

Measles Outbreak: Public Health Authority, New York City's Immunization Mandate, and the Current Legislative Landscape

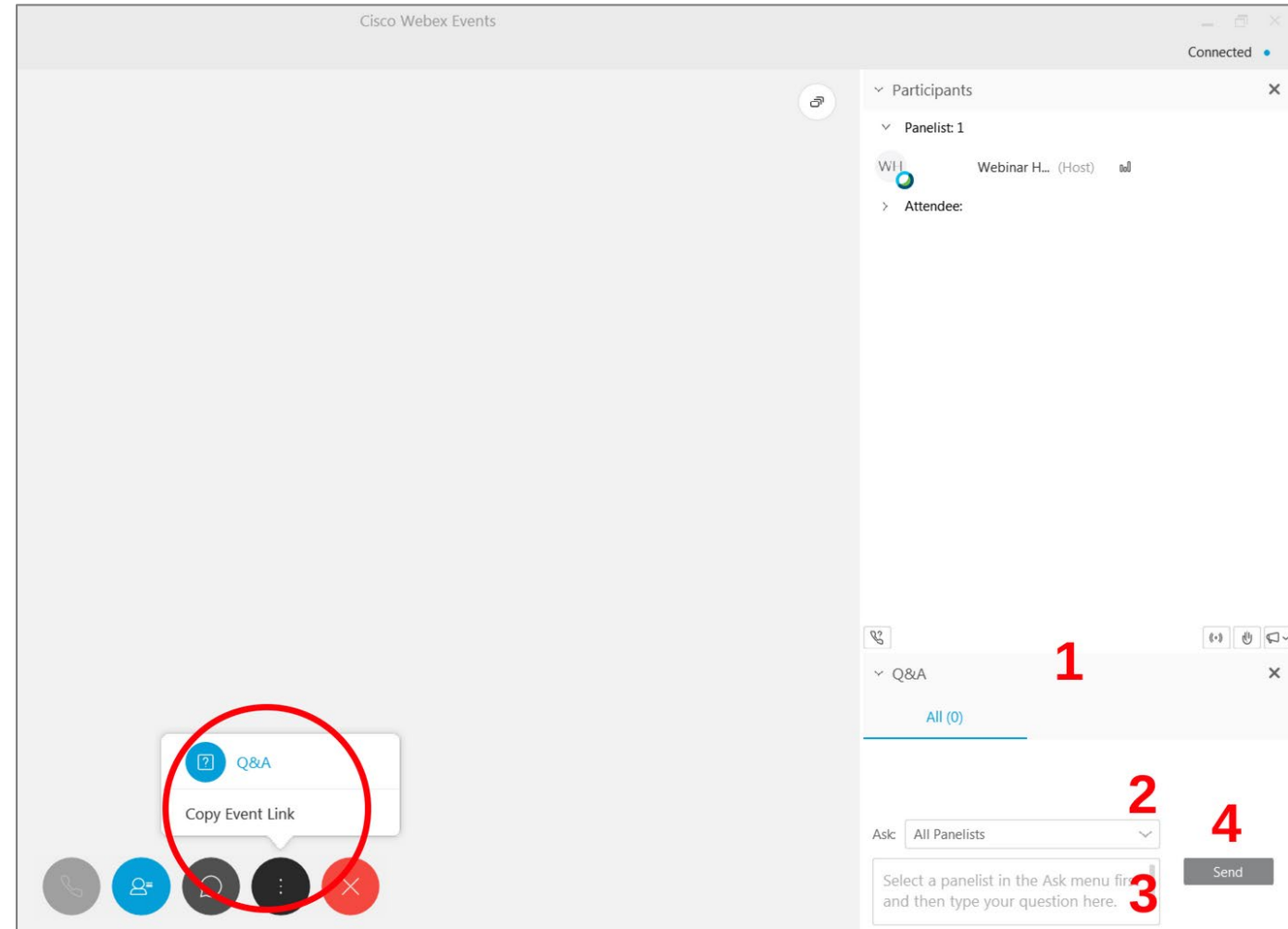
June 4, 2019

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Moderator



Donna Levin, National Director, the Network for Public Health Law

- J.D., Northeastern University School of Law
- Research interests/areas of expertise:
 - Crisis Standards of Care
 - Newborn Screening
 - Genetics and Privacy Laws
 - Emergency Public Health Response
 - Health Care Cost Reform

Presenter



Wendy E. Parmet, Matthews University Distinguished Professor of Law and Faculty Director, Center for Health Policy and Law, Northeastern University

- J.D., Harvard University
- Research interests/areas of expertise:
 - Bioethics
 - Civil Rights
 - Disability Law
 - Medical Issues
 - Public Health Law

Presenter



Thomas Merrill, General Counsel, New York City
Department of Health and Mental Hygiene

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- Research interests/areas of expertise:
 - Outbreak Investigations
 - Mental Health
 - Obesity Prevention
 - Tobacco Control

Presenter



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- J.D., Georgetown University Law Center
- Research interests/areas of expertise:
 - Vaccine Advocacy Legislation
 - Immunization Law and Policy
 - Emergency Response
 - Infectious Diseases

VACCINE LAW: JACOBSON & BEYOND

Wendy E. Parmet

Center for Health Policy and Law
Northeastern University



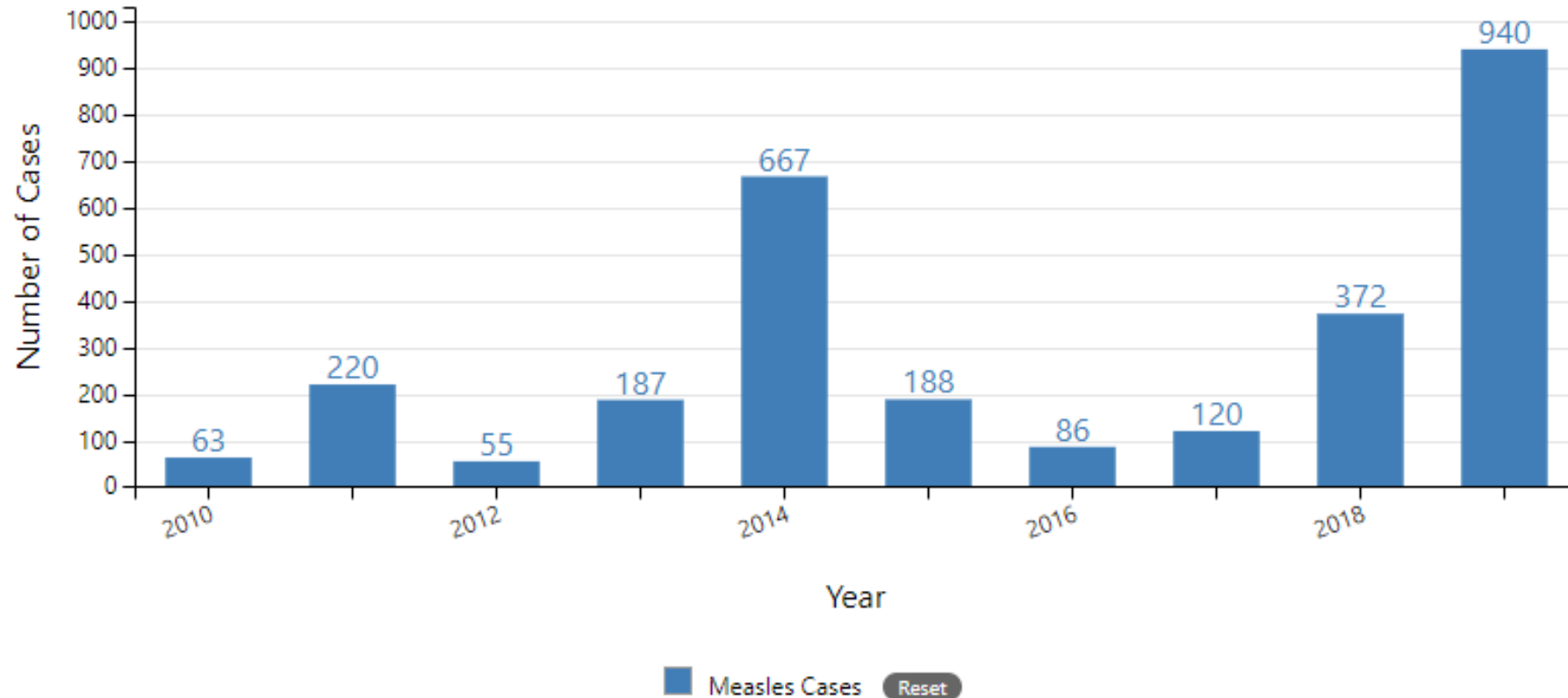
Northeastern Law

Center for Health Policy and Law

The Return of Measles

Number of Measles Cases Reported by Year

2010-2019**(as of May 24, 2019)



[CDC data](#) as of May 24, 2019.

What Can Law Do to Increase Rates of Vaccination?

- The History of Vaccine Law
- *Jacobson v. Massachusetts*, Legacy & Questions
- Contemporary Case Law, Litigation over SB 277
- Revisiting Religious Exemptions
- Federal Intervention
- Moving Forward

Vaccine Law in History

Pre-17 th century	Variolation practiced in the Middle East and Asia
1721	Cotton Mather introduces variolation to N. America amidst controversy
1796	Edward Jenner develops the smallpox vaccine
1813	Congress passes “An Act to Encourage Vaccination”
1823	Boston mandates vaccination for school attendance
1855	Massachusetts enacts first state vaccine mandate
1905	Supreme Court decides <i>Jacobson v. Massachusetts</i>
1922	Supreme Court upholds school-based vaccine law in <i>Zucht v. King</i>

Vaccine Law in History, cont.

