Deterring Philosophical Vaccine Exemptions Through Stricter Exemption Rules: A Policy Brief for Minnesota Legislators

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Executive Summary

Vaccinations work. While vaccination mandates do increase immunization rates, they are only effective if enforced and complied with. Numbers of guardians who opt out of vaccinations for non-medical reasons are on the rise (MDH, 2019). One strategy to deter this is to make the exemption process more rigorous and ensure decisions regarding vaccination status are informed by evidence rather than social media.

**The Problem**

Preventable illnesses due to vaccination exemptions are still happening despite the overwhelming amount of scientific evidence supporting the efficacy of immunizations.

In the 2018-19 school year, nearly 2% of all Kindergartners and nearly 2% of all 7th graders enrolled in public schools in MN have opted for non-medical exemptions from vaccines (MDH, n.d.). While this number may seem small, it is on the rise, putting vulnerable populations at risk. Vaccines create herd immunity that protects individuals who cannot receive vaccines or be fully vaccinated themselves. This group includes pregnant women, the elderly, newborns, and the immunocompromised. Individuals with suppressed immune systems are particularly vulnerable and include people such as organ transplant recipients on immune-suppressing medication, those with chronic immune-suppressing infections, and those with inherited immunodeficiencies (Ljungmnan, 2012).

In 2004, only children aged 6-23 months or with underlying chronic medical conditions were recommended for the annual influenza vaccine (CDC, n.d.). Emily Lastinger was a three-year-old at the time, and thus, did not receive the flu shot. She fell ill with the flu in January and despite several days of treatment including fluid and antiviral medications, Emily passed away. Autopsy reports showed that Emily's lungs had filled with pus, which is seen with severe influenza infections (Cunningham et.al., 2014). This was not the only family that experienced loss under those influenza vaccine guidelines. The consequence was a change in guideline- the new guideline advises everyone 6 months and older receive an annual influenza vaccine (CDC, 2019).

**Background**

Vaccines prevent an estimated six million deaths per year globally (Ehreth, 2007). There is a thought that "vaccination is a victim of its own success" (Janko, 2012), referring to the fact that the majority of Americans have never witnessed the effects of diseases such as smallpox and measles. It would seem that it is likely that people are more afraid of vaccines than they are of the disease we are fighting (Dubé & Macdonald, 2018).

Despite massive misinformation, vaccinations are safe. The safety and side effects of vaccines are made widely available by the CDC at www.cdc.gov/vaccinesafety .

MN is only 1 of 15 states that continues to allow "philosophical" exemptions from vaccination in public schools for those who object to immunizations because of personal or moral beliefs. 5 states have completely removed personal and religious belief exemptions from public schools (Skinner & Garcia, 2020).

Vaccine-preventable diseases also constitute a significant economic burden. The CDC estimates that one case of diphtheria needs about 6 days of hospitalization which averages a cost of nearly $17,000. Even pricier is the cost of a child with tetanus- which requires nearly 17 days of hospitalization with an estimated average cost of over $100,000 (CDC, 2014).

**Current Policy**

The current documentation required for non-medical exemption is as follows:

“Non-medical exemption: A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from childcare, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from childcare, school, and other activities if exposed.” (MDH, n.d.)

**Recommended Policy Options**

* Maintain Medical Exemption (with documented contraindications) option
* Require documentation proving that guardians have completed and understand education about the importance of immunizations. This is to ensure that guardians choosing to withhold vaccinations and expose vulnerable populations to potential illnesses are making an informed decision.

**Rationale**

Policymakers should ensure that all families have equal and accurate facts regarding the importance of immunizations. This policy will be used to combat the misinformation perpetuated on the internet and social media. Requiring completion of education will hopefully reduce exemptions from those that find that filling out a form is more convenient than accessing immunizations. Additionally, this education will empower guardians to be more thoughtful about their decisions.

**Conclusion**

Our state's children deserve the safety of herd immunity afforded by high rates of immunization. We must protect the vulnerable and abide by science and evidence to make decisions about health policy. By developing stricter exemption rules, the state will ensure that informed decisions are being made for children in public school settings.

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