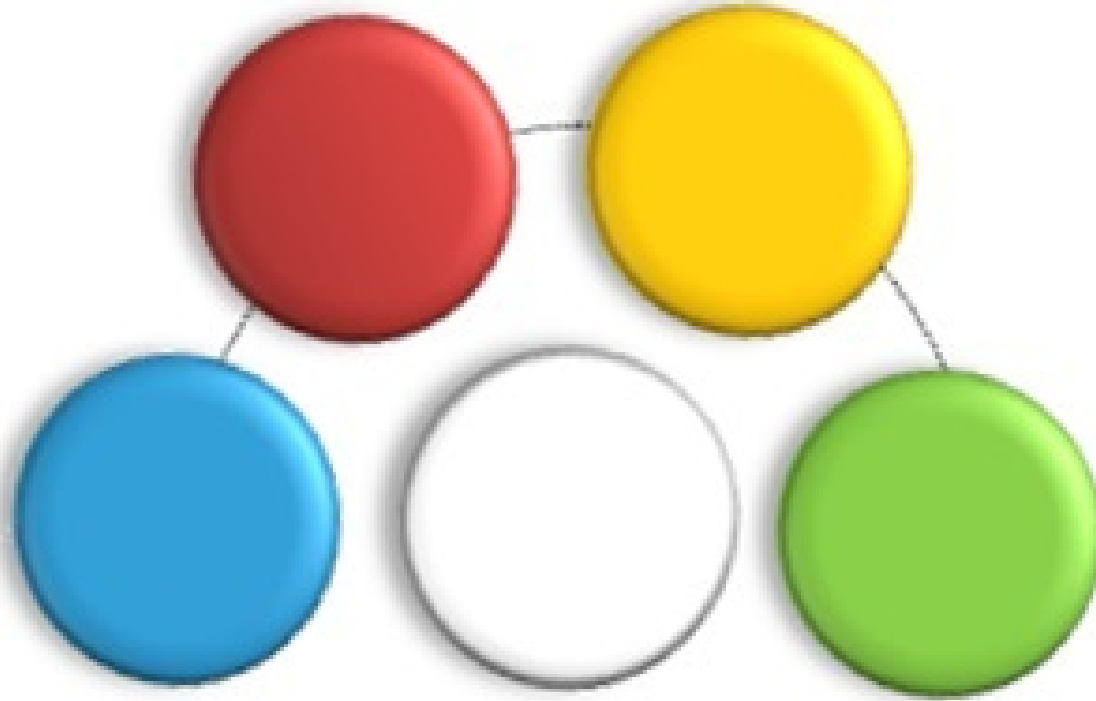


**Non-Medical State Exemptions
from School Immunization Requirements, 2017**

State	Exemption Status
AK	No Exemptions
AL	No Exemptions
AZ	Exemptions
AR	Exemptions
CA	No Exemptions
CO	Exemptions
CT	No Exemptions
DE	No Exemptions
FL	No Exemptions
GA	No Exemptions
HI	No Exemptions
ID	Exemptions
IL	No Exemptions
IN	No Exemptions
IOWA	No Exemptions
KANSAS	No Exemptions
KS	No Exemptions
KY	No Exemptions
LA	Exemptions
MA	No Exemptions
MD	No Exemptions
ME	No Exemptions
MICHIGAN	No Exemptions
MI	No Exemptions
MINN*	Exemptions
MO	No Exemptions
MS	No Exemptions
MT	No Exemptions
NE	No Exemptions
NH	No Exemptions
NJ	No Exemptions
NM	No Exemptions
NC	No Exemptions
ND	Exemptions
NEVADA	No Exemptions
NV	No Exemptions
NEW YORK	No Exemptions
NY	No Exemptions
OHIO	Exemptions
OK	Exemptions
OR	Exemptions
PA	Exemptions
Rhode Island	No Exemptions
RI	No Exemptions
SC	No Exemptions
SD	No Exemptions
Tennessee	No Exemptions
TN	No Exemptions
TEXAS	Exemptions
TX	Exemptions
UT	Exemptions
Vermont	No Exemptions
VT	No Exemptions
VA**	No Exemptions
WA	Exemptions
WI	Exemptions
WISCONSIN	Exemptions
WV	No Exemptions
WY	No Exemptions

