



Date: September 27, 2021

To: PPS Board of Education

From: Jonathan Garcia, Chief of Staff

CC: Guadalupe Guerrero, Superintendent; Dr. Shawn Bird, Deputy Superintendent; Claire Hertz, Deputy Superintendent; Liz Large, Contract General Counsel

Subject: Staff Analysis: Possible Student Vaccination (12+ Years of Age) Requirement

Executive Summary

Background

The coronavirus (COVID-19) and the emerging delta variant (SARS-CoV-2) have continued to impact in-person learning here in Portland, across Oregon, and in school systems across the country. On September 28, the PPS Board of Education will explore the possibility of directing the Superintendent to implement "all reasonable measures requiring all eligible PPS students to receive the COVID-19 vaccine, excluding those students with qualified exemptions under current immunization policies, as a mandatory precondition to accessing PPS in-person programs and facilities."¹

If the Board of Education directs the Superintendent to implement such policy, the Superintendent could implement a policy that requires:

- All PPS students who are 12 years of age and older and are part of in-person extracurricular programs (i.e., student athletics, performing arts) to be vaccinated as a first step;
- All PPS students who are 12 years of age and older must receive by a time certain; and
- All other PPS students must receive their first vaccine dose following their 12th birthday.²

Key staff recommendation:

- Staff's recommendation is for the PPS Board of Education to adopt a COVID-19 vaccine requirement for every PPS student 12 years and up to help reduce the disproportionate effects of the vaccine and/or school closures on the physical and mental health, and academic growth of every PPS student, especially our students of color.
- Upon approval by the PPS Board of Education, PPS staff will create and execute an immunization verification plan, which will include detailed steps for families and students with exemptions. It will include possible timelines for requiring mandatory immunization against COVID-19.

Key notes of this memo include:

- The coronavirus and the emerging delta variant continue to impact in-person learning here in Portland, across Oregon, and for school systems across the country
- The Pfizer-BioNTech COVID-19 Vaccine (Pfizer) is currently the only FDA-approved for emergency use treatment for children 12 to 15, and fully authorized for 16+ years of age; although approval of the Janssen/J&J and Moderna vaccines are likely, they are not approved under the FDA's current Emergency Use Authorization for children 12 and older.
- If PPS implements a COVID-19 vaccine requirement for students, we must develop a detailed

¹ See Appendix A. Work Session Agenda

² See Appendix B. Possible PPS Student Vaccination Requirement

policy (PPS Board) and protocol (PPS staff), including exemption and reasonable accommodation procedures. We will review a few technical and administrative infrastructure considerations to implement this mandate.

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Introduction

The global pandemic has been hard on all of us, especially K-12 education.

The unique challenges presented by the global pandemic occurred at the same time that we are seeing staffing shortages, economic uncertainty, widespread protests over racial injustice and climate justice, a tumultuous presidential election, and the continuing and tangible health threat posed by COVID-19. The public health, education, and economic uncertainties inflicted by COVID-19 are likely to exacerbate long-standing racial inequities disproportionately affecting Black, Latino, and Native American students; English Learners; and students with disabilities.³

Beyond our mission to educate children, we play an important role in providing key essential services across our communities, including after-school enrichment programs, early learning offerings, social emotional support and counseling, and nutritious meals; all of which are key to the vitality of communities here and across the globe.⁴

One of the main purposes of requiring vaccinations is to minimize the risk from vaccine-preventable diseases. School vaccination requirements help safeguard children and adolescents by making sure they are protected when they get to school. To provide the Board of Education with background to help inform your decision making, below is an analysis of the potential impacts of COVID-19 on learning and key operational factors to consider. Included is an analysis of the impacts of vaccine requirements on students and educational institutions.

Questions that guided this memo:

- What are the possible impacts of a vaccine mandate on in-person learning at PPS?
- What does science tell us regarding the COVID-19 vaccine for 12–18-year-olds? Ages 5 to 11?
- What are the experiences of other K-12 institutions and institutions of higher education?
- What are ways that student vaccine requirements are operationalized?
- What does it mean to be in emergency use authorization “EUA” and what considerations should the Board of Education consider if it requires a EUA vaccine?
- What are the communal benefits of a vaccine mandate?
- What are the impacts of this requirement on Black, Indigenous, Latino, and other students of color and their families?

Health Context

The US Food and Drug Administration (FDA) has given the Pfizer-BioNTech COVID-19 vaccine emergency use authorization for children ages 12 through 15.⁵ The FDA has also approved this vaccine, now called Comirnaty, to prevent COVID-19 in people aged 16 and older. And according to Pfizer CEO Anthony Bourla, Pfizer plans to submit data on children under 12 to the FDA soon.⁶

Although COVID infections among children are typically asymptomatic or mild, severe symptoms can lead to hospitalization, with rare cases of multisystem inflammatory syndrome in children also occurring.⁷ According to the American Academy of Pediatrics, although children 17 and under appear less likely to get severely ill from COVID-19, roughly 5.5 million children in the U.S. have contracted the virus since the start of the pandemic.

