

Compliance to the School Entry Immunization Act at a Pohnpei private school

VITA AKAPITO SKILLING, DCHM&S *

Introduction

The purpose of this study was to evaluate the compliance to the Federated States of Micronesia (FSM) School Entry Immunization Act at a Pohnpei School. The Pohnpei Catholic School (PCS) is a small private elementary school located at the Catholic Mission in Kolonia town. It was within walking distance (less than half a kilometer) from the Pohnpei State Public Health Office.

The FSM Immunization Act

According to the FSM School Entry Immunization Act (Chapter 4 of PLI-122) which came into effect on January 1st, 1981: "No child shall attend school within the Federated States of Micronesia unless such a child shall have presented to an appropriate official of the school, a certificate of immunization against such communicable diseases as may be specified by the Department of Social Services ¹."

The following are the exemptions from the immunization requirements:

- submission of a statement in writing from a licensed physician that the present condition of the child is such that the required immunizations would endanger the life or health of the child;
- upon submission of a signed statement by one parent or guardian of the child that either the child's or parents' or guardians' religious or personal beliefs opposes Immunization against communicable diseases;
- further exceptions as may be provided by the Department of Social Services based on sound medical practices; or

- a transfer student from one school to another provided that documentation is submitted by child's parents or guardians 60 days from date of admission.

The Act further states that any immunization record signed by a licensed physician, nurse or public health official is acceptable as verification of immunization. Any failure to comply with the Act will result in the suspension of the child from school until the required document is supplied.

Recommended schedule of immunization

According to the Pohnpei State Public Health Office, the immunization requirements for school entry are:

DIPHTHERIA, PERTUSSIS, TETANUS (DPT)	4 doses at specified intervals
DIPHTHERIA, TETANUS (DT)	1 booster dose at school entry
TRIVALENT POLIO VACCINE (OPV)	4 doses at specified intervals
MUMPS, MEASLES, RUBELLA (MMR)	1 dose at >15 months

The type and timing of vaccinations basically follows the recommended schedule by U.S. Public Health Services, Immunization Practices Advisory Committee (ACIP)².

Method

The Pohnpei Catholic School was selected because it was close to the Pohnpei Public Health Office and it was small enough to be manageable within the project time frame. The immunization status of all the 42 students with ages 4 - 8 years in the kindergarten and first grade class, were reviewed. There were 22 kindergarten students and 20 first graders. The students were born during 1980 to 1984.

A list of students in both classes was obtained from the Principal's office at PCS and the corresponding immunization records were obtained from the Pohnpei Public Health Office. These were matched and appropriate variables extracted. Additional data regarding the recommended immunization schedule in FSM as well as the Act itself were also obtained from the Public Health Office. Other information regarding the school was obtained from the PCS Principal.

*Staff physician Kosrae State Hospital, Kosrae, Federated States of Micronesia 96944. This article was a self directed research project when the author was a student at the PBMOTP. Dr. Skilling is currently matriculating in Diploma in the Child Health (Otago) Program at the Fiji School of Medicine.

Results

According to Tables 1 and 2, the immunization status of the children at PCS is less than 70% based on the definition of complete immunization by the School Entry Immunization Act. The younger children in kindergarten have a immunization coverage of 68%. In comparison, the immunization coverage for first graders was just a little over half of the children at kindergarten (37.5%).

Based on the definition of complete immunization upon school entry, compliance to the School Entry Immunization Act was low. For the combined classes, compliance was only at 52%. If the definition of complete immunization includes only the primary immunization series, compliance increased to 65% overall but still low for the kindergarten class only. The compliance rate would be 91% if complete immunization meant only the primary series.

Discussion

According to the Principal, his office does not have any record of exemptions or other immunization records. The children were allowed to register because the respective parents promised to bring the appropriate documents later. There was also no record of suspension from the school because of an incomplete immunization status.

From the public health point of view the immunization coverage rate was low. To have adequate coverage the complete immunization must be at least 85%. Thus this non compliance to the School Entry Immunization Act contributes to the increased risk of having an epidemic. If the compliance to the Immunization Act is low in this small school that is within walking distance from the Pohnpei State Public Health Clinic, how are the other schools complying with the Act. A follow-up of 24 state public schools in Pohnpei confirmed overall low coverage³.

Why is there a relatively high noncompliance to the Act at this school? No definite answer to this question was found. Perhaps the school did not take the School

Table 1. Immunization status of students in kindergarten class at PCS in 1989, by age and sex

Age	Completed		Completed**		Incomplete**	
	4:1:4:1		4:3:1			
Years	M	F	M	F	M	F
7	1	0	1	0	0	0
6	2	0	0	0	1	0
5	6	2	1	0	1	1
4	1	3	0	1	1	0
Total	10	5	2	1	3	1

* Recommended complete immunization upon school entry DPT4, DT, OPV4, MMRI

** Completed primary series of DPT4, OPV3, and IMMR

*** Incomplete Immunization is less than the Primary series

Entry Immunization Act seriously and parents were not aware of that act. Or perhaps the school was concern about having the school not interrupted by suspending the students and ignored the sub optimal immunization status.

This evaluation found the PCS not compliant to the School Entry Immunization Act and made several recommendations to help ensure compliance and respect of the law by each school. It is suggested that:

- the Public Health Office ensure that parents understand the importance of complete immunization and remind parents of health checks before school entry;
- educate the general public on importance of immunization; and
- the school must inform public health officials on when registration will take place and request that immunization be given to students at time of registration. The school must not let any student register or transfer to it without immunization or exemption documents. There should be law enforcement to have the principal accountable for non compliance with this act.

Acknowledgements

I thank Mr Neilsen Iriarte, Principal of PCS, and the Pohnpei State Public Health Section for their assistance with this study.

References

1. Federated States of Micronesia, Public Laws. 198 1; Chapter 4 of PLI-122: pp. 699-700.
2. Krugman, S. et al. *Infectious Diseases of Children 8th edition*. The CV Mosby Co. St Louis, 1986; pp 464-186.
3. Lemuel A. School Entry Immunization Act: the compliance of the Pohnpei Public School system. *Pacific Health Dialog*, 1994; 1(2):27-28. □

Table 2. Immunization status of students in the first grade at PCS in 1989, by age and sex

Age	Completed		Completed**		Incomplete**	
	4:1:4:1		4:3:1			
Years	M	F	M	F	M	F
8	2	1	0	0	3	1
7	2	1	0	0	1	0
6	2	1	1	1	4	3
5	0	0	0	1	0	0
TOTAL	6	3	1	2	8	4

* Recommended complete immunization upon school entry DPT4, DT, OPV4, MMRI

** Completed primary series of DPT4, OPV3, and IMMR

*** Incomplete Immunization is less than the Primary series