19

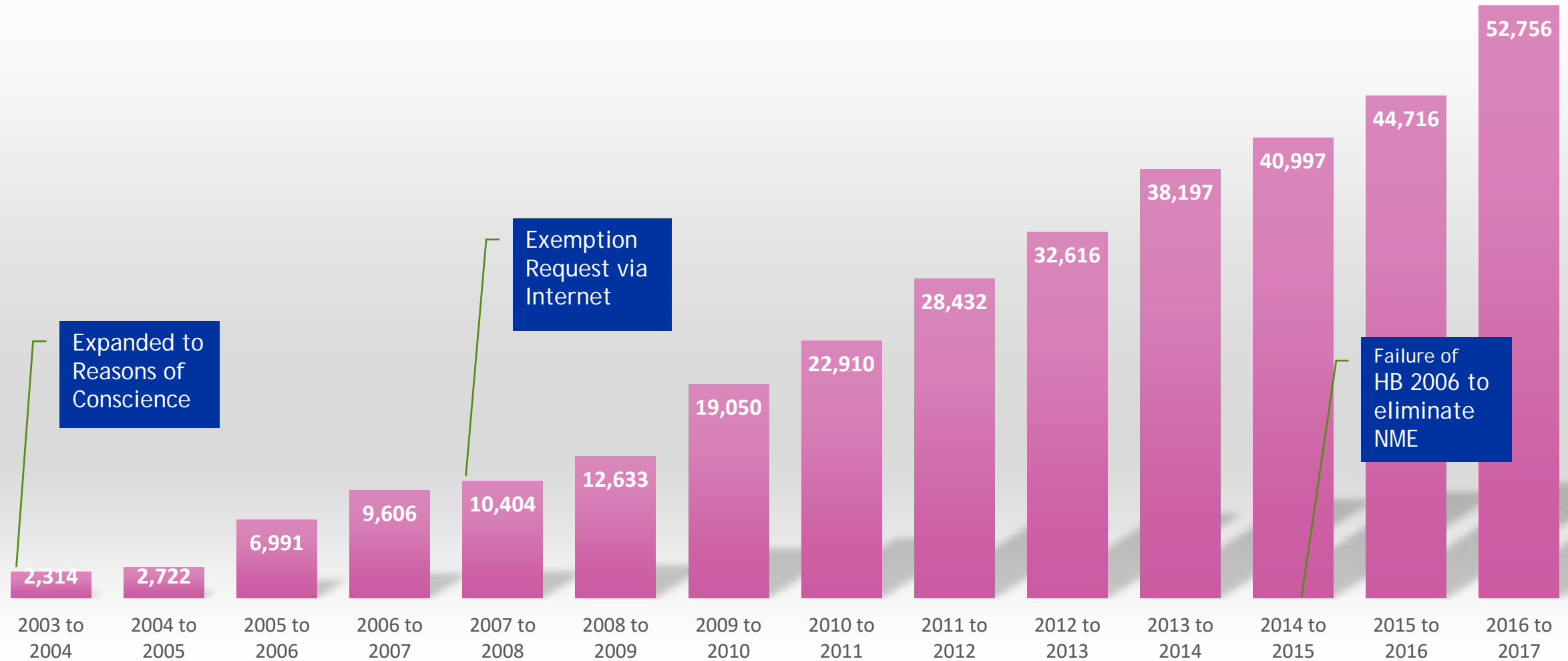




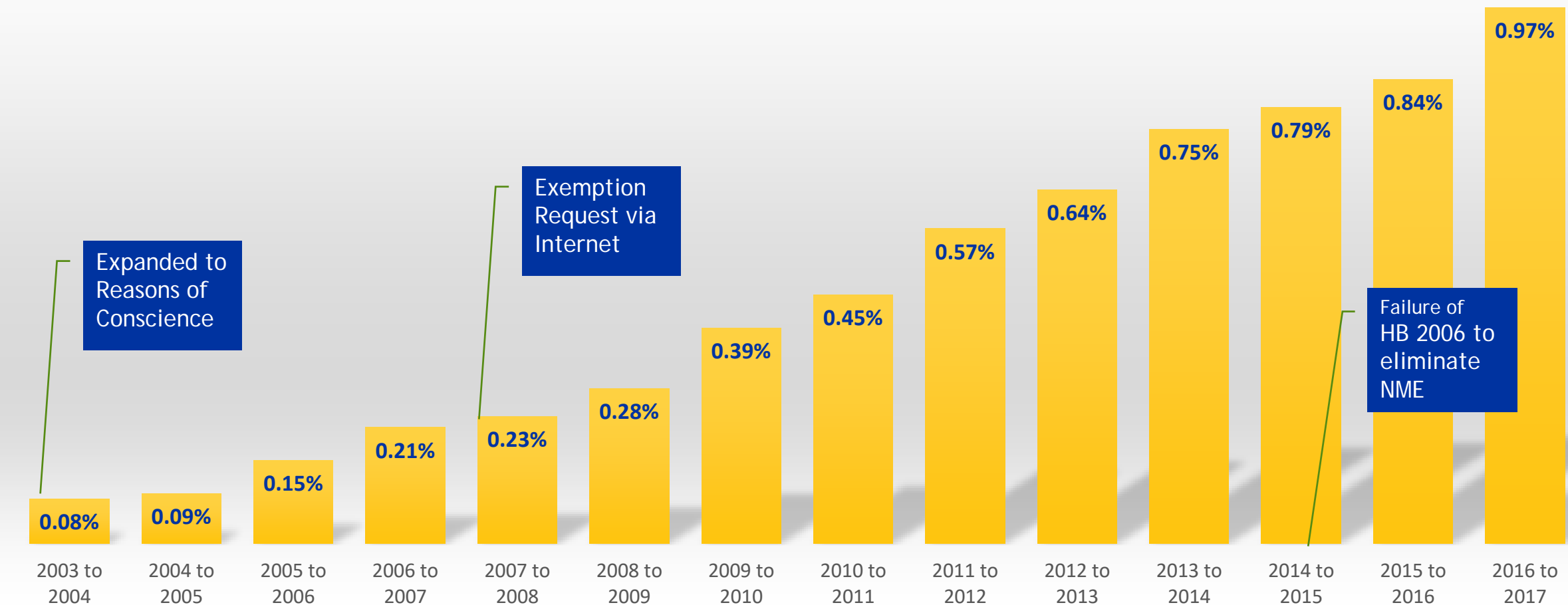
COMMUNITY IMMUNITY



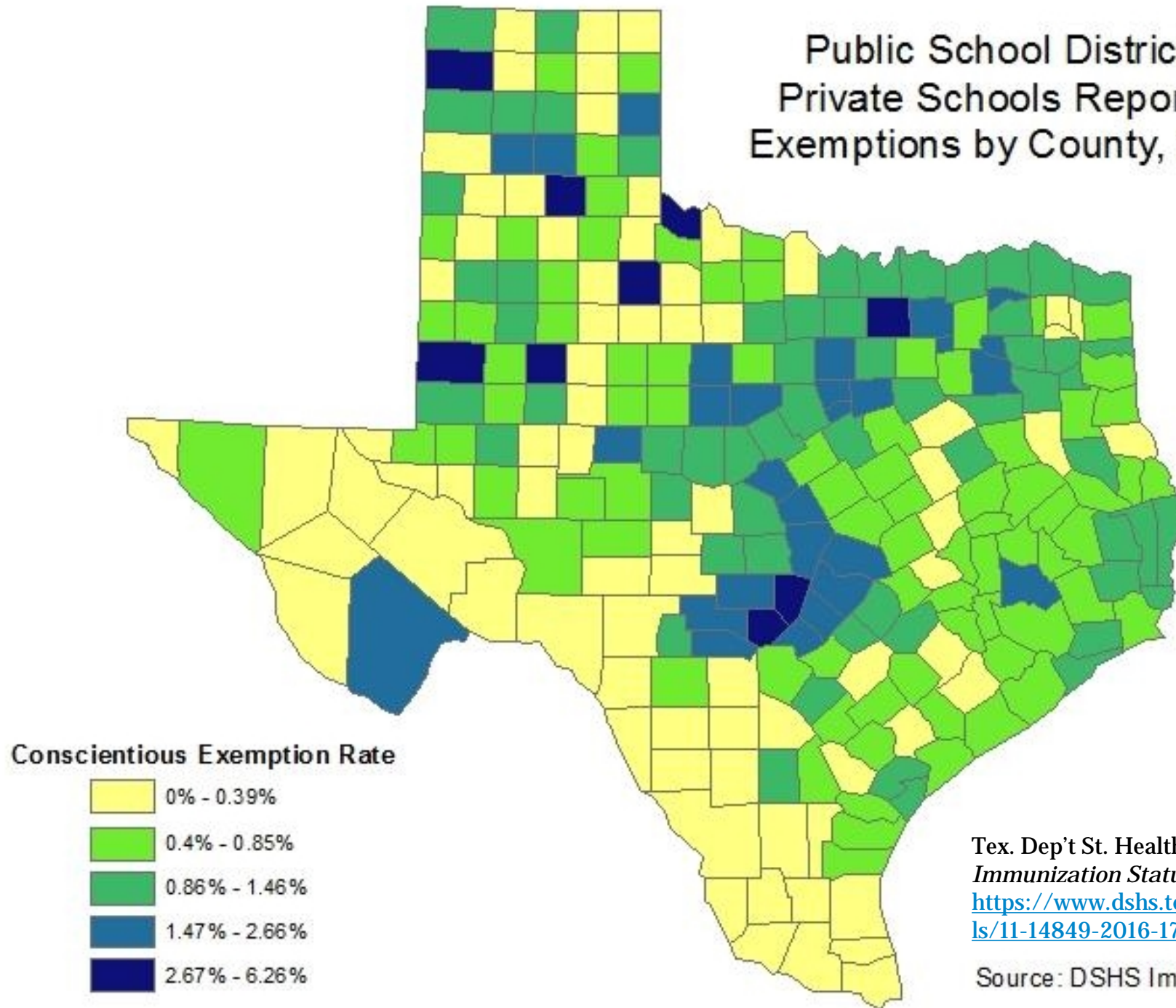
