

11-06

## STATEMENT OF POLICY

### Eliminating Personal Belief Exemptions from Immunization Requirements for Child Care and School Attendance

#### Policy

The National Association of County and City Health Officials (NACCHO) urges that personal belief exemptions be removed from state immunization laws and regulations. NACCHO encourages eliminating personal belief exemptions to reduce the incidence of vaccine-preventable diseases, to protect those who cannot receive vaccine due to age or medical condition, and to protect those at greater risk of severe complications if they do become infected and ill. As a way to move toward this goal, NACCHO encourages state and local health departments to limit the casual use of personal belief exemptions to the greatest degree possible. NACCHO supports the continued availability of medical exemptions and acknowledges existing religious exemptions to school immunization requirements in accordance with state laws.

NACCHO acknowledges that there are states that may not be in a position to eliminate personal belief exemptions immediately. States that easily permit personal belief exemptions to immunizations have significantly higher rates of exemption than states that have more complex procedures.<sup>1</sup> These states should begin a process to limit the availability of personal belief exemptions to the greatest degree possible. An initial step might be to review the process of applying for and receiving exemptions: the more educational and demanding the process, the lower will be the rate of exemptions. There should be more involved in the application process than simply signing a form.

To discourage casual use of personal belief exemptions, NACCHO supports the following courses of action:

- Federal support for conducting routine surveillance of school immunization records to identify gaps in immunization coverage related to personal belief exemptions.
- Federal support and guidance to assist in developing exemption procedures that encourage parents to comply with vaccination requirements rather than claim exemption as a means of convenience.
- Federal support and guidance regarding effective ways to implement procedures and administrative controls that limit nonmedical, nonreligious exemptions.
- Federal support to primary care providers, local health departments, school nurses, and/or the state/local immunization coalition to conduct mandatory sessions to educate parents and guardians about immunizations' impact on public and personal health and integrate information about the responsibilities associated with choosing not to vaccinate their children based on a personal belief.
- School systems and childcare facilities (where appropriate) should use an exemption application form that requires a parental signature acknowledging they understand 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 excluded



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.

- School systems and child care facilities (where appropriate) should require annual renewal of exemption forms. This process would provide multiple opportunities for education regarding the value of vaccinations and the responsibilities inherent in choosing not to be vaccinated. The parents would thus be required to make an informed decision annually rather than just once.
- Federal support to ensure compliance with exemption reporting by all schools, monitor exemption rates, and provide public reports of exemption rates over time in order to help define the vaccine-preventable disease risk related to the exemption rate at the school and community level.

## Justification

Immunizations are recognized as one of the most beneficial and cost effective public health measures.<sup>2</sup> School and child care immunization requirements have been shown to effectively increase immunization coverage and provide an important public health benefit by reducing rates of vaccine-preventable diseases.<sup>3</sup> Currently, states may grant exemptions to child care and school immunization requirements for medical or religious reasons.<sup>4</sup> Twenty states specifically allow exemptions from vaccination requirements for reasons other than religious views or medical restrictions.<sup>5</sup> These are referred to as personal belief exemptions. Exempted children are at increased risk for acquiring vaccine-preventable diseases and pose a risk for transmitting infection to susceptible persons in the community.<sup>6</sup> Geographic areas with high rates of exemption have been shown to have higher rates of vaccine-preventable diseases.<sup>7,8</sup> Rates of exemptions are increasing, resulting in growing rates of vaccine-preventable diseases nationwide.<sup>9</sup>

Exemptions place others at increased risk of a preventable illness. Many of those placed at risk are those with greater susceptibility to more severe complications if they become ill. Such exemptions should not be allowed to occur casually because of misinformation or convenience. Exemptions, like immunizations, carry responsibilities that need to be recognized. Every opportunity should be taken to provide accurate and timely information to parents that will encourage compliance with school and child care vaccination requirements.

## References

- <sup>1</sup>Omer SB, Pan WK, Halsey NA, Stokley S, Moulton LH, Navar AM, et al. (2006, October 11). Nonmedical exemptions to school immunization requirements: secular trends and association of state policies with pertussis incidence. *JAMA*, 296(14), 1757-63. Retrieved on May 22, 2013 from: <http://jama.ama-assn.org/cgi/content/full/296/14/1757>.
- <sup>2</sup>Centers for Disease Control and Prevention. (1999) Impact of Vaccines Universally Recommended for Children —United States, 1900–1998. *Morbidity and Mortality Weekly Report*, 48(12):243–248.
- <sup>3</sup>Olshen Kharbanda et al. (2010) Changes in Tdap and MCV4 Vaccine Coverage Following Enactment of a Statewide Requirement of Tdap Vaccination for Entry into Sixth Grade. *American Journal of Public Health*, 100(9), 1635-1640.
- <sup>4</sup>Jacobson v. Commonwealth of Massachusetts, 197 U.S. 11 (1905).
- <sup>5</sup>States with Religious and Philosophical Exemptions from School Immunization Requirement. (July 2010). *National Conference of State Legislatures*. Retrieved on May 22, 2013 from: <http://www.ncsl.org/default.aspx?tabid=14376>
- <sup>6</sup>Glanz et al. (2009) Parental Refusal of Pertussis Vaccination Is Associated With an Increased Risk of Pertussis Infection in Children. *Pediatrics* (123), 1446-1451. Retrieved on May 22, 2013 from: <http://pediatrics.aappublications.org/cgi/content/full/123/6/1446>
- <sup>7</sup>Omer et al. (2008) Geographic Clustering of Nonmedical Exemptions to School Immunization Requirements and Associations With Geographic Clustering of Pertussis. *American Journal of Epidemiology*, 168 (12), 1389-1396. Retrieved on May 22, 2013 from: <http://aje.oxfordjournals.org/content/168/12/1389.full>
- <sup>8</sup>Center for Disease Control and Prevention. Epidemic — Washington, 2012. *Morbidity and Mortality Weekly Report* Pertussis, 61 (28); 517-522. Retrieved on May 22, 2013 from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6128a1.htm>
- <sup>9</sup>Omer et al. (2008) Geographic Clustering of Nonmedical Exemptions to School Immunization Requirements and Associations With Geographic Clustering of Pertussis. *American Journal of Epidemiology*, 168 (12), 1389-1396. Retrieved on May 22, 2013 from: <http://aje.oxfordjournals.org/content/168/12/1389.full>

**Record of Action**

*Approved by NACCHO Board of Directors*

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