

STATE OF NEVADA

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July 29, 2016

**MEMORANDUM**

To: Brian Saerman, Chair  
State Board of Health

Re: Consideration and adoption of proposed regulation amendments, LCB File No. R052-16  
Amendments to Nevada Administrative Codes (NAC's) 392.105, 394.250 and 441A.755.

**Purpose of Amendment**

The purpose of the amendment is to add immunization against *Neisseria meningitidis* (e.g., meningococcal disease or meningitis) as a requirement for 7<sup>th</sup> grade public and private school enrollment in Nevada. As meningitis is a serious communicable disease among adolescents, it is important Nevada students receive age-appropriate protection through vaccination prior to entering school. A 7<sup>th</sup> grade entry requirement is consistent with Centers for Disease Control and Prevention (CDC) dosing recommendations at 11-12 years. An amendment will also change the college immunization requirements for *N. meningitidis* to remove the "on-campus housing" stipulation. All college students have a greater risk for encountering and contracting meningococcal disease than the general population, regardless of their housing situation; therefore, all incoming college students should receive age-appropriate meningococcal vaccination prior to attendance.

**Summary of Changes to Nevada Administrative Code (NAC)**

The proposed amendments accomplish the following:

- Declares *N. meningitidis* to be a communicable disease;
- Prohibits a child from being enrolled in grade 7 in a public or private school unless immunized against *N. meningitidis* after the student obtains 10 years of age;
- Prohibits certain persons from attending a university until the person submits to the university proof of immunity to *N. meningitidis*;
- Provides exceptions to such prohibitions; and
- Provides other matters properly relating thereto.

### **Possible Outcome if Proposed Amendment is Not Approved**

A risk of communicable disease outbreaks due to meningococcal infection exists as long as students go unvaccinated. The case-fatality ratio is 10-15% even with timely and appropriate antibiotic therapy and as many as 20% of survivors have permanent issues such as hearing loss, neurologic damage or loss of limbs. The incidence of disease in the U.S. is relatively low; however, a peak in disease incidence among adolescents and young adults 16-21 years of age has persisted, even after routine vaccination of adolescents was recommended in 2005. The majority of cases occur in the adolescent and young adult population, making timely and appropriate vaccination of this population an important public health endeavor. Currently, 23 states and the District of Columbia include a meningococcal immunization mandate for middle school entry and 37 states have a college-entry mandate. The most effective method for ensuring appropriate immunization coverage levels in a population is to link immunization with school enrollment/entry.

### **Applicability of Proposed Amendment**

These regulations will apply statewide to public and private primary schools and the state's two Universities.

### **Public Comment**

On May 9, 2016 a Small Business Impact Questionnaire, along with a copy of the proposed regulation changes, was sent to each public school district, private school and university statewide. Of the nine (9) responses received, seven (7) had no comment to any adverse or beneficial impact. One respondent indicated an adverse economic effect upon their business; they estimate that they may lose tuition for up to two students due to the new requirement. Another respondent indicated an adverse economic effect due to additional staffing costs to comply with screening student records, as well as their personal belief that vaccines are not advisable. The beneficial effect of these regulations is to reduce vaccine-preventable disease in school-age and college-age populations. The adverse effects include additional staff time to check for the newly required immunization and possible increased record-keeping requirements for universities.

The Division of Public and Behavioral Health used methods to reduce the impact of proposed regulations on small business including discussions with stakeholders, parent and provider focus groups, and distribution of the small business impact questionnaire to gather input from stakeholders on how the proposed regulation(s) may impact their business. Nevada public school districts, private schools and universities were given the opportunity to discuss the economic impact the proposed regulations may have. No modifications to the proposed regulations have been made as a result of this input. The Division of Public and Behavioral Health has reviewed all school immunization regulations and has been unable to identify any adverse impacts on small businesses.

**June 30, 2016:** A public workshop was held on the proposed regulations at the Division of Public and Behavioral Health located at 4150 Technology Way, Hearing Room 303, Carson City; video conferenced to the Desert Meadow Area Health Education Center in Las Vegas at 3050 E. Flamingo Rd.; and a teleconference line was available for all other commenters.

One verbal statement of support was received during the public workshop, and three letters of support were received via e-mail prior to the workshop. No opposition was received during the public workshop, either verbally or in writing. No recommendations for language changes were received during the public workshop. Minimal to no opposition is anticipated for the public hearing with the Board of Health.

**Staff Recommendation**

Staff recommends the State Board of Health adopt the proposed regulation amendments to NAC's 392.105, 394.250 and 441A.755 as presented in LCB File No. R052-16.

**Presenter**

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