Here in Multnomah County, the pediatric case rate (under 18) in Multnomah county **the week of 9/12/21** is 141.8 per 100,000, making it the fourth lowest pediatric case count in the state of Oregon (Morrow,

³ [NWEA: Learning during COVID: Initial findings on students' reading and math achievement and growth](#)

⁴ [United Nations Policy Brief: The Impact of COVID-19 on children \(April 2020\)](#)

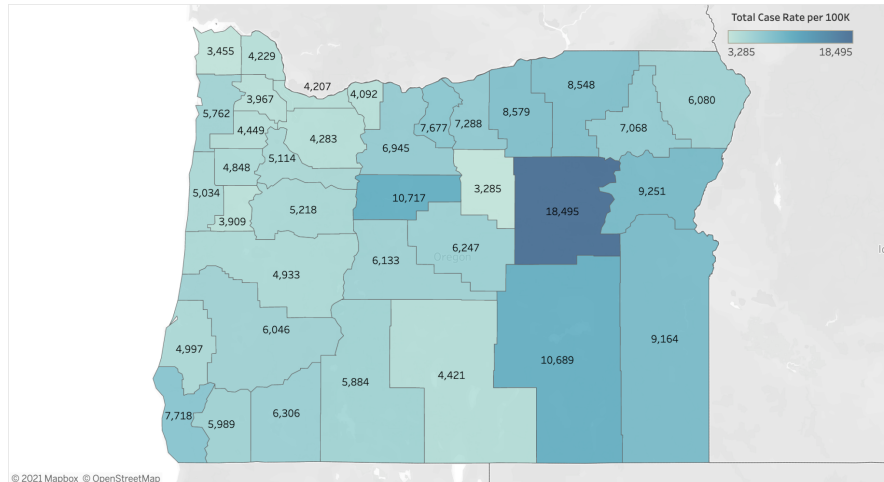
⁵ [FDA: 5 Things You Need to Know about the COVID-19 Vaccine for Adolescents 12 through 17](#)

⁶ [Pfizer to submit data on children's vaccines to FDA 'pretty soon,' CEO says](#)

⁷ [COVID-19 FAQ: COVID-19 and Children](#)

Hood River and Curry Counties are lower).⁸ There have been a total of 6,640 pediatric cases for a population (0-17) of 153,062 in Multnomah County since the start of the pandemic. There have been 3 pediatric deaths in Oregon reported with COVID-19.⁹

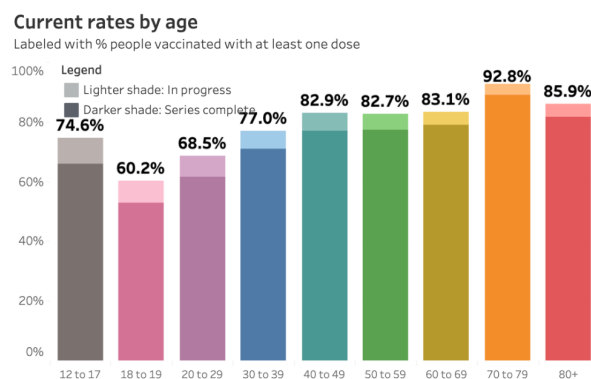
The total pediatric cases **since the start of the global pandemic** (as of September 27) in Multnomah county is 4,207 per 100,000, third lowest case rate in the state of Oregon:



According to PPS's COVID-19 Dashboard, there have been 248 reported cases of isolation, which include individuals who have tested positive for COVID-19 or are presumptive cases asked to isolate from contact with others (as of August 26).¹⁰

The U.S. Food and Drug Administration (FDA) has determined that the Pfizer COVID-19 vaccine is safe and effective in children aged 12 and over.¹¹ In fact, trial data demonstrated 100% efficacy of the Pfizer-BioNTech vaccine against laboratory-confirmed, symptomatic COVID-19 in adolescents 12–15 years old.¹² The Pfizer vaccine is also 91% effective in preventing severe illness with COVID-19 in people age 16 and older.¹³

Over 9 million children aged 12 to 17 years old across the country are fully vaccinated against COVID-19. Here in Multnomah County, 37,244 of 49,927 12-17 year olds are vaccinated, or 74.6% (66.1% complete, 8.5% in progress).¹⁴



⁸ [OHA: Pediatric COVID-19 Case Rates: County Level](#)

⁹ [Pediatrics Cases: Disease Severity](#)

¹⁰ [PPS COVID-19 Dashboard](#)

¹¹ [FDA Authorizes Pfizer-BioNTech COVID-19 Vaccine for Emergency Use in Adolescents in Another Important Action in Fight Against Pandemic](#)

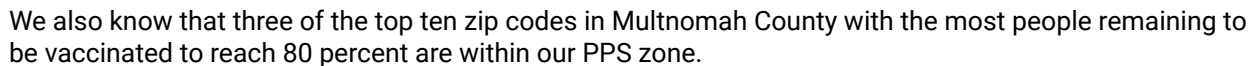
¹² Vaccine Efficacy refers to how the vaccine performs in ideal conditions--controlled clinical trials.

¹³ [Science Brief: COVID-19 Vaccines and Vaccination](#)

¹⁴ [OHA: Vaccinations By Age Group](#)

Percent change between 09/13/2021 to 09/20/2021

Based on a study from the Oregon Health and Science University, the country is seeing a correlation between the percentage of people (12+ years of age and older) vaccinated and a state's efforts to prevent pediatric COVID hospitalizations.



Zip Code: **97206**
 Population (all ages): **52,996**
 Vaccinated with at least one dose: **37,472**
 Vaccination rate in ZIP code(s): **70.7%**
 People remaining to be vaccinated: **4,925**

97203: St. Johns / North Portland (ranked 9th highest in Multnomah County)

Zip Code: **97203**
ZIP code(s) population (all ages): **34,890**
Vaccinated with at least one dose: **23,318**
Vaccination rate in ZIP code(s): **66.8%**
People remaining to be vaccinated: **4,594**

Emergency Use Authorization (EUA)

The US Department of Justice (DOJ) issued a memorandum in July 2021, concluding that federal law “does not prohibit public or private entities from imposing vaccination requirements for vaccines that are subject to EUAs.”¹⁵

The vaccine developed by drugmaker Pfizer is the only one available to children as young as 12. In August 2021, the Food and Drug Administration granted that vaccine full approval for use in children 16 and older. It is authorized for the use for adolescents 12 to 15 through emergency-use.

EUA allows the U.S. Food and Drug Administration (FDA) to make a product or drug – whether new or not yet proven for a given use – available during an emergency, provided there is data to determine that it is reasonably safe and effective.