1955

Polio Vaccine/Cutter Incident

1964

ACIP formed

1968

Half of all states require vaccination for school attendance

1981

All states have vaccine mandates

1986

Congress passes National Childhood Vaccine Injury Act

1998

The Lancet publishes Wakefield's paper linking vaccines to autism

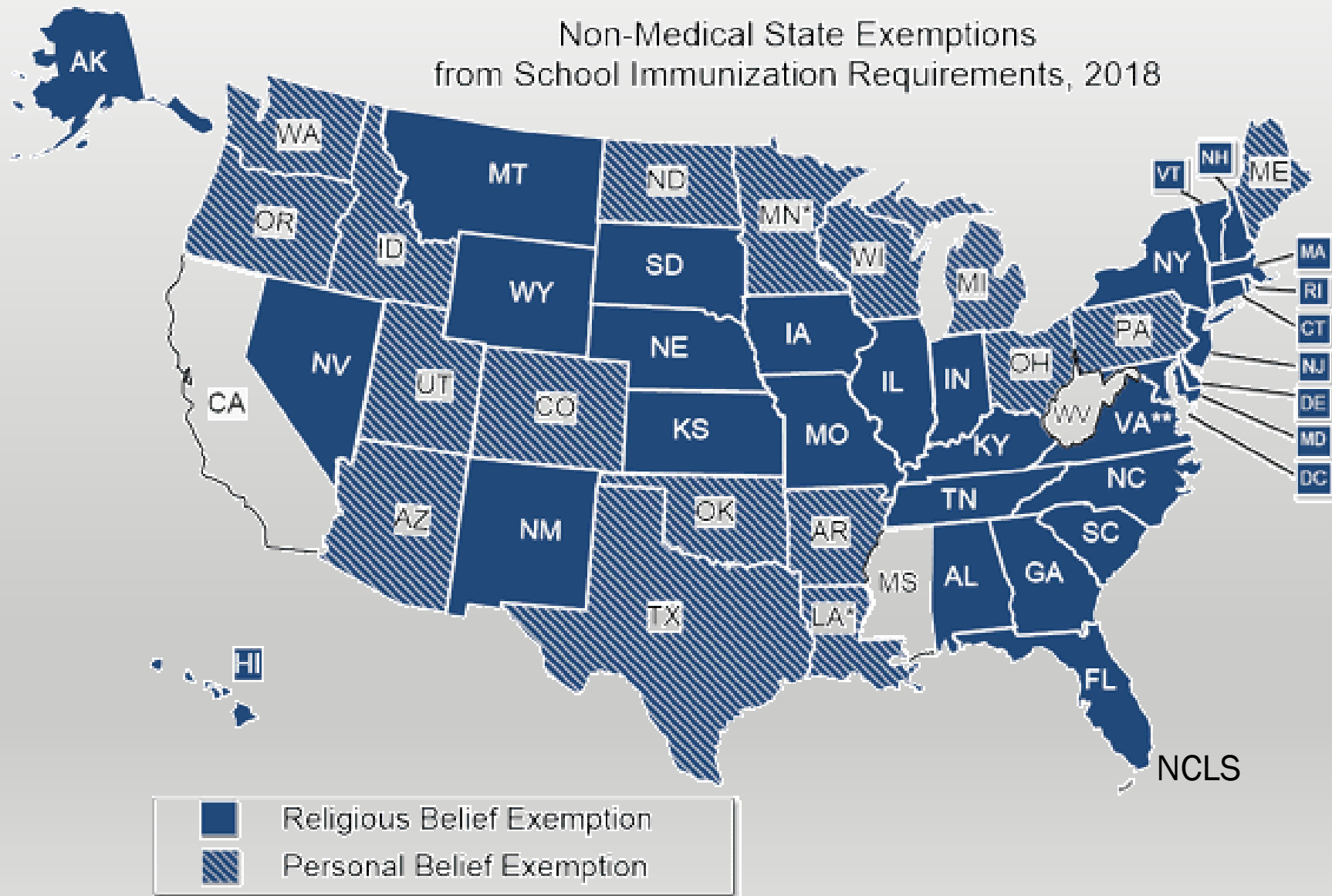
2015

Disneyland outbreak leads to SB 277

2019

Number of measles cases rise, Washington abolishes PBE, Maine becomes 4th state to abolish PBE and religious exemptions.

46 States Provide for Religious and/or Personal Belief Exemptions

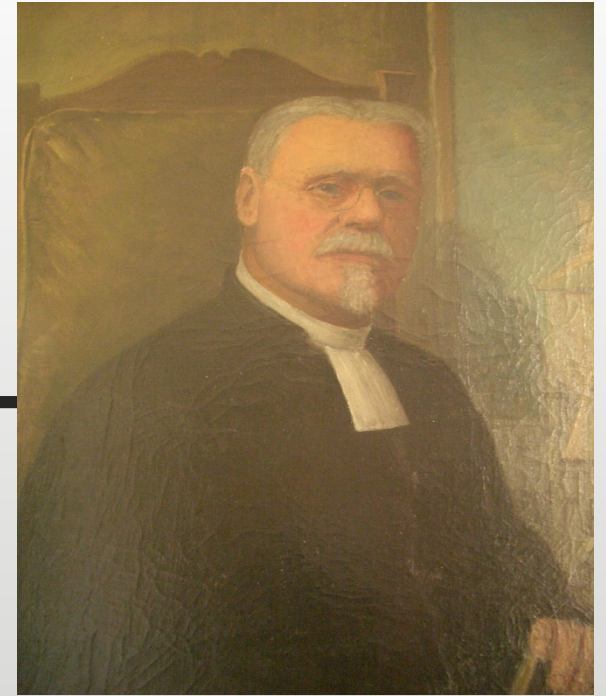


Updates:

- **Washington** abolished personal belief exemption
- **Maine** abolished personal belief and religious exemptions

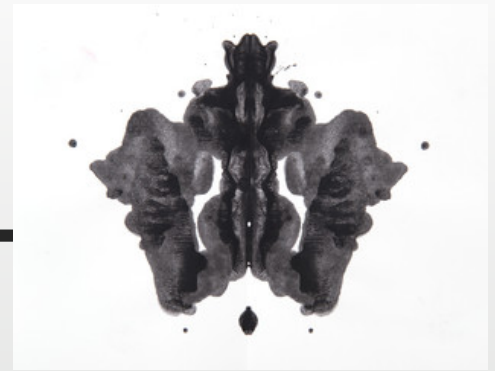
Jacobson v. Massachusetts

197 U.S. 11 (1905)



- Rejected 14th Amendment challenge to Massachusetts law requiring smallpox vaccination during an outbreak.
- Emphasizes that the police power allows state to pass reasonable health regulations.
- “Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own, whether in respect of his person or his property, regardless of the injury that may be done to others.”
- Held that the legislature may delegate the power to require vaccination to the Board of Health.

Jacobson: The Rorschach Test



- “We say **necessities** of the case, because it might be that an acknowledged power of a local community to protect itself against an epidemic threatening of the safety of all, might be exercised in particular circumstances and in reference to particular persons in such an **arbitrary, unreasonable manner**, or might go so far beyond what was reasonably required for the safety of the public, as to authorize or **compel the courts to interfere...**”
- “[T]he police power ... may be exerted in such circumstances or by regulations **so arbitrary and oppressive** in particular cases as to justify the interference of the courts.”

Left Unclear



- **Free Exercise Claims:** Couldn't be brought in 1905.
- Must there be an **outbreak**? How severe?
- Can the state **forcibly** vaccinate an individual?
- Can the **state quarantine** individuals who refuse to be vaccinated?
- How do contemporary **due process cases**, especially those affirming the right to make one's own medical decisions, affect vaccine law?

Post-*Jacobson* Supreme Court Cases

Zucht v. King, 260 U.S. 174 (1922)

- Affirms Texas law requiring children to be vaccinated to attend school – even in absence of an outbreak.
-

Prince v. Massachusetts, 321 U.S. 158 (1944)

- Stating in dicta: “Thus, he cannot claim freedom from compulsory vaccination for the child more than for himself of religious grounds.”
-

Employment Div. Dep’t Human Resources v. Smith, 494 U.S. 872 (1990)

- Neutral law of general applicability does not violate the Free Exercise Clause.

Jacobson's Continuing Clout

- Despite significant changes in due process law, courts continue to rely on *Jacobson* to uphold school vaccination laws, and rule that states need not provide religious exemptions.
 - *Phillips v. City of New York*, 775 F.3d 538 (2d Cir. 2015)
 - *Workman v. Mingo County Bd. of Educ.*, 419 F. App'x 348 (4th Cir. 2011)



The California Litigation

■ SB 277, which abolishes religious and PBEs, has been challenged as violating:

- Substantive due process/state right to privacy
- The Free Exercise Clause
- Equal protection
- State constitutional right to education
- Violation of IDEA
- RICO



■ To date state and federal courts have rejected all challenges:

- Love v. State Dep't of Educ., 29 Cal. App. 5th 980 (2018)
- Brown v. Smith, 24 Cal. App. 5th 1135 (2018)
- Whitlow v. California, 203 F. Supp. 3d 1079 (S.D. Cal. 2016)
- Middleton v. Pan, 2018 WL 58234 (C.D. Cal. 2018), appeal dismissed, 2018 WL 7501283 (9th Cir. 2018).

