



**2023/24  
School  
Year**

*The Immunization of School Pupils Act (ISPA):*  
Resource Guide for Health Care Providers

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## Introduction

This resource guide has been developed to help Health Care Providers understand the *Immunization of School Pupils Act (ISPA)*, how it impacts patients and how to help families comply with the Act and avoid school suspension.

The resource guide includes helpful tips for immunization record assessment, key messaging for families with different needs and links to other helpful resources.

**This document is intended to provide guidance specific to vaccines and schedules required under the 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)

In Ontario, the [Immunization of School Pupils Act \(ISPA\)](#) requires all school-aged children to be immunized against certain designated diseases, or that their parent/guardian submit a valid vaccine exemption (medical or non-medical), in order to attend school.

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

Parents/guardians are required to report their child's immunizations to Public Health and to keep immunization information up to date. If a child cannot be vaccinated for a medical reason, or if a parent/guardian decides not to immunize their child for religious or personal reasons, a valid medical or non-medical vaccine exemption must be submitted to Public Health.

## Immunizations Required Under the ISPA

The province requires school-aged children in all Public Health Units in Ontario to have a complete record of immunization or a valid exemption for the following diseases:

- Diphtheria
- Tetanus
- Polio
- Pertussis
- Measles
- Mumps
- Rubella
- Meningococcal
- Varicella (required for students born in or after 2010)

## Reporting Immunization Records to Public Health

Every time a student receives a vaccine from their Health Care Provider, their **parent/guardian must report it to Public Health.**

Parents can report immunization information by:

- visiting [halton.ca/immunize](https://halton.ca/immunize) to view and report immunization records online;
- calling 311;
- emailing [accesshalton@halton.ca](mailto:accesshalton@halton.ca); or
- mailing or dropping off to: Vaccination Services, Halton Region Public Health, located at 1151 Bronte Road, Oakville, Ontario, L6M 3L1.

Parents are not required to report vaccines received through Public Health clinics such as in-school Grade 7 clinics and Public Health Community Clinics—these doses are automatically added to the student's immunization record.

Student immunization records are maintained within a provincial electronic database called Panorama. Public health units in Ontario have access to Panorama, and they enter both the immunizations administered at public health clinics, and the immunization records reported by parents through the online reporting system Immunization Connect Ontario (ICON). Student immunization records from outside of Ontario do not get transferred through Panorama if a student moves into the province - these records will need to be entered into Panorama by a public health unit in Ontario.

Once records are entered to Panorama, parents can access the student's online immunization record at [Halton.ca/immunize](https://halton.ca/immunize) via the ICON web portal.

## Vaccine Exemptions

Under the ISPA, students can be exempt from immunization for both 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 (e.g., the child has previously been diagnosed with varicella). For [exemptions due to medical reasons](#), a **Statement of Medical Exemption form** must be completed, signed by a physician or nurse practitioner and faxed to Halton Region Public Health at 905-465-3403. Your patient can also mail or drop off forms at Halton Region Public Health, located at 1151 Bronte Road, Oakville, Ontario, L6M 3L1.

**Non-Medical Exemption:** used if a parent has a conscientious, philosophical, or religious objection to their child receiving one or more of the ISPA-required vaccines. Parents 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.

In order to protect individual students, as well as 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.

## Key Considerations When Assessing Vaccine Records

In Halton, families with incomplete immunization records will receive a letter specifying the diseases (not the vaccines) a child is missing immunization for. For example, the letter will state that the student is missing vaccine for Tetanus, Diphtheria, and Pertussis, instead of saying Tdap, Adacel or Boostrix. HCPs can assist by determining why the record is incomplete. Common reasons why a student's immunization record is incomplete include: doses haven't been reported; doses haven't been received; or doses received are invalid and need to be repeated. While assessing immunization records, consider the following key points:

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 (e.g. MMR and Varicella) are required on or after the 1st birthday to avoid interference from maternal antibodies.
4. If there is no documented record of immunization, consider the client unimmunized, and start series over using publicly funded catch-up schedules.
  - [Serology to check immune status is not routinely recommended.](#)
5. Assess all previously received vaccines, based on the minimum ages and intervals for each vaccine. Minimum interval and ages tables can be found in the [Ontario Publicly Funded Schedule](#).
6. Catch-up Schedules are available in the Ontario Publicly Funded Schedule. Select the most appropriate table for the age of the client when they received their first dose.
7. Assess antigens individually to determine doses required.
8. Select product based on dose required (determined by clients age and previous doses).

## Assessing Routine Immunizations for Children

### Dosing for Tetanus containing vaccines

1. Strength is critical when administering tetanus containing vaccines.
2. Pediacel (DTaP-IPV-Hib) contains 7 to 10 times more diphtheria and pertussis than Adacel or Boostrix (Tdap-IPV).
3. High dose vaccine should be given to all children under the age of 7 until they have received a minimum of three doses and they are  $\geq 4$  years old.

