



Immunization of School Pupils Act (ISPA)

Resource guide for health care providers

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Introduction

This resource guide is intended to help health care providers (hcp) understand the *Immunization of School Pupils Act* (ISPA), how it impacts patients, and how to help families comply with the Act to avoid suspension.

This document provides guidance specific to vaccines and schedules required under ISPA, and should be used in conjunction with the [Publicly Funded Immunization Schedules for Ontario – June 2022](#) and the [Canadian Immunization Guide](#).

The *Immunization of School Pupils Act* (ISPA)

The [Immunization of School Pupils Act R.S.O. 1990 \(ISPA\)](#) is an Ontario law which requires that all children 4 to 17 years of age be up to date with required immunizations, or have a valid statement of exemption for medical reasons, reasons of conscience, or religious beliefs to attend school (including private schools). As outlined in the legislation, Public Health must collect and maintain immunization records for all students within its service area.

Parents and guardians or students (16 years of age and older) are required to report immunizations to Public Health and keep immunization information up to date. If a child cannot be vaccinated for a medical reason, or if a parent or guardian decides not to immunize their child for religious or personal reason, a valid vaccine exemption must be submitted to Public Health.

The ISPA gives the local Medical Officer of Health (MOH) the authority to order the suspension of a student from school for not complying with the requirements of the Act.

Immunizations required under the ISPA

Ontario requires students to have a complete record of immunization or a valid exemption for the following diseases:

- diphtheria
- polio
- tetanus
- pertussis
- measles
- mumps
- rubella
- meningococcal
- varicella (required for students born in or after 2010)

Note: the following immunizations are strongly recommended but not required to attend school in Ontario:

- COVID-19
- influenza
- hepatitis B
- human papillomavirus

Reporting immunization records to Public Health

Every time a student receives a vaccine from a health care provider, the parent, guardian, or student (if 16 years of age or older) is responsible for updating Public Health. Health care providers are not required to report the publicly funded immunizations that they provide to students but are encouraged to do so wherever possible. Immunization information can be reported by health care providers by faxing Public Health at 705.677.9616.

Immunization information can be reported by parents, guardians, and students in the following ways:

- **online:** immunization records can be viewed and uploaded through the Immunization Connect Ontario (ICON) tool. Visit sdhu.icon.ehealthontario.ca.
- **in person:** immunization records can be dropped off to any of our [locations](#) during regular business hours.
- **email:** photos of the immunization record can be emailed to ISPA@phsd.ca.
**Note: Email is not fully secure and may risk data privacy.*
- **by mail:** Records can be sent to the following address:

Public Health Sudbury & Districts
Attention: Health Promotion and Vaccine Preventable Diseases Division
1300 Paris Street
Sudbury, ON P3E 3A3

According to the *Personal Health Information Protection Act* (PHIPA), individuals 16 years and older must give consent for their parent or guardian to discuss or access their health records. While a parent or guardian can submit a record, any students 16 years and older must be available to discuss the details of these records with a nurse or provide consent for their parent or guardian to act on their behalf.

Vaccine exemptions

Under the ISPA, students can be exempt from immunization for medical and non-medical reasons.

Medical exemption: used if a child has a medical condition that prevents them from receiving the vaccine, or if the child has already had the disease (for example the child has previously been diagnosed with varicella). For exemptions due to medical reasons or serological proof of immunity, the [Statement of Medical Exemption form](#) must be completed and signed by a physician or nurse practitioner and provided to the patient to submit to Public Health. Note: serology reports are not required to be submitted to Public Health.

Non-medical exemption: used if a parent or guardian has a conscientious, philosophical, or religious objection to their child receiving one or more of the ISPA required vaccines. Parents and guardians must submit both a [Vaccine Education Certificate](#) (provided by Public Health) and a [Statement of Conscience or Religious Belief form](#) signed by a commissioner of oaths.

To protect individual the school community, students who have vaccine exemptions may be excluded from school if there is an outbreak of a vaccine preventable disease as designated by the ISPA.

For additional information regarding the vaccine exemption process, you can refer families to www.phsd.ca.

Key considerations when assessing vaccine records

Students with incomplete immunization records will receive a letter specifying the information about the diseases (not the vaccines) that are missing from the immunization record. Health care providers can assist by determining why the record is incomplete.

Common reasons why a student's immunization record is incomplete include:

- The doses have not been reported to Public Health.
- The doses have not been administered.
- The doses received are invalid and need to be repeated.

When assessing immunization records, keep the following considerations in mind:

1. If the vaccine schedule is interrupted or delayed, the series does not need to be restarted.
2. Minimum intervals are required to achieve adequate immune response.
 - If doses are given at less than the minimum interval, they are generally considered invalid and will need to be given again.
3. Live vaccines (such as MMR and varicella) are required on or after the student's first birthday to avoid interference from maternal antibodies.
4. If there is no previous record of immunization, consider the client unimmunized. Re-immunize based on current eligibility for publicly funded vaccines and in accordance with age and risk factors. Refer to catch-up schedules 1 and 2 of the [Publicly Funded Immunization Schedules for Ontario](#) for detailed information.
5. Assess antigens individually to determine doses required.
6. When administering vaccines, select the appropriate vaccine in accordance with the client's age and their immunization history.

Assessing routine immunizations for children

Age considerations

One year: must be ≥ 1 year to receive a valid dose of meningococcal conjugate C (Menjugate/NeisVac-C), MMR and varicella to count towards long-term protection.

Four years of age: must be ≥ 4 years to receive Tdap-IPV (Adacel-Polio/Boostrix Polio) and must have received a minimum of 3 valid doses of DTaP-IPV/DTaP-IPV-Hib (primary series of Pentacel®) – see table 1 of the [Publicly Funded Immunization Schedules for Ontario](#) for details.