On the Horizon: Reconsidering Religious Objections



Smith and hybrid claims

Hobby Lobby and the “undue burden” test –
But note the exception for vaccines

Federal Conscience Regulations, 45 CFR Pt. 88 -
Do not override state vaccine laws.

Beyond School Mandates

- **Compulsory Vaccination**

Philadelphia, 1991

- **Quarantines and Travel Bans**



Federal Intervention

“If states continue to grant “wide exemptions” they’re “going to force the hand of federal health agencies.”

Former FDA Commissioner Scott Gottlieb

Federal agency action would raise questions of:

- Federalism
 - Commerce & Commandeering
 - Power to Tax & Spend
- Statutory Authority
- *Religious Freedom Restoration Act*



Moving Beyond *Jacobson*



- Are there other legal tools that may improve rates of vaccination?
- Do vaccine laws (unintentionally) increase resistance?
- What changes can we make to vaccination laws and policy to enhance trust and compliance?
- How do we respond if measles or vaccine-preventable diseases become endemic?

The 2019 Measles Outbreak

Thomas Merrill

General Counsel

New York City Department of Health and Mental Hygiene

Measles 101

- Characterized by fever and rash
- Highly contagious
 - Airborne and droplet transmission
 - Remains active for up to two hours
 - Infectious four days prior to rash
 - 90 percent of non-immune contacts will be infected
- Incubation period is 7-21 days
- Can be serious and even fatal
 - Complications include pneumonia and encephalitis
 - 1 to 2 child deaths per 1,000 children infected



Measles Resurgence

- Had Been declared eliminated in the U.S. in 2000
- Since then, there have been periodic outbreaks as a result of importation of the virus by people infected while traveling outside of the U.S.
- 2013 NYC outbreak
 - 58 cases
 - Was largest NYC outbreak since 1989-1991 measles insurgence and since measles was eliminated in the U.S.
 - Caused by one unvaccinated adolescent who acquired measles in the United Kingdom
 - Concentrated in Borough Park and Williamsburg among the Orthodox Jewish community
- Currently, there are large outbreaks throughout the world, including in Israel, Europe (Ukraine), Asia (Philippines, India), South America (Brazil, Venezuela), and Africa (Madagascar)
- Resurgence attributed to weak health systems, low vaccination rates, increased vaccine hesitancy, and anti-vaccination movement

Rockland County

- 28 percent of children unvaccinated
- Measles arrived with one traveler in September 2018; 225 cases as of May 8
- Emergency declared by County Executive on March 26 barring unvaccinated people from places of public assembly
- TRO issued on April 5 blocking its enforcement
 - Court refused to find that 166 cases was an “epidemic”
 - Order exceeded five day term specified in NY Executive Law



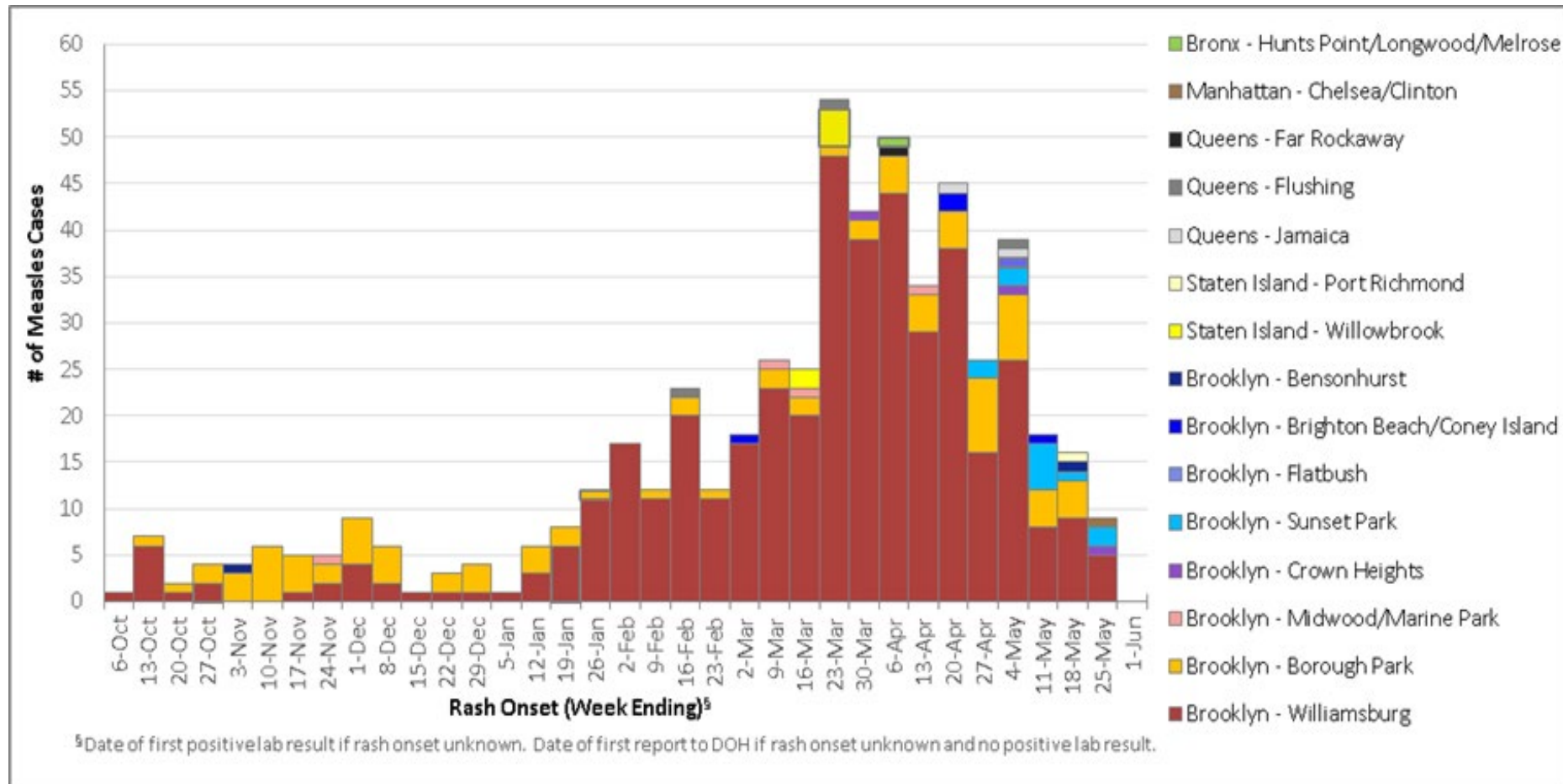
Epidemiology of the Current Outbreak (as of May 29, 2019)

- Time period: September 30, 2018 through May 29, 2019
- 550 confirmed cases
- 52 identified chains of transmission, 32 of which are active; 11 importations (Israel, UK, Ukraine, NJ, NYS)
- Age range: <1 year to 66 years of age
 - 56 (17%) children <1 year of age
 - 162 (49%) children 1-4 years of age
 - 66 (20%) children 5-17 years of age
- 25 hospitalizations; 6 persons admitted to Intensive Care Unit
- Almost all cases reside in Williamsburg (267 cases, 81%) or Borough Park (52 cases, 16%) Brooklyn and are members of the Orthodox Jewish community

Measles Cases by Neighborhood in NYC (as of 4/30/19)

Williamsburg	379
Borough Park	69
Midwood/Marine Park	4
Sunset Park	4
Brighton Beach/Coney Island	3
Crown Heights	2
Flushing	2
Bensonhurst	1
Far Rockaway	1
Hunts Point/Longwood/Melrose	1


Measles Outbreak, NYC 2018-2019: Epi Curve by Rash Onset and Neighborhood (as of May 28, 2019)



Anti-vaccination Propaganda

The Vaccine Safety Handbook

An Informed Parent's Guide



Do The Benefits Outweigh The Risks?

Parents are told that the benefits of vaccines by far outweigh the risks; that aside from a slight fever or other mild reactions, dangerous side-effects or permanent damage from vaccines are virtually unheard of. Additionally, there is pervasive belief that the diseases that vaccines are meant to prevent would otherwise be widespread and dangerous. Assuming that the vaccines are effective in rendering immunity, the obvious conclusion is that vaccines are a necessity.

This begs the following questions: Are vaccines as safe as they claim? Are side effects, including permanent disability and death, in fact, rare?

In order for vaccines to be worthwhile, the diseases must carry a greater chance of permanent damage or death than the vaccines. If evidence proves otherwise, we must ask ourselves: Are we being more responsible if we choose to vaccinate, or not to?

Adverse Reactions to Vaccines

The CDC and FDA developed the Vaccine Adverse Event Reporting System (VAERS), which became available in the 1990s. In every year over 12,000 adverse reactions are voluntarily reported to the federal government. This includes ER visits, permanent injuries, and deaths. The FDA estimates that these numbers account for only 10%.

"I worked with Congress in the early 1980s on that [vaccine injury] law and have watched it be turned into a cruel joke: the Department of Justice officials fight every claim, viewing every reward to a vaccine-injured child as admission that vaccines can and do cause harm."

