

Immunization Policy Issues: Focus on Non-Medical Exemptions to School/Childcare Imm Mandates

The National Conference on Immunization
and Health Coalitions

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May 22, 2014

Today's Presentation

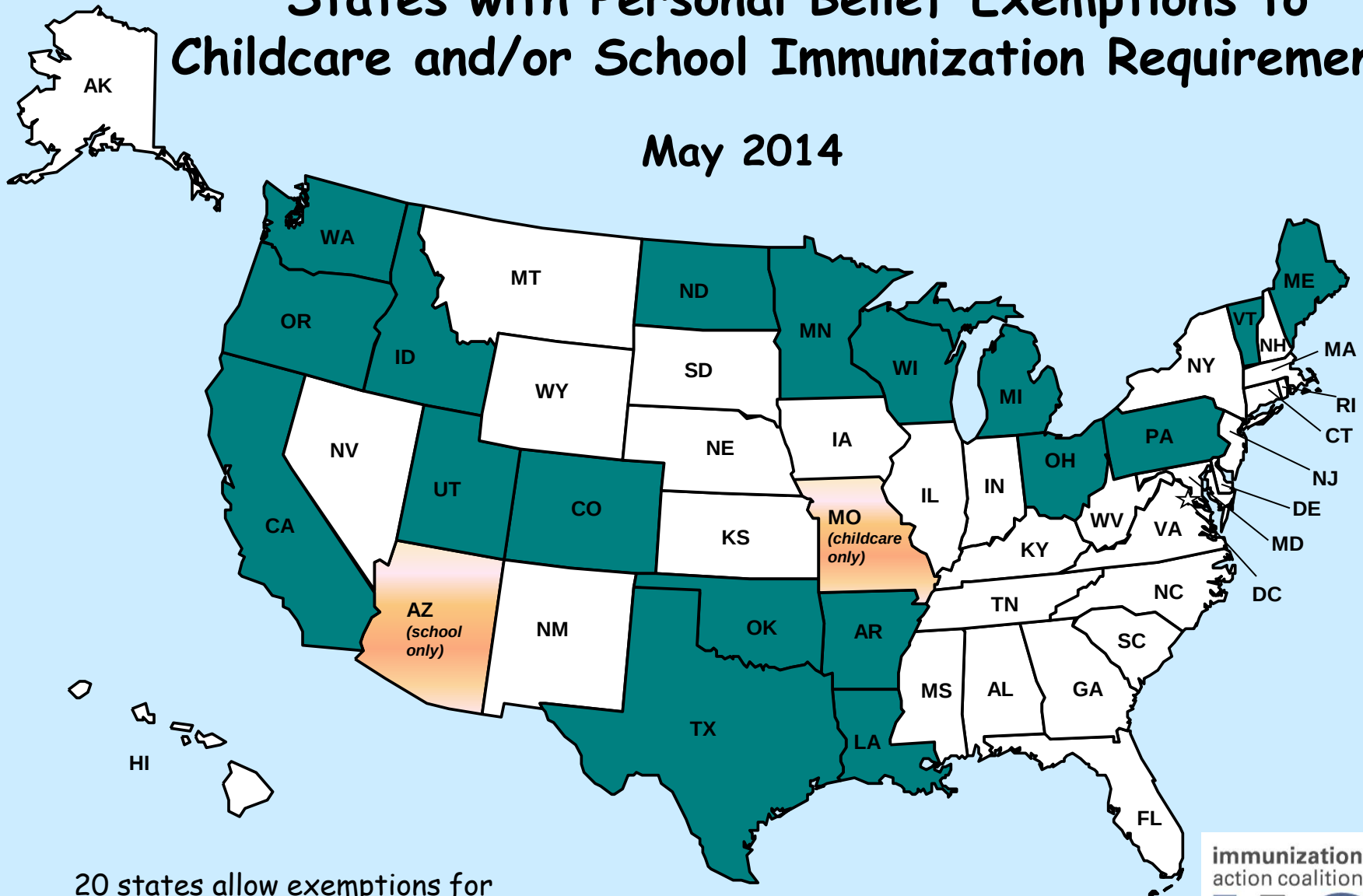
- ▶ Overview of states with religious and/or personal belief exemptions
- ▶ States' ranking for PBEs
- ▶ Impact of PBEs on disease
- ▶ Examples of exemption-related policy statements
- ▶ Legislative efforts to strengthen/weaken PBEs

