



VACCINE EXEMPTIONS

The American Academy of Family Physicians (AAFP) supports immunizations for infants, children, adolescents and adults as defined by recommendations set forth in the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices. With the exception of policies allowing for refusal due to a documented allergy or medical contraindication, the AAFP does not support immunization exemption policies.

The Importance of Vaccines

Immunizations are among the most cost-effective and successful public health interventions. On a human scale, CDC statistics demonstrate dramatic declines in vaccine-preventable diseases when compared with the pre-vaccine era.ⁱ Due to the high morbidity and mortality associated with most vaccine-preventable diseases and the safety, effectiveness, and savings offered by vaccines, all states and the District of Columbia have laws that require proof of immunization for school enrollment. However, families have historically obtained exemptions from vaccinations under different rationales: medical, religious, and philosophical.

Immunization Rates

As demonstrated by the 2016-17 vaccination statistics, children are generally receiving most recommended immunizations, leading to high overall rates of immunization for the pediatric population. Mississippi has the highest immunization rates in the country. For the 2016-17 academic year, Mississippi reported that nearly all its 40,509 kindergarten students had been adequately immunized; and the state's measles, mumps and rubella vaccination rate was about five percentage points higher than the national median of 94% percent.ⁱⁱ For kindergartners that year, Mississippi approved just 31 medical exemptions. Washington, in comparison, had the highest level of vaccine exemptions with 805 medical exemptions, 257 religious exemptions, and 3,187 philosophical exemptions. There are 9 states (AK, AZ, ID, ME, NV, OR, UT, WA, and WI) that reported 4% of its families with kindergarteners claimed exemptions for those children.

State Immunization Exemptions

There are three main exemptions to state immunization rules: medical exemptions, religious exemptions and philosophical exemptions. Medical exemptions are an exception to immunization mandates based upon a medical condition and all 50 states allow for them. Most providers follow the CDC federal vaccine recommendations, outlining what is and is not considered a medical contraindication to vaccination. A religious exemption can arise from statutory provisions granting parents the right to forego vaccination for their child if vaccination would violate their sincere religious belief. Currently, 47 states and the District of Columbia allow for religious exemptions for childhood vaccines. A philosophical exemption broadens statutory language allowing religious exemption, granting an exemption to a vaccine mandate based on "a personal belief opposed to immunization"ⁱⁱⁱ or "conscientiously held beliefs of the parent of guardian."^{iv} Sixteen states authorize philosophical exemptions.

Families who claim exemptions from immunization mandates for any reason are at increased risk of developing a vaccine-preventable disease. In fact, children in families who have been granted a vaccine exemption are nearly six times more likely to contract pertussis^v and more than 35 times as