Table 1: Antigen strength in Tetanus containing vaccines

Product	Diphtheria Strength	Tetanus Strength	Pertussis Strength	Polio Strength Type 1/2/3
Pediacel DTaP-IPV-Hib	15 Lf	5 Lf	20 mcg	40/80/32
Adacel/Boostrix Tdap-IPV	2 Lf	5 Lf	2.5 mcg	40/80/32

### Assessing immunization for children immunized under 7 years of age

#### Age Considerations:

**1 year:** Must be over one year to receive a valid dose of Men C, MMR and Varicella to count towards long-term protection.

**4 years:** Must be over age 4 years to receive Tdap-IPV (low dose diphtheria, Adacel/Boostrix-IPV) and must have received a minimum of 3 (high dose diphtheria & pertussis) DTaP-IPV/DTaP-IPV-Hib (primary series of Pediacel), (see Table 1 of the *Publicly Funded Immunization Schedules of Ontario* for details).

**7 years:** Only use low dose diphtheria & pertussis vaccine (Tdap-IPV/Tdap) to initiate or complete series (see Table 3 of the *Publicly Funded Immunization Schedules of Ontario* for details).

1. Assess tetanus, diphtheria, pertussis and polio vaccine needs.
  - Low dose (Tdap or Tdap-IPV) can only be given if child has had three valid high dose vaccines (DTaP-IPV or DTaP-IPV-Hib) **and** is  $\geq$  four years old.
  - Four or five doses required depending on age at fourth dose (see Table 2).
  - Assess polio requirements to determine whether to give Tdap or Tdap-IPV.

Table 2: Dosing schedule for Tetanus, Diphtheria, Pertussis, and Polio vaccine for children under 7 years of age

Dose	Product	Recommended Interval	Minimum Interval
1st dose	DTaP-IPV-Hib	≥ 2 months of age	≥ 6 weeks of age
2nd dose	(<7years) DTaP-IPV-Hib (≥7years) Tdap-IPV	2 months after 1st dose	4 weeks after 1st dose
3rd dose	(<7years) DTaP-IPV-Hib (≥7years) Tdap	2 months after 2nd dose	4 weeks after 2nd dose
4th dose	(< 7 years) DTaP-IPV-Hib (≥ 4 years) Tdap-IPV, if 3 <sup>rd</sup> dose of DTap-IPV-Hib was given at ≥ 1 year of age	6-12 months after 3rd dose and ≥ 1 year of age	24 weeks after 3rd dose and ≥ 1 year of age
5th dose	Tdap or Tdap-IPV (5th dose not required if 4th dose at age ≥ 4 years and valid history of 3 high dose vaccines)	6-12 months after 3rd dose and ≥ 4 years of age	24 weeks after 4th dose and ≥ 4 years of age

## 2. Assess polio vaccine needs.

- Three doses of polio are required - 2 doses, 2 months apart (minimum interval 1 month), 3rd dose 6-12 months after 2nd and at least four years of age.
- Additional doses in DTaP-IPV-Hib as per the routine schedule are doses of convenience.

## 3. Assess measles, mumps, rubella (MMR) and varicella (Var) vaccine needs.

- Two doses of MMR required **after one year of age** and at least one month apart.
- Two doses varicella required if born in 2010 or later, recommended if born in 2000 or later. Given after one year of age and at least one month apart.
- Combined MMRV can be used if 4 to 12 years old (licensed only for 1 to 12 years old).
- If not given on the same day, live vaccines must be at least 28 days apart otherwise the second dose is considered invalid.
- MMR may be indicated for children between 6 and 11 months of age if high risk of



exposure (e.g. travel, outbreak). These doses do not count towards required doses.

4. Assess meningococcal (Men-C-C/Men-C-ACYW135) vaccine needs.
  - One dose Meningococcal C Conjugate Vaccine (Menjugate<sup>®</sup> /NeisVac<sup>®</sup>) required after one year of age until September of Grade 7.
5. Assess pneumococcal conjugate (Pneu-C-13) vaccine needs.

Table 1: Dosing schedule for Pneumococcal vaccine

Age 1 <sup>st</sup> dose	Recommended Interval
2-11 months	1 <sup>st</sup> dose, ≥ 2 months old (minimum 6 weeks of age) 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> and ≥1year
12-23 months	2 doses, 2 months apart
24-59 months	1 dose

## Assessing immunization for children immunized over 7 years of age

1. Assess tetanus, diphtheria, pertussis and polio vaccine needs.
  - Only use low dose vaccine (Tdap-IPV/Tdap) to initiate or complete series.