Barbara Loe Fisher, (founder of the National Vaccine Information Center) Testifying before the California State Senate Committee in 2002

How have governmental agencies responded to the tremendous incidence of vaccine reactions? In 1986, there were only three pharmaceutical companies making vaccines. It was an unpopular market, as they were all drowning in law suits for vaccine injury. In order to deal with the great number of adverse events, congress passed the National Childhood Vaccine Injury Act, ostensibly to help cover damages for vaccine-injured children. Since that time, vaccine injuries must be taken to special vaccine courts where billions of U.S. tax dollars are set aside for the rare instances that claimants succeed in winning their suits. Congress established a "disability and death" tax on childhood vaccines. A percentage of the money from every shot goes into a special fund to compensate parents of children who have been seriously damaged or killed by vaccines.

Halachic Points Of Interest

Some people choose to approach a rabbinic authority for assistance in making vaccine decisions. We recommend consulting a rabbi who is willing to look at the facts before drawing conclusions.

Up until now, a lot of medical beliefs about vaccines have been

2 Does the "majority rule" apply since most doctors believe that the benefits of vaccines outweigh the risks?

Note: Doctors today to strictly adhere to accepted medical protocols asserts that vaccines. Does the identical "thousands of doctors as more than one voice" policy making medicines?

Medical policymakers acceptable for the sacrifice for the best Government authority that many children v or injured by vaccine to the loss of life as "However, in order to ensure compliance and the goal of "disease information about the of vaccines is intentionally held from parents and

Doctors are taught

The Autism Epidemic

The U.S. has one of the highest rates of autism in the world.⁽¹⁾ While the numbers continue to climb, according to the CDC, as of March 2013, it is estimated that 1 in 50 American children suffer from the disorder.⁽²⁾ During the last half a century the number of cases has grown exponentially.^(3,4) Researchers reported that **autism was an extremely rare condition before 1943, when it was announced as a new mental disorder.**⁽⁵⁾ In the 1950s, less than 1 in 10,000 cases were reported.⁽⁶⁾

Many attempt to find a logical explanation for the growing incidence of this disorder. They claim that the increase in autism is merely an improvement in diagnostics; that there must have always been as many cases, they just went undetected.

This insults our intelligence as

"[...] and we've had so many instances, people that work for me, ... [in which] a child, a beautiful child went to have the vaccine, and came back and a week later had a tremendous fever, got very sick, now is autistic."

—Donald Trump during our debate in 2015

utism is a mental disorder characterized by impaired social capability, with trouble relating to other people, difficulty communicating, restricted and repetitive behavior, and difficulty connecting to their surroundings.

There are many elements of autism that make it an unusual condition. Not only do most autistic children have the normal appearance of healthy children, they also usually lack a clear genetic abnormality that can account for their learning and social deficits. Another strange factor is that autism often appears as a sudden regression after a history of normal development.⁽⁷⁾

the number of a ing, then there: 40-year olds. In very rare in ol year, more young If the increase in prevalence was truly a case of missed diagnoses, then new cases

Common Adverse Reactions

The incidence of the following reactions vary; however even some of the more serious events listed below occur surprisingly frequently.

Serious reactions include: high fever, headache, swelling and pain, diarrhea, vomiting, high pitched scream-

after just one shot, sometimes it is only after repeated insult that the child becomes disabled.

Medical professionals usually deny that a reaction contraindicates future boosters. In most cases they do not even believe that the reaction was caused by the vaccine altogether. **They often convince parents, against their own better judgment** that it is safe to continue

Caution Discarded


Some of us may remember a time when doctors were cautious enough to withhold a booster because of a severe reaction to a previous vac-

regret for having been convinced to ignore reactions and continue with vaccines that subsequently led to their child's permanent disability or even death.

Do You Know What's In A Vaccine?

- HUMAN AND ANIMAL CELLS
uses and hu-ese blood, rab-ay, cow heart, a chicken egg, food and more.
- POLYSORBATE 80
Known to cause cancer in animals.
- FORMALDEHYDE (FORMALIN)
Major constituent of embalming fluid; pot-sonous if ingested. Probable carcinogen: suspected in gastrointestinal, liver, immune system, nerve, reproductive system, and re-spiratory. Potson. Linked to leukemia, brain, colon, and lymphatic cancer.
- MICRO-ORGANISMS (often undetected)
Live and killed viruses and bacteria or their toxins. Millions of doses of polio vaccine were contaminated with monkey virus (SV-40), now turning up in human bone, lung lining (mesothelioma), brain tumors, and lymphomas.
- GENTAMICIN SULFATE AND POLYMYXIN B (ANTIBIOTIC)
Allergic reactions can range from mild to life threatening.
- GLUTARALDEHYDE
Potsonous if ingested. Causes birth defects in experimental animals.
- MERCURY (THIMEROSAL)
The second most toxic element on Earth (after Plutonium). Has an affinity to the brain, gut, liver, bone marrow, and kidneys. Minute amounts can cause brain/nerve damage. Symptoms of mercury toxicity are similar to those of autism.
- TRI(N) BUTYLPHOSPHATE
Suspected kidney and nerve potson.
- NEOMYCIN SULFATE (ANTIBIOTIC)
- GELATIN
Allergic reactions.

How To Prevent Your Children From Being Damaged By Vaccines



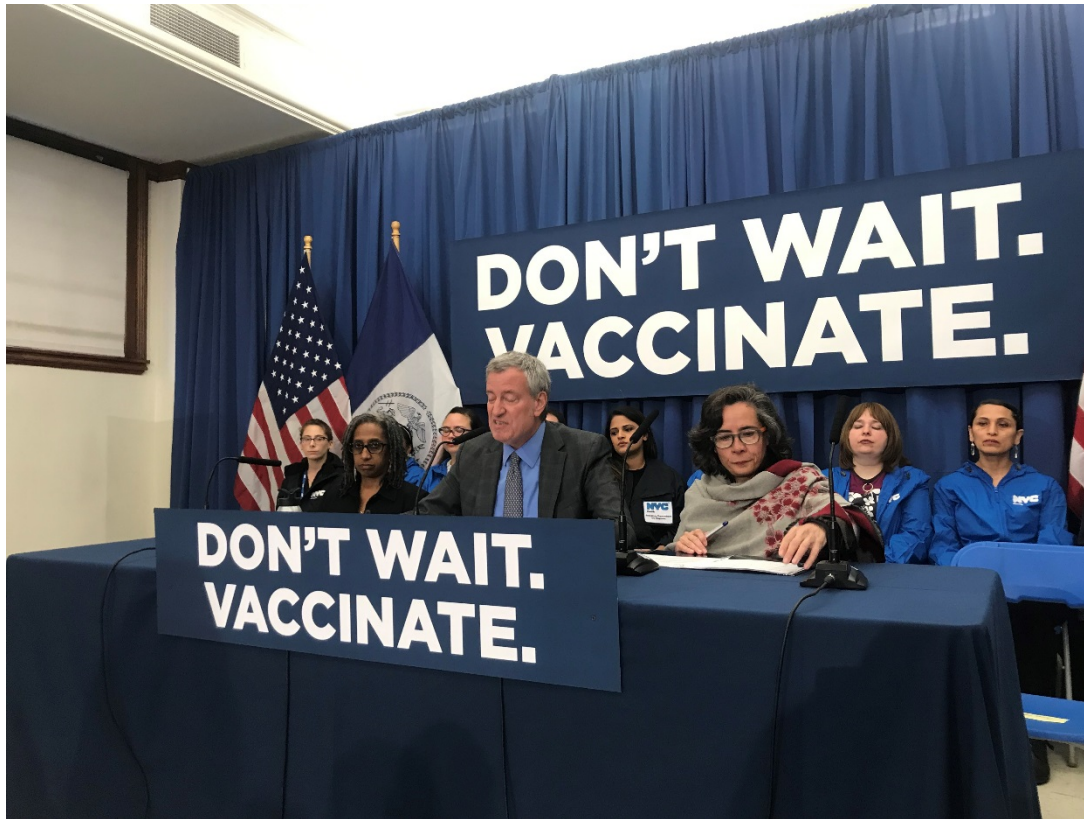
Health Department Response

- Over 200 Health Department staff working on the outbreak
- Case and contact investigation
 - Set up dedicated call center
 - Station Health Department staff at one high volume facility at the epicenter of the outbreak to assist with potential exposures
 - Investigate all reported cases
 - Contact identification and notification (over 12,200 exposures)
- Public Health Laboratory has performed over 1,600 diagnostic tests
- Issued revised MMR recommendations for all children in affected communities

Excluding Unvaccinated Children

- While New York recognizes religious exemptions to school vaccination requirements, a local health department may order schools to exclude children with religious and/or medical exemptions during an outbreak
- Beginning in December, DOHMH began advising yeshivas and day cares to exclude unvaccinated children
- In April, 102 schools and daycares in Williamsburg were served with Orders directing them to exclude children
- NOVs issued for not complying or not cooperating with audits
- Five schools closed and required to submit CAPs
- Orders and audits led to better compliance