The basic requirements for an EUA are:

- a public health threat exists;
- there is reason to believe that the product will be effective in diagnosing, preventing, or treating the illness;
- the known or potential benefits outweigh the risks; and
- there are no adequate, approved, available alternatives.

After determining that these vaccines meet the applicable statutory standards and the agency’s specific safety and efficacy standards, the FDA issued EUAs under Section 564 of the Federal Food, Drug, and Cosmetic Act.¹⁶

In particular, data supporting the EUA requests show that the vaccines are effective at preventing symptomatic COVID-19 in vaccinated individuals. Given this data, many public health experts believe that promoting COVID-19 vaccination—along with continued engagement in community mitigation activities that prevent transmission, such as mask wearing and social distancing—should be a key component of any state or local government pandemic response.

Under the EUA, the FDA outlines 3 key steps to ensure the safety and efficacy of vaccines for children:

1. Vaccine manufacturers conduct mandatory clinical trials, allow for the proper safety monitoring, and begin gathering necessary data. This process usually takes several months.
2. Vaccine manufacturers complete the relevant portion of their clinical trials, they have to complete the analysis of the data from the studies to understand how safe the vaccine is and how well it works in the clinical trial participants. The FDA works closely with manufacturers to verify the data and findings.
3. When a completed request for EUA or approval has been received by the FDA, the agency will carefully, thoroughly and independently examine the data to evaluate benefits/risks and be

¹⁵ [Whether Section 564 of the Food, Drug, and Cosmetic Act Prohibits Entities from Requiring the Use of a Vaccine Subject to an Emergency Use Authorization](#)

¹⁶ [State and Federal Authority to Mandate COVID-19 Vaccination](#)

prepared to complete its review quickly, likely in a matter of weeks rather than months.¹⁷

Pfizer and BionTech recently announced positive results of COVID-19 vaccine trials in children ages 5-11.¹⁸

Racial Equity Implications

We know that communities of color—in the US and globally—have been disproportionately impacted by the health threat and subsequent consequences of the global pandemic. In fact, COVID-19 and the public response have shone a light on what we have known: our systems are inequitable. Policies and practices in public health and other key supports underserved and/or exclude students and families of color.¹⁹

In considering a vaccination requirement, we must continue to amplify the voices and experiences of communities of color and acknowledge the way in which views of race and the impacts of racism in policies and protocols shape experiences, beliefs and outcomes in healthcare, education, etc. As educational systems leaders, we have the responsibilities to face the institutional and cultural racism embedded in our systems. If we respond to the pandemic by developing race-neutral plans without addressing the pernicious racial inequities, we will deepen the divides that limit our black and brown students. Instead of focusing on the problem, we also know that we must lead with action. Increasing accessibility to the vaccine is not enough; we will need to consider thoughtful and proactive policy and enactments that address vaccine hesitancy **while** simultaneously removing barriers.

Impacts of COVID-19 on Communities of Color

As a result of long-standing systemic health and social inequities, Black, Native American and Latino communities are at increased risk of getting COVID-19, getting severely ill requiring hospitalization, and death than White communities. We all know that race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.²⁰

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.7x	0.7x	1.1x	1.9x
Hospitalization ²	3.5x	1.0x	2.8x	2.8x
Death ³	2.4x	1.0x	2.0x	2.3x

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

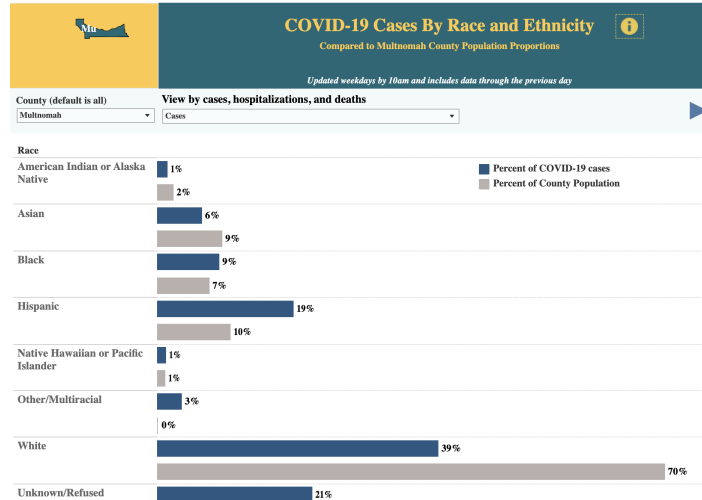
Here in Multnomah County, Latino and Black communities have a higher percentage of COVID-19 cases in comparison to their overall population.

¹⁷ [FDA Will Follow The Science On COVID-19 Vaccines For Young Children](#)

¹⁸ [Pfizer And Biontech Announce Positive Topline Results From Pivotal Trial Of Covid-19 Vaccine In Children 5 To 11 Years](#)

¹⁹ [Harvard: Communities of color devastated by COVID-19: Shifting the narrative](#)

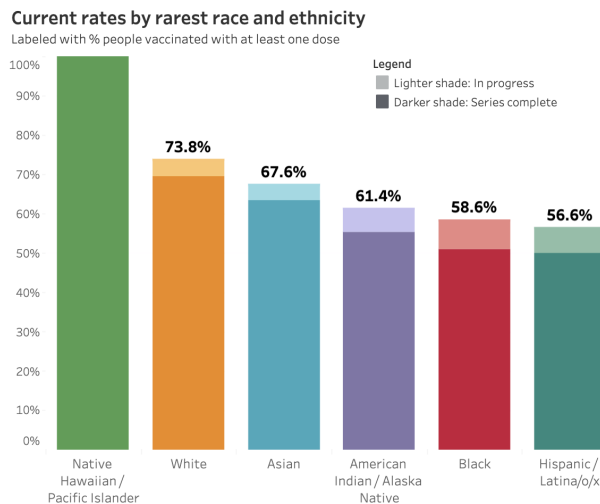
²⁰ [CDC: Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity](#)



COVID-19 Cases by Race and Ethnicity in Multnomah County²¹

Vaccination rates by race/ethnicity in Multnomah County²²

According to the last reported data on September 24, at least half of all people by race in Multnomah County are fully vaccinated against COVID-19. This includes 9,520 Native Hawaiian/Pacific Islander people, which is over 100 percent because more NH/PIs received a vaccine with a current address in Multnomah than are estimated in the population.



