



Non-Medical Exemptions to School Mandates

IZCoalitions Conference Call

Diane C. Peterson

June 28, 2012

Number and Percentage of Kg Children with Reported Exemption to Vaccination U.S., 2009–10 School Year

State	Percent Exempt
Washington	5.7
Vermont	5.3
Oregon	5.2
Alaska	3.8
Utah	3.6
Alabama	0.4
D.C./Kentucky	0.3
Rhode Island	0.2
West Virginia/Mississippi	0.0

CDC. Vaccination Coverage Among Children in Kindergarten—U.S.,
2009–10 School Year. *MMWR* 2011;60:700–704.

Are Your Kids Vaccinated? More Parents Choosing Not To Have Kids Get Shots.

Author: Carole D'Amico

Published: November 28, 2011 at 5:45 pm

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Source: technorati.com (11/28/2011)

Are 'opt-out' parents and unvaxxed kids a health threat?

More and more parents [are opting out of vaccinations for their kids](#).

Live Poll

Do you think it's OK for parents to opt out of vaccines for their kids?

In eight states now, more than 1 in 20 public school kindergartners aren't getting all the vaccines required for attendance, an Associated Press analysis found. That growing trend among parents seeking vaccine exemptions has health officials worried about outbreaks of diseases that once were all but stamped out.

"Study after study after study has shown that vaccines are safe, so why are so many parents still convinced it's not right for their children?" TODAY's Matt Lauer asked NBC Chief Medical Editor Dr. Nancy Snyderman.

Today Moms; msnbc; 11/29/2011)

More parents opting out of school vaccinations for their kids

Posted: Nov 29, 2011 3:58 PM CST

Updated: Dec 09, 2011 3:59 PM CST

COLUMBIA, SC (WIS) - A new study suggests many kids don't have the vaccinations they need to attend public school.

Recently, the A-P research looked at several states and found that eight of them had a growing number of parents seeking exemptions for their children.

While South Carolina was not at the top of the list, one doctor says misconceptions could be to blame.

Dr. Anna-Kathryn Rye is the division director of pediatric infectious diseases at Palmetto Health Children's Hospital. She says having a large number of unvaccinated children in any state, could mean new outbreaks of diseases we haven't seen in a while.

"We've already started to see outbreaks of certain vaccine preventable diseases specifically pertussis," said Dr. Rye.

According to DHEC, even though the number of parents opting out of vaccinating their children in South Carolina is less than one percent, outbreaks still remain a concern for some of families.

Dr Rye says usually those concerns fall into one of three categories; the first is that thimerosal in vaccines cause autism.

"That has been completely ruled out as a cause of autism," said Dr. Rye.

"However, I will say, nowadays almost all childhood vaccines are thimerosal free."

November 28, 2011 10:49 AM

Vaccines for kids shirked in eight states

By David W Freeman Topics Health Care , News , Kids and family



(Credit: istockphoto)

(CBS/AP) Have parents given the cold shoulder to immunizations for their kids? In eight states, more than 1 in 20 public school kindergartners fail to get all the vaccines required for attendance, according to a new Associated Press analysis. That apparent trend has health officials worried about outbreaks of diseases that once were all but eliminated.

PICTURES - Vaccines for kids: 8 states where parents say no

The analysis found that more than half of states have seen at least an uptick in the rate of exemptions in the past five

years.

It's "really gotten much worse," said Mary Selecky, secretary of health for Washington state, where 6 percent of public school parents have opted out.

Source: CBSNews.com (11/29/2011)

Impact of PBEs on disease

- ▶ Exemptors were 35 times more likely to contract measles than were vaccinated persons. (*JAMA*, 1999)
- ▶ Exemptors to school imm requirements were 22.2 times more likely to acquire measles and 5.9 times more likely to acquire pertussis than were vaccinated children. (*JAMA*, 2000)
- ▶ Vaccine refusers had a 23-fold higher risk for pertussis when compared with vaccine acceptors. (*Pediatrics*, 2009)
- ▶ Vaccine refusers had a 9-fold higher risk of varicella illness. (*Archives of Peds & Adol Med*, 2010)

See www.immunize.org/catg.d/p2069.pdf

Non-Medical Exemptions by Ease of Exemption 1991 - 2007

- ▶ Religious + PBEs = higher nonmedical exemption rates
- ▶ Religious exemptions = lower nonmedical exemption rates
- ▶ Easily granted exemptions = higher exemption rates
- ▶ Medium/difficult exemptions = lower nonmedical exemption rates

