

**WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION**

Form #2

Do Not Mark In This Box

FILED

2010 DEC 23 AM 11: 27

CLERK OF WEST VIRGINIA
SECRETARY OF STATE

NOTICE OF A COMMENT PERIOD ON A PROPOSED RULE

AGENCY: DHHR - Bureau for Public Health TITLE NUMBER: 64

RULE TYPE: INTERPRETIVE CITE AUTHORITY: WV Code §§5-16-9, 16-1-4, 16-3-4 and 16-3-5.

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 95

TITLE OF RULE BEING AMENDED: IMMUNIZATION REQUIREMENTS AND RECOMMENDATIONS
FOR NEW SCHOOL ENTERERS

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

TITLE OF RULE BEING PROPOSED: _____

IN LIEU OF A PUBLIC HEARING, A COMMENT PERIOD HAS BEEN ESTABLISHED DURING WHICH ANY INTERESTED PERSON MAY SEND COMMENTS CONCERNING THESE PROPOSED RULES. THIS COMMENT PERIOD WILL END ON JANUARY 24, 2011 AT Jan. 24, 2011 ONLY WRITTEN COMMENTS WILL BE ACCEPTED AND ARE TO BE MAILED TO THE FOLLOWING ADDRESS:
NOON

Ann Goldberg, Director	Loretta Haddy, PhD
Public Health Regulations	State Epidemiologist
Bureau for Public Health	Bureau for Public Health
350 Capitol Street, Rm 702	350 Capitol St. Rm 125
Charleston, WV 25301	Charleston, WV 25301
(304) 558-2971 phone	(304) 558-5358 phone
(304) 558-1035 fax	(304) 558-1895 fax
ann.a.goldberg@wv.gov	loretta.e.haddy@wv.gov

THE ISSUES TO BE HEARD SHALL BE LIMITED TO THIS PROPOSED RULE.


Authorized Signature

ATTACH A **BRIEF** SUMMARY OF YOUR PROPOSAL

FISCAL NOTE FOR PROPOSED RULES

Rule Title: 64CSR95 - Immunization Requirements and Recommendations for New School Enterers

Type of Rule: Legislative X Interpretive Procedural

Agency: HEALTH AND HUMAN RESOURCES

Address: 1 Davis Square
Suite 100 East
Charleston, West Virginia 25301

Phone Number: 558-2971 Email: ann.a.goldberg@wv.gov

Fiscal Note Summary

Summarize in a clear and concise manner what effect this measure will have on costs and revenues of state government.

This rule will have no impact on costs or revenues of state government.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

Effect of Proposal	Fiscal Year		
	2010 Increase/Decrease (use "-")	2011 Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0	0	0
Personal Services			
Current Expenses			
Repairs and Alterations			
Equipment			
Other			
2. Estimated Total Revenues	0	0	0

3. Explanation of above estimates (including long-range effect):

Please include any increase or decrease in fees in your estimated total revenues.

The Bureau for Public Health receives vaccine preventatives from the Centers for Disease Control. The vaccines are made available to local health departments and other providers free of charge in accordance with state law, §16-3-5(b). At the current and historic rates of vaccination for all of the immunizations required by this rule, there will be no additional costs to the Bureau for Public Health in the implementation of this rule.

If the number of children seeking the recommended vaccines increases significantly other state agencies' costs may be affected in the future.

Memorandum

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

Currently, there will be no financial impact from this proposed rule. The Bureau for Public Health currently provides free, universal access to all of the vaccines which are required by this rule. Similarly, the Certificate of Immunization required for school entry under this rule is already available through local health departments at no cost to parents. If a parent or guardian chooses to present another form of documentation for their child's immunization record, that is also acceptable under the rule.

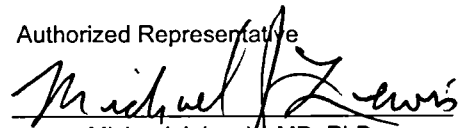
Date

12/23/2010

Agency

Department of Health and Human Resources

Authorized Representative


Michael J. Lewis, MD, PhD
Cabinet Secretary

Interpretive Rule, **64CSR95**
Immunization Requirements and
Recommendations for New School Enterers
Department of Health and Human Resources
Bureau for Public Health
Office of Epidemiology and Prevention Services

BRIEF SUMMARY

The proposed rule amends the existing immunization rule to improve the health of West Virginia's school children. Vaccines have long been known to be one of the most beneficial and effective ways to prevent the occurrence and spread of infectious disease in children and adults.