NUMBER OF CONSCIENTIOUS OBJECTIONS IN PUBLIC AND PRIVATE SCHOOLS



PERCENT OF CONSCIENTIOUS OBJECTIONS IN PUBLIC AND PRIVATE SCHOOLS



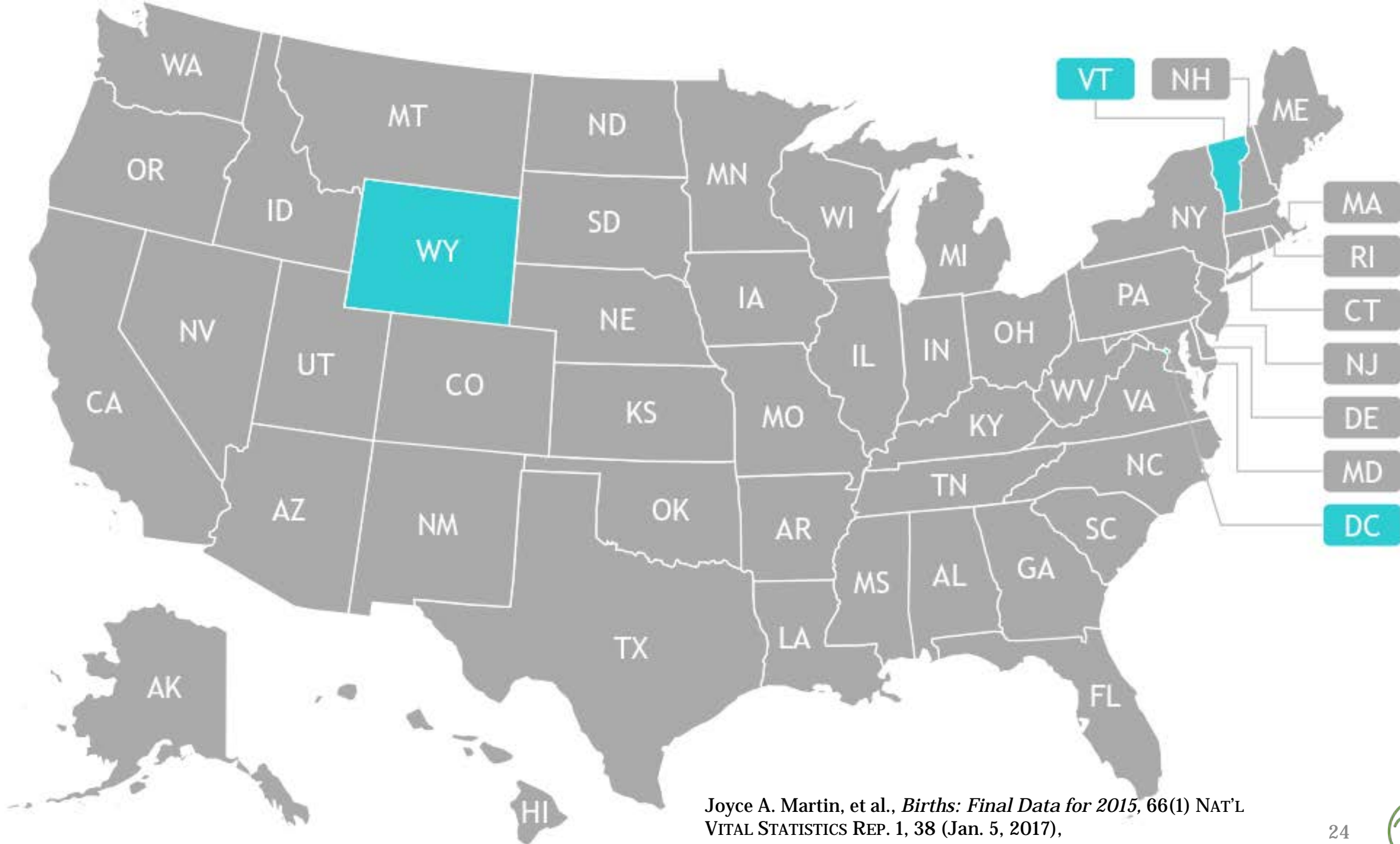
Public School Districts and Accredited Private Schools Reporting Conscientious Exemptions by County, 2016-17 School Year