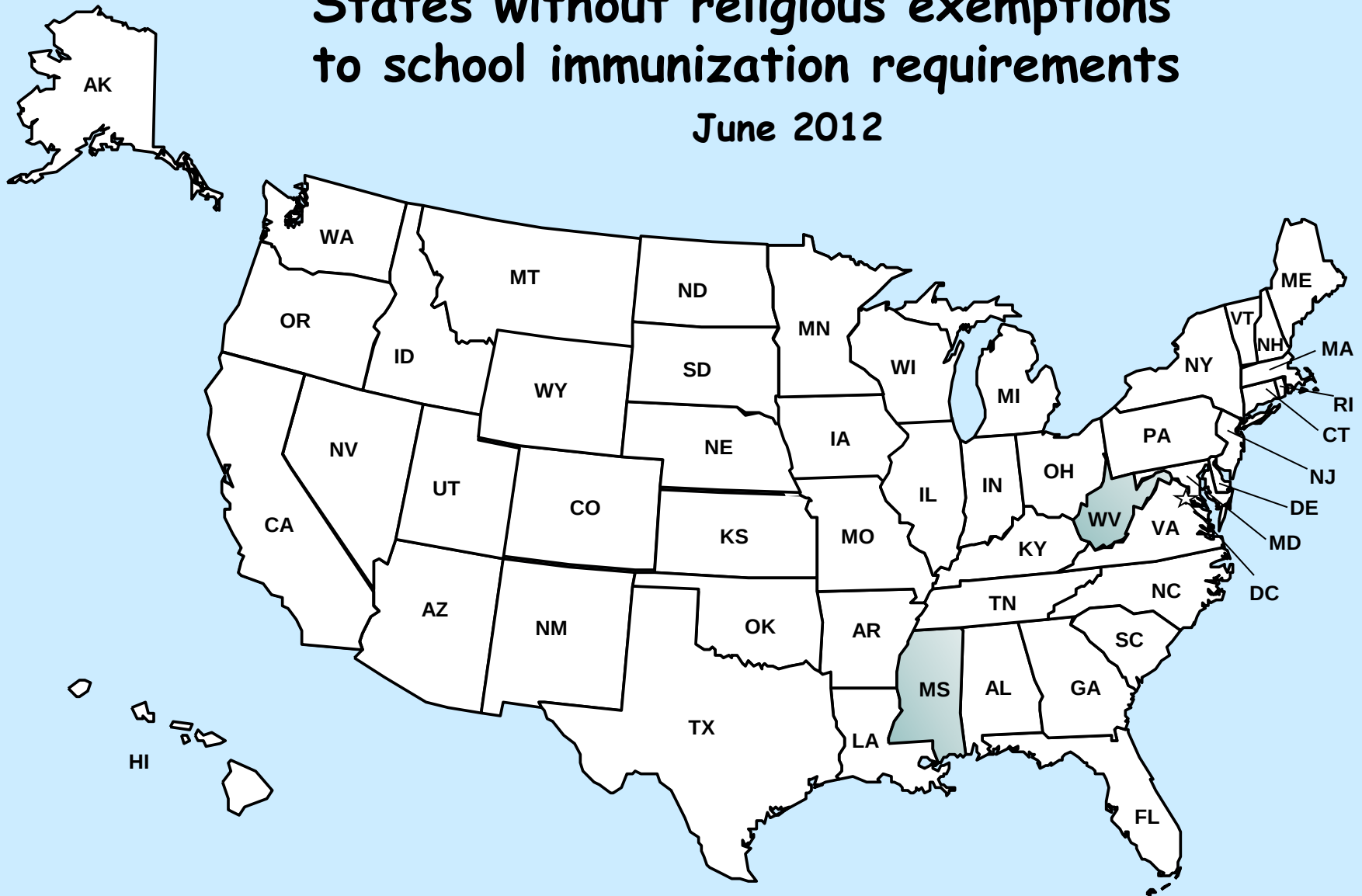
Omer et al., Nonmedical Exemptions to School Imm Requirements. *JAMA*, 2006

Types of non-medical, non-religious exemptions

- ▶ Personal beliefs/personal reasons/convictions (7)
- ▶ Philosophical/moral reasons (4)
- ▶ Other grounds/objections/written objection (3)
- ▶ Conscientiously held beliefs/reasons of conscience (3)
- ▶ Philosophical or personal objection (1)
- ▶ Strong moral or ethical conviction similar to a religious belief (1)