Community Hesitancy

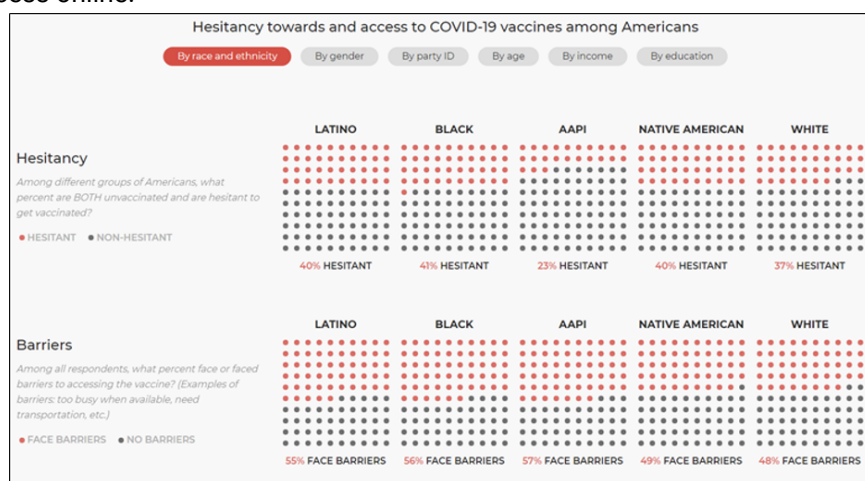
According to the African American Research Collaborative, 41% of Black Americans have stated they are hesitant to receive the COVID-19 vaccine while nearly 56% of them stated they face barriers to accessing the vaccine. Messaging on the vaccine to any racial group at PPS will be culturally informed and consider potential barriers that are driven by community trusted sources like schools and culturally specific community organizations.

We know that suspicion of the medical establishment lingers among African American, Latino and Native

²¹ [Multnomah County Regional COVID-19 data dashboard](#)

²² [OHA: Vaccinations By Race and Ethnicity](#)

communities. Furthermore, even if lingering suspicions are overcome, we know there are multiple barriers faced by communities of color, including access to information, language barriers, transportation challenges, paid time off to take children to obtain the vaccine, and lack of support completing the verification process online.



Hesitancy Towards and Access to COVID-19 Vaccines Among Americans
Data Source: African American Research Collaborative, 2021

Lead with Action: Creating access to vaccine for communities of color

Currently at PPS, students ages 12 and older and their families are eligible to receive COVID-19 vaccinations at any of our school-based student health centers.

In preparation for the availability of vaccines for our 5-11 year olds, we have begun planning with Kaiser Permanente and Medical Teams International (MTI) to coordinate and target roll-out of the vaccine to those PPS students once available, whether or not vaccines are mandated.

While we know that children primarily access vaccinations at their pediatrician's office, schools offer a unique opportunity to help get our students vaccinated for a variety of reasons:

- Trusted hubs in our community;
- Central access for all families, especially with a targeted approach for Black, Native American, Latino and Families of Color; with special education materials and support in all supported languages.
- Ability to support Multnomah County and the State of Oregon with rapidly and efficiently vaccinating PPS students quickly.

Of students who are not currently vaccinated or partially vaccinated and whose caregivers responded to the survey, 77 percent would get vaccinated if a vaccination were offered in schools (September 27).

Landscape Analysis

Historical Context of Vaccine Requirements in US

School vaccination laws have played a key role in the control of vaccine preventable diseases in the United States.²³ The first school vaccination requirement was enacted in the 1850s in Massachusetts to

²³ [Vaccination Mandates: The Public Health Imperative and Individual Rights](#)

prevent smallpox transmission in schools. By the beginning of the twentieth century, nearly half of the states had requirements for children to be vaccinated before they entered school.

In the early 1970s, states that mandated the measles vaccine had measles incidence rates 40% to 51% lower than states without such laws. In 1976 and 1977, measles outbreaks in Alaska and Los Angeles, respectively, led health officials to strictly enforce the existing requirements. Advance notice was given that the laws were to be enforced, and major efforts were undertaken to ensure that vaccination could be easily obtained. In Los Angeles, approximately 50,000 of 1.4 million students (4%) were excluded; most were back in school within a few days, and the number of measles cases dropped precipitously. These experiences demonstrated that mandatory vaccination could be enforced and was effective.

Another example of the benefits of school immunization requirements is the rollout and implementation of the varicella vaccination.²⁴ It was approved by the FDA in 1995. In 2008, 34 percent of eligible adolescents were fully vaccinated.²⁵ School mandates (now in all 50 states) for varicella vaccines were issued between 2000 and 2010;²⁶ By 2018, about 90 percent of children had been vaccinated against varicella.²⁷

K-12 School Districts

Los Angeles, California (Student Population: 628,000)

Los Angeles Unified is one of the nation's largest school districts with more than 628,000 students spread across 710 square miles. Los Angeles Unified became the first major school district in the nation to require COVID vaccines for students on September 18 through its Safe Steps to Safe Schools policy adopted by the LAUSD Board of Education.²⁸ LAUSD employs a 5-step process to verify a student's vaccination status through an online portal system.²⁹

Students must receive the Pfizer vaccine if they are under the age of 18. As with other immunizations for students, California law does not recognize religious or personal belief exemptions.³⁰

COVID-19 Student Vaccination Schedule		
Student Group	First Dose Deadline	Second or Final Dose Deadline
Students aged 12 and older who participate in extracurricular programs in-person.	No later than October 3, 2021	No later than October 31, 2021
Students who are 12 years of age and older.	No later than November 21, 2021	No later than December 19, 2021
Newly eligible students.	No later than 30 days after student's 12th birthday	No later than eight weeks after student's 12th birthday

Los Angeles Unified School District, 2021

Beginning Monday, January 10, 2022, eligible students who do not have proof of vaccination against COVID-19 will be offered the District's independent study program, unless the student has a qualified exemption or conditional admission. Children who are not vaccinated after October 31, 2021 will not be permitted to participate in in-person extracurricular activities without proof of vaccination if they qualify to receive it.