Types of non-medical, non-religious exemptions

- ▶ Personal beliefs/personal reasons/convictions (7)
- ▶ Philosophical/moral reasons (5)
- ▶ 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 with Personal Belief Exemptions to Childcare and/or School Immunization Requirements

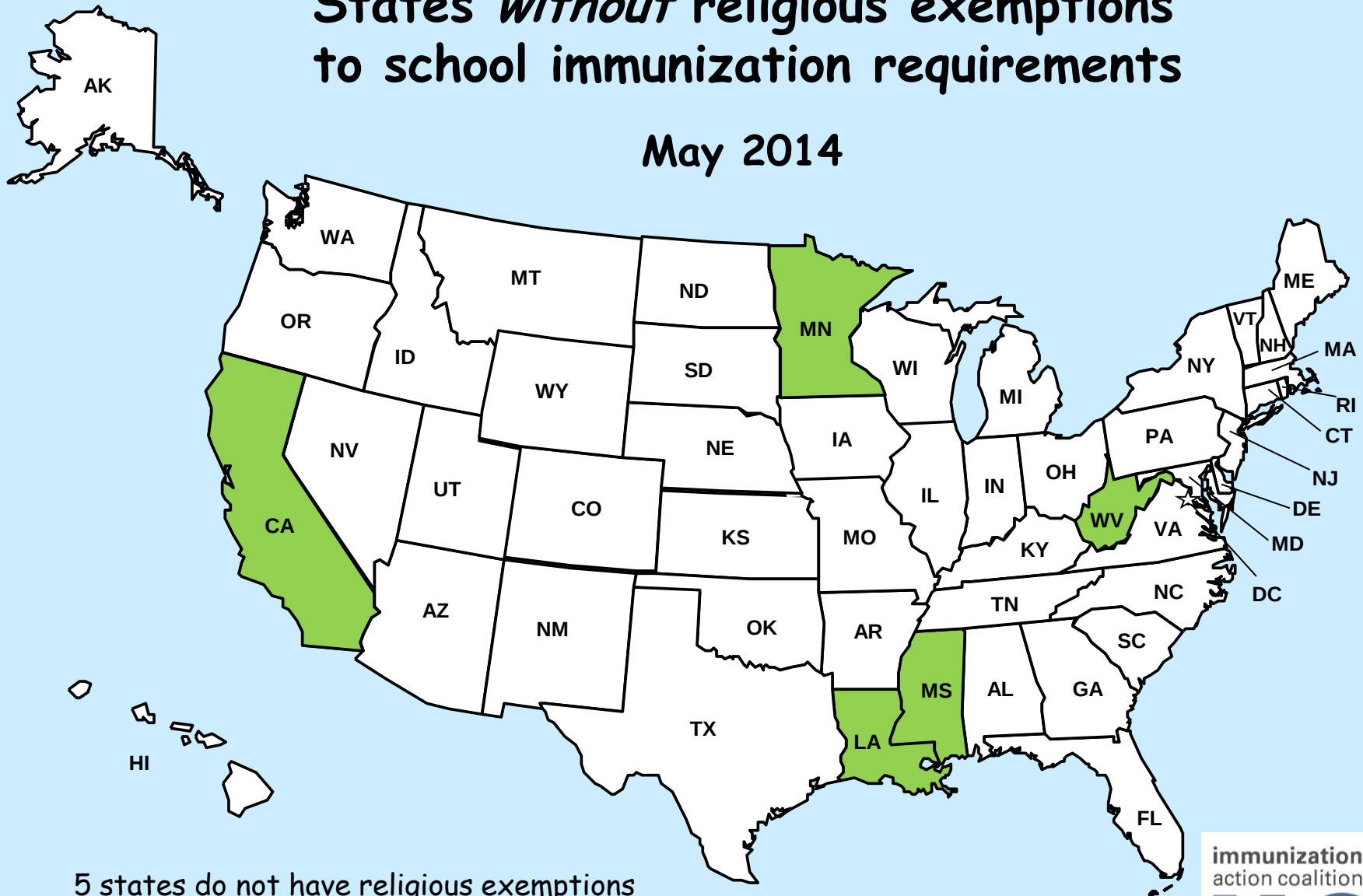
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20 states allow exemptions for
non-medical, non-religious reasons