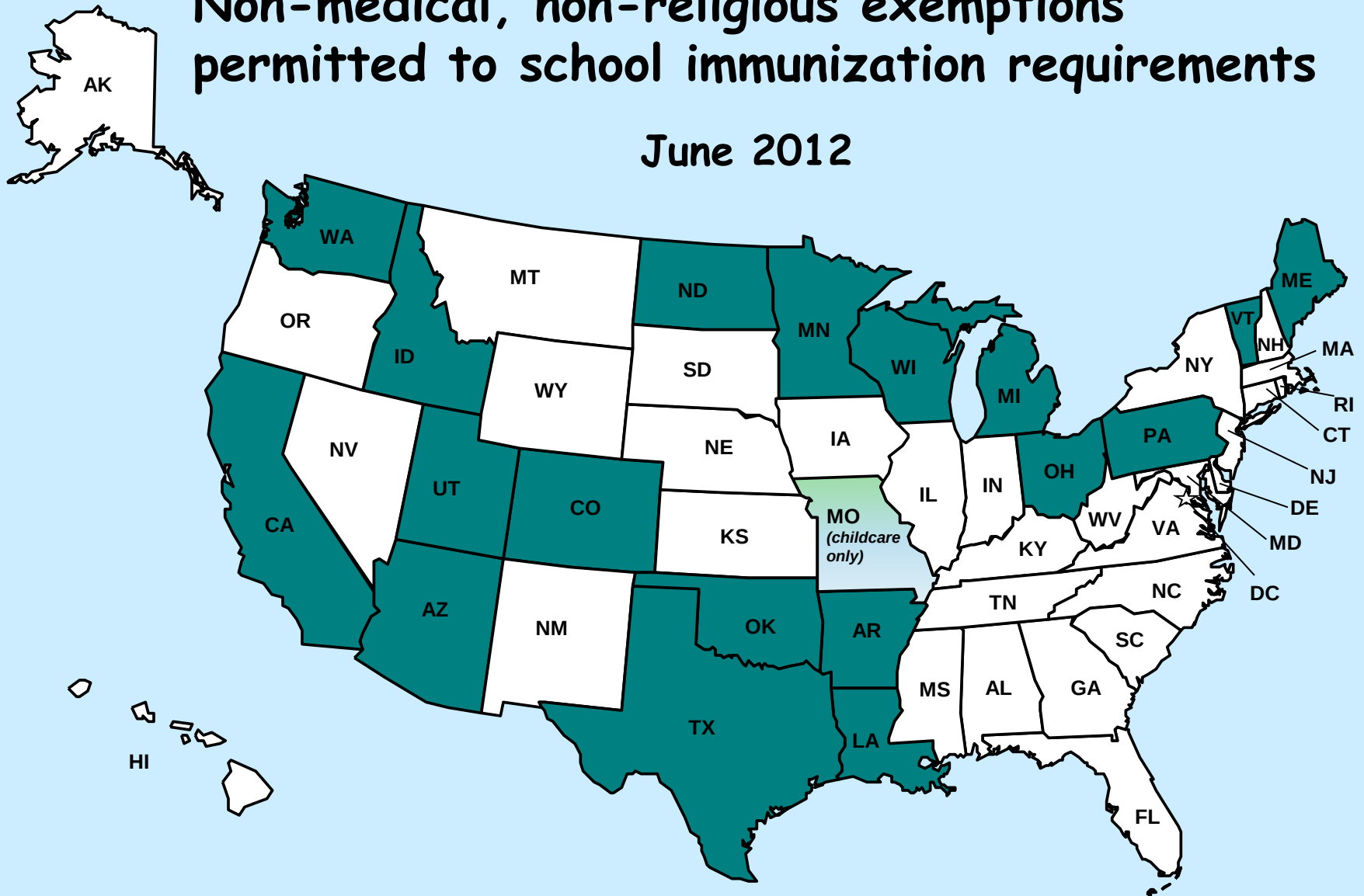
States without religious exemptions to school immunization requirements

June 2012



Non-medical, non-religious exemptions permitted to school immunization requirements

June 2012



A Statement Regarding Personal Belief Exemption from Immunization Mandates

—from—

The Pediatric Infectious Diseases Society

March 2011

—Position Statement—

The Pediatric Infectious Diseases Society is the world's largest organization of individuals dedicated to the treatment, control, and eradication of infectious diseases in children. As such, and given the background and rationale outlined below, the society opposes any legislation or regulation that would allow children to be exempted from mandatory immunizations based simply on their parents', or, in the case of adolescents, their own, secular personal beliefs.

It is recognized that in some states, failure to pass personal belief exemption immunization mandates. If legislation or regulation is being considered in this situation, it should contain the following provisions, which are intended to minimize use of exemptions as the "path of least resistance" for children who are behind on immunizations (whereby it would be easier to obtain an exemption than to catch-up the child's immunizations):¹

- The personal belief against immunization must be sincere and firmly held.
- Before a child is granted an exemption, the parents or guardians must receive state-approved counseling that delineates the personal and public health importance of immunization, the scientific basis for safety of vaccines, and the consequences of exemption for their child as well as other children in the community who are vulnerable to disease and cannot otherwise be protected.
- Before a child is granted an exemption, the parents or guardians must sign a statement that delineates the basis, strength, and duration of their belief; their understanding of the risks that refusal to immunize has on their child's health and the health of others (including the potential for serious illness or death); and their acknowledgement that they are making the decision not to vaccinate on behalf of their child.
- Parents and guardians who claim exemptions should be required to revisit the decision annually with a state-approved counselor and should be required to sign a statement each year to renew the exemption.
- Children should be barred from school attendance and other group activities if there is an outbreak of a disease that is preventable by a vaccination from which they have been exempted. Parents and guardians who claim exemptions for their children should acknowledge in writing their understanding that this will occur.

Recommended Components of State PBE

- ▶ Personal belief must be sincere & firmly held
- ▶ Parents/guardians must receive state-approved counseling
- ▶ Parents/guardians must sign a statement delineating
 - the basis, strength, and duration of their belief
 - their understanding of the risks on the child's health and to others
 - their acknowledgment that decision is on behalf of their child
- ▶ Parents/guardians required to
 - revisit the decision annually with a state-approved counselor
 - submit signed statement annually
 - acknowledge in writing their awareness that child will be excluded if outbreak
- ▶ State must track PBE rates and evaluate impact on VPDs

**A Statement Regarding Personal Belief Exemption from Immunization Mandates
from The Pediatric Infectious Diseases Society, March 2011**