Public Health Emergency Declared



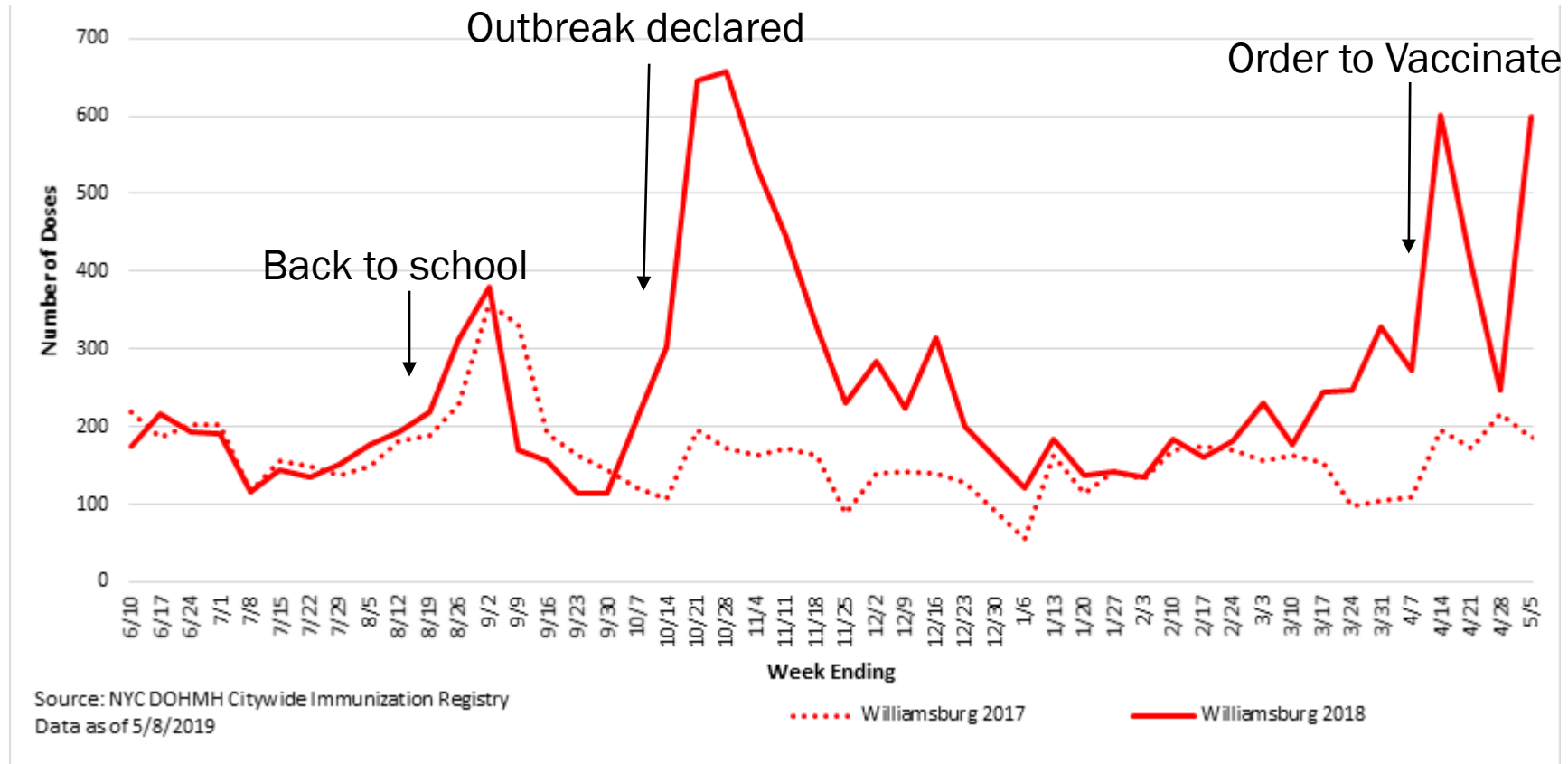
- Health Code §3.01 allows Commissioner to act
- Announced publicly in Williamsburg on April 9th
- Directed residents of ZIP codes 11205, 11206, 11221 and 11249 to be vaccinated within 48 hours
- Remained in effect until BOH meeting on April 17th
- <https://www1.nyc.gov/assets/doh/downloads/pdf/press/2019/emergency-orders-measles>

Board of Health Resolution (4/17/19)

- Declared the outbreak in ZIP codes 11205, 11206, 11211 and 11249 to be a public health nuisance
- Continued the requirement that residents/students/workers in these affected ZIP codes be vaccinated (or have proof of immunity or be able to demonstrate medical exemption)
- Per Administrative Code §17-148, Order was served by publication in City Record and in local media
- Violations of the Order punishable by a \$1000 fine.
- Violations are daily and continuing
- <https://www1.nyc.gov/assets/doh/downloads/pdf/notice/2019/board-of-health-resolution-measles.pdf>

MMR Vaccine Uptake

Children Ages 6-59 Months, Williamsburg, Brooklyn



22,833 MMR doses to children ages ≤ 18 years,
Williamsburg and Borough Park, Oct 2018-May 2019

Legal Challenge

- Five parents challenged the vaccination order claiming it was irrational and violated religious freedom
- On April 18, 2019, Justice Knipel denied motion for an injunction and dismissed their challenge finding:
 - Williamsburg at “the epicenter” of “the most significant spike in incidences in the United States in many years”
 - Petitioners unable to offer better and less restrictive alternative
 - Medical objections not supported by science
- Appellate Division denied TRO on April 30, 2019
- Appellate Division denied Motion for Preliminary Injunction on May 13, 2019

Where are we?

- Since April 9, more than 2000 children in Williamsburg have received the MMR as of May 8
- Yeshivas and Day Cares are complying with exclusion orders and allowing DOHMH to audit them
- As of May 28th, more than 120 people have been issued Notices of Violation for not being immunized or not immunizing their children
 - First cases heard at OATH on May 30th
 - More than 50 withdrawn because proof of vaccine or immunity submitted
- Epi data is starting to suggest an end to the outbreak

IMMUNIZE. PREVENT WHAT'S PREVENTABLE

MEASLES OUTBREAK: THE CURRENT LEGISLATIVE LANDSCAPE



THE
IMMUNIZATION
PARTNERSHIP

Allison N. Winnike, J.D.
President & CEO

4 June 2019

The Network for Public Health Law

LEARNING OBJECTIVE

- › Learn about efforts to make legislative changes in under-immunized states to limit vaccination exemptions and solidify emergency declaration powers



THE IMMUNIZATION PARTNERSHIP

Vision

- › A community protected from vaccine-preventable diseases

Mission

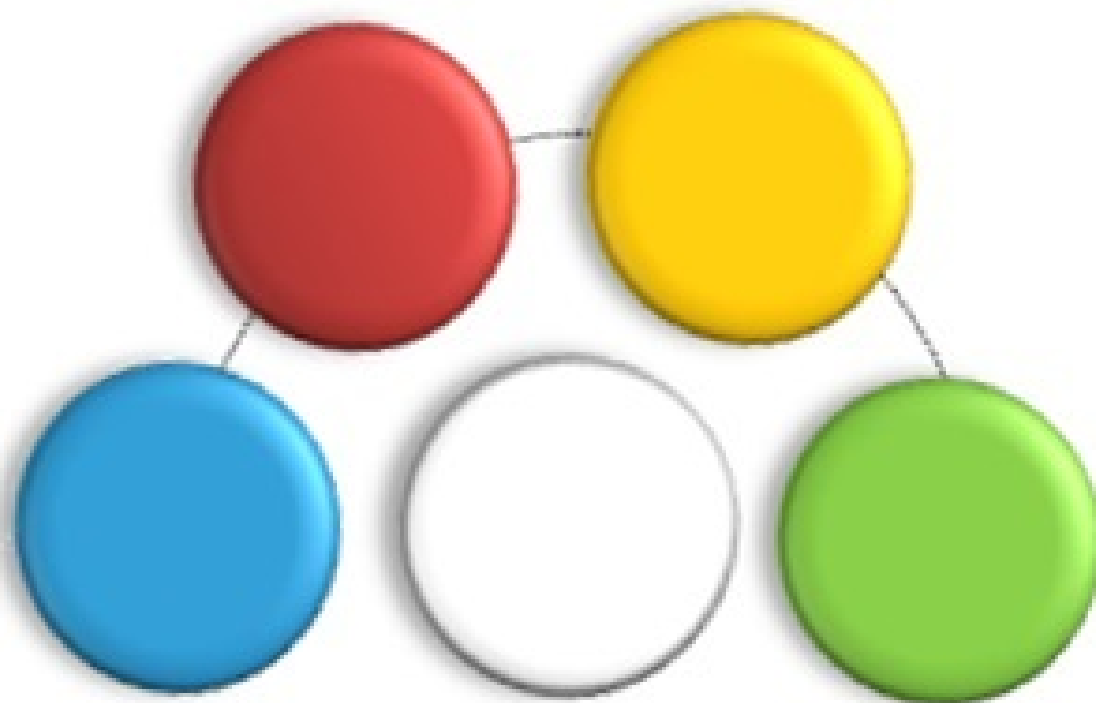
- › To eradicate vaccine-preventable diseases by educating the community, advocating for evidence-based public policy, and supporting immunization best practices



STATE MANDATORY IMMUNIZATION LAWS

- › All states have mandatory immunization laws for children as a condition of school attendance
- › Some states have mandatory immunization laws for attendance at schools of higher education
- › Some states have mandatory immunization laws for health care workers
- › Many states provide for mandatory or compulsory immunization during a declared public health emergency