This amendment moves two vaccines, Tdap and Meningococcal, from the section on recommended vaccines to a new section on adolescent vaccine requirements. Beginning in the fall of 2012, all West Virginia school children will be required to show proof they have received a Tdap shot and also the Meningococcal vaccine (MCV) at 7th grade entry. The rule also brings West Virginia into compliance with the most recent recommendations from the national Advisory Committee on Immunization Practices (ACIP) for a booster dose of MCV to be given 5 years after the first, and proof to be shown at 12th grade entry.

STATEMENT OF CIRCUMSTANCES

Scientific knowledge about the benefits of immunizations is always advancing. It has been a trend in recent years to examine the need for certain specific types of vaccines to be augmented with booster doses in middle or high school. These are referred to collectively as adolescent vaccine mandates. Approximately 35 states and the District of Columbia require a tetanus-containing vaccine and at least 10 states and DC also require the MCV vaccine, to prevent meningococcal disease, for middle and high school students.

The Commissioner of the Bureau for Public Health is the state official with the duty and authority to determine which vaccines shall be required and at what ages for school children. This rule amendment is a continuation of the Commissioner's efforts to maintain a safe and healthy environment for all school children, teachers, school personnel and families with the effective and timely administration of immunizations.

FILED

TITLE 64

2010 DEC 23 AM 11:27

INTERPRETIVE RULE
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

OFFICE OF THE SECRETARY OF STATE

SERIES 95

IMMUNIZATION REQUIREMENTS AND
RECOMMENDATIONS FOR NEW SCHOOL ENTERERS

§64-95-1. General.

1.1. Scope. -- This rule establishes immunization requirements for enrollment as a new school enterer in an elementary, middle or high school in West Virginia School. Additionally, the rule includes recommendations for immunizations to promote public health.

1.2. Authority. -- W. Va. Code §§5-16-9, 16-1-4, 16-1-6, 16-3-4 and 16-3-5.

1.3. Filing Date. -- ~~January 28, 2008.~~

1.4. Effective Date. -- ~~February 28, 2008.~~

1.5. Applicability - This rule applies to all new school enterers in elementary, middle and high school and to students transferring into a West Virginia school from out of state. This rule supersedes the legislative rule, Immunization Criteria for Transfer Students, 64CSR58.

1.6. Purpose - The purpose of this rule is to clearly define the requirements and recommendations for immunizations for new school enterers.

1.7. Standards - The standards of medical practice used in this rule incorporate the most current recommendations issued by the U.S. Department of Health and Human Services, Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

§64-95-2. Definitions.

2.1. Bureau - means the Bureau for Public Health in the Department of Health and Human Resources.

2.2. Child - means any person between the ages of birth and eighteen years or up to twenty-one years of age when that child is attending school.

2.3. Commissioner - means the Commissioner of the Bureau for Public Health as that term is defined in W. Va. Code §16-1-2, or his or her designee.

2.4. Contraindication - means a medical condition which renders an immunization improper for a particular individual. Contraindications for each vaccine are found in statements written and published by the Advisory Committee on Immunization Practices (ACIP) as Recommendations of the Immunization Practices Advisory Committee and in Vaccine Information Statements (VIS) from the Centers for Disease Control and Prevention (CDC). The recommendations of the ACIP and VIS regarding contraindications can be found at www.cdc.gov.

2.5. Delinquent - means lacking age appropriate immunization(s) which are required to have been completed prior to school entry.

2.6. Local Health Officer - means the individual physician, with a current West Virginia license to practice medicine, who supervises and directs the medical activities of a local health department and is appointed by the local board of health with approval from the Commissioner.

2.7. Medical exemption - means an exemption from any of the requirements for compulsory immunization due to a contraindication or precaution to any or all of the vaccines required by law and this rule.