Hoboken, New Jersey (Student Population: 2,575)

²⁴ [Approved by the FDA in 1995.](#)

²⁵ [34 percent of eligible adolescents fully immunized by 2008.](#)

²⁶ [School mandates \(now all 50 states\) for Varicella vaccination issued between 2000 and 2010.](#)

²⁷ [Vaccination coverage for selected diseases among adolescents aged 13–17 years, United States, selected years 2008–2018](#)

²⁸ [Los Angeles Unified to Require All Students 12 and Older to be Vaccinated Against COVID-19 by January 10, 2022](#)

²⁹ [LAUSD: Uploading External COVID-19 Vaccination Record](#)

³⁰ [LAUSD Safe Steps to Safe Schools FAQ](#)

Students over the age of 12 are subject to a mandatory weekly testing requirement unless they provide proof of vaccination.

Students over the age of 12 that provide proof of vaccination may participate in weekly testing if a parent opts into the testing program. The Hoboken school district reserves the right to include fully vaccinated individuals in the onsite COVID PCR Testing Program at a future date.³¹

New York City, New York (Student Population: 1.1 Million)

All students and staff who participate in high-risk sports must be vaccinated against COVID-19. Students in fall high-risk sports must get their first dose of the COVID-19 vaccine by their first day of competitive play. Winter and spring participants have until the beginning of their season to be fully vaccinated.

A vaccine mandate also applies to all high-risk after school extracurricular activities like chorus, musical theater, dance/dance team, band/orchestra (with concern for woodwinds), marching band, cheerleading/step teams/flag team. Students ages 12 and older participating in these extracurricular activities must be vaccinated in order to participate in these extracurricular activities.³²

Oakland, California (Student Population: 52,167)

In a 5-1-1 vote taken on September 22, the Oakland school board decided that students 12 and older must be vaccinated “unless prohibited by law.” The district still needs to determine when the mandate should take effect and how it will be enforced. Board members directed Superintendent Kyla Johnson-Trammell to return next month with recommendations.³³

Baltimore, Maryland (Student Population: 77,856)

Baltimore City Public Schools require a COVID-19 vaccination for all high school student-athletes before the winter and spring sports seasons:

- High school student-athletes must be vaccinated Nov. 1 ahead of the Nov. 15 start of the winter sports season. Winter sports competition begins Dec. 6.
- School officials are not requiring vaccinations for athletes participating in fall sports because the season is underway, although students are strongly encouraged to get inoculated.³⁴

Washington DC (Student Population: 49,890)

Beginning November 1, 2021, students aged 12 and older must be fully vaccinated against COVID-19 in order to participate in school-based extracurricular athletics.

Student-athletes who will turn 12 between September 16, 2021 and November 1, 2021 must be fully vaccinated before December 13, 2021 to be eligible to practice or compete in school-based extracurricular athletics. DCPS, the Public Charter School Board, and each private and parochial school must establish systems for ensuring compliance with this rule among their student-athletes. This requirement includes exemptions for religious or medical reasons.³⁵

San Diego, California (Student Population: 122,916)

The San Diego Unified School District currently requires students and staff to show proof of vaccination

³¹ [Hoboken believed to be first in state to issue mandate for students 12 and up: Get vaccine or face weekly testing](#)

³² [Health and Safety in Our Schools](#)

³³ [OUSD Board of Education Passes Vaccine Requirement for Students 12 Years Old and Up](#)

³⁴ [Baltimore City Schools: Staff and Student Athlete Vaccination Update](#)

³⁵ [Mayor Bowser Announces COVID-19 Vaccination Requirements for All Adults Regularly in Schools and Child Care Centers and for Student Athletes](#)

or get tested weekly in order to attend or work in person. The Board of Education is considering a staggered approach to have all eligible students vaccinated against COVID-19, as a condition of attending in-person learning. The timeline for requiring the mandated vaccination will be aligned to the full FDA approval. Mandatory testing will be required for all unvaccinated students until full FDA approval of the vaccine for their age group.³⁶

Higher Education

University of Oregon

The University of Oregon requires all students to receive the COVID-19 vaccine. Like other K-12 and post-secondary institutions, the university allows for specific exemptions for health and sincerely held religious beliefs.

Students who request an exemption are required to take part in weekly COVID-19 testing through the UO Monitoring and Assessment Program³⁷, among other safety measures. These measures may include isolating or quarantining if you are exposed to or contract COVID-19, testing to participate in certain activities and/or being excluded from certain activities.³⁸

The university has also expanded a proof of vaccination requirement for children 12 and older for designated university events and activities. For those who cannot provide proof of vaccination, documentation of a negative test taken within three days of the event will also be accepted.³⁹

Portland State University

Portland State University requires all employees and all students who live, work, learn, or access services on PSU campus to be vaccinated against COVID-19 starting fall term 2021. PSU is verifying the vaccination status of all students. Students may decline the COVID vaccine based on a medical or nonmedical exemption, due to religious belief, philosophical belief, or other personal reasons. Declining for non-medical exemption must include proof of educational certificate signed by a health care provider or verified completion of an OHA developed or approved COVID-19 vaccine module.⁴⁰

Operationalizing a Vaccine Requirement

Based on lessons learned from other implementations across the US, for PPS to implement a vaccine requirement successfully, we will require a clear policy and standard operating procedures that include:

- A clear “why” and communication plan
- Infrastructure for managing verification, exemptions, and exclusions
- Safe measures to protect student private information
- A strong partnership with local health authorities and health providers
- Clear exemptions criteria and processes

As is current practice, Multnomah ESD will serve as the conduit of the Multnomah County Health Department in providing possible guidance on a possible requirement.

