

All Massachusetts public school students must be immunized for Diptheria, Pertussis, Tetanus, Polio, Measles, Rubella, Hepatitis B, and Varicella. The number and timing of doses is determined by vaccine product and age the series began. Students lacking proper documentation of required immunizations shall be excluded until proof of such immunization is provided (105 CMR 7.07 and CMR 220.0).

According to Massachusetts state law (MGL c. 76 15, 15CC, 15D) there are two situations in which children who are not appropriately immunized may be admitted to school:

1. Medical exemption is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
2. Religious exemption is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

These exemptions must be renewed annually, at the start of the school year. While the statutes and regulations state that unimmunized students who do not meet criteria for either exemption “shall not be admitted to school”, policies around enforcement of exclusion are developed by individual schools/schools districts. It is important to know that in situations when one or more cases of Vaccine Preventable Disease are present in a school, all susceptibles, including those with exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

In accordance with the McKinney-Vento Homeless Bill, any student who is homeless will be allowed to enter school without any proof of immunization. The school nurse will work closely with the family and the community to ascertain proper vaccines are administered.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Immunization Exemptions and Vaccine Preventable Disease Exclusion in School Settings*

Definition of Allowable Exemptions (see MGL c. 76 §§15, 15C, 15D; 105 CMR 220)

There are two situations in which children who are not appropriately immunized may be admitted to school:

- 1) a **medical exemption** is allowed if a physician submits documentation attesting that an immunization is medically contraindicated; and
- 2) a **religious exemption** is allowed if a parent or guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

Medical and religious exemptions should be renewed annually, at the start of the school year.

Policies for Exclusion at School Entry

While the statutes and regulations state that **unimmunized** students who do not meet criteria for medical or religious exemption “shall **not** be admitted to school,” policies around enforcement of exclusion for unimmunized or partially immunized children are developed by individual schools/school districts.

Schools enrolling homeless children may wish to review their obligations under the federal McKinney-Vento Homeless Assistance Act. The federal Department of Education has issued non-regulatory guidance about the McKinney-Vento Act, as amended by the Every Student Succeeds Act.

Exclusion During Disease Outbreaks

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptibles, **including those with medical or religious exemptions**, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

The reporting and control of diseases identified as posing a risk to the public health is prescribed by state statute and regulation. The Isolation and Quarantine Requirements at 105 CMR 300 establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high-risk situations, including the school setting. The following table is excerpted from 105 CMR 300, outlines several of the more common childhood vaccine-preventable diseases identified in the requirements that may occur in schools and the corresponding exclusion requirements.

Partial Exclusion Guide for Select Vaccine-Preventable Diseases in a School Setting

Depending on the specific circumstances related to the exposure, case and/or contact with respect to any disease or condition listed in 105 CMR 300.200 (A) or (B), additional control measures may be required.

This list is not exhaustive. See 105 CMR 300.000 for the complete Isolation and Quarantine Requirements

Disease	Case and Symptomatic Contacts	Asymptomatic Contacts
Measles	Exclude student/staff through 4 days after onset of rash. (Count the day of rash onset as day zero.)	<p>If one case: exclude susceptibles¹ from work or classes from the 5th through the 21st day after their exposure.</p> <p>If multiple cases or continuous (two or more days) exposure: exclude susceptibles¹ through the 21st day after rash onset in the last case.</p> <p>These restrictions remain even if the contact received immune globulin (IG).</p>
Mumps	Exclude student/staff through 5 days after onset of gland swelling. (Count the initial day of gland swelling as day zero.)	<p>If one case: exclude susceptibles² from work or classes from the 12th through the 25th day after their exposure.</p> <p>If multiple cases: exclude susceptibles² through the 25th day after the onset of the last case at the school or workplace.</p>
Rubella	Exclude student/staff through 7 days after rash onset. (Count the day of rash onset as day zero.)	<p>If one case: exclude susceptibles³ from work or classes from the 7th through the 23rd day after last exposure.</p> <p>If multiple cases: exclude susceptibles³ through the 23rd day after the onset of the last case at the school or workplace.</p>
Pertussis	Exclude student/staff until 21 days from onset of cough or 5 days after initiation of appropriate antibiotic therapy.	<p>If a susceptible⁴ is exposed within the last 21 days, s/he should receive antibiotic prophylaxis but no exclusion is generally required in the school setting.</p> <p>In certain situations deemed to be high risk, the MDPH may require exclusion of asymptomatic contacts not receiving antibiotic prophylaxis and/or other contacts, and/or may extend the exclusion period beyond 21 days up to a maximum of 42 days.</p>

Disease	Case and Symptomatic Contacts	Asymptomatic Contacts
Varicella	<p>If vesicles are present, exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5th day after rash onset. (Count the day of rash onset as day zero.)</p> <p>If no vesicles are present, exclude until the lesions have faded (i.e. the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.</p>	<p>Susceptibles⁵ shall be excluded from work or classes from the 8th through the 21st day after their exposure to the case while infectious.</p> <p>If the exposure was continuous, susceptibles shall be excluded from the 8th through the 21st day after the case's rash onset.</p> <p>Anyone receiving varicella zoster immune globulin (VARIZIG[®]) or intravenous immune globulin (IVIG) shall extend their exclusion to 28 days post exposure.</p>

Definition of Susceptibles

¹ **Measles** - Susceptibles include all those born in or after 1957 without: 1) written documentation of 2 doses of measles-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak setting, all those with 0 or 1 dose **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.*

² **Mumps** - Susceptibles include all those born in or after 1957 without: 1) written documentation of 2 doses of mumps-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak setting, those with 0 or 1 dose **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.*

³ **Rubella** - Susceptibles include all those born in or after 1957 without: 1) written documentation of 2 doses of rubella-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak situation, those with 0 or 1 doses **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.*

⁴ **Pertussis** - Susceptibles include all those exposed, regardless of their age, immunization status, or past history of disease.

⁵ **Varicella** - Susceptibles include all those born in the United States in or after 1980 without: 1) written documentation of 2 doses of varicella vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease; or 3) a health care provider diagnosis of varicella or health care provider verification of history of varicella disease; or 4) history of herpes zoster based on health care provider diagnosis. In an outbreak situation, those with 0 or 1 doses **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1980 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students or health care workers.*

* Health care workers and health sciences students should have 2 doses of MMR and varicella, laboratory evidence of immunity or laboratory confirmation of disease.

Pregnant and immunocompromised persons: It is **not** recommended to use year of birth as evidence of immunity for pregnant women and immunocompromised persons. For their own protection, these individuals – regardless of their year of birth or other documentation of immunity – should be referred to their health care providers for evaluation.

These are exclusion guidelines for typical school settings only. There are other guidelines for non-school settings. In addition, MDPH may need to implement more rigorous criteria for immunity and other control measures depending on the situation and the individuals exposed and these recommendations are outlined in other MDPH documents.

There are two additional references that may be helpful to school health personnel:

- The *Guide to Surveillance and Reporting* can be obtained on the MDPH Website at <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/rdiq/> and
- The *Comprehensive School Health Manual* can be obtained at <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/primarycare-healthaccess/school-health/publications/comprehensive-school-health-manual.html>

*This document does not serve as legal or medical advice. To the extent this document conflicts with statutory or regulatory requirements those requirements shall control. Nothing in this document shall be interpreted to alter or modify requirements set out in law. Questions about a school's legal obligations or interpretation of applicable statutes and regulations must be directed to the school's legal counsel.