COMMUNITY IMMUNITY



TYPES OF EXEMPTIONS

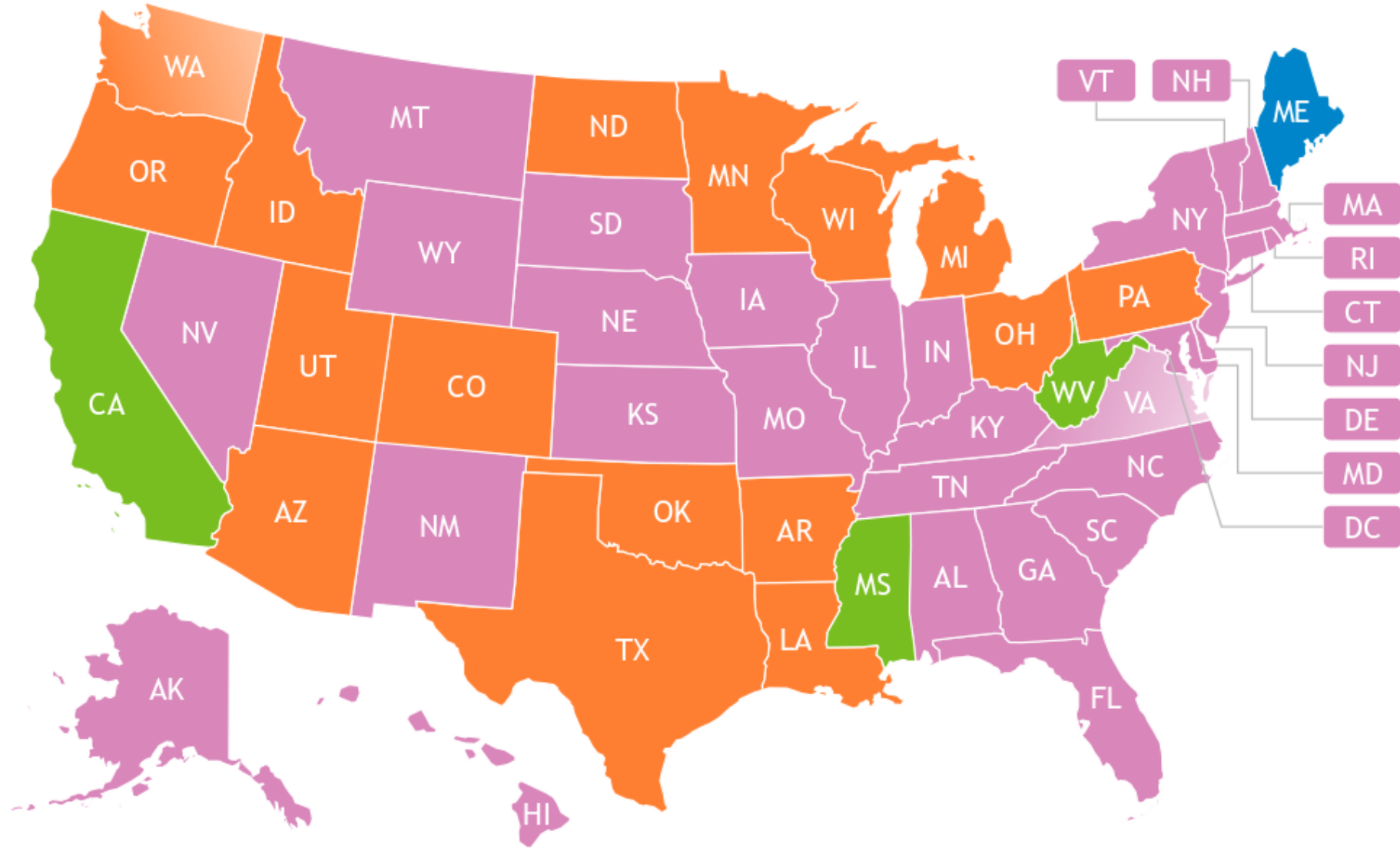
Medical


Non-Medical


Religious


Personal
Belief






 No NME

 NME: Religious

 No NME 1 Sep 2021

 NME: Personal & Religious

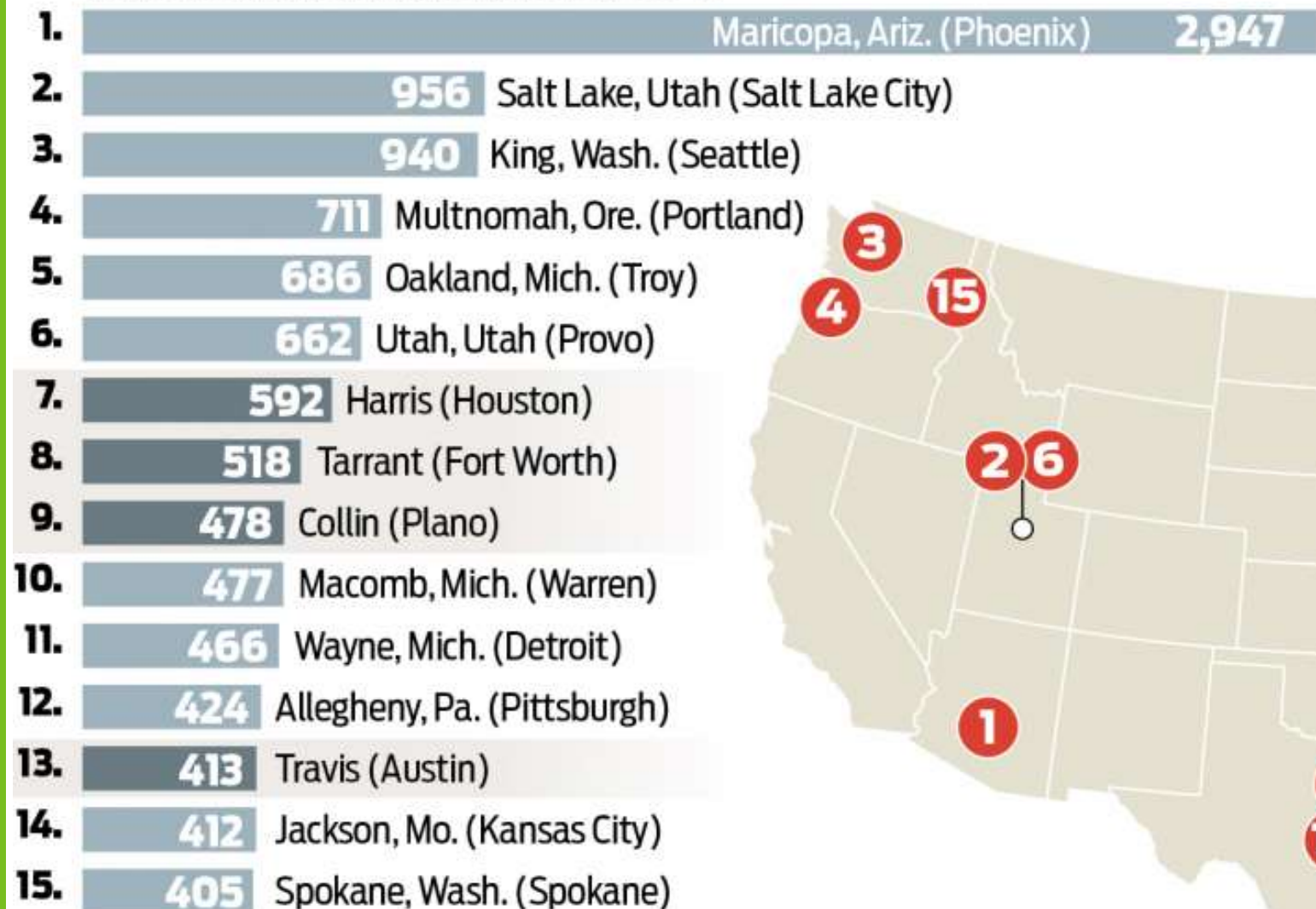


DATA IS FOR 2016-17

TEXAS AND PENNSYLVANIA DATA IS FOR 2015-16

Where the exemptions are

Four Texas counties — including Harris County — are among the top 15 U.S. counties for having kindergarteners with non-medical exemptions for vaccinations.



