Immunizations are among the greatest public health achievements of the 20th century. Vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 33,000 deaths and 14 million cases of disease, and reduces direct health care costs by $9.9 billion and indirect costs by $33.4 billion. Today, children are protected from fourteen diseases by the time they turn two, and even more when they become adolescents.

Recognizing the essential role of immunizations in protecting the health both of individuals and communities, every state requires that children attending school be vaccinated; the specific vaccines required and whether “personal belief exemptions” are allowed vary. Immunization records of Oregon students are reviewed annually, and those not up-to-date on school-required vaccines are excluded from school until their immunization records are updated.

Immunizations may be victims of their own success. Today, most parents and many healthcare providers have never seen the devastating effects of diseases like diphtheria or Haemophilus influenzae type b infection. And because the chance of contracting these diseases seems so remote, some parents question whether the benefits of immunization justify the small risks of side effects associated with them.

EXEMPTION RATES AND COMMUNITY IMMUNITY

By far, most parents in Oregon fully vaccinate their children. In school year (SY) 2012–2013, >93% of kindergartners were up-to-date on each school-required vaccine. But exemption rates have been climbing for many years: between SY 2001–2002 and SY 2012–2013, kindergartner exemption rates in Oregon increased from 2.4% to 6.4%. Oregon’s exemption rate is the highest of any state.

Why be concerned with an immunization rate of 93%? High immunization rates build a wall of protection around those who are not protected — e.g., those too young to be immunized, those with medical contraindications, or those who don’t mount a sufficient immune response following immunization. When immunity among the population is such that each case, on average, transmits the infection to fewer than one additional person, the incidence of the disease will decline, ultimately to zero. The proportion of the population vaccinated needed to achieve this “community immunity” varies by the disease’s inherent transmissibility and by the vaccine’s effectiveness. For highly contagious diseases like measles, immunity rates of 92%–94% are required.

Since the early 1990s, Oregon’s immunization rates have exceeded this threshold; for this reason, measles transmission has been interrupted, and we see cases now only when they are imported from elsewhere. However, with a statewide nonmedical exemption rate of >6% among kindergartners, we’re close to the community immunity threshold, below which sustained transmission may again be seen. Moreover, the vaccine exemptions aren’t evenly distributed: some counties in Oregon have exemption rates of 15%, and some individual schools have exemption rates of 70%. A case of measles introduced into such a population could be expected to spread rapidly.

OREGON’S NEW NONMEDICAL EXEMPTION LAW

On March 1, 2014, Oregon implemented a new law regarding exemptions to school immunization requirements. It renames “religious exemptions” as “nonmedical exemptions.” The new term better encompasses the varied reasons — some more philosophical than religious — for which parents might want exemptions, while also highlighting that the decision is not being made for medical reasons. More substantively, the new law requires parents to receive education about vaccine benefits and risks before obtaining a nonmedical exemption. If, after receiving education, the parents still want to claim an exemption for their child, they may do so.

The education requirement. Parents who want a nonmedical exemption have two options: 1) complete the online vaccine education module developed by the Oregon Health Authority; or 2) ask a healthcare practitioner to review information about the risks and benefits of immunization that is consistent with information published by the Centers for Disease Control and Prevention (CDC) and the contents of the vaccine education module alluded to above.

In either case, the parents will end up with a Vaccine Education Certificate — in the first case printed by the parent upon completion of the online module and in the second case signed by the enlightening healthcare practitioner — to give to their child’s school.

Some other states require education for exemptions. In 2011, Washington State has required the signature of a


Figure 1. Oregon kindergarten non-medical exemption rates 2000–2013

Source: Oregon Immunization Program data.

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Q&A

Q: Am I required to provide Vaccine Education Certificates to parents who want a nonmedical exemption?
A: No. The law requires parents to procure the education before their child can be exempted from school immunization requirements for nonmedical reasons; but it doesn’t require any healthcare practitioner to provide it. Practitioners can choose to counsel parents and provide the certificate or to refer them to the online module.

That said, we believe it preferable that parents obtain the required education directly from healthcare practitioners rather than from state bureaucrats. Many recent studies have shown that healthcare providers are a trusted source of information for parents, even for those particularly concerned about vaccine safety.5,6 Most parents will follow a recommendation by their healthcare provider to immunize their child. No similar studies have been conducted about the effectiveness of online vaccine education.

Q: Which healthcare practitioners can fulfill this education requirement?
A: For the purposes of this requirement, “Health Care Practitioner” means a practitioner of the healing arts who has, within the scope of the practitioner’s license, the authority to order immunizations, to include: M.D., D.O., N.D., nurse practitioners, and physician assistants, or a registered nurse working under the direction of an M.D., D.O., N.D. or nurse practitioner.5

Q: If I decide to counsel parents and sign the Vaccine Education Certificate, what information must I provide?
A: The healthcare practitioner must review with the parent “information about the risks and benefits of immunization that is consistent with information published by the CDC and the contents of the vaccine educational module.” Unlike the legal requirement to provide a Vaccine Information Statement each time a vaccine is administered, this law does not dictate which materials must be used. This allows practitioners to tailor their counseling to address a parent’s specific concerns.

Q: What’s in the online vaccine education module?
A: The online module presents evidence-based information about the relevant diseases and about the benefits and risks of vaccinating against them. All viewers are treated to an overview, after which they can select the specific sections with additional information about the vaccines for which they are considering an exemption and the diseases that those vaccines prevent. It takes about an hour to view all of the vaccine-specific sections.

Q: What about religious exemptions already in place?
A: This law applies only to exemptions claimed on or after March 1, 2014 — in most cases for school years beginning in the fall of 2014. Parents whose child falls into one of the categories below will need to show documentation of education before obtaining a nonmedical exemption:
- Children entering a child care, preschool, or Head Start program
- Children starting school for the first time, such as kindergarten
- Students who have never been in an Oregon school before
- Students starting college
- Children and students whose exemptions change.

FOR MORE INFORMATION

Everything you need, from parent handouts to the Vaccine Education Certificate for practitioners to sign, to the online module, is available at www.healthyoregon.org/vaccineexemption.

REFERENCES