States *without* religious exemptions to school immunization requirements

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5 states do not have religious exemptions

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

State	2009-10
Washington	5.7
Vermont	5.3
Oregon	5.2
Alaska	3.8
Utah	3.6

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

Number and Percentage of Kg Children with Reported Exemption to Vaccination U.S., 2009–10 & 2012–13 School Year

State	2009-10	2012-13
Washington (eff 7/13)	5.7 (1)	3.5 (10)
Vermont (eff 1/13)	5.3 (2)	5.7 (2)
Oregon (eff 3/14)	5.2 (3)	6.4 (1)
Alaska <i>(Religious only)</i>	3.8 (4)	4.0 (6-7)
Utah	3.6 (5)	3.7 (8-9)
Idaho		5.5 (3)
Michigan		5.3 (4)
Illinois <i>(Religious only)</i>		4.8 (5)
Colorado (2010-11)	5.7 (3)	4.0 (6-7)
Arizona		3.7 (8-9)

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

CDC. Vaccination Coverage Among Children in Kindergarten—U.S.,
2012-13 School Year. *MMWR* 2013;60:607-612.

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

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 six 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. Nonmedical Vaccine Exemptions and Pertussis in California, 2010. *Pediatrics* 2013; 132(4):624-630.

Summary: Researchers analyzed nonmedical exemptions (NMEs) for children entering kindergarten from 2005 through 2010 and pertussis cases with onset in 2010 in California to determine if NMEs increased in that period, if children obtaining NMEs clustered spatially, if pertussis cases clustered spatially and temporally, and if there was statistically significant overlap between clusters of NMEs and cases.

Key findings: Previous studies have shown that nonmedical exemptions (NMEs) to immunization cause geographically and contribute to outbreaks of vaccine-preventable diseases such as pertussis. The 2010 pertussis resurgence in California has been widely attributed to waning immunity from acellular pertussis vaccines. This study provides evidence of spatial and temporal clustering of NMEs and clustering of pertussis cases and suggests that geographic areas with high NME rates were also associated with high rates of pertussis in California in 2010.

Link: <http://pediatrics.aappublications.org/content/early/2013/09/24/peds.2013-0878>

2. Measles—United States, January 1–August 24, 2013. *CDC Morbidity and Mortality Weekly Report (MMWR)* 2013; 62(36):741–3.

Summary: CDC evaluated cases reported by 16 states during January 1–August 24, 2013. A total of 159 cases of measles were reported during this period.

Key findings: Unvaccinated people place themselves and others in their communities at risk for measles and other vaccine preventable diseases. Measles is a highly contagious viral disease that is preventable by vaccination. In the United States, measles elimination (i.e. absence of year round transmission) was declared in 2000. However, measles continues to be imported into the United States from countries where measles is still common. During January 1–August 24, 2013, 159 measles cases, including 8 outbreaks were reported to CDC. An outbreak in New York City is the largest outbreak reported in the United States since 1996 (58 cases). Most cases were import-associated [157 (99 percent)] and in persons who were unvaccinated [131 (82 percent)] or had unknown vaccination status [15 (9 percent)]. Among U.S. residents who were unvaccinated, 92 (79 percent) have philosophical objection to vaccination. High vaccine coverage is important to prevent spread of measles following importation.