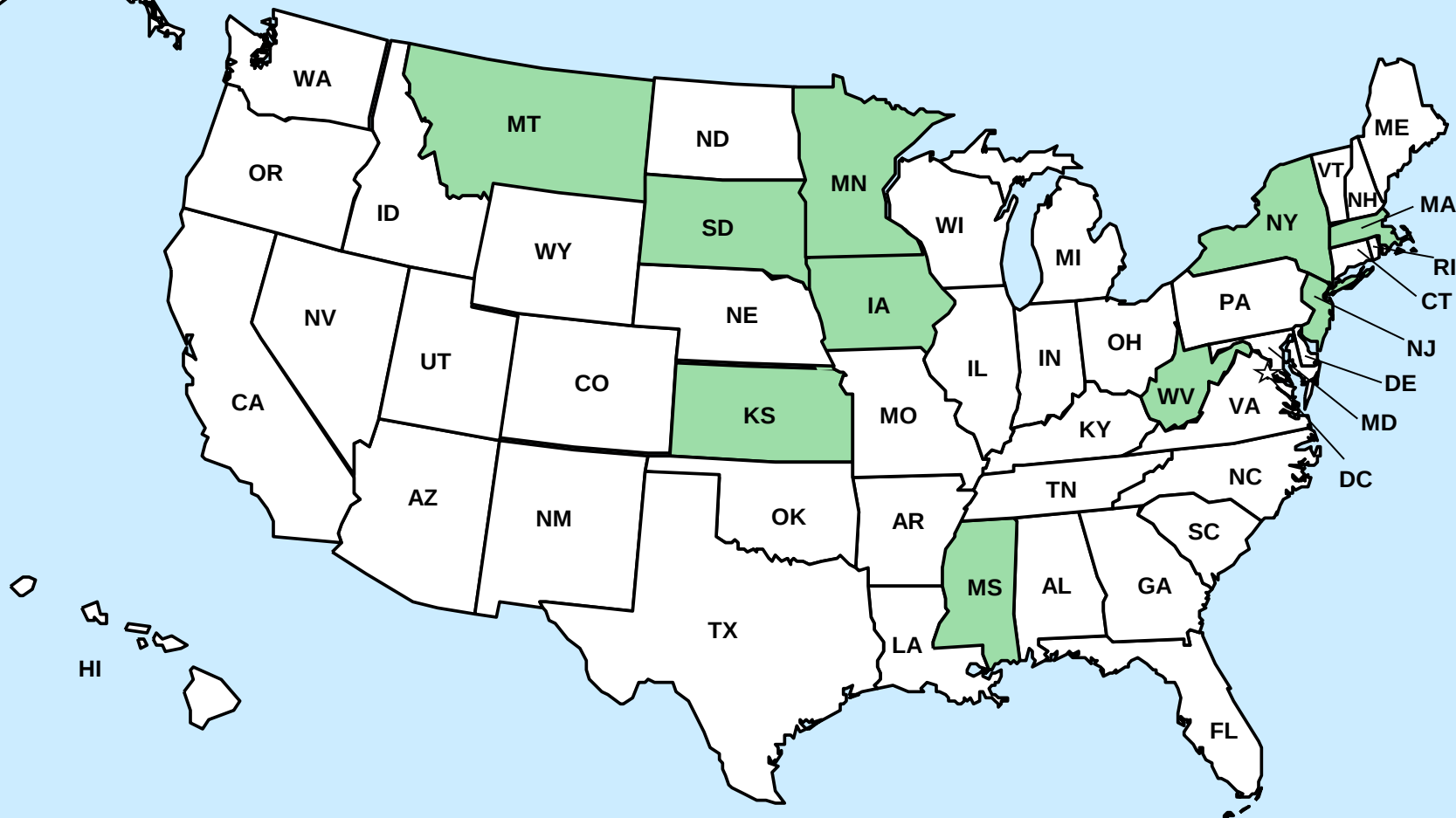


Additional existing safeguards within non-medical exemptions to state imm mandates

- ▶ No additional requirements (7)
- ▶ One additional requirement (7)
 - Parent given risk/benefit info
 - Signed affidavit or letter
 - SHD/LHD form (3)
 - Notarized
 - Witness by LHO
- ▶ Two additional requirements (2)
 - SHD form; reasons given in writing
 - Signed affidavit; limited to 2 years
- ▶ Three additional requirements (1)
 - SHD form, risk/benefit information, signed by HCP
- ▶ Four additional requirements (1)
 - SHD form, notarized, risk/benefit information, limited to 1 year



