

1. Q: *When does the UC Immunization Plan go into effect?*  
A: The UC Immunization Plan began Fall of 2015 with an “Educational” Phase, whereby all Incoming Students, the UC campuses, and the community are notified that vaccination will be required the following year.
  
2. Q: *How does UC determine which vaccines and screening to require?*  
A: The UC is following the recommendations of the California Department of Public Health (CDPH) Immunization Branch for Colleges and Universities found on the website at <http://www.shotsforschool.org/college/>. The current requirements reflect those in place on February 24, 2016. However, UC reserves the right to modify these requirements pending revisions to the recommendations by CDPH. Changes in CDPH’s recommendations will be incorporated into the requirements affecting the incoming fall class each year.

In general, these requirements pertain to those vaccine-preventable illnesses that can be spread by respiratory secretions (saliva, coughing, sneezing), and pose a risk to others who might become ill due to classroom or residential contact. These include, measles, mumps, rubella (German measles), pertussis (whooping cough), varicella (Chickenpox), and meningitis, as well as screening for tuberculosis.

3. Q: *Why is UC implementing this policy?*  
A: There has been an increase in outbreaks of vaccine-preventable illnesses over the past five to ten years, and now many illnesses which we thought were disappearing are returning. Although many of these diseases are considered “mild”, they can cause serious illness and death. Pertussis was responsible for hospital stays for hundreds of people in California during the past two years, including intensive care admissions and in a few cases, death. Recent outbreaks of measles also resulted in hospitalizations, and new cases of mumps across the country threaten the health and fertility of non-immune students. Thousands of students have been exposed to active tuberculosis across several campuses.
  
4. Q: *Do any other states or universities require vaccines for entry to college?*  
A:
  - Thirty eight states require the meningitis vaccine for college students based on age and place of residence.
  - Twelve states mandate Hepatitis B for college students.
  - Twenty eight states require measles vaccine for college students.
  - Twenty three require the MMR vaccines for college students.
  - Fourteen states require the Td or Tdap for college students.
  - Five states require varicella vaccine for college students.The California State Universities (CSUs) require measles, rubella, hepatitis B immunization, and either information or signed declination for meningitis.
  
5. Q: *Why wasn’t this done sooner?*  
A: The cost of vaccination was often a barrier to getting all the recommended immunizations. However, the Affordable Care Act has mandated that preventive services, such as vaccination, be covered at 100%--meaning that these services are now available to all. Another reason that UC did not pursue an immunization policy

in past had to do with the time and cost for staff to gather, review and verify students' immunization records. However, now all of the campuses use the same system that enables students to enter their immunization history directly into their medical record. Each campus may verify some, or all, of these records by obtaining a copy of the yellow vaccination record, or another form of proof. However, we anticipate automating the verification process over the next several years, and thereby limiting additional staff time needed for this process.

6. Q: *I was not vaccinated as a child. Will I be barred from entering UC until all of the vaccinations have been obtained?*
- A: No later than Fall 2017, all UC campuses will implement registration holds for students who have not documented completion, or who have not begun the process of completing, all of the required vaccines. Several campuses already implement registration holds if students have not met the tuberculosis screening requirement. However, there is variation on which campuses will be placing holds during the 2016 – 2017 academic year. UCLA may allow a one quarter/semester grace period before considering a registration hold related to immunization requirements for the 2016-2017 academic year.
7. Q: *I/my family have concerns regarding the safety of vaccines and have chosen not to be vaccinated. Will I be prevented from attending classes at UC if I do not obtain the required vaccines?*
- A: During the initial phases of the Immunization Plan implementation, no registration holds will be placed. However, beginning fall of 2017, students who have not provided evidence of the required vaccinations will not be able to complete their final registration.
8. Q: *I had an allergic reaction to a vaccination. Am I still required to be vaccinated to enter UC?*
- A: It is very important that a licensed doctor, nurse practitioner, or physician's assistant document what happened to you when you had the problem with vaccination. If you had a true "allergic" or adverse reaction, or you have a condition that makes it unsafe for you to receive vaccinations, then your healthcare provider will include information regarding the type of vaccination you are requesting to be exempted from receiving, and whether you were able to become immune to that illness. You will need to complete a "[Medical Exemption Request](#)" form, and submit to your campus health center. If they deny your request for an exemption, you have a right to appeal their decision by a UC wide panel and will be allowed to attend classes until a decision has been made regarding your appeal.
9. Q: *Is there a process to request a personal/religious belief exemption from the UC Immunization Plan?*
- A: The UC convened a task force over the summer of 2015, to examine what types of exemptions from the [policy](#) should be considered, and what the appropriate documentation and appeals process would be required. This work group included representatives from every campus, as well as a leading medical ethicist and representatives from the California Department of Public Health. The Task Force has recommended that UC follow the same legislation as is applicable for students in K-12, and only Medical Exemptions be allowed. However, UC has created a