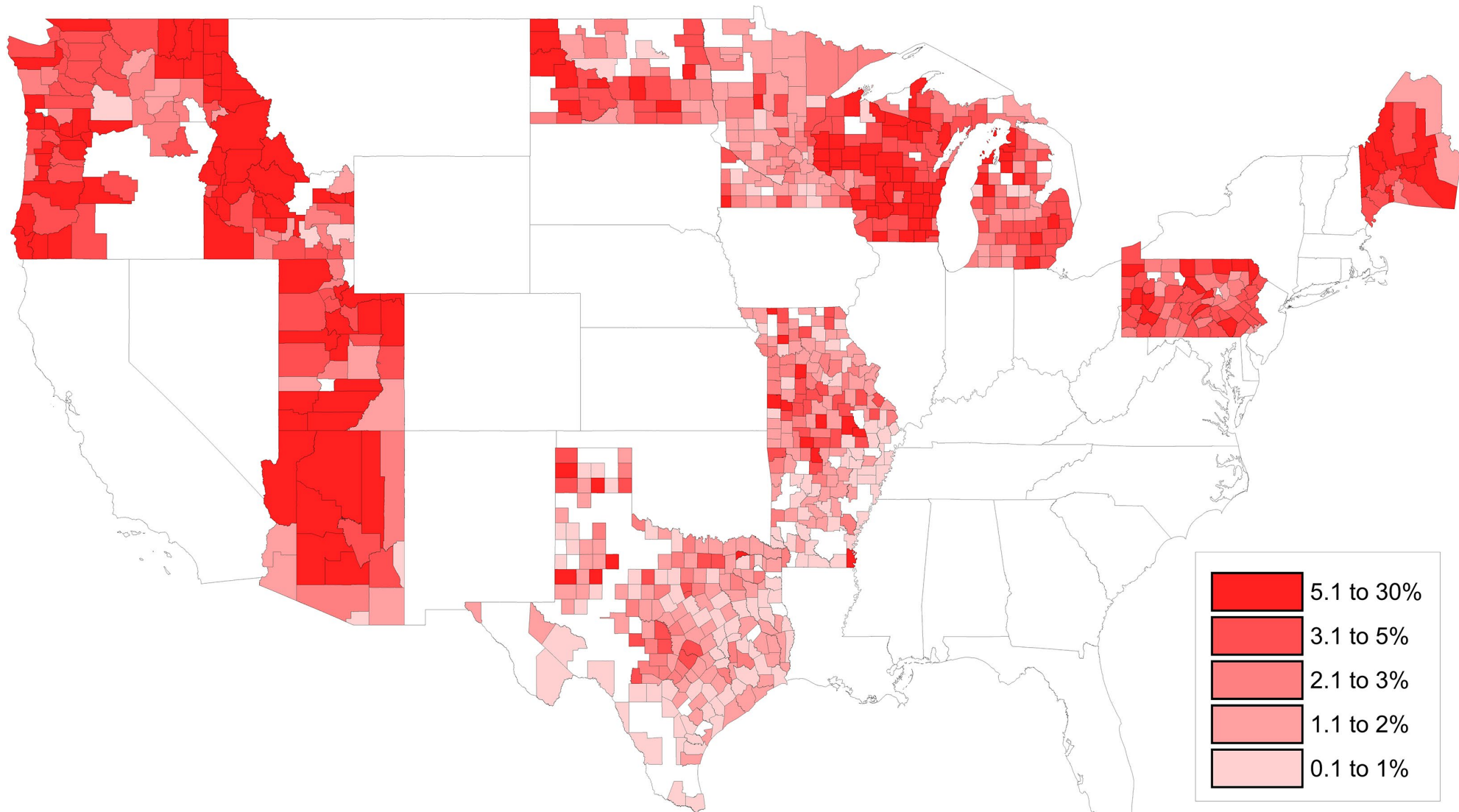
Source: Public Library of Science Medicine

Houston
Chronicle

Todd Ackerman, *Texas No. 1 'hotspot' for vaccine exemptions*, HOUSTON CHRON. (June 14, 2018), <https://www.houstonchronicle.com/news/houston-texas/houston/article/Texas-No-1-hotspot-for-vaccine-exemptions-12992555.php>.



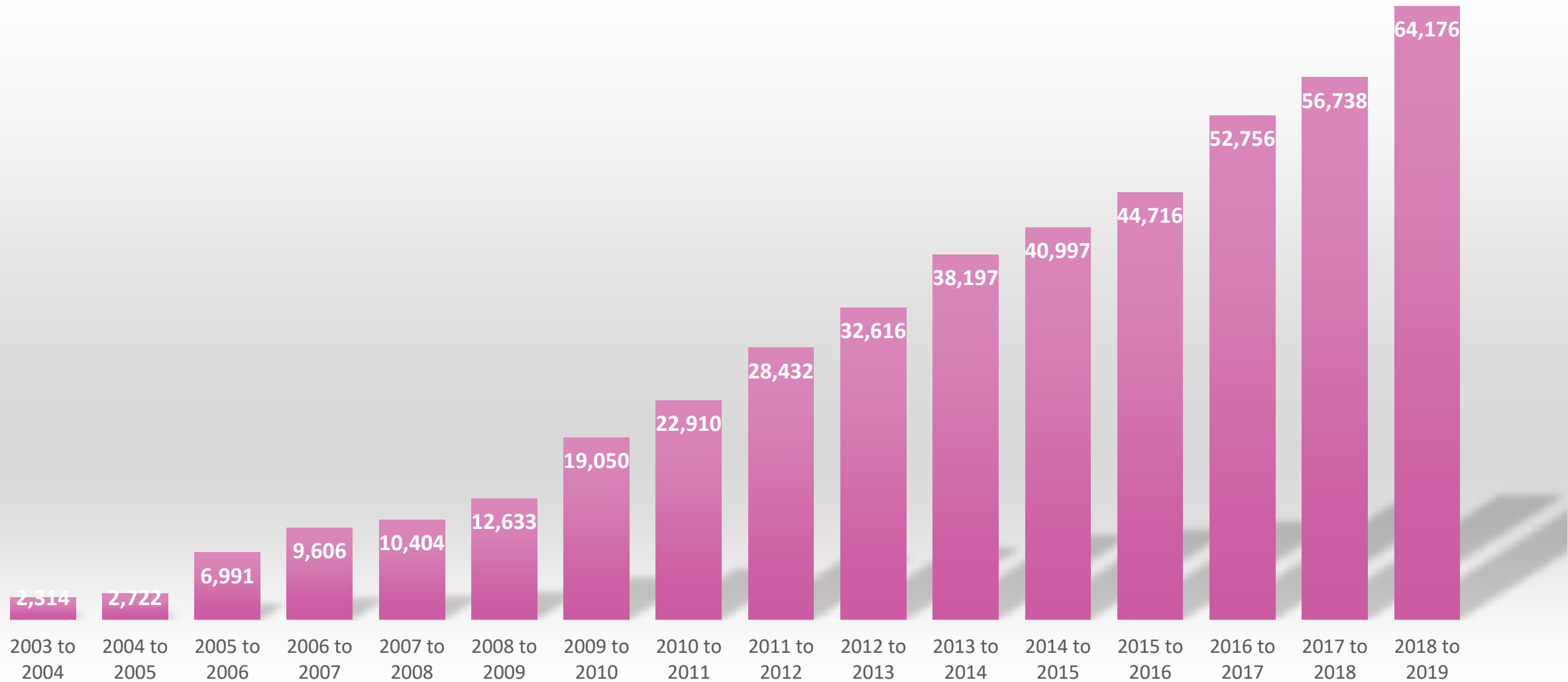
COUNTY-LEVEL NME RATES, 2016-2017



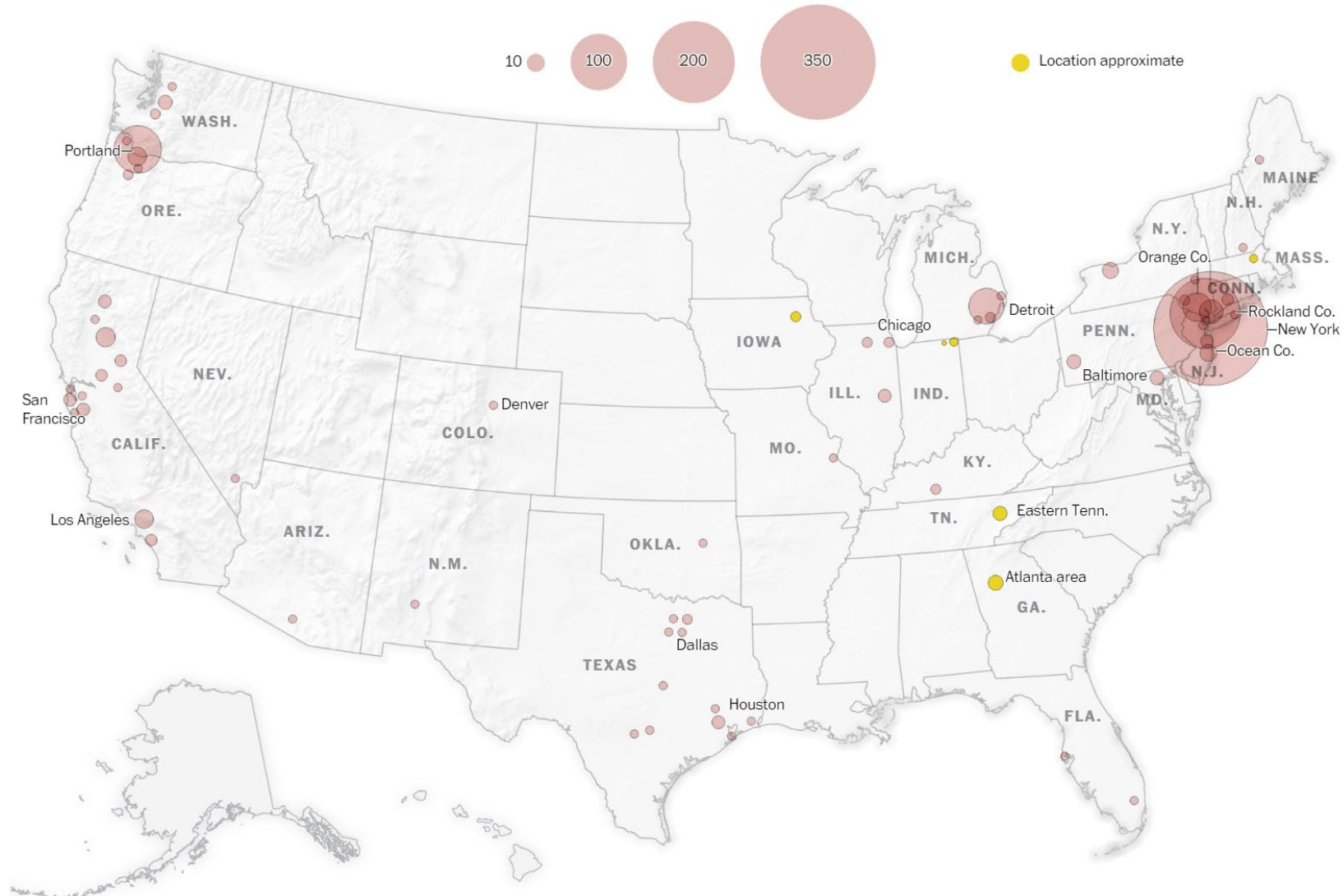
Jacqueline K. Olive, Peter J. Hotez, Ashish Damania & Melissa S. Nolan, *The state of the antivaccine movement in the United States: A focused examination of nonmedical exemptions in states and counties*, 15(7) PLOS MED. e1002616 (2018), <https://doi.org/10.1371/journal.pmed.1002616>.



