

Strengthening Vaccination Policies for Early Care and Education Programs

By Rachel Demma and Laura Muse

The Early Care and Learning Program Staff Vaccination Policy Gap

The past decade has seen a growing awareness of the risks that infectious diseases pose to young children participating in early care and learning programs. In response, policy makers in states across the country have strengthened immunization requirements for *children* entering programs. While parental choice remains a controversial factor in vaccination policies, more states are moving to end early childhood vaccination exemption options. Most recently, California passed legislation requiring all children admitted to public and private child care centers and preschools to be immunized against ten infectious diseases, including measles, hepatitis B, influenza, and chicken pox.ⁱ

However, even as immunization and vaccination policies for young children are strengthening, there has been less policy urgency to tighten vaccination requirements for the *staff* of early care and education programs. Yet, particularly for those staff members who care for infants, this remains a critical protection against the spread of infectious diseases among young children. As an example, children under 12 months old are especially vulnerable to measles infection because the first dose of the combination measles-mumps-rubella vaccination (MMR) is not recommended until 12-15 months.

In spring 2015, several infants in an Illinois child care center—owned by a national company—contracted the measles, highlighting the need for attention to child care staff vaccination policies, in addition to those directed at children. The local health guidelines in Illinois do not currently require vaccinations for child care program staff, leaving infants in care particularly vulnerable to the spread of measles, which can be commonly passed among individuals through coughing and sneezing. The national child care company’s quick and thorough response to the Illinois outbreak serves as a model for heightened protective measures that are needed at both the program level and across broader state early care and learning systems.

This gap in state and federal policies requiring early care and learning program staff to be vaccinated represents an opportunity to strengthen protections against infectious diseases for young children—particularly infants—who are participating in early care and learning programs. The following provides program leaders and staff, as well as policy makers, an overview of best practices and suggested action steps to take in closing this important policy gap.

Early Care and Learning Staff Vaccination Best Practices

- As early childhood program advocates and policy leaders seek to strengthen vaccination policies for early care and learning program staff, there are a number of guiding examples and expert recommendations to consider. First, the staff vaccination measures that the national company swiftly instituted in response to the Illinois measles outbreak serve as a strong model of program-level operational policy. The company electronically distributed an announcement to parents within 48 hours of the outbreak

outlining a series of new policies and procedures effective immediately that would, “ensure the health and safety of our children, our families and our center communities.” The new infectious disease prevention protocols included:

- All staff working with children under the age of 15 months must be vaccinated against measles.
- Access to infant rooms and rooms with children one year of age who are unvaccinated is limited to immunized caregivers, field management personnel, parents or other adults dropping off or picking up and infants.
- All staff in combined infant rooms must be immunized; otherwise, the rooms may not be combined.
- Records documenting vaccination against measles are collected for all staff.
- Proper hand washing procedures are reinforced.

Turning to the national arena, there are several professional associations and government agencies that have issued their own recommendations for early care and learning staff vaccination policies. Although **The Centers for Disease Control (CDC)** does not set immunization requirements for schools or child care centers, they have recommended that all adults, including child care and early learning program staff, be immunized against a range of infectious diseases, including influenza, as well as Measles, Mumps, and Rubella (MMR).

And, while the **National Academy of Pediatrics (NAP)** also does not directly issue early care and learning program staff vaccination requirements, they have issued a series of policy statements recommending preventative steps for reducing the spread of infectious diseases among program staff and young children.

Federal leaders have recently updated and issued several guidance resources regarding early care and learning program staff vaccination protocols. The **U.S. Department of Health and Human Services-Administration for Children and Families (ACF)** has issued a newly updated ***Caring for our Children Basics*** resource guide for federal early care and learning programs including the Child Care and Development Fund (CCDF) and Early Head Start/Head Start. This language states:

“7.2.0.3 Immunization of Caregivers/Teachers

Caregivers/teachers should be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as shown in the “Recommended Adult Immunization Schedule” in the following categories:

- a) Vaccines recommended for all adults who meet the age requirements and who lack evidence of immunity (i.e., lack documentation of vaccination or have no evidence of prior infection); and*
- b) Recommended if a specific risk factor is present.*

If a staff member is not appropriately immunized for medical, religious, or philosophical reasons, the program should require written documentation of the reason. If a vaccine-preventable disease to which adults are susceptible occurs in the facility and potentially exposes the unimmunized adults who are susceptible to that disease, the health department

should be consulted to determine whether these adults should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. The local or state health department will be able to provide guidelines for exclusion requirements.”