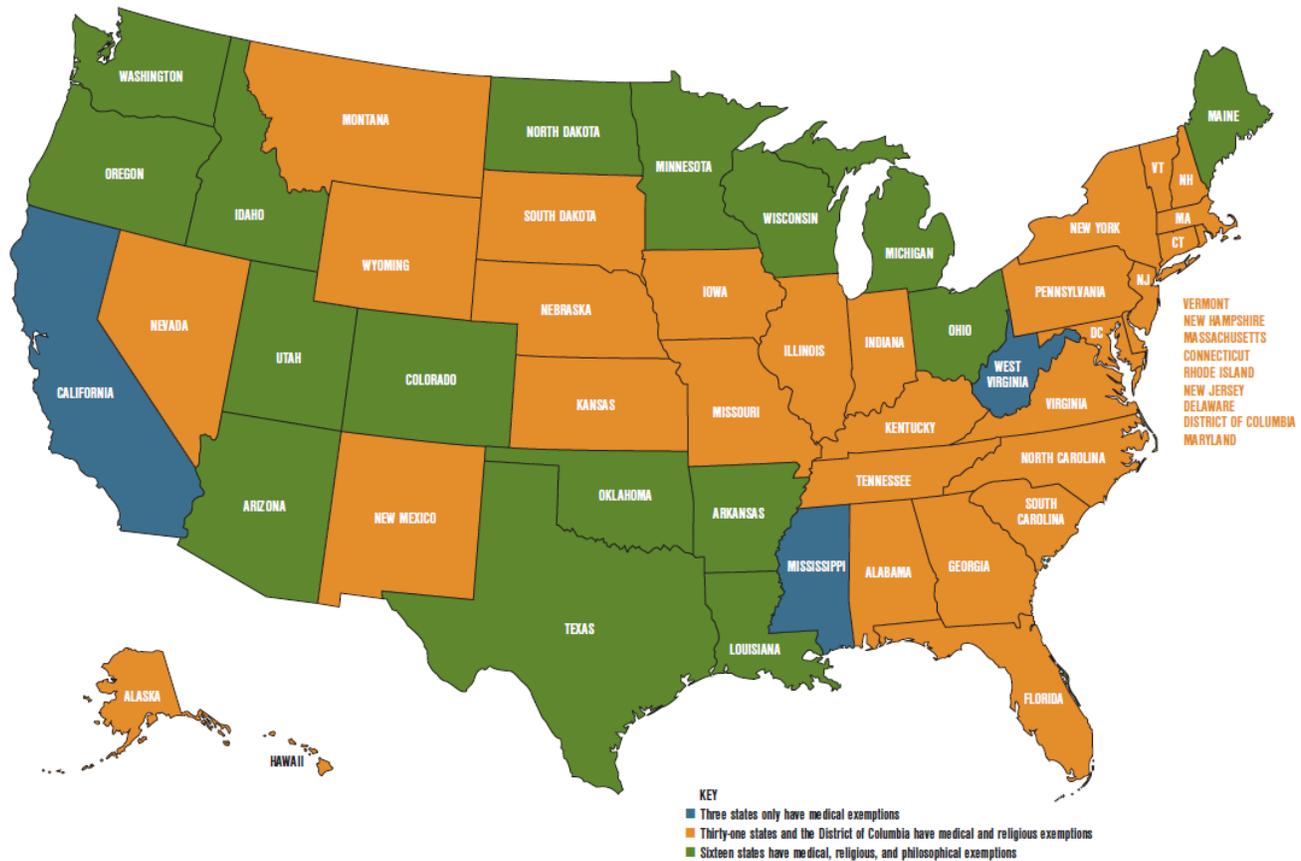
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likely to contract measles.^{vi} In addition, persons who claim philosophical or religious exemptions create risk for their community because unvaccinated or under-vaccinated persons can transmit disease. The Institute for Vaccine Safety found that states with relaxed exemption policies had approximately 50% more cases of whooping cough compared to states with stricter immunization laws.^{vii}



Legislative Activity

In recent years, laws modifying vaccine exemptions have increased. One of the biggest successes for immunization advocates occurred in California on June 30, 2015, when Governor Jerry Brown (D) signed into law a bill that eliminated the state’s religious and philosophical exemptions. This law went into effect July 1, 2016 and arose partly from the aftermath of a 2015 measles outbreak from an amusement park in California. The outbreak resulted in a significant multi-state outbreak that sickened 147 people in the US, including 131 in California. Many who were affected were not immunized against measles. Also in 2015, Vermont repealed its philosophical exemption, and currently allows for medical and religious exemptions only. While there have been no exemption modifications in the 2016 or 2017 legislative sessions, a flurry of bills have been introduced and passed regarding immunization communications. For example, [Utah](#) passed legislation in 2017 that requires parents who seek a vaccine exemption to complete an online module or have an in-person consultation at a local health department from a health official. This year, Indiana passed legislation adding meningitis to the list of required immunizations for students matriculating to a campus.

ⁱ Immunization Action Coalition. Retrieved from <http://www.immunize.org/catg.d/p4037.pdf>

ⁱⁱ Seither R, etc. Vaccination Coverage for Selected Vaccines, Exemption Rates, and Provisional Enrollment Among Children in Kindergarten – United States, 2016-17 School Year. 2017; 66(40);1073–1080. Retrieved from <https://www.cdc.gov/mmwr/volumes/66/wr/mm6640a3.htm>

ⁱⁱⁱ Utah Code Ann. § 53 A-11-301, 302

^{iv} Minn. Stat. § 121A.15

^v Feikin DR, etc. Individual and Community Risks of Measles and Pertussis Associated With Personal Exemptions to Immunization. JAMA 2000;284:3145-3150. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=193407>

^{vi} Salmon DA, etc. Health consequences of religious and philosophical exemptions from immunization laws: individual and societal risk of measles. JAMA.1999;282:47-53. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=190649>

^{vii} Omer SB (2006).Nonmedical exemptions to school immunization requirements: secular trends and association of state policies with pertussis incidence. JAMA 2006;296(14):1757-63. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/17032989>