2.8. New School Enterer – means any child entering a school building housing kindergarten through twelfth grade students to attend classes or programs or to participate in extracurricular activities taking place in the school building and includes children entering for pre-school programs as well as all students in grades kindergarten through twelfth grade and students who transfer into a West Virginia school from another state.

2.9. Precaution – means a condition defined under the current standards of immunization practice that might increase the chance or severity of an adverse vaccine reaction or compromise the ability of the vaccine to produce immunity.

2.10. State Health Officer - means the person appointed to serve as State Health Officer who is a licensed physician authorized to practice medicine in accordance with West Virginia Code §16-1-5.

§64-95-3. Recommended Immunization Schedules.

The recommended immunization schedule for childhood immunization is the schedule jointly approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. This schedule is issued annually and can be found at www.cdc.gov by searching under “Immunization Schedules”. Recommended schedules for children birth to age 6 as well as for children age 7 through 18 may be found at this website.

§64-95-4. Immunizations Required for School Entry and Specifics of Each Immunization Requirement.

4.1. All new school enterers attending a West Virginia school for the first time shall show proof of immunization against the following diseases:

- 4.1.a. DIPHTHERIA;
- 4.1.b. HEPATITIS B;
- 4.1.c. MUMPS;
- 4.1.d. PERTUSSIS (whooping cough);
- 4.1.e. POLIOMYELITIS;
- 4.1.f. RUBELLA;
- 4.1.g. RUBEOLA (measles);

4.1.h. TETANUS; and

4.1.i. VARICELLA (chickenpox).

4.2. Dosage and interval schedule for diphtheria, pertussis and tetanus vaccines are as follows:

4.2.a. Before being admitted to school, each child shall show proof that he or she has received a minimum of four doses of DIPHTHERIA, TETANUS, acellular PERTUSSIS (DTaP) vaccine, with the last dose having been received on or after the child's fourth birthday and prior to school entry; and

4.2.b. The interval between the third and fourth or final dose shall be at least six months; and

4.2.c. Children seven years of age and older may receive tetanus, diphtheria (Td) vaccine in lieu of DTaP vaccine. A single dose of Tdap vaccine should be considered in the series if age appropriate.

4.2.d. Occurrence of prior disease may be used as evidence of immunity for pertussis in accordance with subsection 6.4 of this rule.

4.3. Children entering school shall show proof that they have received at least three doses of HEPATITIS B vaccine with at least one dose having been given on or after six months of age. The second and third doses should be separated by at least two months. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.4. Children entering school shall show proof that they have received two doses of RUBEOLA (MEASLES) vaccine, the first dose on or after the first birthday and the second dose no less than one month after the first dose. Alternatively, immunity may be proven through laboratory testing. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.5. Children entering school shall show proof that they have received at least two doses of MUMPS vaccine, the first dose on or after the first birthday and the second dose no less than one month after the first dose. Alternately, immunity may be shown through laboratory testing. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.6. Dosage and interval schedule for the POLIO vaccine is as follows:

4.6.a. Before being admitted to school each child shall show proof that he or she has received a minimum of three doses of trivalent polio vaccine (PV) with the last dose having been received on or after the child's fourth birthday and prior to school entry. Although less desirable, immunity may be shown through laboratory testing showing immunity to all 3 poliovirus strains included in the vaccine. The impact on duration of immunity given an incomplete series but positive titers is not known.

4.7. Children entering school shall show proof that they have received at least two doses of RUBELLA vaccine, the first dose on or after the first birthday and the second dose no less than one month after the first dose. Alternately, immunity may be proven through laboratory testing. Occurrence of prior disease may be used as evidence of immunity in accordance with subsection 6.4. of this rule.

4.8. Children entering school shall show proof that they have received two doses of VARICELLA (CHICKENPOX) vaccine, the first dose on or after the first birthday and the second dose no less than three month after the first. Alternately, immunity may be shown through the written or verbal statement of a parent or legal guardian attesting to the fact of their child's history of chickenpox. A third alternative

is to show immunity through laboratory testing.