Tex. Dep't St. Health Serv., *2016-2017 Annual Report of Immunization Status of Students 5* (May 2017),
<https://www.dshs.texas.gov/immunize/docs/coverage/schools/11-14849-2016-17-Annual-Report.pdf>.

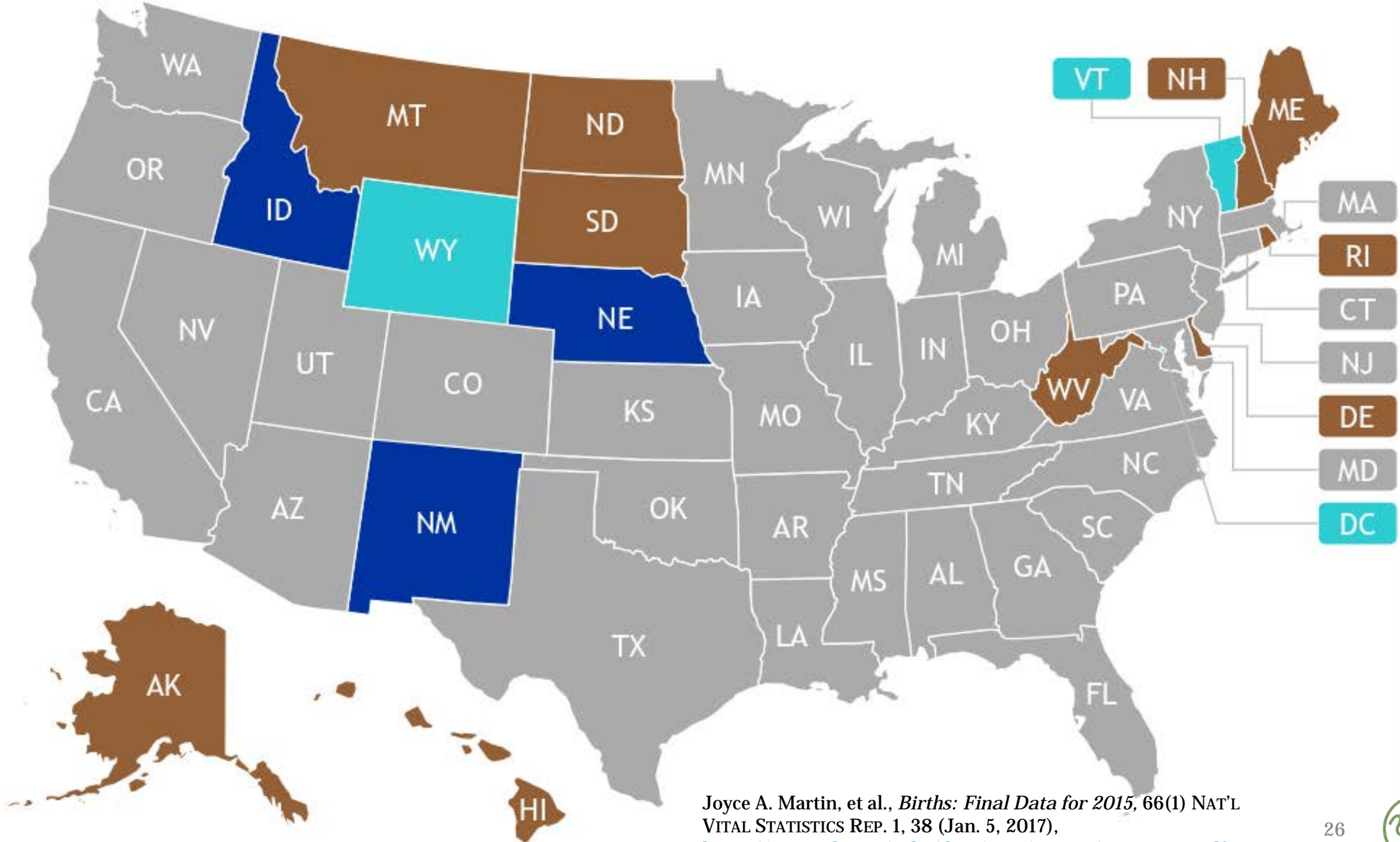
Source: DSHS Immunization Unit, May 2017