Public Health Outcomes of a Vaccine Requirement

We love that our schools serve as learning hubs for our entire community. We will partner with public

³⁶ [SD Unified School District Vaccine Roadmap](#)

³⁷ [University of Oregon Required COVID-19 Testing](#)

³⁸ [University of Oregon: COVID-19 vaccine requirement](#)

³⁹ [Proof of Vaccination Requirement for Those 12 and Older for Designated University Events](#)

⁴⁰ [Portland State University \(PSU\) COVID-19 Vaccination Policy](#)

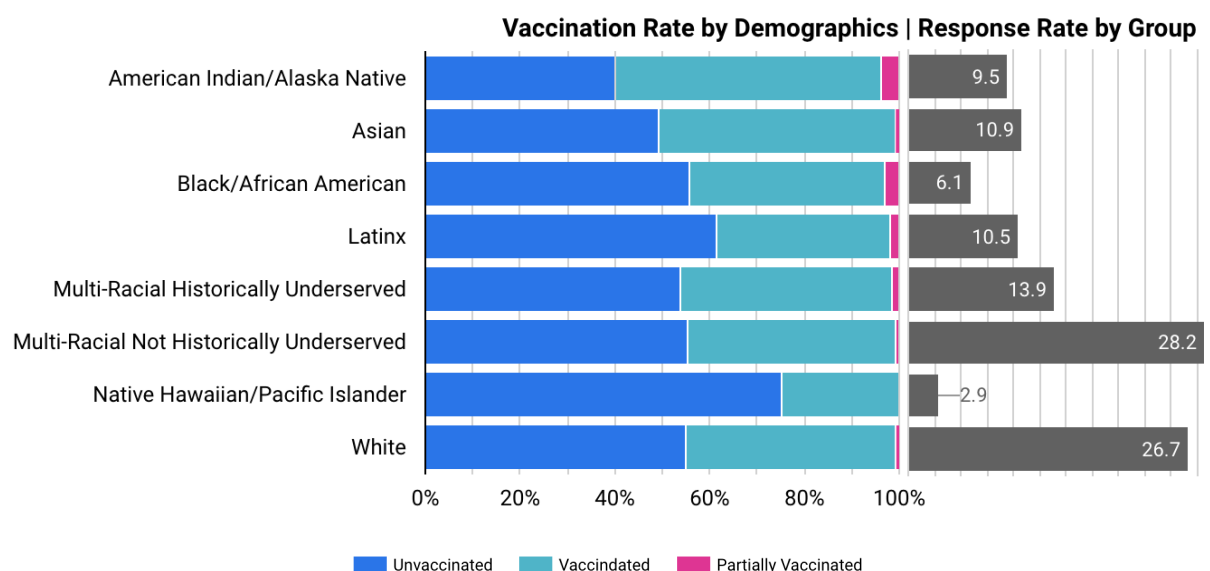
health agencies to educate and promote COVID-19 vaccinations and other health and safety measures to protect against COVID-19. As guidance evolves, we will keep you and your families up to date on the latest information. A vaccination mandate for our students will also benefit our community by:

- Personal, direct, protection against disease;
- The added value of vaccination, on a population level, is the potential to generate herd immunity, a form of indirect protection from infectious disease that can occur if a sufficient percentage of a population has become immune to an infection;
- Reduce immense pressure on our healthcare system;
- While 3 in 4 adolescents (12-17 years of age) in Multnomah County are vaccinated against COVID-19, this will create an additional layer of protection for all that attend school, including staff, volunteers and students too young to be vaccinated.

Update on PPS Student COVID-19 Vaccine Survey

We recently sent families a short survey regarding vaccination status that will help us know how many of our students (ages 12 and older) are fully vaccinated against COVID-19 and/or desire to quickly access the vaccine for younger students (age 5 to 11, once approved).

As of September 27, caregivers have reported vaccine status for 11,101 (24%) students. Of those students over 12 whose caregivers have responded to the survey, 94% are fully vaccinated. Of students who are not currently vaccinated or partially vaccinated and whose caregivers responded to the survey, 77 percent would get vaccinated if a vaccination were offered in schools (September 27).



PPS Vaccination Rates by Race (As of September 27)

Current Immunization Rules in Multnomah County and Oregon

Current Vaccine Requirements for School and Child Care Attendance

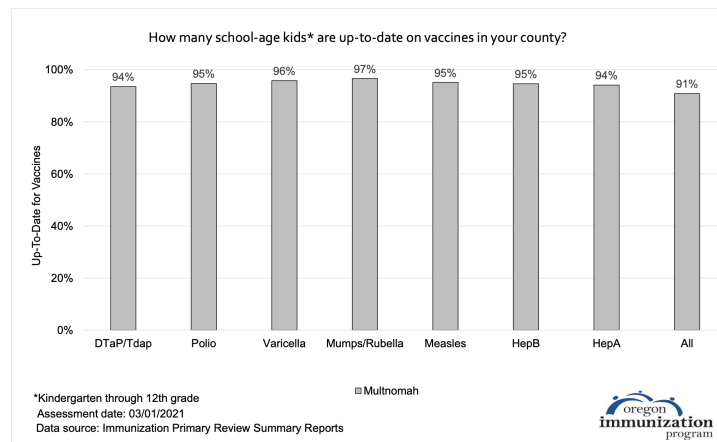
Oregon law requires the following vaccinations for school and child care attendance. At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Other vaccines may be recommended.