Seven years of age and older: only use low concentration diphtheria and pertussis containing vaccine (Tdap-IPV/Tdap) to initiate or complete a series – see table 3 of the [Publicly Funded Immunization Schedules for Ontario](#) for details.

General considerations

1. Assess tetanus, diphtheria, and pertussis vaccine needs:
 - The primary series consists of four or five doses depending on age at fourth dose.
 - Antigen concentration is a critical consideration when administering diphtheria-pertussis-tetanus containing vaccines.

- Pentacel® (Act-HIB® reconstituted with Quadracel®[(DTaP-IPV-Hib)]) contains higher concentrations of diphtheria toxoid “D” and pertussis “P” and should be used in children under the age of seven years who have not completed a primary series.
- Adacel/Adacel-Polio or Boostrix/Boostrix-Polio (Tdap/Tdap-IPV) preparations containing lower concentrations of “d” diphtheria toxoid may be administered as a booster dose to children 4 years to ≤ 7 years of age who have completed a primary series. Adolescents require Tdap at 14 to 16 years of age. Assess polio requirements as outlined below to determine whether to give Tdap or Tdap-IPV.

2. Assess polio vaccine needs:

- 3 or 4 doses of polio vaccine are required depending on age. One of these doses must be given ≥4 years of age.
- Oral polio vaccine administered after April 1, 2016, is a bivalent formulation. Students who have received doses of OPV should be immunized with IPV for optimal protection. Refer to the Ministry of Health guidance document on [Recommendations for Children Previously Immunized with Oral Polio Vaccine](#) for further information.

3. Assess measles, mumps, rubella, and varicella vaccine needs:

- 2 doses of MMR are required ≥1 year of age and at least one month apart.
- 2 doses of varicella are required for those individuals born in 2010 or later. Recommended for individuals born in 2000 or later. Given after 1 year of age and at least 6 weeks apart.
- Combined MMRV products are not licensed for use after 12 years of age. MMR and varicella must be given separately for ages 13 years and older.
- If not given on the same day, live vaccines must be at least 28 days apart (with the exception noted above for varicella containing vaccines which require a minimum of 6 weeks between doses). If the interval is not observed, the second dose will be considered invalid.
- MMR can be given to children between 6 and 11 months old, if they are high risk (such as due to travel or outbreak). This dose does not count towards the required doses given at age one and four.

4. Assess meningococcal (Men C/Men-C-ACYW-135) vaccine needs.

- 1 dose of Meningococcal C Conjugate Vaccine (Menjugate® /NeisVac®) is required after 1 year of age until July of upcoming grade 7 year.
- Grade 7 and later – 1 dose of Men-C-ACYW-135 Conjugate Vaccine (Menactra®/ Nimenrix®/ Menveo®). This dose is usually given by Public Health in school-based clinics.
- Men-C-C is not appropriate for use in adolescents and does not count toward ISPA compliance for this age group. If Men-C-C is administered, the dose is invalid and Men-C-ACYW-135 will need to be administered at least 4 weeks after the invalid dose.

School-based vaccines

Public Health provides school-based clinics to students in grade 7. Vaccines offered include Meningococcal Conjugate – ACYW-135, hepatitis B, and human papillomavirus. School-based vaccines can be ordered using the [vaccine order form](#).

Assess school-based vaccine needs:

Meningococcal Conjugate – ACYW-135

- Products used: Menactra®/ Nimenrix®
- Required vaccine for school attendance as per the ISPA.

Hepatitis B

- Products used: Engerix®B/ Recombivax®HB
- This vaccine is highly recommended but not required for school attendance.
- Serology done greater than six months post immunization series completion is not an accurate assessment of immune status.
- If a series is valid and completed in infancy, no further doses are required.

Human Papillomavirus

- Product used: Gardasil®9
- This vaccine is highly recommended but not required for school attendance.
- The total number of doses required is based on age at first dose.

Populations with special considerations

Newcomer population

1. Routine vaccines are free for children attending schools in Ontario.
2. Confirming or updating immunizations is not part of the routine immigration medical examination. Do not assume that newcomer children are completely immunized as per the Ontario schedule.
3. Country-specific immunization schedules vary based on local epidemiology and policies. Vaccination schedules from other countries can be found on the [WHO website](#).
4. Use the appropriate catch-up schedule listed in the Publicly Funded Immunization Schedules for Ontario to assess and plan future immunization visits.

Vaccine hesitant

1. Your vaccine advice plays a key role in parental and guardian decision-making.
2. Use presumptive and motivational interviewing techniques to understand a parent's specific vaccine concerns.
3. Use simple, clear language to present evidence of disease risks and vaccine benefits fairly and accurately.

Additional Resources

General vaccine information for HCPs

- [Canadian Immunization Guide – Canada.ca](#)
- [Immunizations: Bringing Newcomer Children Up-to-date](#)
- [Immunize Canada](#)
- [Public Health Sudbury & Districts](#)
- [Publicly Funded Immunization Schedules for Ontario – June 2022](#)
- [Working with vaccine-hesitant parents](#)
- [Vaccine hesitancy in Canadian parents](#)

Resources for patients

- [A Parent’s Guide to Vaccination](#)
- [Caring for kids](#)
- [Public Health Sudbury & Districts](#)
- [Reduce the Pain of Vaccination in Children Under 3 Years](#)
- [Reduce the Pain of Vaccination in Kids and Teens](#)
- [School Immunization Checklist](#)
- [VaxFacts+](#)