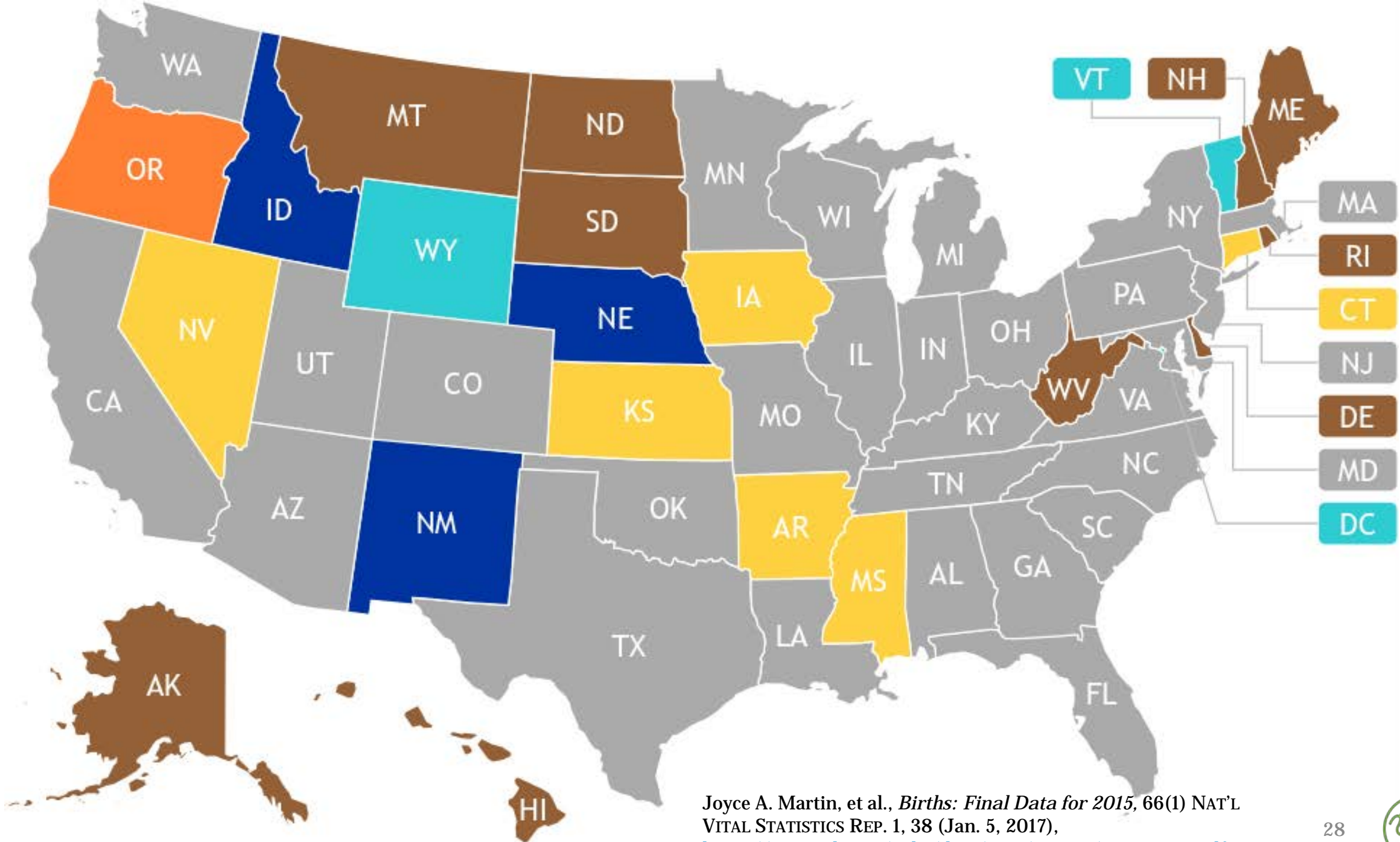
Joyce A. Martin, et al., *Births: Final Data for 2015*, 66(1) NAT'L VITAL STATISTICS REP. 1, 38 (Jan. 5, 2017), https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf.