States with legislation expanding/adding non-medical exemptions in 2011-12

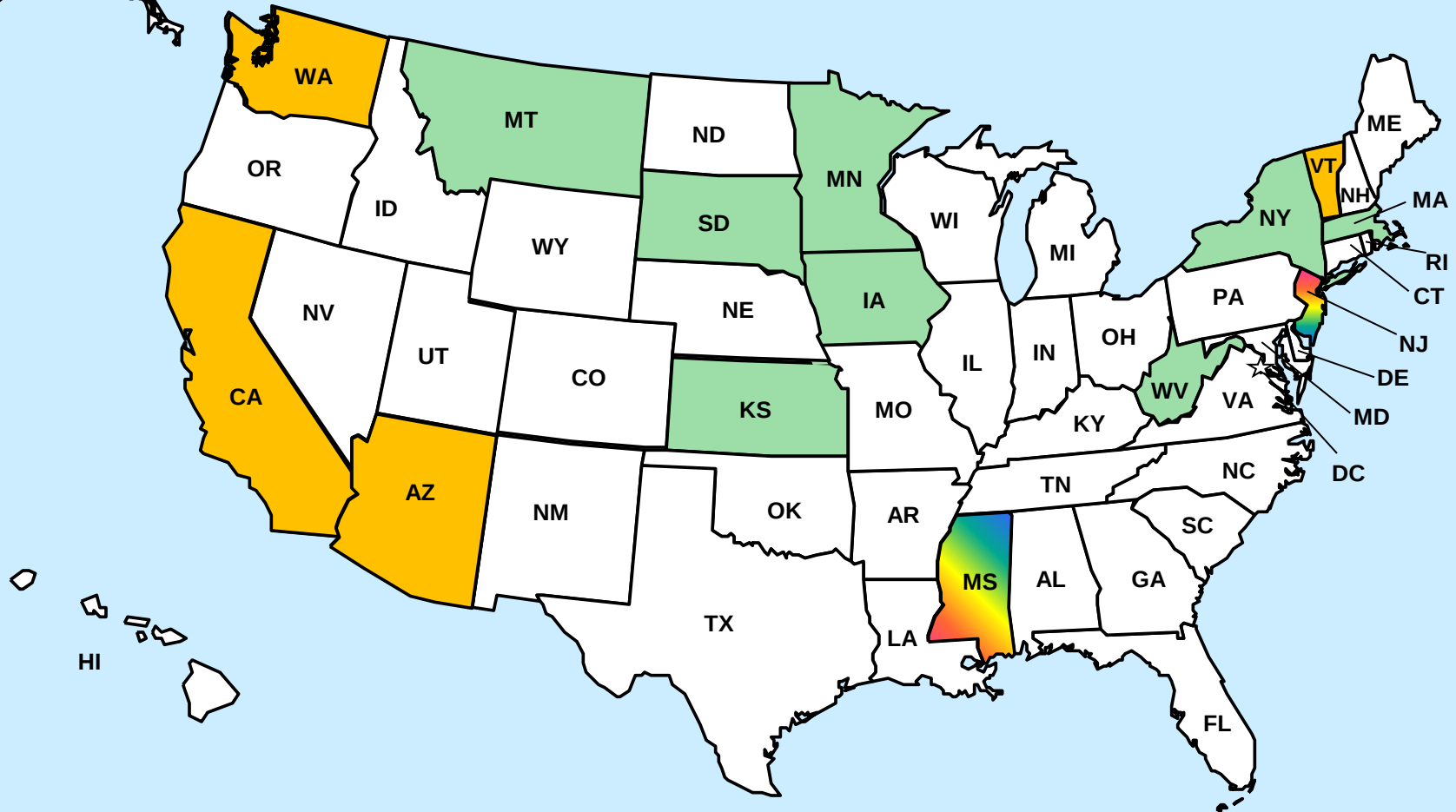


Legislative Proposals in 2011-12

- ▶ Add a non-medical exemption (8 in 2011; 7 in 2012)
- ▶ Removes notarization requirement (1 in 2012)



States with legislation pertaining to non-medical exemptions in 2011-12



States with Legislative Proposals in 2011-12 to Strengthen Exemptions

- ▶ Arizona: stmt from HCP; risk/benefit info given
- ▶ California: stmt from HCP; risk/benefit info given
- ▶ Mississippi: multiple safeguards
- ▶ New Jersey: written explanation of religious conflict
- ▶ Vermont: eliminate PBE
- ▶ Washington: stmt from HCP; risk/benefit info given

Mississippi (introduced; not enacted)

- ▶ Parent/guardian must apply to LHO for “certificate of exemption”
- ▶ Parent/guardian must acknowledge specific information
- ▶ LHO must consider community variables
- ▶ Certificate is time limited
- ▶ Exemption may be revoked
- ▶ Exemptors placed in state registry

Vermont (effective 7/1/2012)

- ▶ Parent/guardian must use state form
- ▶ Parent/guardian must acknowledge review and understanding of:
 - Evidence-based information on immunizations
 - Failure to vaccinate increases risk of VPD
 - Possibility of transmission of life-threatening disease to unprotected vulnerable child
- ▶ Certificate is time limited (1 year)
- ▶ Applies to religious and philosophical exemptions

Personal belief exemptions for vaccination put people at risk. Examine the evidence for yourself.

Enforcement of mandatory immunization requirements for children entering childcare facilities and schools has resulted in high immunization coverage levels. While all states and the District of Columbia allow exemptions from the requirements for medical reasons, and all but two offer exemptions to accommodate religious beliefs, 20 states allow exemptions

based on parents' personal beliefs. Several recent outbreaks of measles, pertussis, and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief exemptions. To understand the impact of vaccine refusal, examine the evidence for yourself.

1. **Measles in the United States during the postelimination era.** Parker Fiebelkorn A, Redd SB, Gallagher K, et al. *J Infect Dis* 2010; 202(10):1520-28.

Summary: A descriptive analysis of all cases of measles reported in the United States during 2001-2008.

Key findings: A total of 557 confirmed cases of measles and 38 outbreaks were reported during 2001-2008. Of these outbreaks, the 3 largest occurred primarily among personal belief excluders (defined as persons who were vaccine eligible, according to recommendations of the Advisory Committee on Immunization Practices or the World Health Organization, but remained unvaccinated because of personal or parental beliefs). During 2004-2008, a total of 68% of reported measles cases were among unvaccinated U.S. residents, who were age-eligible for vaccination but who claimed a personal belief exemption to state immunization requirements.

Link: www.ncbi.nlm.nih.gov/pubmed/20929352

2. **Measles outbreak in a highly vaccinated population, San Diego, 2008: role of the intentionally undervaccinated.** Sugerman DE, Barskey AE, Delea MG, et al. *Pediatrics* 2010; 125(4):747-55.