4.9. For preschool children entering a school housing other children in grades kindergarten through twelfth, the above immunization requirements hold to the extent that they are age appropriate in accordance with the immunization schedules referenced in section 3 of this rule.

§64-95-5. Compliance with the Law.

5.1. A child shall be considered to be in compliance with the law requiring compulsory immunizations of school children prior to school entry when that child has a complete certificate of immunization, or similar medical record of immunizations.

5.2. If a child has been determined to be medically exempt from receiving one or more vaccinations, in accordance with the provisions of section nine of this rule, the certificate of immunization shall note specifically which vaccine the child is exempt from, the reason for the exemption, and whether or not the reason for the exemption is permanent or temporary. If the exemption is temporary, a notation shall be made as to the future date at which the exemption should be reevaluated.

5.3. A student who does not have a completed certificate of immunization or other similar medical record of immunizations shall show proof that he or she has received at least one dose of each of the required vaccines in order to be provisionally enrolled in school.

5.4. Provisional enrollment may continue for the time medically necessary to complete the missing vaccinations. At no time should the provisional enrollment period exceed 8 months from school entry, the time medically necessary to complete all required childhood vaccine series under the standard catch up schedule up to seven months from school entry. After attending school for the provisional enrollment time period a maximum of seven months, all provisionally enrolled students shall show proof to the school that they have completed all of the required immunizations.

5.5. Children who are delinquent for any required vaccinations, or who have exceeded the ~~seven month~~ provisional enrollment period, will be considered to be out of compliance with the law and may be required to stop attending school until the appropriate vaccine(s) are received and the records are amended.

§64-95-6. Proof of Immunity.

6.1. Proof that a child has received the immunizations required by law and this rule, in the correct number and spacing of doses, shall be recorded on a completed document, such as a certificate of immunization, for all new school enterers.

6.2. A Certificate of Immunization form has been developed by the West Virginia Department of Health and Human Resources, Bureau for Public Health, Immunization Program. This form is available to appropriate health care providers electronically through participation in the West Virginia Statewide Immunization Information System (WVSIIIS) <http://www.wvdhhr.org/immunizations/wvsiiis1.asp>. The form is also available from:

ATTN: WVSIIIS
Bureau for Public Health
Immunization Program
350 Capitol Street, Room 125
Charleston, WV 25301

6.3. The documentary evidence of immunizations shall contain the day, month and year of each vaccine received by the child or sufficient information of the time interval between doses to enable verification that the minimum intervals required or suggested by this rule have been observed.

6.4. Proof of prior measles, mumps, rubella, pertussis or hepatitis B disease being used in lieu of vaccination requires a document signed by a physician indicating, at a minimum, the name of the patient, the date of the illness and any obtained laboratory evidence of the diagnosis. If the historical disease diagnosis is in question, current laboratory evidence of immunity may be required.

6.5. The verbal or written statement of the parent or legal guardian of a child shall suffice to prove that a child has had chickenpox and is considered to be proof of immunity.

§64-95-7. Commissioner's Authority to Change Immunization Requirements for New School Enterers.

The Commissioner may, by Order filed with the Secretary of State, modify, add or delete vaccines to be required for new school enterers. The Commissioner's Orders shall be made after consultation with the State Health Officer and shall be consistent with the immunization schedules referenced in section 3 of this rule. The Commissioner's Orders shall not exceed those recommendations.

§64-95-8. Vaccine Requirements for adolescents.

8.1. From and after the effective date of this rule, all children entering middle school or high school are strongly encouraged to get the two vaccines listed in subsections 8.3. and 8.4. of this section prior to the fall term in 2011.

8.2. From and after June 1, 2012, and prior to the beginning of the school year 2012 – 2013, the following vaccines shall be required for children attending middle and high schools in West Virginia. These vaccines shall be given in accordance with ACIP guidance, as set forth in subdivisions 8.3.b. and 8.4.b. below. Proof of vaccination shall be presented upon entry to the 7th and 12th grades, as indicated.

