Immune Compromised Students, Vaccination, and Exemptions

Any student who would be seriously at risk from exposure to a Vaccine Targeted infection is also at risk for dozens of other communicable infections recognized by the WA DOH as “Notifiable Conditions” (attached). If a patient is going to undergo a transplant or other procedure or treatment that will require immune suppression, they are fully vaccinated prior, per ACIP / CDC guidelines. (illustrated in Stelara immune suppression drug prescribing insert attached).

During and post treatment, the care regime requires the I/C patient to be kept away from all potential antigens, not just the handful that are Vaccine Targeted. Not all the vaccines can or are designed to interrupt transmission. The care instructions for I/C patients directs them to avoid the recently vaccinated. Do schools notify I/C students when their classmates are vaccinated? It would be a tragically irresponsible decision for a pediatric oncologist or parent to place an I/C child in the uncontrolled school environment. (Full Hopkins information attached)

WA Educational law recognizes this and provides an in-home tutor for the I/C student during this vulnerable period. http://www.k12.wa.us/HealthServices/homehospital.aspx

The Medical Profession will admit that primary and secondary vaccine failure, (VF) occurs when it supports the call for mandates, ("everyone needs to be vaccinated because sometimes vaccines don’t work") but ignore these facts when it is used to illustrate that the exempt students are no more dangerous to their peers than are the VF students:

- The all-type MMR exempt rate is only 2.9%, and the MMR primary and secondary VF % is a greater number.
- Primary VF for Mumps leaves 12% (4x the exempt %) never protected and, even if effective, fades substantially in 10 years.
- The pertussis and diphtheria vaccines target the toxins from those bacterial infections, they do not prevent transmission.
- The IPV polio does not prevent transmission but only protects the recipient from a symptomatic case.
- Tetanus is not transmissible.
- Hep B is blood borne and not air transmissible.
- The live virus vaccines are a shedding risk to I/C students.

If this was truly about student safety, all students would be antibody tested and the Vaccine Failure students re-vaccinated or excluded.

Keep kids in school where they belong.
Care at Home for the Immunocompromised Patient

What can I do to prevent infection?

- Hand washing is the best way to prevent infection.
- Carry hand sanitizer with you at all times.
- Wash with soap and water or hand sanitizer before and after you use the bathroom.
- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Close all car windows and turn on the re-circulate button of your ventilation system.
- Avoid crowds if possible. An area is crowded if you are within an arm’s length of other people.
- Avoid closed spaces if possible.
- Avoid touching pets or animals.
- After touching surfaces in public areas (such as elevator buttons, handrails and gas pumps).
- Avoid touching someone who has an infection such as a cold or the flu.

Do I need to wear a mask?

- Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.
- It may be a good idea to have visitors call first.
- Avoid contact with children who were recently vaccinated.

Can I have visitors?

- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection.
- Keep a current medication list with you at all times.
- Do not take any herbal products.
- Avoid grapefruit juice, which interacts with many medications.

Are there any precautions I should take?

Are schools currently notifying IC families when fellow students have been recently vaccinated with live viruses?

Johns Hopkins warns that the vaccinated are a threat to the immunocompromised.
This is the patient prescribing information for the immune suppression drug Stelara. Stelara is used to treat plaque psoriasis, psoriatic arthritis and Crohn’s disease. Note warning to avoid recently vaccinated.

Immunizations

Prior to initiating therapy with STELARA®, patients should receive all immunizations appropriate for age as recommended by current immunization guidelines. Patients being treated with STELARA® should not receive live vaccines. BCG vaccines should not be given during treatment with STELARA® or for one year prior to initiating treatment or one year following discontinuation of treatment. Caution is advised when administering live vaccines to household contacts of patients receiving STELARA® because of the potential risk for shedding from the household contact and transmission to patient.

Non-live vaccinations received during a course of STELARA® may not elicit an immune response sufficient to prevent disease.

What should I tell my doctor before receiving STELARA®? Before you receive STELARA®, tell your doctor if you:

- have any of the conditions or symptoms listed in the section “What is the most important information I should know about STELARA®?”
- ever had an allergic reaction to STELARA®. Ask your doctor if you are not sure.
- are allergic to latex. The needle cover on the prefilled syringe contains latex.
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause serious problems. You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA®.


