



## 2017 Policy Statement on Vaccine Status of Campers, Staff, Faculty, and their families attending URJ Camps and Israel programs

### **Background:**

Each year, the American Academy of Pediatrics and the Canadian Paediatric Society publishes a “Recommended Childhood and Adolescent Immunization Schedule.” Practicing pediatricians across North America consider this the standard of care, and indeed the context in which they practice. In addition, the Centers for Disease Control (CDC) has established vaccine standards for adults.

Given the overriding Jewish value that puts a premium on maintaining health, including taking preventive measures, along with the clear public health based need to protect the camp community as a whole, **we are requiring that all children, staff, faculty, and their families planning to attend our URJ camps and Israel programs must be immunized in the manner below.**

### **Case Statement:**

Parents send their children to camp and assume that their children will enjoy themselves, have positive social interactions, learn from the rich Jewish environment and be safe and healthy. Safety and public health are priorities for all of the URJ camps and Israel programs. The vaccination of all members of the community is essential in order to maintain a safe environment and decrease the risk of transmission of preventable illnesses. The establishment of a safe environment must therefore include the requirement that all members of URJ Camp and Israel Program communities be adequately immunized against all of the preventable diseases as recommended by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices. While parents may choose to defer the vaccination of their children, for the URJ this is not an issue of individual rights and choice, but an issue of public health and policy. The routine vaccination of all children, staff and faculty is an important public health matter especially in the confined environment of a residential summer camp or Israel program, with round-the-clock communal living and with some vulnerable populations present.

### **Policy Statement:**

ALL THOSE WHO ARE IN RESIDENCE AT CAMP are required to have **age-appropriate vaccines** recommended by the American Academy of Pediatrics (AAP), the Canadian Paediatric Society, and the Centers for Disease Control (CDC), with the exceptions noted.

- DTaP, DT, Td, or Tdap (Diphtheria, Tetanus and Pertussis)
- Tdap vaccine is now required for children over age 11
- IPV (Poliovirus)
- HIB (Haemophilus influenza type b bacteria)
- PCV 13 (Pneumococcal) vaccine
- Rotavirus vaccine
- Hepatitis B
- Hepatitis A- strongly recommended
- MMR (Measles, Mumps, Rubella) or serologic evidence of immunity. Adults born before 1957 are assumed to be immune to measles
- Varicella vaccine (Varivax – for Chicken Pox), or serologic or historical evidence of immunity
- Menactra (Meningococcal disease / Meningitis) - required for those age 11 and older

For campers undergoing catch-up vaccination, the doses noted above may not be indicated or sufficient; please discuss specific immunization catch-up strategies with your child’s health-care provider.

Additionally, please contact us to discuss management of the extremely rare circumstance of medical contraindication to partial or complete vaccination. The vaccination of all members of our community is essential in order to establish a safe camp environment for your child. We thank you for your timely attention to these requirements.

**6 Points Sports Academy:** Due to the high incidence of Pertussis (whooping cough) and Hepatitis A on the West Coast (specifically California), 6 Points Sports Academy mandates Tdap after age 11 and Hepatitis A (2 doses six months apart) as recommended by the CDC. Additionally, due to recent teenage deaths resulting from meningococcal meningitis, at least one Menactra dose must be received prior to camp attendance (CDC recommends initial dose at 11 years with a booster dose at 16 years). Read this link to understand how devastating meningococcal meningitis can be for healthy teens. [http://www.nmaus.org/wp-content/uploads/2013/06/Facts\\_About\\_Meningitis.pdf](http://www.nmaus.org/wp-content/uploads/2013/06/Facts_About_Meningitis.pdf)

#### IMPORTANT FOR SUMMER 2017

Our camps strongly recommend the administration of the **Hepatitis A vaccine** according to the standard AAP/CDC vaccine schedule. Please consult with your doctor about the recommended AAP/CDC schedule for the Hepatitis A vaccine.

Due to recent outbreaks of Pertussis and to the possibility that immunity may deteriorate over time, we are strongly recommending the **Tdap booster** for those 7 and over who need a Tetanus containing booster and who have not already had one Tdap.

We have seen a large number of flu cases this season, largely due to Influenza Flu A Virus. As we do not know the probability of the flu extending into the summer months, as has happened in some past years, we **strongly recommend** that all campers and staff receive **flu vaccine** as soon as possible.

#### The URJ makes the following exceptions:

- **Gardasil or Cervarix (HPV vaccine):** though recommended by the AAP and CDC, it is a relatively new vaccine for both young women and young men, and we are not in a position to mandate its use.
- **Menactra:** In Canada, the National Advisory Committee on Immunization has not yet endorsed general use of Menactra; therefore, Menactra is not covered by the provincial health plans. Accordingly, while campers, faculty, and staff attending Camp George are STRONGLY ADVISED to receive Menactra, at this time they will not be mandated to receive it.

**Policy Exceptions:** We recognize that individuals, who have had a documented allergy or severe adverse reaction to a particular vaccine, will not be able to receive further doses of that individual vaccine. In addition, individuals with medical conditions such as congenital immunodeficiency or HIV, malignancies receiving chemotherapy, transplant patients, and persons receiving immunosuppressive drugs and chronic steroids, will not be able to receive certain vaccines. **In these instances, a physician documenting the problem and exempting the child from further doses of that specific vaccine must be furnished to the Camp or Israel Program.** In addition, if an individual or his/her family believes that a specific situation poses extenuating circumstances, and furnishes a letter from a medical doctor (MD) substantiating this contention, the camping system will review such situations on a case by case basis.