Table 2: Dosing schedule for Tetanus, Diphtheria, Pertussis, and Polio vaccine for children over 7 years of age

Number of valid DTaP received < 7 years of age*	Recommend Schedule
0-1	1 dose Tdap-IPV, 2 months after last DTaP-IPV dose 1 dose Tdap, 2 months after Tdap-IPV 1 dose Tdap-IPV, 6-12 months after Tdap dose
2 doses	1 dose Tdap-IPV, 6-12 months after last DTaP-IPV dose 1 dose Tdap, 6-12 months after Tdap-IPV
3 doses	1 dose Tdap-IPV, 6-12 months after last DTaP-IPV dose
4 doses at < 4 years	1 dose Tdap-IPV

\* Valid doses are those given on or after 6 weeks of age and at least 1 month apart

2. Assess polio vaccine needs.
  - Only 3 doses of polio are required - 2 doses, 2 months apart (minimum interval 1 month), 3rd dose 6-12 months after 2nd and at least four years of age.

- Additional doses in DTaP-IPV-Hib as per the routine schedule are doses of convenience.
3. Assess measles, mumps, rubella (MMR) and varicella (Var) vaccine needs.
    - Two doses of MMR required after one year of age and at least one month apart.
    - Two doses varicella required if born in 2010 or later, recommended if born in 2000 or later. Given after 1 year of age and at least 6 weeks apart.
    - Combined MMRV can be given between ages 4 to 12 years old.
      - Combined MMRV products are not licensed for use after 12 years of age
      - MMR and Var 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 or the second dose given is considered invalid.
    - MMR can be given to children between 6 and 11 months old, if high risk (i.e. travel/outbreak). These doses do not count towards required doses.
  4. Assess meningococcal (Men-C-C/Men-C-ACYW135) vaccine needs.
    - One dose Meningococcal C Conjugate Vaccine (Menjugate<sup>®</sup> /NeisVac<sup>®</sup>) required after one year of age until September of Grade 7.
    - Grade 7 and later - one dose Meningococcal ACYW135 Conjugate Vaccine (Menactra<sup>®</sup>, Nimenrix<sup>®</sup>, Menveo<sup>®</sup>) required under ISPA. This dose is usually given in school.

## School Program Vaccines

Halton Region Public Health provides school-based vaccines for Grade 7 students at public, private, Catholic, and French school boards. School-based vaccines include:

- Meningococcal Conjugate-ACYW-135 (Nimenrix<sup>®</sup>/ Menactra<sup>®</sup>) (required for school attendance)
- Hepatitis B (ENGERIX<sup>®</sup>-B/ Recombivax<sup>®</sup>HB) (recommended)
- Human Papillomavirus (GARDASIL<sup>®</sup>9) (recommended)

Assess school-based vaccine needs (Hepatitis B, Human Papillomavirus, Men-C-ACYW135).

- Grade 7 or older: can be immunized by health care provider via special order, or at an in-school or community Public Health clinic.
- If a student misses 1 dose in Grade 7 due to absence, Halton Region Public Health will try to provide the missed dose when the student is in Grade 8.

Halton physicians can order school-based vaccines for eligible students through the [online Vaccine Order Form](#) ([Special Vaccine Order](#)).

Table 5: School Program Vaccine Eligibility and Schedule

School Program Vaccine Eligibility and Schedule
<p><b>HPV 9:</b> All students in Grade 7-12  <b>2 dose series</b> Healthy students &lt;15 years of age. Given at 0 and 6 months  <b>3 dose series</b> ≥ 15 years of age, immunocompromised or immunocompetent HIV infected            Given at 0, 2 and 6 months</p>
<p><b>Hepatitis B:</b> All students in Grade 7-12  <b>2 dose series:</b> 11 to 15 years old: 2 dose series, (4 months apart if Recombivax, 6 months apart if Engerix)  <b>3 dose series:</b> ages 16 to 19 years old at 0, 1 &amp; 6 months</p> <p>For more information review the <a href="#">Ontario Hepatitis B Vaccine Schedules and FAQs</a>.</p> <ul style="list-style-type: none"> <li>• Complete &amp; valid infant series of HB or HAHB (Twinrix®)? Then NO additional doses are needed; considered lifelong protection in an immunocompetent person</li> <li>• Hep B serology done greater than 6 months post immunization is not an accurate assessment of immune status <a href="#">Public Health Ontario: Hepatitis B Vaccines and Schedules</a></li> </ul>
<p><b>Men-C-ACYW135:</b> All students from September 1<sup>st</sup> of Grade 7 until 1 dose received; and those born on or after 01/01/97  <b>1 dose:</b> September 1<sup>st</sup> of Grade 7 until received (Menactra®, Nimenrix®, Menveo® or MenQuadfi®)</p>

## Assessing immunizations for clients with no record of previous immunization

- **If there is no previous record of immunization, consider the client unimmunized, and start series over.**
- [Serology to check immune status is not routinely recommended](#) (Canadian Immunization Guide).