NUMBER OF CONSCIENTIOUS OBJECTIONS IN TEXAS PUBLIC AND PRIVATE SCHOOLS



MEASLES CASES BY COUNTY



Dan Keating, Brittany Renee Mayes & Tim Meko, *A record number of measles cases is hitting the U.S. this year. Who is being affected?* WASH. POST (May 31, 2019), <https://www.washingtonpost.com/graphics/2019/health/measles-who-is-being-affected/>.



STATE LEGISLATIVE ACTIVITY



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MAINE

- H.P. 586/L.D. 798 removed NME and expanded medical exemption form to include physician, nurse practitioner, or physician assistant judgment
- Passed 23 May 2019
- Signed 24 May 2019
- Effective 1 Sep 2021



WASHINGTON

- H.B. 1638 removed personal belief exemption to MMR vaccine requirement
 - Personal belief exemptions still available for all other required vaccines
- Passed 24 April 2019
- Signed/partially vetoed 10 May 2019
- Effective 28 July 2019



CALIFORNIA

- S.B. 276 would authorize California Department of Public Health determine whether the underlying condition cited in a medical exemption meets CDC guidelines
- Passed Senate 22 May 2019
- Governor signaled opposition on 1 June 2019



NEW YORK

- A02371/S02994 would remove religious NME
- Senate Majority Leader indicated there may be enough vote to pass Senate (30 May 2019)
- Governor indicated support



OREGON

- › H.B. 3063 would remove NME
- › Passed House 6 May 2019
- › Governor agreed to kill all NME bills (including H.B. 3063) in exchange for GOP approval of H.B. 3427, authorizing a new business tax for education on 13 May 2019



COLORADO

- › H.B. 1312 would have required NME form filled out in person at a state health department office
- › Died 2 May 2019



PUBLIC HEALTH EMERGENCY RESOURCES



THE
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PARTNERSHIP



PREPARING FOR A
PANDEMIC

An Emergency Response Benchbook
and Operational Guidebook for State
Court Judges and Administrators



PREPARING FOR A PANDEMIC: AN EMERGENCY RESPONSE BENCHBOOK AND OPERATIONAL GUIDEBOOK FOR STATE COURT JUDGES AND ADMINISTRATORS

Model bench book for states by the
Conference of Chief Justices
Pandemic and Emergency Response
Task Force

[http://ncsc.contentdm.oclc.org/cdm
/ref/collection/facilities/id/1914](http://ncsc.contentdm.oclc.org/cdm/ref/collection/facilities/id/1914)



CONTROL MEASURES AND PUBLIC HEALTH EMERGENCIES

A TEXAS BENCH BOOK

Sec. 81.085. QUARANTINE; CRIMINAL PENALTY. (a) If an outbreak of a communicable disease occurs in this state, the commissioner or one of his or her commissioners may impose an area quarantine coextensive with the area affected. The commissioner may impose an area quarantine, if the commissioner has reasonable cause to believe that persons or property in the area may be infected with a communicable disease. The commissioner may impose the quarantine only within the boundaries of the health authority's jurisdiction.

(b) A health authority may not impose an area quarantine until the authority consults with the department. A health authority that imposes an area quarantine shall give written notice to the department. The health authority shall consult with the governing body of each county and municipality in the health authority's jurisdiction that has territory in the affected area as soon as practicable.

(c) A health authority may impose additional disease control measures in a quarantine area if the health authority considers necessary and more appropriate to arrest, control, and prevent the disease. Absent pre-emptive action by the department under Chapter 418, Government Code (Texas Disaster Act), the health authority may impose additional measures in a quarantine area under the authority's jurisdiction if the health authority considers necessary and more appropriate to arrest, control, and prevent the disease. The health authority shall give written notice to the department of any such measures.

(d) A health authority may impose a quarantine in an adjacent territory if the health authority considers necessary and more appropriate to arrest, control, and prevent the disease. The health authority shall give written notice to the department of any such measures.

2016

Contains flowcharts and sample forms

UNIVERSITY of HOUSTON | LAW CENTER

Health Law & Policy Institute

CONTROL MEASURES AND PUBLIC HEALTH EMERGENCIES: A TEXAS BENCH BOOK

Resource for public health
officials, judges, district
attorneys, and elected officials

<http://www.law.uh.edu/healthlaw/HLPIBenchBook.pdf>



IMMUNIZE. PREVENT WHAT'S PREVENTABLE

Thank You!

ALLISON N. WINNIKE, J.D.

President & Chief Executive Officer

The Immunization Partnership

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THE
IMMUNIZATION
PARTNERSHIP

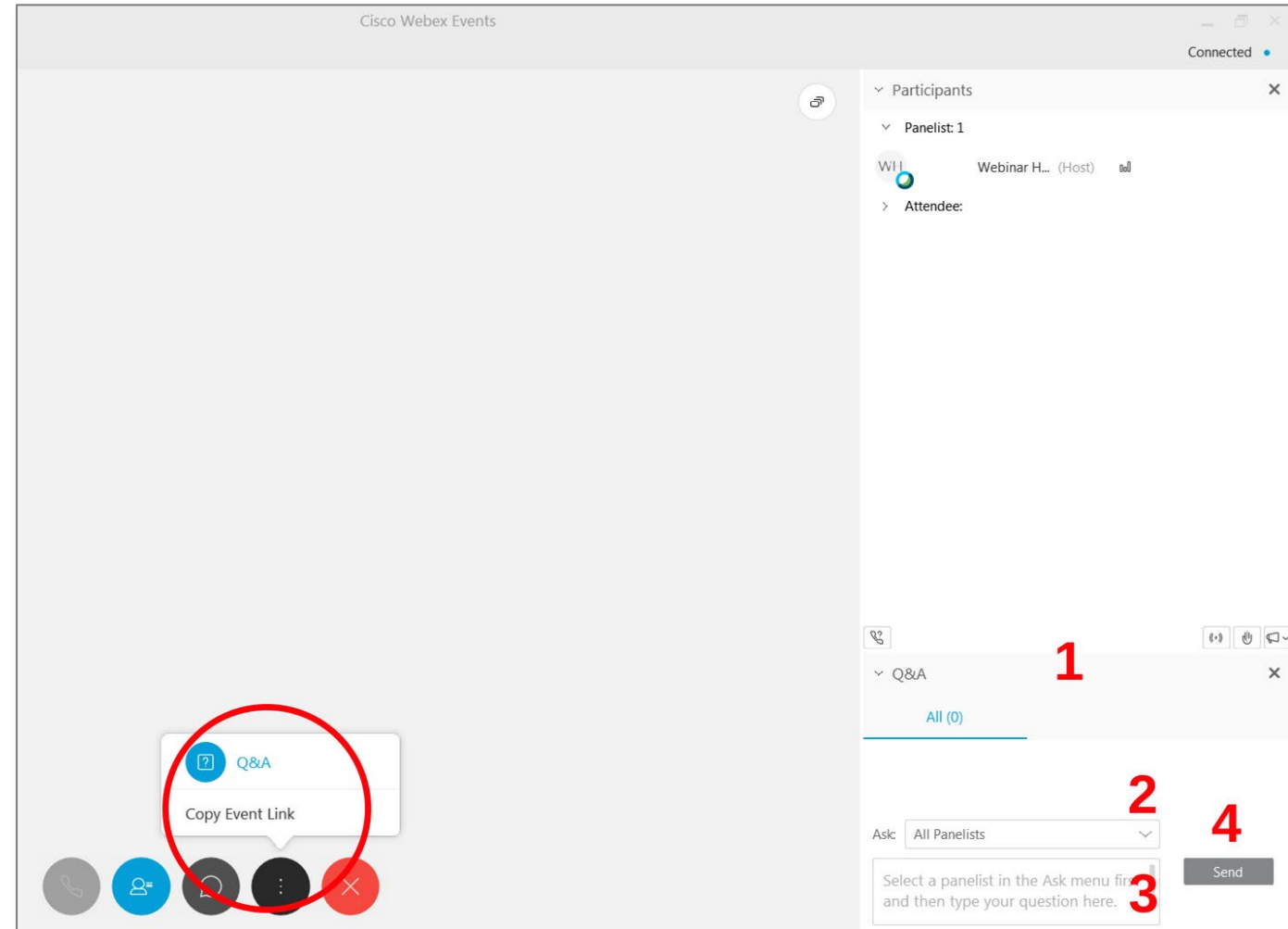


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