A child 18 months or older entering Preschool, Child Care, or Head Start needs	4 Diphtheria/Tetanus/Pertussis (DTaP) 3 Polio 1 Varicella (chickenpox) 1 Measles/Mumps/Rubella (MMR) 3 Hepatitis B 2 Hepatitis A 3 or 4 Hib
A student entering Kindergarten or Grades 1-6 needs	5 Diphtheria/Tetanus/Pertussis (DTaP) 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B 2 Hepatitis A
A student entering Grades 7-12 needs	5 Diphtheria/Tetanus/Pertussis (DTaP) 1 Tdap 4 Polio 1 Varicella (chickenpox) 2 MMR or 2 Measles, 1 Mumps, 1 Rubella 3 Hepatitis B 2 Hepatitis A

Multnomah ESD, 2021-2022⁴¹

Multnomah County Immunization Data

According to Multnomah County Public Health 91 percent of all school-aged kids are currently with all immunization requirements. Percentage ranges between 94 percent and 97 percent with specific immunization requirements.⁴²



Current Criteria - Oregon Advisory Committee

The Immunization School/Children's Facility/College Law Advisory Committee advises the Oregon Health Authority on implementing rules for school, child care and college immunizations requirements. The criteria they consider include:

Schedule

⁴¹ [2021-2022 MESD Immunization Requirements](#)

⁴² [Multnomah County Immunization Data](#)

1. What is the vaccine effectiveness as measured by immunogenicity and population-based prevention?
2. What is the safety profile for this vaccine?
3. How cost effective is the vaccine from a societal perspective?

Disease Burden

1. Does the vaccine prevent substantial morbidity and mortality?
 - a. Considerations:
 - i. disparities in disease burden among groups such as group living, racial and ethnic disparities, and geographic variation.
 - ii. potential to reduce the number of cases of disease, or the potential to prevent outbreaks.
2. How effective is the vaccine in reducing the risk of disease transmission? Consider transmission in a child care, school, or college setting and in the community at large.

Vaccine Coverage and Supply

1. What is the current vaccine coverage rate in the target population in Oregon? Consider the impact a mandate could have. If uptake and acceptance are very high, the requirement would have little impact, and if very low, the requirement would face a lot of resistance.
2. Is there a stable and adequate supply of vaccines?

Impacts to Stakeholders

1. What additional funding would be needed to pay for the vaccine and administration? Consider the impact on public providers, LPHAs, private providers, and the state.
2. What is the administrative burden on schools, children's facilities and colleges? Consider resources needed to update computer systems, collecting immunization records, and notifying parents.
3. What is the burden of compliance for parents/caregivers and students? Consider timing with other recommended vaccines, impact of exclusion on higher grades, and cost to families.⁴³

Existing Medical Exemption Rules

Oregon allows medical exemptions for children who have a medical condition that contraindicates vaccination. Only physicians or local health departments may sign a medical exemption. Children with this type of medical exemption are considered susceptible because if they are exposed to a disease they haven't been vaccinated for, they are more likely to get it.

Medical exemptions must be in a letter from a physician or local health department supplementing the Certificate of Immunization Status. The letter must include the child's name and birth date, vaccine(s) affected, the condition that contraindicates vaccination as well as the physician's or local health department representative's signature and contact information.

In case of an outbreak of vaccine-preventable disease in a community, the local health department has the legal authority to exclude from school or child care attendance any child who has not been completely immunized, including children with a medical exemption.⁴⁴

⁴³ [Criteria for reviewing school/facility/college immunization requirements](#)

⁴⁴ [MESD Medical Exemptions](#)

Existing Non-Medical Exemption Rules

Oregon recognizes exemptions for nonmedical reasons. However, OHA allowed colleges and universities to decide whether to allow philosophical exemptions related to COVID-19. University of Oregon, for example, allows students and employees to seek an exemption for medical, religious, philosophical or other non-medical reasons. Those with an exemption are required to take part in weekly testing.

To claim a nonmedical exemption for immunizations required for schools, a parent must submit a Vaccine Education Certificate from a healthcare practitioner or from the online education module to the child's school or childcare. In addition, the parent must check the appropriate boxes and sign the back of the Certificate of Immunization Status, available from the child's school or childcare facility. Listing a vaccination history on the front of the Certificate of Immunization Status will not affect a parent's ability to claim an exemption. In case of an outbreak of vaccine-preventable disease in a community, the local health department has the legal authority to exclude from school or child care attendance any child who has not been completely immunized, including children with a nonmedical exemption.

Important Considerations

Expected Outcomes

Short-Term

- Increase number of children and their families who hesitated to take vaccine will take it soon after announcement (+)
- Public resistance from a vocal minority that further exacerbates the politicization of good public health policy and public education (-)
- Increase in families requesting exemptions and alternative modifications including enrollment in the Online Learning Academy or unenroll from PPS (+/-).

Intermediate

- It will limit the number of students who are quarantined if possibly exposed to a case of COVID-19 (+)
- Likelihood of vaccine approval for children 5-12 under the FDA emergency authorization, which will require PPS Board of Education to consider new requirements for students under 12. (+)

Long-term

- Personal, direct, protection against disease for students (+)
- The added value of vaccination, on a population level, is the potential to generate herd immunity, a form of indirect protection from infectious disease that can occur if a sufficient percentage of a population has become immune to an infection (+)
- Reduce immense pressure on the healthcare system if disease is spreading (+)

Community Engagement

Prior to the PPS Board of Education considering and voting on a possible vaccine requirement, PPS would host two virtual town halls, sharing with our community details about the possible requirement, information about the public health benefits, and other important information that will better inform communities. We expect to gather feedback from our students, families and broader community as well. We will also include a multifaceted and proactive communications plan that details answers to common questions, multilingual infographics with clear processes and rules, and the reinforcement and prioritization of in-person learning.

