



Department of Health

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Dear Colleagues:

As parents across New York State turn their attention to the transition to a new school year and preparing their children for academic success, I want to discuss critical preparations for keeping our State's children safe and in optimum health. This month I will cover mandatory vaccinations and comprehensive eye care.

Mandatory Vaccinations: With New York's ongoing measles outbreak in the lower Hudson Valley and in New York City, vaccination has been a public health priority for almost a year. In June, Governor Cuomo signed groundbreaking legislation eliminating all nonmedical exemptions for childhood vaccinations required for public, private, and parochial school attendance. Last month, the Department joined the Office of Children and Family Services (OCFS) to issue emergency regulations providing physicians with clear, evidence-based guidance on determining when immunization may be detrimental to a child's health.

The regulations require physicians who issue medical exemptions to complete the applicable medical exemption form—approved by the New York State Department of Health or New York City Department of Education—specifically outlining the medical reason(s) that prevent a child from being vaccinated. The regulations also require physicians to outline specific justifications for each required vaccine in order to be able to grant an exemption.

Before these new regulations, a physician could submit a signed statement to schools without having to document on an approved form stating why immunization may be detrimental to the child's health. The new regulations apply to all children statewide and continue to require that medical exemptions be reissued annually.

It is critical that parents understand that the religious exemption repeal applies to *all* vaccines. Some parents have circulated rumors that the exemption applies only to measles, not understanding that the vaccine also inoculates against mumps and rubella. These parents have organized "measles parties" hoping that their unvaccinated children will contract measles from infected children and thereby have evidence of measles immunity so that they can retain their religious exemptions for all other vaccines. This is a misconception that needs to be brought to light. A child with evidence of measles immunity must still by law receive every mandatory vaccination unless he or she has a medical exemption.

Students also need the tetanus, diphtheria, and whooping cough (TDAP) and meningitis vaccines. Anyone living in crowded quarters—such as college dormitories or military barracks—should especially consider receiving a meningitis vaccination. Students need immunization against the human papillomavirus (HPV). Only about 60% of female and 50% of male adolescents in New York State complete the recommended two-dose vaccine series to protect them against certain cancers. And with flu season right around the corner, we're recommending that fall is the perfect time to get the 2019-2020 influenza vaccine.

I encourage every family clinician to use [this Department flier](#) to communicate with parents about the new law ending nonmedical exemptions for school vaccination requirements for children. The flier also provides important vaccination deadlines and tips to help children relax during their immunization visits.

Comprehensive Eye Care: Even though it is just as essential as vaccinations, well-child eye care often does not receive the focus it should throughout a child's life. The American Academy of Pediatrics [recommends](#) that children have their eyes checked regularly from kindergarten through their senior year of high school. Good vision is crucial to children's cognitive development, and too often kids don't speak up to parents, teachers, or ophthalmologists about bad vision. It's common for kids to squint in order to read letters on an eye exam because of a cultural predisposition against "failing" any kind of exam. It's important for all clinicians to include comprehensive eye care in well-child health, stressing that an inability to read a letter chart is not *failing* but a way to help children succeed.

Some offices have a photo screening device that can detect potential problems such as muscle weakness, amblyopia, and strabismus in children as young as 1 to 2 year of age. The U.S. Preventive Services Task Force [supports](#) the use of this technology for preschool vision screening. It's been [shown](#) that regular vision screening in early childhood can reduce the risk of persistent amblyopia by 50% by 7 years of age.

Vision can change during childhood and corrective measures may be needed. Sometimes a child may not notice any difference in his or her vision, but might complain of headaches, watery or tired-feeling eyes, or light sensitivity. In children who already have glasses, it's equally important to have their prescription checked and updated regularly.

Parents should also be aware of the possible effects of screen use on children's eyes. The World Health Organization [recommends](#) no screen time at all for children before age 1 and very limited screen time for children for several years after that. The American Academy of Pediatrics [recommends](#) no digital media use (except video-chatting) in children younger than 18 to 24 months.

The American Academy of Ophthalmology [recommends](#) setting good use habits to deal with possible effects of screens on children's eyes and vision—especially following the 20-20-20 rule: for every 20 minutes of screen time, look at least 20 feet away for 20 seconds.

Update on child abuse classification: I want to share a reminder from OCFS Commissioner Sheila J. Poole. The federal definition of "child abuse and neglect" and "sexual abuse"—which applies to states as well—includes children who are identified as victims of sex trafficking or other trafficking in persons. This means that when mandated reporters notify the New York Statewide Central Register of Child Abuse and Maltreatment of any instance where they reasonably suspect a child (any person under age 18) is being trafficked or exploited by a person legally responsible for them, those concerns will be registered under the specific trafficking allegation rather than a more general allegation of abuse or maltreatment.

One final note: As we mark the eighteenth anniversary of the attacks on the World Trade Center and the Pentagon on 9/11, I want to remind all clinicians and healthcare providers of the importance of monitoring both first responders and nearby residents for 9/11-related illnesses and assisting them, when possible, with accessing the federal benefits fund. The attacks exposed rescue and recovery workers and occupants of nearby buildings to clouds of debris, dust, smoke, and fumes. Resources are available through the CDC [World Trade Center](#)

[Health Program](#). These guidelines walk you through taking a brief exposure history; they describe common health problems that could be caused or exacerbated by 9/11 exposure and provide evaluation tools to care for exposed individuals.

Thank you for supporting the Department's commitment to well-child health through your own best practices in clinical care and your understanding of the uniqueness of pediatric health needs. Best wishes and enjoy the beauty of autumn in New York!

Sincerely,

A handwritten signature in blue ink that reads "Howard". The signature is written in a cursive, slightly stylized font.

Howard A. Zucker, M.D., J.D.