Link: www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm

3. Measles—United States, January–May 20, 2011. *CDC Morbidity and Mortality Weekly Report (MMWR)* 2011; 60(20):666–8.

Summary: During the first 19 weeks of 2011, 118 cases of measles were reported, the highest number reported for this period since 1996.

Key findings: Unvaccinated persons accounted for 105 (89%) of the 118 cases. Among the 45 U.S. residents aged 12 months–19 years who acquired measles, 38 (87%) were unvaccinated, including 24 whose parents claimed a religious or personal exemption and eight who missed opportunities for vaccination. Among the 42 U.S. residents aged >20 years who acquired measles, 35 (83%) were unvaccinated, including six who declined vaccination because of philosophical objections to vaccination. Of the 33 U.S. residents who were vaccine-eligible and had traveled abroad, 30 were unvaccinated and one had received only 1 of the 2 recommended doses.

Link: www.cdc.gov/mmwr/preview/mmwrhtml/mm6020a7.htm

4. 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 exemptors (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

5. Measles outbreak in a highly vaccinated population, San Diego, 2008: role of the intentionally unvaccinated. *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

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www.immunize.org/catg.d/p2069.pdf • Item #P2069 (1/13)

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rch congregation: a study
n members. Kennedy AM,

Gust DA. *Public Health Reports* 2008; 123(2):126–34.

Summary: Researchers conducted a focus group and interviews with church leaders and families following a measles outbreak among church members in Indiana.

Key findings: Vaccine refusal was attributed to a combination of personal religious beliefs and safety concerns among a subgroup of church members. Among interviewees from outbreak households, none had received MMR vaccine prior to the outbreak. Four of the six outbreak households reported that they would consider some or all recommended vaccines in the future.

Link: www.ncbi.nlm.nih.gov/pubmed/18457065

11. Update: Measles—United States, January–July 2008. *CDC Morbidity and Mortality Weekly Report (MMWR)* 2008; 57(33):893–6.

Summary: A descriptive analysis of reported cases of measles occurring in the U.S. from January through July 2008.

Key findings: A total of 131 measles cases were reported to CDC during the first 7 months of 2008, the highest number of year-to-date reports since 1996. Fifteen patients, including 4 children younger than age 15 months, were hospitalized. One hundred twelve of the reported cases were unvaccinated or had unknown vaccination status; of these, 95 were eligible for vaccination. The majority of these 95 cases (66%) were children who were unvaccinated because of philosophical or religious beliefs.

Link: www.cdc.gov/mmwr/preview/mmwrhtml/mm5733a1.htm

12. Impact of addition of philosophical exemptions on childhood immunization rates. *Thompson JW, Tyson S, Card-Higgins P, et al. American Journal of Preventive Medicine* 2007;32(3):194–201.

Summary: In fall 2003, Arkansas implemented a nonmedical (i.e., religious or philosophical) exemption process (Act 999). Investigators evaluated and compared the number and geographic clustering of exempted students 2 years before (year 1, year 2) and 2 years after (year 3, year 4) philosophical exemptions were made available in Arkansas.

Key findings: The addition of a philosophical or religious exemption from school mandates resulted in a significant increase in the total number of exemptions granted in Arkansas. In year 4, nonmedical exemptions were 2.58-fold higher than in year 1, whereas the absolute number of medical exemptions dropped by more than half compared with year 1. In the 10 districts with the highest exemption rates (range, 7.85–22.97 per 1,000 students), all exemptions granted were categorized as religious or philosophical.

Link: www.ncbi.nlm.nih.gov/pubmed/17296471

13. Nonmedical exemptions to school immunization requirements: secular trends and association of state policies with pertussis incidence. *Omer SB, Pan WK, Halsey NA, et al. JAMA* 2006; 296(14):1757–63.