Further Clarification

Our standard rules and procedures should help reduce barriers to implementation and ensure fidelity of compliance. As we consider a vaccine requirement, we should consider the following:

1. Specific subgroups that the PPS requirement should require ahead of others?
2. Are there considerations for a deferral process or exemptions for subgroups of students (i.e., pregnant students)?
 - a. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), the two leading organizations representing specialists in obstetric care, recommend that all pregnant individuals be vaccinated against COVID-19, although the State of Oregon has provided a deferral for pregnant individuals as part of the state mandate.⁴⁵
3. If different from current immunization exemption guidance, what are the criteria for granting exemptions against COVID-19? Vaccination requirements⁴⁶
4. What are standard operating procedures for those who have been granted exemptions:
 - a. Required screening and testing for students;
 - b. Process to to update and inform the community of new information about vaccines.

Possible unintended consequences of vaccine requirement

The challenge for COVID-19 vaccines, as for childhood vaccines, will be in how to offer fairly and uniformly assess and grant exemptions without those exemptions effectively disrupting the purpose of the mandate.

All districts who have enacted the vaccine mandate for students continue to enforce current mitigation strategies, including mask wearing, social distancing, etc. Enforcing vaccines may also lead to negative interactions between students/families and schools, given the highly politicized public health environment.

Vaccine enforcement may also lead to further erosion of community trust; especially in the Black, Latino and Native American communities given socio-historic implications of distrust in our health care systems and government institutions.

We should also consider the precedent and impacts of requiring a vaccination that has emergency use authorization.

We must continue to anticipate and prepare for certain levels and forms of anxiety and/or resistance. One way to mitigate this resistance is by, alternatively, creating requirements for subgroups (early adoption) and/or deferral for specific reasons.

Impacts of Status Quo (No COVID-19 Requirement)

- Remote-learning highlighted inequities in education, was detrimental to the educational attainment of students of all ages, and exacerbated the mental health crisis among children and adolescents, according to the AAP guidance. Remote learning highlighted racial and social inequity – another important reason to get students back in school and keep them in school safely.
- When in-person school services were not available during the pandemic, disparities worsened, especially for children who are English language learners, children with disabilities, children living in poverty, and children who are Black, Hispanic/Latino and American Indian/Alaska Native.

⁴⁵ [ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals](#)

⁴⁶ [MESD Exemption Guidance](#)

Conclusion and Key Recommendations

1. Staff Recommends Student Vaccine Requirement

We fully support the PPS Board of Education adopting a COVID-19 vaccine requirement to help reduce the disproportionate effects of the COVID pandemic on the physical and mental health, academic growth of every PPS student, especially our students of color.

Specifically, we recommend that if a requirement is adopted, we should prioritize that all PPS students who are 12 years of age and older and are part of in-person extracurricular programs (e.g student athletics, performing arts like choir, band, etc.) must be vaccinated as a condition of participation.

We also recommend that the PPS Board of Education adopt a requirement for all PPS students who are 12 years of age and older to receive their first vaccine dose by a certain date (to be determined after an implementation plan can be developed); and we recommend that all other PPS students must be vaccinated following their 12th birthday.

2. Exemption Protocols

The PPS Board of Education and senior district administrators must address in a detailed exemption or reasonable accommodation policy and standard operating procedures that is clear and consistent for families.

3. PPS (and Public Health) Communication Strategy

We will outline a robust communication plan that clearly articulates the reasons for a vaccination requirement, the public health benefits and the ways families can access vaccinations in their community. This will include partnering with local public health officials and our Health Advisory Panel.

4. Learning Opportunities for our Students

We will also develop age-appropriate learning activities and content that share facts about the importance of vaccinations and all other health and safety measures to mitigate the spread of the disease.

Appendix A: Work Session Agenda

PPS Board of Education Work Session: Possibility of a COVID-19 Vaccination for Students September 28, 2021

Purpose:

Portland Public Schools Board of Education will discuss a possible mandate for a COVID vaccine for students and the impacts of implementing such a vaccine.

Agenda:

Opening Remarks | Jackson Weinberg, Student Representative

Introduction | Jonathan Garcia, Chief of Staff

Opening Remarks | Panelists

Board Discussion and Questions (60 Minutes)

Closing | Michelle DePass, Chair, PPS Board of Education

Invited Panelists:

- **Dr. Joelle Simpson**, Medical Director for Emergency Preparedness and Emergency Pediatric Physician at Children's National Health System | PPS Health Advisory Panel
- **Dr. Tress Goodwin**, Emergency Pediatric Physician Children's National Health System | PPS Health Advisory Panel
- **Jessica Guernsey**, Public Health Director, Multnomah Health Department
- **Dr. Jennifer Vines**, Lead Health Officer for the tri-county region, Multnomah Health Department

Areas of Discussion:

- What does science tell us regarding the COVID-19 vaccine for those 12-18 years old? Those 5 to 11 years old?
- What are the impacts of a vaccine mandate on in-person learning at PPS? Should medical or religious exemptions be considered?
- What does it mean to be in "Emergency Authorization" and what should the school board weigh in mandating an emergency-authorized vaccine?

Appendix B. Possible PPS Student Vaccination Requirement

POSSIBLE STUDENT VACCINATION (12+ Years of Age) REQUIREMENT FOR PPS BOARD OF EDUCATION DISCUSSION ONLY

Implement all reasonable measures requiring all eligible PPS students to receive the COVID-19 vaccine, excluding those students with qualified exemptions under current immunization policies, as a mandatory precondition to accessing PPS in-person programs and facilities, as follows:

- All PPS students who are 12 years of age and older and are part of in-person extracurricular programs (i.e. student athletics, performing arts) must be vaccinated as a prerequisite to participation in those activities.
- All PPS students who are 12 years of age and older must be vaccinated by a certain date.
- All other PPS students must receive the vaccine following their 12th birthday.

Ensure student vaccination records and information are maintained securely and confidentially in accordance with all laws governing the privacy of student health information and other student records.

Implement reasonably necessary measures to ensure equitable student access to the COVID-19 vaccine.