

**Immunization Exemptions and  
Vaccine-Preventable Disease Exclusion in School Settings\***

**Definition of Allowable Exemptions (see MGL c. 76 §§15, 15C, 15D; 105 CMR 220)**

There are three situations in which children not appropriately immunized may be admitted to school:

- 1) A **medical exemption** is allowed if a physician certifies that immunization is medically contraindicated. This must be renewed annually at the start of the school year.
- 2) A **religious exemption** is allowed if a parent or guardian provides a written statement that the immunization conflicts with their sincere religious beliefs. This should be renewed annually at the start of the school year.
- 3) Homeless children and children in foster care are protected from exclusion by the **Every Student Succeeds Act** (an update to the McKinney-Vento Act), which allows school administrators time to secure immunization records from other schools or health systems.

**Policies for Exclusion at School Entry**

While the statutes and regulations state that **unimmunized** students who do not meet criteria for medical or religious exemption “shall **not** be admitted to a school,” the enforcement of exclusion for unimmunized or partially immunized children is discharged by individual schools and school districts.

Please note that unimmunized or partially immunized homeless children and children in foster care cannot be denied entry to public school if they do not have immunization records. The federal Every Student Succeeds Act states that if a homeless or foster care child or youth arrives lacking immunizations or medical records, the parent/guardian should be referred to the district's Homeless Education Liaison/foster care point of contact, who has the responsibility to obtain relevant academic records and immunizations or medical records and to ensure that homeless/foster care students are attending school while the records are obtained. The student must be enrolled and permitted to attend public school in the interim. If you have any questions about the Every Student Succeeds Act, please contact the Department of Elementary and Secondary Education (DESE) at (781) 338-3700 or [compliance@doe.mass.edu](mailto:compliance@doe.mass.edu).

Schools enrolling homeless children and children in foster care may wish to review their obligations under the federal Every Student Succeeds Act of 2015 (ESSA). The National Center for Homeless Education provides information on the Every Student Succeeds Act here: <https://nche.ed.gov/legislation/every-student-succeeds-act/>

**Exclusion During Disease Outbreaks**

In situations when one or more cases of a vaccine-preventable or any other communicable disease are present in a school, all susceptibles, **including those with medical or religious exemptions**, are subject to exclusion as described in the Department of Public Health's Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.000).

The Isolation and Quarantine Requirements at 105 CMR 300 establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high-risk situations, including the school setting. The following table excerpted from 105 CMR 300, outlines several of the more common childhood vaccine-preventable diseases identified in the requirements that may occur in schools and the corresponding exclusion requirements.

\*This document does not serve as legal or medical advice. To the extent this document conflicts with statutory or regulatory requirements, those requirements shall control. Nothing in this document shall be interpreted to alter or modify requirements set out in the law. Questions about a school's legal obligations or interpretation of applicable statutes and regulations must be directed to the school's legal counsel.

## Partial Exclusion Guide for Select Vaccine-Preventable Diseases in a School Setting

Depending on the specific circumstances related to the exposure, case, and contact with any disease or condition listed in 105 CMR 300.200 (A) or (B), additional control measures may be required.

*This list is not exhaustive. See [105 CMR 300.000](#) for the complete Isolation and Quarantine Requirements*

