State Immunization Requirements: Lessons Learned and Next Steps

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School Vaccination Requirements
Lessons Learned

• An effective tool to assure high immunization coverage rates and prevent vaccine-preventable disease in school children

• Most successful when accompanied by public trust, provider knowledge, and public health support

• Exemptions can be a challenge to states and can put children at risk
School Immunization Requirements

- School immunization requirements are established at the state level either through legislation or regulation.
  
  - 39 states have rulemaking process
  - 11 states require legislative approval
  - Most states have immunization advisory committee
  - Process allows for data review and public input
School Immunization Requirements

• Laws alone are not enough to assure immunization coverage and prevent disease

  – It takes communication, education, partnership with schools, recording and tracking compliance, and enforcement to make sure kids get vaccines
School Immunization Requirements
Example: State of Maryland

• Hepatitis B and Varicella school requirement enacted in September 2006
• Extensive outreach to parents, schools, physicians
• Radio ad campaign and extensive media coverage
• $4 million for back-to-school vaccine clinics and statewide education campaign
• 280,000 students in affected grades; ~ 53,000 in need of hepatitis B and 126,000 in need of varicella
• By January of 2007, still 12,000 students in need of vaccine or documentation
AIM POSITION STATEMENT
School and Child Care Immunization Requirements

• AIM recommends criteria be met before vaccines are required for school

• These criteria help assure public trust, provider knowledge, and public health support
AIM POSITION STATEMENT

School and Child Care Immunization Requirements

- Must be used sparingly, approached cautiously, and considered only after an appropriate vaccine implementation period.
  - Insurance coverage in place
  - Sufficient funding in public programs
  - Physician/provider support
  - Public acceptance of vaccine
  - Stable supply
  - Adequate data to assure vaccine safety
  - Addition of vaccine to immunization registries
  - Significant uptake to reduce compliance burden on school system
AIM POSITION STATEMENT
School and Child Care Immunization Requirements

• Mandates must be evaluated carefully, including epidemiologic, economic and ethical concerns.
  – Inappropriate application of mandates risks loss of support for immunization programs and reversal of policy and program gains
AIM POSITION STATEMENT
School and Child Care Immunization Requirements

• Must be pursued through existing state processes

• Measures to add or alter exemptions to requirement laws must be carefully coordinated with state immunization policy and goals.
Exemptions to School Immunization Requirements

• Exemptions to requirements are allowed in all states for medical reasons

• 48 states also allow exemptions for religious or other reasons
  – Personal beliefs/personal reasons/convictions
  – Conscientiously held beliefs/reasons of conscience
  – Philosophical or personal objection
  – Other grounds/objections/written objection
5 states do not have religious exemptions
Non-medical, non-religious (e.g., PBE) exemptions permitted to school immunization requirements

June 2013

19 states allow exemptions for non-medical, non-religious reasons
## Number and Percentage of Kg Children with Reported Exemption to Vaccination
### U.S., 2011-12 School Year

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Exempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oregon</td>
<td>5.8</td>
</tr>
<tr>
<td>Alaska</td>
<td>5.7</td>
</tr>
<tr>
<td>Vermont</td>
<td>5.4</td>
</tr>
<tr>
<td>Idaho</td>
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</tr>
<tr>
<td>Michigan</td>
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<tr>
<td>Delaware/Kentucky</td>
<td>0.4</td>
</tr>
<tr>
<td>West Virginia/Mississippi</td>
<td>0.0</td>
</tr>
</tbody>
</table>

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)*

Economic Impact of PBEs

- Adding a personal belief exemption will cost a state 50% more annually in hospitalization and non-medical costs related to pertussis disease (Vaccine, 2012)

- Local health agency response to school-based pertussis outbreak resulted in 1,032 person hours spent and $2,172 per case of disease (MMWR, 2011)
Strengthening Exemption Laws to Reduce Risk

• Assure that parents have reliable information to support vaccination decisions
  – Require education or consultation with health care provider

• Assure that requests for exemptions from immunization requirements are based on conviction, not convenience
  – Make sure exemption is not easier than vaccination
States with legislation pertaining to non-medical exemptions in 2011-12

- WA
- OR
- NV
- MT
- ID
- AK
- UT
- AZ
- WY
- ND
- SD
- KS
- NM
- CO
- LA
- AR
- IN
- MI
- OH
- GA
- AL
- VA
- NC
- SC
- WV
- ME
- NY
- PA
- NH
- VT
- HI
- MO
- NE
- IL
- WI
- MI
- OH
- KY
- TN
- NC
- SC
- GA
- FL
- DC
- RI
- CT
- DE
- NJ
- MA
- MN
- CA
- OK
- TX
- LA

- = bill(s) to strengthen exemptions (4)
- = bill(s) to expand exemptions (8)
- = bill(s) of both types (2)
States enacting legislation to strengthen non-medical exemptions in 2011--2013

- Washington: 2011
- Oregon: 2013
- California: 2012
- Vermont: 2012
Strengthening Exemption Laws to Reduce Risk
Example: State of Washington

• Enacted May 10, 2011

• Requires a licensed health care provider to sign a Certificate of Exemption (or state in a signed letter) verifying that the provider gave the parent or guardian information about the benefits and risks of immunization.

• Form not needed for parents who demonstrate membership in a church or religious group that does not allow a health care provider to provide medical treatment to a child.
The Washington exemption rate is the average of the individual schools that reported the number of students who have at least one exemption to school-entry requirement for their age and grade as of 12/31/2012. WA State Department of Health, Office of Immunization and Child Profile.
Strengthening Exemption Laws to Reduce Risk
Example: State of Washington

• Exemption rates for children entering kindergarten have dropped from over 6% in 2010-11 to 4.6% in 2012-13

• 92.4% of kindergarteners in 2012-13 were vaccinated against pertussis. This is highest whooping cough rate for kindergarteners since the Department of Health started tracking the rate in 2006-07
Other Enacted Legislation

• California (2012): similar to WA

• Vermont (2012): Existing religious & PBE revised to require use of state-developed exemption form, parent/guardian given risk/benefit information & annual renewal

• Oregon (2013): Removes religious exemption (now possible thru PBE); requires parent/guardian to have either 1) HCP signature that risk/benefit information has been given or 2) a certificate of completion of an internet provided vaccine educational module
Conclusion

• School immunization requirements are an effective tool to assure high immunization coverage rates and prevent vaccine-preventable disease in school children

• Requirements are most successful when accompanied by public trust, provider knowledge, and public health support
  – Strong, sustained investment in public health infrastructure
  – Robust implementation period for new vaccines

• Exemptions can be a challenge to states and can put children at risk, but exemption laws can be strengthened
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- www.immunize.org
- www.shotofprevention.com
Thank You

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