process whereby students can appeal denials of their request through a group that includes three or more Immunization Exemption Appeals Committee task force members, including at least one primary care provider and one infectious disease specialist. Students who have submitted appeals will be able to attend courses during the quarter/semester that their appeal is undergoing review.

10. Q: *Will I be able to get the vaccines I need from the Student Health Service on my campus?*
- A: Yes, all of the campus Student Health Services stock and administer the required vaccinations. However, our expectation is that you receive these vaccines before starting at UC. Furthermore, most of the campuses are not able to bill insurance plans other than their respective Student Health Insurance Plans—which means you might need to pay out-of-pocket for these immunizations. Some campuses will charge you a fee for the administration of the vaccine as it is a pre-entry requirement. Check with your local campus Student Health Service.
11. Q: *Is it true that some of these vaccines include fetal tissue, or that they require tissue from aborted fetuses?*
- A: The production of a few vaccines, including those for varicella (chickenpox), rubella (German Measles), and hepatitis A, involves growing the viruses in human cell culture. Two human cell lines provide the cell cultures needed for producing vaccines using cells taken from one or more fetuses aborted almost 40 years ago. Since that time the cell lines have grown independently and are maintained to have an indefinite life span. No fetal tissue has been added since the cell lines were originally created. The Catholic Church has stated that one is morally free to use the vaccine regardless of its historical association with abortion. The reason is that the risk to public health, if one chooses not to vaccinate, outweighs the legitimate concern about the origins of the vaccine.
12. Q: *Some people claim that the MMR vaccine can be harmful and cause diseases like autism. Is it really necessary to be vaccinated?*
- A: Measles, mumps, and rubella are serious diseases with no cure that spread very easily amongst those who are not vaccinated. MMR vaccine protects us from catching and spreading these diseases. All reputable scientific studies, which include African-American children in the study population, have found no relationship between MMR vaccine and autism. The MMR vaccine has a long record of safety. Serious adverse reactions from MMR are rare and do not include autism and related neurodevelopmental disorders.

Dr. William Thompson, sometimes referred to as the “CDC Whistleblower”, has stated:

*“I want to be absolutely clear that I believe vaccines have saved and continue to save countless lives. I would never suggest that any parent avoid vaccinating children of any race. Vaccines prevent serious diseases, and the risks associated with their administration are vastly outweighed by their individual and societal benefits.”\**

\*Thompson quote: <http://morganverkamp.com/statement-of-william-w-thompson-ph-d-regarding-the-2004-article-examining-the-possibility-of-a-relationship-between-mmr-vaccine-and-autism/>

13. Q: *How does requiring me to be immunized against these diseases affect my ability to give “informed consent” for any vaccines I may need?*

A: “Informed consent “ means that a doctor must provide a patient with correct information on which to make a medical decision. Public health measures aimed to protect the public do not violate informed consent: they leave the relationship with physician untouched. They may, however, impose consequences such as restrictions on ability to attend classes.

14. Q: *What is “herd immunity” and why is it important?*

A: Vaccines protect both the individual and the community. When individuals are vaccinated, they become a key part of their community’s defense against vaccine-preventable diseases (known as *herd* or *community immunity*). Put simply, the more people (typically children) that undergo on-time vaccination in a community, the less chance an infectious disease has to “jump” from person to person.

<http://www.vaccinestoday.eu/vaccines/what-is-herd-immunity>

Vaccinating not only protects the individual but also those at significant risk of infection, including:

- Infants and children too young to be vaccinated;
- Individuals left intentionally unvaccinated by their parents;
- Individuals with medical conditions that preclude vaccination; and
- Individuals for whom the vaccine did not “take,” or whose immunity has worn off.