Summary: Researchers mapped vaccination-refusal rates by school and school district, analyzed measles-transmission patterns, and conducted discussions and surveys to examine beliefs of parents who decline vaccination for their children.

Key findings: An intentionally unvaccinated 7-year-old child who was unknowingly infected with measles returned from Switzerland, resulting in 11 additional measles cases and in known measles exposure of more than 800 people. In San Diego, high personal belief exemption (PBE) rates were found in 10 schools (range, 42%-100%); schools and districts with high refusal rates were clustered geographically. Across all surveyed kindergartens, higher PBE rates correlated strongly with lower measles vaccination rates.

Link: www.ncbi.nlm.nih.gov/pubmed/20308208

3. **Parental refusal of varicella vaccination and the associated risk of varicella infection in children.** Glanz JM, McClure DL, Magid DJ, Daley MF, France EK, Hambidge SJ. *Archives of Pediatrics & Adolescent Medicine* 2010; 164(1):66-70.

Summary: A case-control study of 133 physician-diagnosed cases of varicella among Kaiser Permanente Colorado members between 1998 and 2008; each case was matched with 4 randomly selected controls (i.e., people who did not have varicella disease).

Key findings: Compared with children of vaccine-accepting parents, children of vaccine-refusing parents had a 9-fold higher risk of vari-

cella illness. Overall, 5% of varicella cases in the study population were attributed to vaccine refusal.

Link: www.ncbi.nlm.nih.gov/pubmed/20048244

4. **Parental refusal of pertussis vaccination is associated with an increased risk of pertussis infection in children.** Glanz JM, McClure DL, Magid DJ, et al. *Pediatrics* 2009; 123(6):1446-51.

Summary: A case-control study of 156 physician-diagnosed cases of pertussis among Kaiser Permanente Colorado members between 1996 and 2007; each case was matched with 4 randomly selected controls (n=595).

Key findings: Vaccine refusers had a 23-fold higher risk for pertussis when compared with vaccine acceptors, and 11% of pertussis cases in the entire study population were attributed to vaccine refusal.

Link: www.ncbi.nlm.nih.gov/pubmed/19482753

5. **Invasive Haemophilus influenzae type b disease in five young children — Minnesota, 2008.** CDC. *Morbidity and Mortality Weekly Report (MMWR)* 2009; 58(03):58-60.

Summary: In 2008, during routine surveillance conducted by public health workers in Minnesota for invasive *H. influenzae* type b (Hib) disease, five children ages 5 months to 3 years were reported with invasive Hib disease; one child died.

Key findings: Three of the five children with invasive Hib disease had not been vaccinated. One of the children was too young to complete the primary series of Hib vaccine, and another child, who had completed the primary series, was found to have an immune disorder that impairs response to vaccination.

Link: www.cdc.gov/mmwr/preview/mmwrhtml/mm5803a.htm

6. **Geographic clustering of nonmedical exemptions to school immunization requirements and associations with geographic clustering of pertussis.** Omer SB, Enger KS, Moulton LH, Halsey NA, Stokley S, Salmon DA. *Am J Epidemiol* 2008; 168:1389-96.

Summary: Researchers evaluated the geographic clustering of personal belief exemptions in Michigan (1991-2004; N=4,495 schools) and measured the geographic overlap between exemption clusters and clusters of reported pertussis cases (1993-2004; N=1,109 cases among people 18 years and younger).

Key findings: Researchers reported significant overlap between clusters of exemptions and clusters of pertussis cases. In addition, exemption rates appear to be increasing in Michigan, and nonmedical exemptions tend to be geographically clustered.

Link: www.ncbi.nlm.nih.gov/pubmed/18922998 (Page 1 of 2)

www.immunize.org/catg.d/p2069.pdf • Item #P2069 (10/10)

for vaccinations ...

ed with a church congregation: a study of congregation members. Kennedy AM, *Reports* 2008; 123(2):126-34.

ducted a focus group and interviews with following a measles outbreak among

usal was attributed to a combination of and safety concerns among a subgroup of interviewees from outbreak households, vaccine prior to the outbreak. Four of the reported that they would consider some or in the future.

ov/pubmed/18457065

States, January-July 2008. CDC. *Morbidity and Mortality Weekly Report (MMWR)* 2008; 57(33):893-6.

alysis of reported cases of measles occurring through July 2008.

31 measles cases were reported to CDC 2008, the highest number of year-to-date patients, including 4 children younger than 12. One hundred twelve of the reported had unknown vaccination status; of these, 10. The majority of these 95 cases (66%) unvaccinated because of philosophical or

/preview/mmwrhtml/mm5733a1.htm

osophical exemptions on childhood immunization. Tyson S, Card-Higginson P, et al. *Native Medicine*; 2007;32(3):194-201.

rkansas implemented a nonmedical (i.e., exemption process (Act 999). Investigators number and geographic clustering of ex- (year 1, year 2) and 2 years after (year 2) exemptions were made available in Arkansas.

of a philosophical or religious exemption led to a significant increase in the total in Arkansas. In year 4, nonmedical higher than in year 1, whereas the absolute ons dropped by more than half compared ts with the highest exemption rates (range, 10-15%). All exemptions granted were cate- gorical.

ov/pubmed/17296471

school immunization requirements: secu- of state policies with pertussis incidence. NA, et al. *JAMA* 2006; 296(14):1757-63. dren claiming nonmedical exemptions at and incidence of pertussis in children ages 5-2004.

ates for states that allowed only religious out 1% between 1991 and 2004; however, tions for personal beliefs, the mean exemp- 9% to 2.54%. The study found associations incidence and state policies that allowed or easily-obtained exemptions in general.

ov/pubmed/17032989

11. **Implications of a 2005 measles outbreak in Indiana for sustained elimination of measles in the United States.** Parker AA, Stages W, Dayan GH, et al. *N Engl J Med* 2006; 355:447-55.

