



TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health  
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DATE: 2023 October 19

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## COMPLIANCE WITH THE *IMMUNIZATION OF SCHOOLS PUPILS ACT* IN MIDDLESEX- LONDON

### **Recommendation**

*It is recommended that the Board of Health receive Report No. 60-23 re: “Compliance with the Immunization of School Pupils Act in Middlesex-London” for information.*

### **Key Points**

- The *Immunization of Student Pupils Act* (ISPA) requires students attending elementary and secondary school to have proof of up-to-date immunization or provide a valid exemption.
- During the COVID-19 pandemic, immunization compliance and coverage rates for students in the Middlesex-London region and the Province significantly decreased.
- Through 2022 and 2023, the Middlesex-London Health Unit launched an initiative to increase immunization coverage through enforcement of the ISPA.
- Preliminary results demonstrate a significant overall increase in coverage rates.

### **Background**

The *Immunization of Student Pupils Act* (ISPA) requires students attending elementary and secondary school to have proof of up to date immunization against nine vaccine preventable diseases or provide a valid exemption. The specific diseases include diphtheria, tetanus, polio, measles, mumps, rubella, meningococcal disease, pertussis and varicella (for children born in 2010 or after). Students who are not in compliance with the ISPA may be suspended from school.

[Report No. 05-23](#) showed that the COVID-19 pandemic and associated public health measures resulted in lower ISPA compliance and immunization coverage amongst students in Middlesex-London schools. Efforts by MLHU improved rates for the 2021/22 school year, but compared to pre-pandemic school years, a gap in ISPA compliance and coverage remained. These challenges were shared by Public Health Units (PHUs) across the province, leading to a provincial decrease in immunization coverage rates.<sup>1</sup> In January 2023, to address this ongoing gap, MLHU proceeded with implementing the ISPA suspension process.

### **Catch-Up Strategies**

The overall goal of the project was to increase student immunization coverage and compliance rates by re-introducing enforcement of the ISPA legislation, including encouraging record submission, offering catch-up immunization clinics, and, if necessary, suspension. To re-introduce the ISPA legislation to parents and overdue students, 41,000 letters were initially mailed in the summer of 2022 as a reminder of outstanding records: 51% of the overall student population of 79,538. This effort resulted in a 20% return rate. In the fall of 2022, 32,591 letters were sent out to students for all grades who were overdue for required vaccines which accounted for 41% of all enrolled students. From this initial notice, 21,869 students remained overdue and were sent a suspension notice (see [Appendix A](#)).

Catch-up clinic opportunities were provided to students at MLHU clinic and mass vaccination sites starting in November of 2022 through to August of 2023. There were over 318 clinics held resulting in over 13,250 clients vaccinated at MLHU organized clinics (see [Appendix B](#)).

Suspensions were enforced in a staged manner over six rounds. In the end, 5805 students were officially suspended (see [Appendix A](#)).

## Outcome

Public Health Ontario (PHO) annually reports on coverage for antigens that are part of Ontario's school-based immunization programs, and the report for the 2022-23 school year is anticipated in the coming months. Although the PHO annual coverage report is not yet available for the 2022-23 school year, preliminary estimates of coverage were calculated for students in Middlesex-London schools, based on data extracted from the provincial reporting system on August 31, 2023. These are preliminary estimates and are subject to change.

Comparing the rates from the most recent 2022-23 school year to the previous 2021-22 school year, coverage for all ISPA diseases in the 7-year old, 17-year old, and 7 to 17-year old cohorts notably increased. As well, coverage for school-based vaccine antigens also increased among the 12-year old cohort.

Specifically:

- In the 7-year old cohort:
  - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for ISPA diseases (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus, and varicella) all increased between 19% and 37%, depending on the disease.
  - In the 2021-22 school year, coverage estimates for diphtheria, measles, mumps, pertussis, poliomyelitis, tetanus, and varicella ranged between 50% and 53%. In the 2022-23 school year, the preliminary coverage estimates for the same antigens ranged between 87% and 89%.
  - In the 2021-22 school year, coverage estimates for meningococcal disease and rubella were 70%-75%. Preliminary coverage estimates for these antigens increased as well, to 91%-94%.
- In the 17-year old cohort:
  - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for ISPA antigens (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus) all increased between 2% and 33%, depending on the antigen.
  - In the 2021-22 school year, coverage estimates for diphtheria, pertussis, and tetanus were approximately 41%. In the 2022-23 school year, the preliminary coverage estimates for the same antigens ranged between 73% and 74%.
  - In the 2021-22 school year, coverage estimates for measles, meningococcal disease, mumps, poliomyelitis, and rubella were 86%-92%. Preliminary coverage estimates for these antigens increased to 91%-95%.
- In the 7-17-year old cohort as a whole:
  - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for ISPA antigens (diphtheria, measles, meningococcal disease, mumps, pertussis, poliomyelitis, rubella, tetanus) all increased between 8% and 22%, depending on the antigen.
  - In the 2021-22 school year, coverage estimates for diphtheria, pertussis, and tetanus were approximately 65%. In the 2022-23 school year, the preliminary coverage estimates for the same antigens were approximately 87% for each antigen.

- In the 2021-22 school year, coverage estimates for measles, meningococcal disease, mumps, poliomyelitis, and rubella were 81%-90%. Preliminary coverage estimates for these antigens increased to 91%-95%.
- In the 12-year old cohort:
  - Between the 2021-22 and 2022-23 school years, preliminary coverage estimates for school-based vaccine antigens (hepatitis B, HPV, and meningococcal disease) all increased between 2% and 3%, depending on the antigen.
  - In the 2021-22 school year, coverage estimates for hepatitis B and HPV, which both require two doses to be considered up to date, were 67% and 60%, respectively. In the 2022-23 school year, the preliminary coverage estimates for the same antigens were 70% and 62%, respectively.
  - For meningococcal disease, which requires only one dose to be considered up to date, the preliminary coverage estimate increased from 76% in the 2021-22 school year to 79% in the 2022-23 school year.

### Next Steps

The MLHU's initiative to increase immunization coverage through enforcement of the ISPA has been very effective in increasing immunization coverage amongst school-aged children.

Building on this momentum and to sustain and improve vaccination coverage rates among students, the MLHU will continue to annually screen all students in all grades for compliance with the ISPA, send out reminder letters, offer catch-up opportunities, and suspend when necessary. New strategies that have been initiated include the screening of immunization records in childcare centres, and a targeted awareness campaign to healthcare providers and parents regarding the reporting of immunization records to public health units.

This report was prepared by Environmental Health and Infectious Diseases Division, in consultation with the Public Health Foundations Division.



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