Boxes around K-12 Vaccine Targeted Infections

**Notifiable to the local health jurisdiction (LHJ) of the patient’s residence**

Phone numbers by LHJ are listed on the other side of this poster. If unable to reach the LHJ of the patient’s residence, please call 1-877-539-4344

**IMMEDIATELY NOTIFIABLE:** Requires a phone call to reach a live person at the local health jurisdiction, 24/7

*Must be reported as soon as clinically suspected*

- Animal bites, when human exposure to rabies is suspected
- Anthrax
- Botulism (foodborne, wound and infant)
- *Burkholderia mallei* (glanders) and *pseudomallei* (meliodosis)
- Cholera
- Diphtheria
- Disease of suspected bioterrorism origin
- Domic acid poisoning (amnesic shellfish poisoning)
- *E. coli* — refers to "Shiga toxin-producing *E. coli* infections"
- Emerging condition with outbreak potential
- *Haemophilus influenzae* (invasive disease, children <5 years)
- Influenza, novel or unsubtypable strain
- **Measles (rubeola), acute**
- Meningococcal disease (invasive)
- Monkeypox
- Outbreaks of suspected foodborne origin
- Outbreaks of suspected waterborne origin
- Paralytic shellfish poisoning
- Pesticide poisoning—hospitalized, fatal, or cluster: 1-800-222-1222
- Plague
- **Poliomyelitis**
- Rabies, confirmed human or animal
- Rabies, suspected human exposure
- Rubella (Include congenital rubella syndrome), acute
- SARS (Severe Acute Respiratory Syndrome)
- Shiga toxin-producing *E. coli* infections (STEC, including but not limited to *E. coli* O157:H7; also includes post-diarrheal hemolytic uremic syndrome)
- Smallpox
- Tuberculosis
- Tularemia
- **Vaccinia transmission**
- Viral hemorrhagic fever
- Yellow fever

**Notifiable within 24 hours:** Requires a phone call if reporting after normal public health business hours

- Brucellosis
- Hantavirus pulmonary syndrome
- Hepatitis A, acute
- Hepatitis B, acute
- Hepatitis E, acute
- Legionellosis
- Leptospirosis
- Listeriosis
- Mumps, acute
- Pertussis
- Poliomyelitis
- Q fever
- Relapsing fever (borreliosis)
- Salmonellosis
- Shigellosis
- Vancomycin-resistant *Staphylococcus aureus* (VRSA), Vancomycin-intermediate
- Vibriosis
- Yersiniosis

**Notifiable within 3 business days**

- Acquired immunodeficiency syndrome (AIDS), including in persons previously reported with HIV infection
- Arboviral disease (acute disease only, including: West Nile virus, dengue, eastern & western equine encephalitis, Zika, etc.)
- Campylobacteriosis
- Chancroid
- *Chlamydia trachomatis* infection
- Cryptosporidiosis
- Cyclosporiasis
- Giardiasis
- Gonorrhea
- Granuloma inguinale
- Hepatitis B, surface antigen positive pregnant women
- Hepatitis C, acute
- Hepatitis D, acute and chronic
- Herpes simplex, neonatal and genital (initial infection only)
- HIV infection
- Immunization reactions (severe, adverse)
- Influenza-associated death, laboratory-confirmed
- Lyme disease
- Lymphogranuloma venereum
- Malaria
- Pesticide poisoning—non-hospitalized, non-fatal, non-cluster: 1-800-222-1222
- Priap disease, including Creutzfeldt-Jakob disease (CJD)
- Syphilis (including congenital)
- Tetanus
- Trichinosis
- Varicella-associated death

**Notifiable on a monthly basis**

- Asthma, occupational (suspected or confirmed): 1-888-66-SHARP
- Birth defects: 360-236-3533
  (autism spectrum disorders, cerebral palsy, alcohol-related birth defects)
- Hepatitis B, chronic (initial diagnosis/previous unreported cases)
- Hepatitis C, chronic

The conditions listed above are notifiable to public health authorities in accordance with WAC 246-101.

- Report to the local health jurisdiction of the patient’s residence within the timeframe indicated (except for conditions followed by a reporting phone number).
- ‘Other rare diseases of public health significance’ means a disease or condition, of general or international public health concern, which is occasional-ly or not ordinarily seen in the state of Washington including, but not limited to, spotted fever rickettsiosis, babesiosis, tick paralysis, anaplasmosis, and other tick borne diseases. This also includes public health events of international concern and communicable diseases that would be of general public concern if detected in Washington.

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