



Daycare and School Entry Immunization Requirements

A Position Statement of Vaccinate Your Family

As one of the nation's most respected nonprofit organizations committed to reducing the burden of vaccine-preventable diseases in people of all ages, Vaccinate Your Family (VYF) strives to ensure that everyone is immunized in accordance with the Centers for Disease Control and Prevention's (CDC) recommended immunization schedules. These schedules for children and adults are created, regularly reviewed, and modified by the Advisory Committee on Immunization Practices (ACIP), a group of independent medical and public health experts. Immunization schedules are designed to protect people of all ages when they are most vulnerable to diseases. These schedules are endorsed by the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP), and an updated schedule is published annually by the CDC.

Vaccinate Your Family's Co-Founders, former First Lady of the United States Rosalynn Carter and former First Lady of Arkansas 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. Immunization requirements have now been extended to college and university students as they are considered at high risk for exposure to, and transmission of, now vaccine-preventable diseases, such as meningococcal disease and mumps.^{1, 2}

Vaccines protect in two ways. First, they can induce a protective immune response in the person vaccinated. Second, since most vaccine-preventable diseases are transmitted person-to-person, most vaccines induce community protection, often referred to as herd immunity. When there are high levels of immunity in a community, others who cannot be vaccinated, such as those with medical contraindications to vaccines, are protected. Because no vaccine is 100% protective, high levels of community immunity also protect the small proportion of vaccinated individuals whose bodies do not make a protective immune response to the vaccine.

Traditionally, vaccines are not added to the requirements for daycare or school entry until they have been on the market for an extended period. Safety data for each vaccine on the recommended schedule helps ensure parental acceptance of vaccines. Requirements have traditionally been implemented as the final mile to ensure that any child or student that has missed their vaccine(s) can be brought up to date and remain safe from deadly infectious diseases in their places of care and learning.

There are several parameters that are traditionally in place prior to considering vaccine requirements for daycare and school entry including:

1. Full licensure of the vaccine.
2. High parental acceptance.
3. Broad availability of the vaccine.
4. Physician/provider support for the vaccine.
5. Stable and adequate vaccine supply.
6. Addition of the vaccine to immunization information systems (registries).
7. Adequate data to assure vaccine safety.

8. Significant uptake in the recommended population to reduce the compliance burden on school/childcare systems.
9. Coverage for the vaccine and delivery in private health insurance plans and sufficient funding to purchase the vaccine through the federally funded Vaccines for Children (VFC) program, the Section 317 program, and/or a state program to provide access to those not adequately covered by private insurance.

VYF recognizes that there are legitimate medical contraindications that may necessitate an exemption from specific vaccines. VYF supports the allowance of a medical exemption that requires a person or guardian to present a document authorizing the exemption, signed by an authorized medical professional (as determined by each state) who is licensed in the person's state of residence. This document, which would be provided to the daycare or school, should contain the person'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 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.

VYF recognizes that states must consider several variables when developing or amending daycare and school-entry immunization requirements. VYF supports decision making based on scientific evidence regarding the transmission of vaccine-preventable diseases and protection of people in group settings, particularly people at high-risk of serious complications from these diseases. Because people who are unvaccinated may impose a risk to their peers, VYF does *not* encourage states to allow the inclusion of non-medical exemptions (also known as philosophical, personal belief, and/or religious exemptions) to immunizations. VYF contends that the availability of medical exemptions covers all of the valid reasons to be exempted from vaccination.

In the event that a state does allow nonmedical exemptions, VYF recommends that the state consider adopting policies that will impose rigorous procedures for receiving them (e.g., 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 & Resources

Enforcement of daycare and school-entry immunization 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, all but five offer nonmedical exemptions.

According to the CDC, an exemption in daycare or school vaccination assessment reports could mean one of several things: the person refused one dose of one vaccine; the person refused all doses of one vaccine; or the person refused all vaccines. Based on available information, we believe a person refusing all vaccines for themselves or their children is an uncommon occurrence. A study of schoolchildren with nonmedical exemptions found that 75% of these children had received at least one vaccine previously. Additionally, over the past several years, vaccination coverage measured using data from the National Immunization Survey indicate that <1% of children 19–35 months received no vaccines of any type.³

Outbreaks of measles, mumps, varicella (chickenpox), and polio have been traced to pockets of unvaccinated people. 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* demonstrated that children exempt from vaccines were 22.2 times more likely to acquire measles and 5.9 times more likely to acquire pertussis than 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 an unvaccinated child who had an exemption on file.⁴

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.⁵

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

About Vaccinate Your Family

Vaccinate Your Family 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 a measles epidemic that killed over 120 people, many of them young children. Our founders began their focus on childhood immunizations during their tenures as first ladies of their home states in the early 1970s and have been credited with the passage of laws requiring school-entry vaccination requirements. The mission of VYF is to protect people of all ages from vaccine- preventable diseases by:

- Raising awareness of the critical need for timely immunizations
- Increasing the public’s understanding of the benefits of vaccines
- Increasing confidence in the safety of vaccines
- Ensuring that all families have access to life-saving vaccines
- Advocating for policies that support timely vaccination

To learn more about Vaccinate Your Family and our work, visit www.vaccinateyourfamily.org.

Research and Resources

¹ Folaranmi, T., Rubin, L., Martin, S.W., Patel, M., & MacNeil, J.R. (2015). Use of serogroup B meningococcal vaccines in persons aged ≥ 10 years at increased risk for sergroup B meningococcal disease: Recommendations of the Advisory Committee on Immunization Practices, 2015.

² Morbidity and Mortality Weekly Report, 64(22), 608-12. 15. McLean, H.Q., Fiebelkorn, A.P., Temte, J.L., Wallace, G.S. (2013). Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: Summary recommendations of the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report, 62(RR-04), 1-24.

³ Hill HA, Chen M, Elam-Evans LD, Yankey D, Singleton JA. Vaccination Coverage by Age 24 Months Among Children Born During 2018–2019 — National Immunization Survey–Child, United States, 2019–2021. MMWR Morb Mortal Wkly Rep 2023;72:33–38. DOI: <http://dx.doi.org/10.15585/mmwr.mm7202a3>.

⁴Feikin DR, L. D. (2000). Individual and Community Risks of Measles and Pertussis Associated With Personal Exemptions to Immunization. *JAMA* , 284:3154-3150.

⁵ 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.

Additional Policy Perspectives from Partner Organizations

National Association of City & County Health Officials: <https://www.naccho.org/uploads/downloadable-resources/16-01-School-and-Child-Care-Immunization-Requirements.pdf>

Association of Immunization Managers <https://www.immunizationmanagers.org/content/uploads/2021/09/AIM-position-statement-school-requirements.pdf>