Summary: A case-series investigation of the largest documented U.S.-based measles outbreak since 1996; included molecular typing of viral isolates, surveys of vaccination rates, interviews about vaccination attitudes, and cost surveys.

Key findings: This U.S. measles outbreak was caused when an unvaccinated teenager returned from Romania and introduced measles into a group of children whose parents objected to vaccination. Among people exposed at a church gathering, 50 lacked immunity to measles, 16 (32%) of whom acquired measles. During the 6 weeks after the gathering, a total of 34 cases of measles were confirmed. Of the people with confirmed measles, 97% were members of the church, 94% were unvaccinated, and 82% were children ages 5 to 19 years. In this outbreak, 68% of the containment cost was incurred by a single hospital, where an undervaccinated employee potentially exposed children, immunocompromised patients, and employees to measles.

Link: www.ncbi.nlm.nih.gov/pubmed/16885548

12. **The cost of containing one case of measles: the economic impact on the public health infrastructure—Iowa, 2004.** Dayan GH, Ortega-Sanchez IR, LeBaron CW, Quinlisk MP, Iowa Measles Response Team. *Pediatrics* 2005; 116:e1-e4.

Summary: Measurement of activities performed, personnel time and materials allocated, and direct costs incurred in 2004 U.S. dollars by the Iowa public health infrastructure during the study period of March 5 (date of first contact about possible case) through May 12, 2004 (date of final meeting).

Key findings: Total estimated cost of one case of measles: \$142,452, of which 75% was attributable to personnel costs and overhead.

Link: www.ncbi.nlm.nih.gov/pubmed/15995008

13. **Individual and community risk of measles and pertussis associated with personal exemptions to immunizations.** Feikin DR, Lezotte DC, Hamman RF, Salmon DA, Chen RT, Hoffman RE. *JAMA* 2000; 284(24):3145-50.

Summary: A population-based, retrospective cohort study of all reported measles and pertussis cases among children ages 3-18 years in Colorado during 1987-1998.

Key findings: Exemptors were 22.2 times more likely to acquire measles and 5.9 times more likely to acquire pertussis than were vaccinated children. At least 11% of vaccinated children in measles outbreaks acquired infection through contact with exemptors.

Link: www.ncbi.nlm.nih.gov/pubmed/11135778

14. **Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles.** Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith NJ, Chen RT. *JAMA* 1999; 281(2):47-53.

Summary: A population-based, retrospective cohort study of measles surveillance data collected by the CDC from 1985 through 1992 and a review of annual state immunization program reports on prevalence of exemptors and vaccination coverage. The study group was restricted to school-aged children (5-19 years old).

Key findings: On average, exemptors were 35 times more likely to contract measles than were vaccinated persons.

Link: www.ncbi.nlm.nih.gov/pubmed/10404911

www.immunize.org/catg.d/p2069.pdf • Item #P2069 (10/10)

• 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org

Decision to Not Vaccinate My Child

I am the parent/guardian of the child named at the bottom of this form. My healthcare provider has recommended that my child be vaccinated against the diseases indicated below. I have been given a copy of the Vaccine Information Statement (VIS) that explains the benefits and risks of receiving each of the vaccines recommended for my child. I have carefully reviewed and considered all of the information given to me. However, I have decided not to have my child vaccinated at this time. I have read and acknowledge the following:

- I understand that some vaccine-preventable diseases (e.g., measles, mumps, pertussis [whooping cough]) are infecting unvaccinated U.S. children, resulting in many hospitalizations and even deaths.
- I understand that though vaccination has led to a dramatic decline in the number of U.S. cases of the diseases listed below, some of these diseases are quite common in other countries and can be brought to the U.S. by international travelers. My child, if unvaccinated, could easily get one of these diseases while traveling or from a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or whose medical condition (e.g., leukemia, other forms of cancer, immune system problems) prevents them from being vaccinated. This could result in long-term complications and even death for the other child.
- I understand that if *every* parent exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my child may not be protected by "herd" or "community" immunity (i.e., the degree of protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect even the very few unvaccinated people living in highly vaccinated populations.
- I understand that if my child is not vaccinated and consequently becomes infected, he or she could experience serious consequences, such as amputation, pneumonia, hospitalization, brain damage, paralysis, meningitis, seizures, deafness, and death. Many children left intentionally unvaccinated have suffered severe health consequences from their parents' decision not to vaccinate them.
- I understand that my child may be excluded from his or her child care facility, school, sports events, or other organized activities during disease outbreaks. This means that I could miss many days of work to stay home with my child.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all clearly support preventing diseases through vaccination.

