



**36TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON HEALTH, HOSPITALS AND HUMAN SERVICES**

The Honorable Senator Ray Fonseca
Chair of Committee

Testimony Presented By
The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

on

Bill No. 36-0278- An Act amending title 19, Virgin Islands Code, to establish immunization requirements for children and students enrolling in educational institutions in the Virgin Islands

1 Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals
2 and Human Services; Honorable Senator Hubert Frederick, Vice Chair; Committee members,
3 other Senators present, and members of the viewing and listening audience.

4 I am Justa Encarnacion, Commissioner of the Virgin Islands Department of Health. Joining me
5 today are Assistant Commissioner Dr. Nicole Craigwell-Syms; Assistant Commissioner Reuben
6 Molloy; Chief Legal Counsel Mackiesh Taylor-Jones; Deputy Commissioner for Human
7 Resources and Workforce Development Joan Jean-Baptiste; and Director of Immunization
8 Monife Stout.

9 Thank you for inviting us to provide testimony on Bill No. 36-0278, an Act amending Title 19 of
10 the Virgin Islands Code to establish immunization requirements for children and students
11 enrolling in educational institutions in the Virgin Islands; to provide for immunization
12 exemptions; and to require electronic reporting of immunization compliance to the Virgin Islands
13 Department of Health through the Virgin Islands Immunization Registry System (VIIRS),
14 sponsored by Senator Ray Fonseca.

15 I would also like to take this opportunity to thank Governor Albert Bryan Jr. and Lieutenant
16 Governor Tregenza A. Roach for their continued guidance and support, along with my
17 colleagues throughout the Governor's Cabinet.

18

19 **Immunization Program Description**

20 The Virgin Islands Immunization Program is responsible for ensuring that uninsured and
21 underinsured individuals have access to lifesaving vaccines that prevent disease, disability, and
22 death. The program is 100 percent federally funded and works closely with the **Centers for**
23 **Disease Control and Prevention (CDC)** to ensure that vaccines administered throughout the
24 Territory are current, properly administered, and readily accessible. The program also supports
25 providers in increasing vaccination rates, addresses vaccine hesitancy and exemption concerns,
26 and utilizes targeted public education campaigns to communicate the importance of
27 immunization.

1 The Immunization Program consists of four core components:

2 **Vaccines for Children (VFC) and Surveillance** – Focuses on childhood and preschool
3 immunizations for eligible uninsured and underinsured children and encourages provider
4 participation in the program.

5 **Hepatitis B and Epidemiology** – Focuses on maternal and infant health, including the
6 prevention of perinatal Hepatitis B transmission.

7 **Adolescent Vaccines** – Promotes recommended vaccines for teens and young adults, including
8 HPV, **Tdap**, and meningococcal vaccines.

9 **Adult Vaccines and Pandemic Influenza** – Focuses on adults aged 19 years and older, as well
10 as emergency preparedness and response related to vaccine-preventable diseases.

11 A critical component supporting these efforts is the Virgin Islands Immunization Registry
12 System (VIIRS), a confidential, population-based electronic database that records immunizations
13 administered by participating providers throughout the Territory.

14

15 **Provider Reporting and VIIRS Section**

16 A major accomplishment of the Immunization Program was the restoration of the Virgin Islands
17 Immunization Registry System (VIIRS) in January 2020 after the database sustained significant
18 damage during the 2017 hurricanes. With support from the CDC's Immunization Information
19 Systems Program, VIIRS was successfully rebuilt as a cloud-based platform.

20 Over the past six years, the Department has focused heavily on improving data quality, including
21 completeness, accuracy, validity, consistency, timeliness, availability, and usefulness. High-
22 quality data are essential to monitoring immunization coverage, identifying gaps in protection,
23 responding to vaccine-preventable disease outbreaks, and supporting informed public health
24 decision-making.

25 VIIRS currently contains immunization records dating back to 2009, providing a comprehensive
26 source of vaccination information for the Territory.