<b>Disease</b>	<b>Case and Symptomatic Contacts</b>	<b>Asymptomatic Contacts</b>
<b>Measles</b>	Exclude student/staff through 4 days after onset of rash. (Count the day of rash onset as day zero.)	<p>If one case: exclude susceptibles<sup>1</sup> from work or classes from the 5<sup>th</sup> through the 21<sup>st</sup> day after their exposure.</p> <p>If multiple cases or continuous (two or more days) exposure: exclude susceptibles<sup>1</sup> through the 21<sup>st</sup> day after rash onset in the last case.</p> <p>These restrictions remain even if the contact received immune globulin (IG).</p>
<b>Mumps</b>	Exclude student/staff through 5 days after onset of gland swelling. (Count the initial day of gland swelling as day zero.)	<p>If one case: exclude susceptibles<sup>2</sup> from work or classes from the 12<sup>th</sup> through the 25<sup>th</sup> day after their exposure.</p> <p>If multiple cases: exclude susceptibles<sup>2</sup> through the 25th day after the onset of the last case at the school or workplace.</p>
<b>Rubella</b>	Exclude student/staff through 7 days after rash onset. (Count the day of rash onset as day zero.)	<p>If one case: exclude susceptibles<sup>3</sup> from work or classes from the 7<sup>th</sup> through the 23rd day after last exposure.</p> <p>If multiple cases: exclude susceptibles<sup>3</sup> through the 23rd day after the onset of the last case at the school or workplace.</p>
<b>Pertussis</b>	Exclude student/staff until 21 days from onset of cough or 5 days after initiation of appropriate antibiotic therapy.	<p>If a susceptible<sup>4</sup> exposed within the last 21 days, receives antibiotic prophylaxis, then no exclusion is required in the school setting.</p> <p>In certain situations deemed to be high risk, the MDPH may require exclusion of asymptomatic contacts not receiving antibiotic prophylaxis and may extend the exclusion period beyond 21 days up to a maximum of 42 days.</p>
<b>Varicella</b>	<p>If vesicles are present, exclude until all lesions have dried and crusted over, or until no new lesions appear, usually by the 5<sup>th</sup> day after rash onset. (Count the day of rash onset as day zero.)</p> <p>If no vesicles are present, exclude until the lesions have faded (i.e., the skin lesions are in the process of resolving; lesions do not need to be completely resolved) or no new lesions appear within a 24-hour period, whichever is later.</p>	<p>Susceptibles<sup>5</sup> shall be excluded from work or classes from the 8<sup>th</sup> through the 21<sup>st</sup> day after their exposure to the case while infectious.</p> <p>If the exposure was continuous, susceptibles shall be excluded from the 8<sup>th</sup> through the 21<sup>st</sup> day after the case's rash onset.</p> <p>Anyone receiving varicella zoster immune globulin (VARIZIG®) or intravenous immune globulin (IVIG) shall extend their exclusion to 28 days post exposure.</p>

## Definition of Susceptibles

<sup>1</sup> **Measles** - Susceptibles includes all those born in or after 1957 without ) written documentation of 2 doses of measles-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak setting, all those with 0 or 1 dose **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.\*

<sup>2</sup> **Mumps** - Susceptibles includes all those born in or after 1957 without ) written documentation of 2 doses of mumps-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak setting, those with 0 or 1 dose **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.\*

<sup>3</sup> **Rubella** - Susceptibles includes all those born in or after 1957 without ) written documentation of 2 doses of rubella-containing vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease. In an outbreak situation, those with 0 or 1 doses **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1957 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students and health care workers.\*

<sup>4</sup> **Pertussis** - Susceptibles include all those exposed, regardless of their age, immunization status, or past history of the disease.

<sup>5</sup> **Varicella** - Susceptibles includes all those born in the United States in or after 1980 without 1) written documentation of 2 doses of varicella vaccine; or 2) laboratory evidence of immunity or laboratory confirmation of disease; or 3) a health care provider diagnosis of varicella or health care provider verification of history of varicella disease; or 4) history of herpes zoster based on health care provider diagnosis. In an outbreak situation, those with 0 or 1 doses **may** avoid exclusion if they promptly receive a dose. Those born in the United States before 1980 are considered immune; however, this should **not** be considered evidence of immunity for health sciences students or health care workers.\*

\* Health care workers and health sciences students should have 2 doses of MMR and varicella, laboratory evidence of immunity, or laboratory confirmation of disease.

Pregnant and immunocompromised persons: It is **not** recommended to use the year of birth as evidence of immunity for pregnant women and immunocompromised persons. For their protection, these individuals – regardless of their year of birth or other documentation of immunity – should be referred to their health care providers for evaluation.

These are exclusion guidelines for typical school settings only. There are other guidelines for non-school settings. In addition, MDPH may need to implement more rigorous criteria for immunity and other control measures depending on the situation and the individuals exposed, and these recommendations are outlined in other MDPH documents.

Two additional references may that be helpful to school health personnel:

- The *Guide to Surveillance and Reporting* can be obtained on the MDPH Website at <https://www.mass.gov/handbook/guide-to-surveillance-reporting-and-control> and
- The *Comprehensive School Health Manual* can be obtained at <https://massclearinghouse.ehs.state.ma.us/PROG-SCH/SH3001.html>