Summary: Analysis of children claiming nonmedical exemptions at school entry, 1991–2004, and incidence of pertussis in children ages 18 years and younger, 1986–2004.

Key findings: Exemption rates for states that allowed only religious exemptions remained at about 1% between 1991 and 2004; however, in states that allowed exemptions for personal beliefs, the mean exemption rate increased from 0.99% to 2.54%. The study found associations between increased pertussis incidence and state policies that allowed personal belief exemptions or easily-obtained exemptions in general.

Link: www.ncbi.nlm.nih.gov/pubmed/17032989

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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

16. Individual and community risk of measles and pertussis associated with personal exemptions to immunizations. *Felkin DR, Lezotte DC, Hanson 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

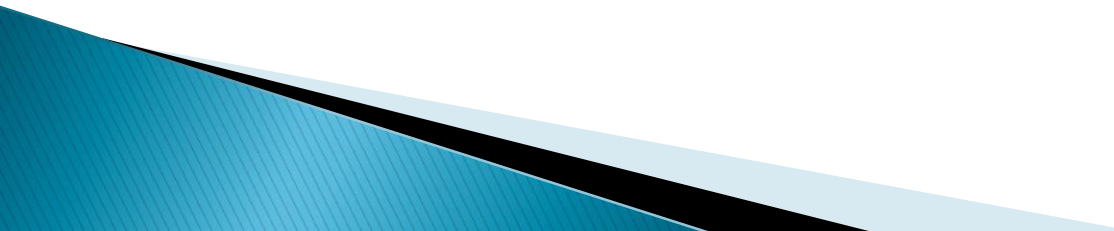
17. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles. *Salmon DA, Haber M, Gangarosa EJ, Phillips L, Smith NJ, Chen RT. JAMA* 1999; 281(2):47–53.

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

Position Statements on PBEs

- ▶ Nov 2006: National Assoc of Co & City Health Officials (NACCHO)
 - ▶ March 2011: Pediatric Infectious Diseases Society (PIDS)
 - ▶ April 2014: Association of Immunization Program Managers (AIM)
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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.

PIDS Recommended Components of Personal Belief Exemption

- ▶ 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**

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)

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

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 acknowledgement that they are making the decision not to vaccinate on behalf of their child."¹⁰

