



TECHNICAL ASSISTANCE BULLETIN

VACCINE REQUIREMENTS FOR SHELTER

INTRODUCTION

This TA Bulletin is designed to guide programs to navigate the issues regarding unvaccinated persons and funding mandates regarding provision of services. During the height of the 2019 measles outbreak, NCEDSV received several inquiries regarding allowing unvaccinated clients and their children into their shelter.

In early 2019, the U.S. saw an outbreak of measles with 1,172 people infected from January 1-August 1, 2019. This outbreak mostly originated in pockets of unvaccinated people in New York and New Jersey.ⁱ Many of these communities do not vaccinate due to religious reasons, and there is often international travel. This outbreak spread to 30 states due to several other reasons as well. These include an increasing number of parents choosing not to vaccinate due to misinformation regarding the side effects of vaccines. Additionally, different countries have different recommended vaccination schedules. As such, some immigrants may not have the same vaccine protections as vaccinated U.S. citizens, thus making them more susceptible to infectious diseases. Finally, some immigrants, due to their status, may not feel they have safe access to vaccines in their home country or the U.S.

CONTROLLING LEGISLATION

There is no legislation, either federal or state, that mandates children or adults be vaccinated. The Centers for Disease Control makes a recommended schedule of vaccines for adults and children to protect people and prevent the spread of contagious diseases.

Nevada Revised Statute (NRS) **does** mandate that a child be vaccinated **if** the child attends public school.ⁱⁱ NRS provides exemptions for religious beliefsⁱⁱⁱ and medical conditions.^{iv} Additionally, if a parent decides to home school their child, there is no requirement for vaccination.

The Family Violence Prevention Services Act (FVSPA) expressly prohibits the programs from creating conditions or barriers to clients receiving shelter.^v FVSPA funding prohibits programs from refusing shelter to unvaccinated persons or mandating that victim-survivors and their children be vaccinated while in the shelter.

RECOMMENDATIONS

There are several things program can do help prevent the spread of diseases in the shelter.

1. Inform incoming clients that shelter is communal living. This conversation entails discussing with potential residents that there is always a risk of colds, flu, lice, etc. Additionally, there may be individuals who are not vaccinated, and they may be a risk. (I recommend only saying this if there are cases in your area.) This allows victim-survivors to make an informed decision if going into the shelter is the right place for them and their children.
2. Provide shelter residents information about and access to vaccines. This could include providing information regarding vaccine schedules, where to get vaccinated, and rides to vaccine clinics. Alternatively, your program may want to partner with the county Health District to provide free vaccines at the shelter.
3. Support your staff and keep them healthy by reimbursing them the costs of vaccines.

VACCINES

The following are vaccines and the diseases they prevent. This chart is from the CDC. For more information, visit www.cdc.gov/vaccines/schedules.

Vaccine	Disease	Disease Spread by	Symptoms	Complications
DTaP	Diphtheria	Air, direct contact	Sore throat, mild fever, weakness, swollen neck glands	Swelling of the heart muscle, heart failure, coma, paralysis
DTaP	Pertussis (whooping cough)	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
DTaP	Tetanus	Exposure through cuts in the skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death
Flu	Influenza	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Hib	Haemophilus influenzae type b	Air, direct contact	Usually, none unless bacteria enters the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
HepA	Hepatitis A	Direct contact, contaminated food or water	Maybe no symptoms, fever, stomach pain, loss of appetite, fatigue,	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders

			vomiting, jaundice (yellowing of skin and eyes), dark urine	
HepB	Hepatitis B	Contact with blood or body fluids	Maybe no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Chronic liver infection, liver failure, liver cancer
HPV	Human Papillomavirus	Sexual contact	Usually none	HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, oropharyngeal cancer (back of the throat), and genital warts in both men and women.
IPV	Polio	Air, direct contact, through the mouth	Maybe no symptoms, sore throat, fever, nausea, headache	Paralysis, death
MenACWY	Meningococcal disease	Air, direct contact with nose and throat droplets	fever, headache, and stiff neck, possible dark purple bruising	Meningitis and bloodstream infections. Survivors may lose arms and legs, become deaf, nervous system issues, development disabilities, or seizures or strokes.
MenB	Meningococcal disease	Air, direct contact with nose and throat droplets	fever, headache, and stiff neck, possible dark purple bruising	Meningitis and bloodstream infections. Survivors may lose arms and legs, become deaf, nervous system issues, development disabilities, or seizures or strokes.
MMR	Measles	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
MMR	Mumps	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness

MMR	Rubella	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
PCV13	Pneumococcal	Air, direct contact	Maybe no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
PPSV23	Pneumococcal polysaccharide			
RV	Rotavirus	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Varicella	Chickenpox	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis, pneumonia
Zoster	Shingles	Caused if you had Varicella-Zoster virus (chickenpox)	Pain, burning, fever, headache, fatigue	red rash, fluid-filled blisters

RECOMMENDED IMMUNIZATION SCHEDULES

The following are the recommended immunization schedules from the CDC. If a child is late starting, there are catch-up schedules and schedules for an individual with medical conditions. For more information, visit www.cdc.gov/vaccines/schedules

INFANT TO SIX SCHEDULE

Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	19-23 mo	2-3 yr	4-6yr
HepB	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV13	PCV13	PCV13	PCV13					
		IPV	IPV	IPV						IPV
				Flu (Influenza) Yearly						
					MMR					
					Varicella					
					HepA*					

* Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose.

SEVEN TO EIGHTEEN SCHEDULE

7 yr- 8 yr	9 yr-10 yr	11 yr-12 yr	13 yr – 15 yr	16 yr – 18 yr
Flu (Influenza) Yearly				
		DTaP		
		HPV		
		Meningococcal		

ADULT SCHEDULE

19-21	22-26	27-49	50-64	65+
Flu (Influenza) Yearly				
1 dose Tdap then Tetanus booster every 10 years				
MMR 1 or 2 doses depending on age				
2 doses Varicella if born in 1980 or later				
			1 or 2 doses Zoster	
1 or 2 doses HPV depending on age at initial vaccination				
1 dose PVC 13				
2 or 3 doses PPSV23				1 dose PPSV23
2 or 3 doses HepA depending on vaccine				
2 or 3 doses HepB depending on vaccine				
1 or 2 doses MenACWY then a booster every 5 yrs if risk remains				
1 or 2 doses MenB depending on vaccine				
1 or 3 doses of Hib				

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ⁱ Ibid.

ⁱⁱ Nev. Rev. Stat. § 392.435

ⁱⁱⁱ Nev. Rev. Stat. § 392.437,

^{iv} Nev. Rev. Stat. § 392.439

^v 42 U.S.C. § 110 (2010)