

Daycare Center and School Immunization Mandates

A position statement of Every Child By Two – Carter/Bumpers Champions for Immunization

Adopted: December 5, 2012

As one of the nation's most highly respected nonprofit organizations committed to reducing the burden of vaccine-preventable diseases in children, Every Child By Two (ECBT) strives to ensure that every child is immunized on time in accordance with the Centers for Disease Control and Prevention's (CDC) recommended immunization schedule. This schedule is created, regularly reviewed and modified by the Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. The ACIP creates the childhood immunization schedule to protect children when they are most vulnerable to disease. The immunization schedule is endorsed by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the Centers for Disease Control and Prevention and an updated schedule is published by the CDC each year.

Every Child By Two's cofounders, Rosalynn Carter and Betty Bumpers, were instrumental in helping to pass laws in each state requiring proof of immunization for attendance in schools. These laws are the foundation on which public health departments ensure that children attending daycare centers and schools are protected from deadly and debilitating vaccine-preventable diseases. Every Child By Two recognizes that there are legitimate medical contraindications that may necessitate an exemption from specific vaccines. ECBT supports the allowance of a medical exemption that requires a child's family to present a document authorizing the exemption, signed by an authorized medical professional (as determined by each state) who is licensed in the child's state of residence. This document, which would be provided to the child's school or daycare center, should contain the child's name and date of birth; the specific vaccine(s) for which the exemption is being requested; the medical reason for the exemption request; and the time period for which the exemption is being requested (up to one year). The medical exemption document should require renewal on an annual basis as established by state law.

ECBT recognizes that states must consider a number of variables when developing or amending school and daycare immunization requirements. For this reason ECBT supports state-by-state decision making on this issue and respects the need for careful deliberation. However, recognizing that unvaccinated children impose a risk to their peers, ECBT does not encourage states to allow the inclusion of non-medical exemptions (also known as philosophical, personal belief, and religious exemptions) to immunizations. ECBT contends that the availability of medical exemptions adequately covers all of the valid reasons for a child to be exempted from vaccination. In the event that a state does allow these exemptions, ECBT recommends that the state consider adopting policies that will impose rigorous procedures for receipt of non-medical exemptions (i.e., required education of parents on the safety and effectiveness of vaccines and

the dangers of vaccine-preventable diseases, accompanied by a signed declination form, which would need to be renewed annually for each vaccine for which the child is being exempted.)

Justification

Enforcement of mandatory immunization requirements for children entering daycare centers and schools has resulted in record high immunization coverage levels in the U.S. While all states and the District of Columbia allow vaccination exemptions for medical reasons, and all but two offer exemptions to accommodate religious beliefs, some states also allow exemptions based on a parents' personal beliefs/philosophy. Several outbreaks of measles, *Haemophilus influenzae* type b, mumps and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief/philosophical exemptions. Studies show that in areas where the number of vaccine exemptions are high there is an associated increased risk of infection and death from vaccine-preventable disease in that population.

A study published in the *Journal of the American Medical Association* demonstrates that children exempt from vaccines were 22.2 times more likely to acquire measles and 5.9 times more likely to acquire pertussis than were vaccinated children. The study, which used data collected from Colorado, also indicated that the schools with pertussis outbreaks had more vaccine exemptors than the schools without outbreaks. In addition, at least 11% of the *vaccinated* children who contracted measles during the outbreaks acquired the infection through contact with a child who was not vaccinated and had an exemption on file.¹

States with less stringent procedures for obtaining exemptions recorded a higher number of children exempting from vaccines than states that require more rigorous requirements for receipt of an exemption. Between 1991 and 2004, the percentage of children who obtained nonmedical exemptions from school immunization requirements increased from 0.98% to 1.48%. States that offered easy-to-obtain exemptions had an increase in their exemption rates from 1.3 to 2.5%. The percentage of children in states that allow exemptions for philosophical/personal beliefs rose from 0.99 to 2.54%. States that had more "difficult-to-obtain" exemptions and/or only offered religious exemptions did not record a significant increase in exemption rates.²

Between 2001 and 2008, a total of 557 confirmed cases of measles and 38 outbreaks of the disease were reported in the United States. Of those outbreaks, the three largest occurred primarily among "personal belief exemptors" (defined by the ACIP and World Health Organization as persons who were vaccine eligible, but remained unvaccinated due to personal beliefs). From 2004 to 2008, a total of 68% of reported measles cases were among unvaccinated U.S. residents who were age-eligible for vaccination, but claimed a personal belief exemption to state immunization requirements.³

Measles continues to be imported into the United States from other countries including European nations. During 2011, 222 measles cases and 17 measles outbreaks were reported to CDC. Of the 222 cases, 200 (90%) were associated with importations and 112 (50%) were associated with outbreaks. Among U.S. residents, 85% were unvaccinated or had unknown vaccination status and were eligible for MMR vaccination.⁴

Individuals who decline immunizations are making a choice that affects the larger community. Immunizations are the best protection against outbreaks of disease. Every Child By Two seeks to ensure that every child is offered protection from vaccine-preventable diseases at the earliest possible time and supports efforts to protect all children through community immunity.

About Every Child By Two

Every Child By Two - Carter/Bumpers Champions for Immunization was founded in 1991 by Former First Lady of the United States Rosalynn Carter and Former First Lady of Arkansas Betty Bumpers as a result of the measles epidemic that killed over 120 people, many of them young children. Mrs. Carter and Mrs. Bumpers have been working on immunizations since their husbands were governors in the early 1970s and have been credited with the passage of laws mandating school-age vaccination requirements. The goals of ECBT are to raise awareness of the critical need for timely immunizations and to foster a systematic way to immunize all of America's children by age two. To forward its agenda, ECBT enlists the support of elected officials and their spouses, concerned community leaders, and representatives of many national organizations.

Over the last two decades, ECBT has worked with partners at the grassroots and national levels to develop initiatives that have had major impact on the overall system of vaccinations. These programs have helped to educate the public, healthcare workers and lawmakers about the importance and safety of immunizations, and have assisted in facilitating resolutions to immunization barriers. Through more than 20 years, ECBT and its partners in public health have developed many successful strategies; however, there is still much to be done to ensure that every child, in our nation and abroad, is protected from vaccine-preventable diseases.

¹Feikin DR, L. D. (2000). Individual and Community Risks of Measles and Pertussis Associated With Personal Exemptions to Immunization. *JAMA* , 284:3154-3150.

² Saad B. Omer, W. K. (2006). Nonmedical exemptions to school immunization requirements: secular trends and association of state policies with pertussis incidence. *JAMA* , 296:1757-1763.

³ Parker Fiebelkorn A, R. S. (2010). Measles in the United States during the postelimination era. *Journal of Infectious Diseases* , 202(10): 1520-28.

⁴ Morbidity and Mortality Weekly Report, April 20, 2012