References

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

AIM Recommended Components of Personal Belief Exemption

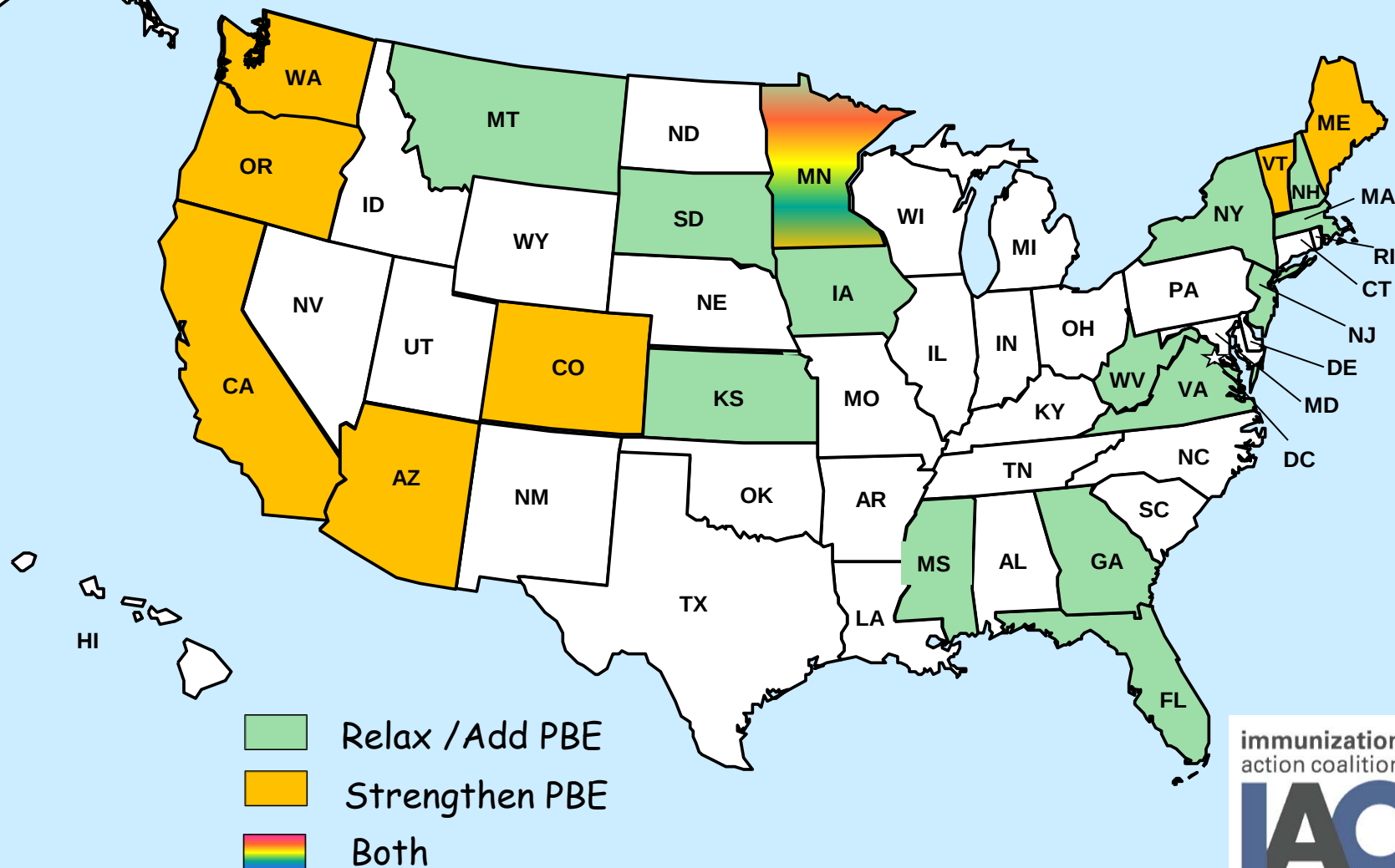
- ▶ State-developed exemption form must
 - Be signed by healthcare provider
 - Indicate receipt of risk/benefit information
 - Indicate specific exempted vaccines
 - Have space for parent/guardian to delineate basis, strength, and duration of belief
- ▶ Parent/guardian must receive & document receipt of state-approved counseling that includes
 - Personal & public health importance of immunization
 - Scientific basis for safety of vaccines
 - Consequences of exemption both to the child & others

AIM Recommended Components of Personal Belief Exemption

- ▶ Health department must approve request for exemption
- ▶ Exemption form must be signed by HCP annually
- ▶ Exempted child (should be) excluded during outbreak
- ▶ State must track exemption rates