8.3. Tdap VACCINE

8.3.a. Diphtheria and tetanus boosters are typically recommended throughout one's lifetime. Pertussis is a disease that has been increasing in West Virginia and the United States. Protection from the pertussis component of the primary DTaP series wanes over time. While pertussis disease is less severe in older children and young adults, they can readily pass the disease to younger children at high risk of severe disease or death from pertussis. The Tdap vaccine offers an opportunity to boost immunity to not only diphtheria and tetanus, but also to pertussis.

8.3.b. ACIP guidance for Tdap vaccine is to administer one dose to children age 11-12 years who have completed the recommended childhood DTP/DTaP vaccine series and have not already received a tetanus and diphtheria (Td) booster dose. Proof of Tdap vaccination shall be presented upon entry to the 7th grade.

8.3.c. All adolescents age 13-18, who missed the 11-12 year old Tdap/Td dose and who have completed the primary DTP/DTaP series, shall be required to receive a dose of Tdap vaccine prior to high school entry.

8.4. MENINGOCOCCAL VACCINE

8.4.a. Meningitis caused by *Neisseria meningitides*, termed meningococcal meningitis, is one of the leading causes of bacterial meningitis in the U.S. While children less than 1 year of age are at highest risk of the disease, adolescents are at increased risk compared to the general population. College students housed in dormitories or other settings where adolescents and young adults are housed in close quarters, like summer camps, academic and sports programs involving overnight stays or other group housing events and activities, also are at higher risk. Ten to fourteen percent of those contracting meningococcal meningitis die. Meningococcal disease can also result in significant disability. While the vast majority of cases are sporadic, localized outbreaks of this disease do occur. Given disease severity and the challenges of managing this disease in the institutional or school setting, vaccination of all school children is now required.

8.4.b. Meningococcal Vaccination shall be required in accordance with ACIP guidance. Current ACIP guidance for Meningococcal vaccine is to administer a first dose to children at 11- 12 years old and follow-up with a booster dose five years after the first dose. Proof of age appropriate MCV vaccination shall be presented upon entry to the 7th grade. Proof of the second dose of MCV shall be presented upon entry to the 12th grade.

§64-95-9. Recommended Vaccines Recommendations for all school children.

The following vaccines are recommended for all children attending West Virginia schools:

§ 9.1. INFLUENZA VACCINE.

§ 9.1.a. Any child aged six months or older may should be vaccinated annually against influenza. Children from six to twenty-three months are at substantially increased risk for influenza-related hospitalizations and children ages twenty-four to fifty-nine months are at increased risk for influenza-related clinic and emergency room visits. Children and school personnel with certain medical conditions and school personnel who are older are at increased risks of influenza complications and death.

§ 9.1.b. An annual flu vaccine is recommended in accordance with annually released ACIP recommendations.

8.2. MENINGOCOCCAL VACCINE

~~8.2.a. Meningitis caused by *Neisseria meningitides*, termed meningococcal meningitis, is one of the leading causes of bacterial meningitis in the U.S. While children less than 1 year of age are at highest risk of the disease, children ages 11-18 are at increased risk compared to the general population. College freshmen housed in dormitories or other settings where adolescents and young adults are housed in close quarters also are at higher risk. Ten to fourteen percent of those contracting meningococcal meningitis die. Meningococcal disease can also result in significant disability. While the vast majority of cases are sporadic, localized outbreaks of this disease do occur. Given disease severity and the challenges of managing this disease in the institutional or school setting, vaccination of all children is now recommended.~~

~~8.2.b. Meningococcal Vaccination is recommended at age 11-12. It is also recommended for previously unvaccinated children at high school entry.~~

8.3. Tdap VACCINE

~~8.3.a. Diphtheria and tetanus boosters are typically recommended throughout one's lifetime. Pertussis is a disease that has been increasing in West Virginia and the United States. Protection from the pertussis component of the primary DTaP series wanes over time. While pertussis disease is less severe~~

~~in older children and young adults, they can readily pass the disease to younger children at high risk of severe disease or death from pertussis. The Tdap vaccine offers an opportunity to boost immunity to not only diphtheria and tetanus, but also to pertussis.~~

~~8.3.b. Tdap vaccine is recommended for children age 11-12 years who have completed the recommended childhood DTP/DTaP vaccine series and have not already received a tetanus and diphtheria (Td) booster dose. Adolescents age 13-18 who missed the 11-12 year old Tdap/Td dose and who have completed the primary DTP/DTaP series should also be given a dose of Tdap vaccine.~~

8.4. 9.2. HUMAN PAPILLOMAVIRUS VACCINE - HPV Vaccine.