Table 6: Routine Immunization Schedule

Age	Vaccine
2 months	DTaP-IPV-Hib, PneuC13, rotavirus
4 months	DTaP-IPV-Hib, PneuC13, rotavirus
6 months	DTaP-IPV-Hib
12 months	MMR, Meningococcal C-C, PneuC13
15 months	Varicella
18 months	DTaP-IPV-Hib
4 years	Tdap-IPV, MMRV

Grade 7	Hep B, HPV9, Meningococcal C-ACYW135
14 years	Tdap
24 years	Tdap
≥34 years	Td
65 years	Pneumo23, Zoster (Shingrix®)

Table 7: Catch-up Schedule 1: Starting immunization between 1-6 years

Visit	Vaccine
1st visit	DTaP-IPV-Hib (<7 years) Men C PneuC13 (<5 years) MMR (<4 years) or MMRV (4-6 years)
2nd visit (2 months later)	DTaP-IPV-Hib (<7 years) or Tdap-IPV (≥7years) PrevnarC13 (<5 years and < 24 months at 1 <sup>st</sup> visit) Varicella (<4 years at 1 <sup>st</sup> visit)
3rd visit (2 months later)	DTap-IPV-Hib (<7years) or Tdap (≥7years)
4th visit (6-12 months later)	DTaP-IPV-Hib (<4years) or Tdap-IPV (4-8 years) MMRV (4-8 years)
5th visit (6-12 months later, only if <4years at 4th visit)	MMRV Tdap-IPV

Table 8: Catch-up Schedule 2: Starting immunization between 7-17 years

Visit	Vaccine
1st	Tdap-IPV Varicella, MMR or MMRV (<13years) Men C (until September of Grade 7) or Men ACYW135 (Grade 7 or later)

2nd	Tdap-IPV MMRV (<13years) or MMR Varicella
3rd	Tdap-IPV

## Populations with Special Considerations

### Newcomer Population

1. **Key messages** for newcomer families:
  - Vaccines are safe and effective.
  - Vaccination is important for the health of each student and the school community.
  - Routine vaccinations are free for children attending schools in Halton and Ontario.
  - There is no longer a three month waiting period to obtain a health card.
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. Only accept written documentation as evidence of previous immunizations. Do not rely on parental recall of their child's immunization or illness history.
5. Provincial catch-up immunization schedules for infants and children are available, [Publicly Funded Immunization Schedules for Ontario](#).
6. Newcomer families need clear and easy-to-follow instructions for future vaccination visits.
7. Use the appropriate catch-up schedule listed above and in the *Publicly Funded Immunization Schedules of Ontario* to assess and plan future visits for any additional required vaccines.
8. Find translation services listed under Additional Resources section below.

### Key Messages for Vaccine Hesitant Families

1. Your vaccine advice plays a key role in parental decision-making. The [Canadian Paediatric Society](#) recommends against dismissing vaccine refusers from your practice.
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.

4. Address pain head on using the following resources:
  1. [Immunization Pain Reduction under 3 years old](#)
  2. [Immunization Pain Reduction kids & teens](#)
5. Community protection (herd immunity) does not guarantee personal protection.

## Additional Resources

### General vaccine information for HCPs

- [Canadian Immunization Guide - Canada.ca](#)
- [Immunize Canada](#)
- [Caring for Kids New to Canada - Immunizations: Bringing Newcomer Children Up-to-date](#)
- [Halton.ca](#) webpage: Information for Physicians

### Resources for patients

- [Parent's Guide to Vaccination - Canada.ca](#) – available in multiple languages
- [Immunization School Checklist-Ontario](#)
- [Immunization School Checklist-Link to multiple languages](#)
- [Interpretation & Translation - Halton Multicultural Council \(hmconnections.com\)](#)
- [R.I.O. – Remote Interpretation Ontario – Access Alliance](#)
- [VaxFacts+ – Scarborough Health Network \(shn.ca\)](#)

### Vaccine Hesitancy

- Dr. Noni MacDonald – [webinar vaccine hesitancy](#) – starts at 20:58; vaccine hesitancy starts around 28:20.
- [Immunize Canada- Vaccine Hesitancy](#)
- [Building Confidence in Vaccines](#)
- [Addressing Vaccine Hesitancy](#)
- [Vaccine Hesitancy](#)
- [Working With Vaccine Hesitant Parents](#)
- [Vaccine Hesitancy in Canadian Parents](#)