1 DOH clinical staff and vaccinating providers participating in the Vaccines for Children (VFC)
2 Program, the Section 317 Adult Vaccine Program, and independent provider practices have been
3 trained in the use of VIIRS. Despite these efforts, provider participation and reporting remain
4 below desired levels. The program's goal is to have 90 percent of vaccinating providers
5 onboarded and actively reporting to VIIRS. Currently, 77 percent of providers are enrolled, and
6 only 74 percent are consistently reporting immunization data, according to the 2024
7 Immunization Information System Annual Report.

8 To address this challenge, the Department used federal grant funding awarded in 2023 to help
9 offset the costs of establishing interoperability between provider electronic health record systems
10 and VIIRS. While several providers accepted this support, others did not. The Department is now
11 conducting provider focus groups to better understand barriers to reporting and identify
12 opportunities to improve participation and data sharing.

13

14 [Data Quality Statement](#)

15 Current data indicate that **820 children born between January 1, 2020, and December 31,**
16 **2025, are currently classified as unvaccinated within VIIRS because no vaccination record,**
17 **exemption, or documented refusal exists in the system. This creates uncertainty regarding**
18 **their true vaccination status and highlights the importance of complete and timely**
19 **immunization reporting.**

20

21 [Religious Exemption Recommendation](#)

22 Recently, Immunization Program Director Monife Stout attended the National Adult
23 Immunization and Influenza Summit. During the summit, data presented by American Families
24 for Vaccines, the nation's first pro-vaccine political advocacy organization, demonstrated that
25 states which have eliminated religious exemptions have experienced significant improvements in
26 vaccination rates. These states include California, Maine, Mississippi, New York, and West
27 Virginia.

1 Therefore, the Department recommends amending the bill to remove the religious exemption
2 contained in proposed Section 4120, Outbreaks, subsection (a)(1) and (3), as a necessary public
3 health measure to increase childhood immunization rates and reduce the risk of vaccine-
4 preventable disease outbreaks within the Territory.

5 Vaccination requirements have long been recognized by the courts as a valid exercise of
6 governmental authority to protect public health, particularly in school and childcare settings
7 where communicable diseases can spread rapidly among vulnerable populations. The proposed
8 amendment applies uniformly to all students and does not target any specific religious belief or
9 practice.

10 Given the Territory's ongoing concerns regarding childhood immunization compliance, the
11 Department believes limiting exemptions to medically necessary circumstances will better
12 protect children, families, and the public while ensuring exemptions are reserved for individuals
13 who cannot safely receive vaccinations due to documented medical conditions.

14 The Department believes this approach appropriately balances parental choice with the
15 Government's responsibility to protect public health, maintain safe educational environments,
16 and reduce the risk of preventable disease outbreaks.

17

18 **National Recognition Section**

19 The Immunization Program is currently in the final stages of procuring a new Immunization
20 Information System that will further expand interoperability and reporting capabilities. This year,
21 the Virgin Islands achieved national recognition as one of the first two Wisconsin Immunization
22 Registry (WIR)-based jurisdictions to successfully meet Aggregate Analysis Reporting Tool
23 validation standards across all five content areas: Transport, Submission and Acknowledgement,
24 Query and Response, Data Quality, and **Clinical Decision Support for Immunization**.

25 As the smallest WIR-based jurisdiction, this achievement reflects the dedication of our
26 Immunization Program staff and the Department's commitment to maintaining a high-performing
27 immunization information system.

1 **Conclusion**

2 In conclusion, the Department of Health strongly supports the intent of Bill No. 36-0278. By
3 codifying electronic reporting requirements and formalizing the exemption process, this
4 legislation will strengthen our immunization infrastructure, improve the completeness and
5 reliability of vaccination data, support timely public health interventions, and better protect the
6 health of children, families, and communities throughout the Virgin Islands.

7 I would like to thank the dedicated members of the Virgin Islands Department of Health
8 Immunization Program for their unwavering commitment to protecting public health. I also
9 extend my appreciation to Senator Fonseca and the members of this Committee for your
10 leadership on this important public health initiative. We stand ready to answer any questions you
11 may have.