8.4. 9.2.a. Approximately twenty million people in the United States are infected by genital human papillomavirus (HPV) and about six million more become infected each year. HPV can cause cervical cancer in women. Every year in the United States about ~~ten~~ eleven thousand women get cervical cancer and ~~three thousand seven hundred~~ almost four thousand die from it. It is the second leading cause of cancer deaths among women worldwide. HPV is also associated with several less common types of cancer in both men and women affecting more than an additional fourteen thousand people and causes genital warts and warts in the upper respiratory tract. More than fifty percent of sexually active men and women are infected with HPV at some time in their lives. The HPV4 vaccine ~~works~~ protects against the ~~four~~ two types of the HPV virus which are responsible for seventy percent of cervical cancer cases and the two types of HPV virus that cause ninety percent of genital warts cases. HPV2 vaccine protects against the same two types of HPV virus that cause seventy percent of cervical cancer cases. In females, HPV4 vaccine has been shown to reduce the risk of precancers and cancers of the cervix, vagina, and vulva, and reduces the risk of genital warts. HPV2 vaccine has been shown to reduce the risk of cervical precancers and cancers. HPV4 vaccine in males has been shown to reduce the risk of genital warts. Depending on vaccine coverage rates in females, male vaccination may also help reduce the spread of HPV to females and thereby reduce cervical and other HPV related cancers in women and girls.

8.4 9.2.b. The best way to ensure disease prevention is to give the HPV vaccine prior to the individual becoming sexually active.

8.4 9.2.c. The HPV vaccine ~~is currently licensed for use in females ages nine to twenty six. It~~ consists of a three dose series. Routine vaccination ~~The first dose~~ is recommended for girls with the first dose administered at age eleven to twelve. It is also recommended for girls ages 13-18 who have not previously been vaccinated. The HPV4 vaccine series may be given to males.

8.5 9.3. Other vaccines recommended for various high risk populations in the school setting may be found on the immunization schedules jointly approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians at www.cdc.gov by searching under "Immunization Schedules".

§64-95-9 10. Medical Exemptions.

9 10.1. The provisions of this rule may not apply if a child has a valid medical contraindication or precaution to a particular vaccine. To obtain a medical exemption the child's parent or guardian shall present a written request for an exemption from a physician who has treated or examined the child to the local health officer in the county where the child attends school.

9 10.2. The physician's request for exemption from immunization shall state specifically which vaccine or vaccines the child should be exempt from receiving, an explanation of the medical contraindication or precaution relied upon to make the request, and whether the reason for the exemption is permanent or temporary. If the medical exemption is temporary, the request shall also provide the

future date or time when the exemption should be reevaluated.

9 10.3. Requests for medical exemption from vaccine requirements shall be reviewed and approved or denied initially by the local health officer in the county where the requestor attends school. Approval or denial of a request shall be in writing and a copy of the response shall be sent to the State Health Officer.

9 10.4. Local health officials shall verify that immunization exemptions are entered into the West Virginia Statewide Immunization Information System -- WVSIS-- to enable support of individuals at increased risk of disease in an outbreak and to aid in disease control and surveillance.

9 10.5. The local health officer's decision on a request for a medical exemption from immunization may be reviewed by the State Health Officer. The request for state level review and the State Health Officer's decision on such requests shall be in writing.

9 10.6. Appeal from the ruling of the State Health Officer may be made through the administrative review procedure described in section ten of this rule.

9 10.7. All requests for medical exemption from immunization shall be reviewed, and determinations made, based on current medical science and recommendations from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

~~§64-95-10~~ 11. Administrative Due Process.

Any person adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in the manner prescribed in the Bureau's procedural rule, Rules for Contested Case Hearings and Declaratory Rulings, 64CSR1.