Finally, in response to the recent measles outbreak in child care settings, ACF has also issued a guide, ***Measles – What Early Childhood Programs Should Know***, which recommends child care program staff take the recommended preventative immunization measures to prevent against the spread of this infectious disease.

State-Level Early Care and Learning Program Staff Vaccination Policies

States vary widely in the strength of their early care and learning program staff vaccination policies, and like immunization requirements for children in care, these may be updated and changed regularly. Now, more states than ever before are moving to improve these policies. The state legislatures for California, Illinois, Texas and Vermont currently have bills addressing early care and learning program staff vaccination policies active in their statehouses, while states like Wyoming and Colorado are also moving to either address the introduction of legislation or strengthen policy language. California’s proposed Senate Bill 792, for instance, calls for child care staff immunizations against measles, pertussis, and influenza, while allowing for personal exemptions.

Several states have already passed legislation requiring immunizations for early care and learning program staff. These states include Maine, Massachusetts, Ohio, and Rhode Island. However, even across states such as these, there is a great deal of variation in the specifics of immunization requirements. For example:

- **Maine** distinguishes immunization requirements for licensed child care from certified family care operations.
- **Massachusetts** requires child care center staff to be immunized against measles, mumps and rubella (MMR). However, the state only strongly recommends that workers also be vaccinated for Influenza, Tdap/Td, Varicella, Hepatitis B and Meningococcal.
- **Ohio** requires immunization against tetanus and diphtheria, in addition to MMR. Child care workers employed in Ohio must also have physicals done every three years and have proof that they are free of tuberculosis.
- **Rhode Island** requires annual vaccinations for influenza, along with MMR, varicella and Tdap.

In summary, most states require no immunizations for early care and learning program staff at all and only go so far as to “recommend vaccinations.” For a complete listing of state early care and learning immunization requirements for staff, see the attached matrix.

Suggestions for Program Leaders

- Align program staff immunization and vaccination requirements with national recommendations for adults from the CDC.
- Become familiar with state policy requirements. Coordinate with your state’s Child Care Administrator to ensure program compliance with state policies.

- Engage parents by sharing information about program policies, as well as steps parents can take to prevent the spread of infectious diseases through both their own and their child's immunization.
- Advocate for stronger staff immunization and vaccination policies at the state and national levels.

Suggestions for Policy Makers

- Align program requirements and guidelines across early care and learning programs and systems. At the federal level this would mean looking across CCDF and Early Head Start/Head Start, and state pre-k programs, as well various federal agencies, including the CDC, ACF, and the National Vaccine Protection Office, and the U.S. Department of Education.
- Ensure state budgets and strategic plans accurately predict and address the cost of strengthening early care and learning program staff immunization policies.
- Improve the accessibility and visibility of early care and learning program staff vaccination policies for programs, parents and the public. Consolidate current requirements to minimize searching various state departmental websites, including health, education, and early childhood agencies.

Implications for Early Care and Learning Staff Vaccination Policy Development

While parents, program leaders and policy makers are increasingly recognizing the need for strengthening early care and learning program vaccination policies, there are several questions that may raise barriers to policy development. For example, should AIDS-HIV testing, and other sensitive measures recommended by the CDC, be included among required immunization protocols? Will programs face questions about the legality of increased requirements for immunization in light of personal exemptions? And, as these policies extend to staff in public preschool programs that may be in school settings, will there need to be consideration of aligning additional employment and union policies?

Given the urgent need to protect the health and safety of early care and learning program staff and the children they serve, immunization and vaccination policies requirements in many states will need to be prioritized and strengthened. Keep track of these policy changes by visiting ECEC's [website](#).



Additional Resources

[CDC Information for Child Care Programs: Measles](#)

<http://www.cdc.gov/measles/downloads/child-care-centers.pdf>

[CDC Immunization Requirements for Child Care and Schools](#)

<http://www.cdc.gov/vaccines/parents/record-reqs/childcare-school.html>

[CDC 2015 Recommended Immunizations for Adults: By Age](#)

<http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>

[NAP Infectious Diseases Policy Statements](#)

http://pediatrics.aappublications.org/search?fd-subj-coll=Infectious+Diseases&flag=policy_statement&submit=yes&submit=Go&y=8&x=18

[ACF: Caring For Our Children Basics](#)

https://www.acf.hhs.gov/sites/default/files/eecd/caring_for_our_children_basics.pdf

[ACF: Measles-What Early Childhood Programs Should Know](#)

<http://www.acf.hhs.gov/programs/ohsepr/resource/measles-what-programs-serving-children-and-families-should-know>

[California S.B 792](#)

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160SB792