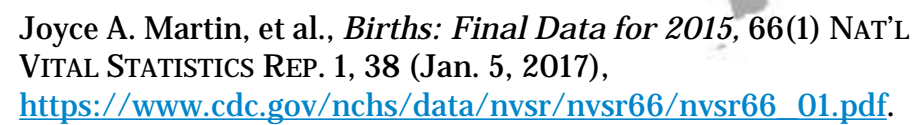
Joyce A. Martin, et al., *Births: Final Data for 2015*, 66(1) NAT'L VITAL STATISTICS REP. 1, 38 (Jan. 5, 2017), https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf.





Joyce A. Martin, et al., *Births: Final Data for 2015*, 66(1) NAT'L VITAL STATISTICS REP. 1, 38 (Jan. 5, 2017), https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf.





**“ALL PUBLIC HEALTH IS
LOCAL”**

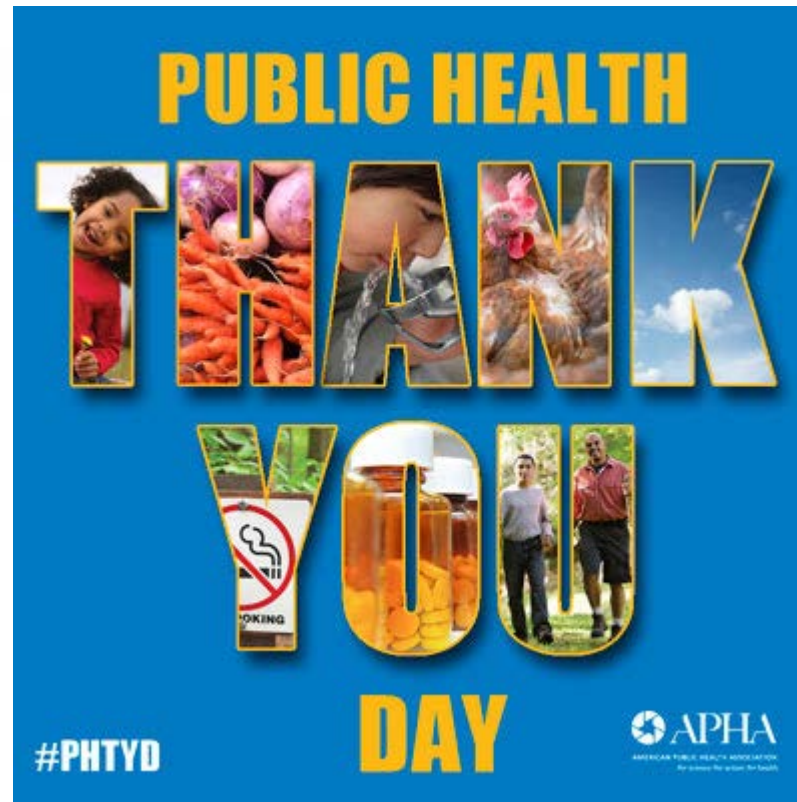
—Julie L. Gerberding, M.D., M.P.H.



#GIVING
TUESDAY

THANKS
GIVING

BLACK
FRIDAY



IMMUNIZE. PREVENT WHAT'S PREVENTABLE

Thank You!

ALLISON N. WINNIKE, J.D.

President & Chief Executive Officer

The Immunization Partnership

awinnike@immunizeUSA.org



THE
IMMUNIZATION
PARTNERSHIP



Follow @Immunize_USA

<https://www.immunizeUSA.org>