Vaccine / Disease	vis given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccine (initials of parent/guardian)
Diphtheria-tetanus-pertussis (DTaP)			
<i>Haemophilus influenzae</i> type b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Human papillomavirus (HPV)			
Influenza			
Measles-mumps-rubella (MMR)			

Vaccine / Disease	vis given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccine (initials of parent/guardian)
Meningococcal (MCV)			
Varicella (Var)			
Pneumococcal conjugate (PCV)			
Polio, inactivated (IPV)			
Rotavirus (RV)			
Tetanus-diphtheria (Td)			
Tetanus-diphtheria-pertussis (Tdap)			

In signing this form, I acknowledge I am refusing to have my child vaccinated against one or more diseases listed above; I have placed my initials in the column titled "I decline this vaccine" to indicate the vaccine(s) I am declining. I understand that at any time in the future, I can change my mind and vaccinate my child.

Child's name: _____ Date of birth: _____

Parent/guardian signature: _____ Date: _____

Doctor/nurse signature: _____ Date: _____

www.immunize.org/catg.d/p4059.pdf • Item #P4059 (1/11)

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Additional information for healthcare professionals about IAC's "Decision to Not Vaccinate My Child" form

Unfortunately, some parents will decide not to give their child some or all vaccines. For healthcare providers who want to assure that these parents fully understand the consequences of their decision, the Immunization Action Coalition (IAC) has produced a new form titled "Decision to Not Vaccinate My Child." IAC's form, which accompanies this page of additional information, facilitates and documents the discussion that a healthcare professional can have with parents about the risks of not having their child immunized before the child leaves the medical setting. Your use of IAC's form demonstrates the importance you place on timely and complete vaccination, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may encourage a vaccine-hesitant parent to accept your recommendations. According to an American Academy of Pediatrics (AAP) survey on immunization practices, almost all pediatricians reported that when faced with parents who refuse vaccination they attempt to educate parents regarding the importance of immunization and document the refusal in the patient's medical record.¹

Recommendations from the child's healthcare provider about a vaccine can strongly influence parents' final vaccination decision.² Most parents trust their children's doctor for vaccine-safety information (76% endorsed "a lot of trust"), according to researchers from the University of Michigan.³ Similarly,

analyses of the 2009 HealthStyles Survey found that the vast majority of parents (81.7%) name their child's doctor or nurse as the most important source that helped them make decisions about vaccinating their child.⁴ Gust and colleagues found that the advice of their children's healthcare provider was the main factor in changing the minds of parents who had been reluctant to vaccinate their children or who had delayed their children's vaccinations.⁵ Vaccine-hesitant parents who felt satisfied with their pediatricians' discussion of vaccination most often chose vaccination for their child.⁶

All parents and patients should be informed about the risks and benefits of vaccination. This can be facilitated by providing the appropriate Vaccine Information Statement (VIS) for each vaccine to the parent or legal representative, which is a requirement under federal law when vaccines are to be given. When parents refuse one or more recommended immunizations, document that you provided the VIS(s), and have the parent initial and sign the vaccine refusal form. Keep the form in the patient's medical record. Revisit the immunization discussion at each subsequent appointment. Some healthcare providers may want to flag the charts of unimmunized or partially immunized children to be reminded to revisit the immunization discussion. Flagging also alerts the provider about missed immunizations when evaluating illness in children, especially in young children with fever of unknown origin.

What do others say about documentation of parental refusal to vaccinate?

American Academy of Pediatrics (AAP): "Pediatricians need to explain the risks of not vaccinating and should have (parents) sign an informed refusal document at each visit during which vaccination is declined. A sample AAP Refusal to Vaccinate form is available at www.aap.org/immunization."⁷

Association of State and Territorial Health Officials (ASTHO): "To address the risk of VPD, states should consider adopting more rigorous standards for non-medical vaccine exemptions that require parents to demonstrate that they have made a conscious, concerted, and informed decision in requesting these exemptions for their children. An example of such a standard might include a requirement for parents to complete a form that explicitly states the grounds for the exemption and requires them to acknowledge awareness of the disease-specific risks associated with not vaccinating their child(ren)."⁸

National Association of County & City Health Officials (NACCHO): "School systems and childcare facilities (where appropriate) should use an exemption application form that requires a parental signature acknowledging their understanding that their decision not to immunize places their child and other children at risk for diseases and ensuing complications. The form should also state that in the event of an exposure to a vaccine-preventable illness, their child would be removed from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, which is standard public health practice."⁹

Pediatric Infectious Diseases Society (PIDS): PIDS "opposes any legislation or regulation that would allow children to be exempted from mandatory immunizations based simply on their parents', or, in the case of adolescents, their own, secular personal beliefs." PIDS further recognizes that many states have or are considering adopting legislation or regulation that would allow for personal belief exemptions and outlines specific provisions to minimize use of exemptions as the "path of least resistance." One of the provisions reads as follows: "Before a child is granted an exemption,

the parents or guardians must sign a statement that delineates the basis, strength, and duration of their belief; their understanding of the risks that refusal to immunize has on their child's health and the health of others (including the potential for serious illness or death); and their acknowledgment that they are making the decision not to vaccinate on behalf of their child."¹⁰

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In conclusion

- ▶ Vaccines are good; VPDs are bad
- ▶ Process for obtaining legal exemption should be no easier than getting vaccinated
- ▶ State should track clusters of exempted students
- ▶ Consider proposing additional administrative procedures within existing exemption(s)
- ▶ Before submitting proposals, build support with immunization partners (i.e., coalitions)

Thank you!!!

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