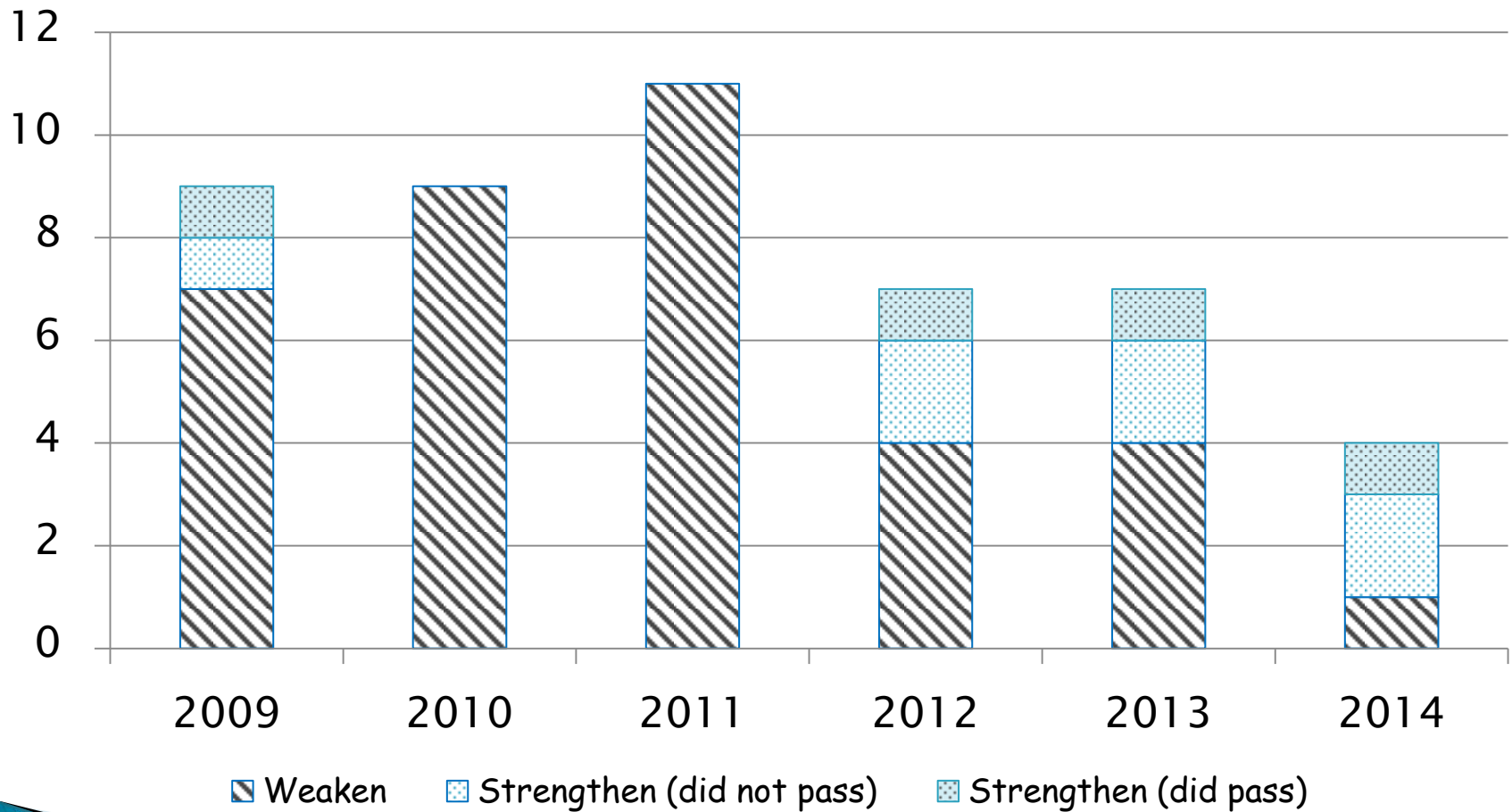
States with legislation pertaining to non-medical exemptions in 2009-14



States that Enacted Legislation to Strengthen Non-Medical Exemptions

- ▶ California: stmtnt from HCP; risk/benefit info given (effective Jan 2014)
- ▶ Oregon: stmtnt from HCP or certificate of completion of an on-line vaccine educational module (effective March 2014)
- ▶ Vermont: must review evidence-based ed materials provided by SHD; annual renewal (effective Jan 2013)
- ▶ Washington: stmtnt from HCP; risk/benefit info given (effective July 2013)

Number of Exemption-Related Bills by Year of Introduction, Intent, and Status



Thank you!!!

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- ▶ Immunization Action Coalition
 - www.immunize.org
 - www.vaccineinformation.org