

Understanding nonmedical vaccine exemptions in Oregon

Findings from parent surveys and interviews (2023–2025)

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Executive summary

This report presents findings from the Oregon Immunization Program’s (OIP) ongoing efforts to understand the motivations behind parents’ decisions to seek nonmedical exemptions (NMEs) for school-required immunizations. With Oregon’s NME rates reaching consecutive record highs in the past few years (9.7% of kindergarteners in 2025), this work is critical to informing public health strategies aimed at preventing outbreaks of vaccine-preventable diseases (VPDs) in schools and the community at large.

To better understand the drivers of NMEs, OIP launched a voluntary, anonymous parent survey in 2023, followed by a series of in-depth interviews with volunteer respondents in partnership with Oregon Health and Science University’s

(OHSU) Oregon Rural Practice-based Research Network (ORPRN). The survey was designed to capture both feelings-based and access-based reasons for exemption, while interviews provided qualitative insights into parental decision-making.

Major survey findings

Feelings-based reasons were cited by most respondents to the survey with a minority being access-based.

Among feelings-based respondents:

- The top concerns were about vaccine safety, and many expressed a lack of trust in pharmaceutical companies.
- Feelings-based respondents made up the majority of those exempting from all vaccines.
- Most feelings-based respondents indicated no desire for future vaccination of their children.

Among access-based respondents:

- The top concern was the inability to get an appointment in time.
- Access-based respondents were more likely to seek exemptions from only one or two vaccines—behavior that increased as the Exclusion Day deadline approached.
- Most access-based respondents indicated a desire to vaccinate in the future.

Interview themes revealed that some parents used NMEs as a temporary solution to manage vaccine delays and maintain school enrollment, while others supported vaccination overall but had concerns about specific vaccines such as hepatitis B. Hesitancy was often linked to personal experiences with illness that occurred around the time of vaccination and perceptions that providers did not address or validate parents' concerns. Notably, one parent detailed their shift from hesitancy to acceptance of vaccines when they felt heard and supported by their health care provider.

This project provides direct insight from parents seeking NMEs with the hope that the findings can inform future policy developments that reduce barriers to vaccination in Oregon, help OIP's mission and goals reflect the real experiences of Oregon families, and improve communication with parents, schools and providers.

Background

Immunizations are a key part of primary care and preventive health and are critical in reducing the spread of VPDs across a person's lifespan. Un- and under vaccinated individuals are not only vulnerable to VPDs themselves but also increase the risk of community transmission to others who are too young to be vaccinated, experiencing waning immunity, cannot be vaccinated for medical reasons or did not develop a sufficient immunological response to the vaccine. Such individuals may be clustered geographically, demographically or based on other characteristics, thereby increasing the risk of outbreaks within communities.

In Oregon, all children enrolled in school or childcare are required to be vaccinated against certain VPDs unless they obtain an exemption. Oregon's rules require parents and guardians (subsequently labeled parents) of any child through grade 12, at a public or private school or childcare facility, to submit the child's immunization records to their school. The school or facility then submits aggregate school population data to the local public health authority. The documentation parents provide to schools may include any of the following: (1) proof of immunizations, (2) evidence of disease or immunity, (3) medical exemption (ME) defined as an exemption from a physician due to a medical diagnosis that is a contraindication or precaution to a vaccine, or (4) a nonmedical exemption (NME) defined as an exemption based on personal, religious or philosophical reasons. All documentation for school immunizations must be submitted by the third Wednesday in February (changing to the fourth Wednesday in February starting in 2026) each year, or else the child may be excluded from attending school or childcare until parents provide evidence of immunization, documentation of prior disease or immunity, or documentation of exemption.

All states have a medical exemption provision for children with contraindications for vaccination and the vast majority, including Oregon, also allow parents or guardians to obtain an NME. NMEs can be obtained for one, some, or all school-required immunizations. A number of factors lead parents to seek NMEs, resulting in some vaccinating their child for only certain diseases, delaying vaccinations and adhering to alternative vaccination schedules, or refusing vaccinations altogether. The list of required immunizations for children attending Oregon schools by age and grade can be found [here](#).

Over the past two decades, NMEs for school-required vaccinations in Oregon have steadily increased. Though this trend was interrupted by the COVID-19 pandemic, kindergarten NMEs rose to Oregon's consecutive record highs of 8.1%, 8.8% and 9.7% in 2023, 2024 and 2025, respectively. To obtain an NME, Senate Bill 132 (enacted in March 2014) states parents must either 1) receive education from a

health care provider about VPDs and the benefits and risks of vaccination, or 2) watch an online video education module (Vaccine Education Module) created by Oregon Health Authority. According to 2022-2023 school year data on Oregon's K-12 NMEs filed with schools, 95% (n=36,339) of NMEs were claimed after watching the online module. It is important to note that once a parent obtains an NME for a particular vaccine, that exemption stays in effect through their child's schooling until actively updated (either by aging out of catchment or the school actively updates the child).

In 2023, when kindergarten NME rates reached an all-time high of 8.1% and it was anticipated that the rate of NMEs would continue to rise, OIP launched a voluntary pilot survey at the end of the Vaccine Education Module. The survey's goal was to better understand the reasons parents seek NMEs, including their personal beliefs and vaccine access issues. A project proposal was submitted and funding granted to contract with OHSU's ORPRN to expand on this work—to revise the parent survey according to pilot findings and conduct phone interviews with volunteer respondents from the survey. At the end of the funding period in June 2025, the parent survey returned to OIP's jurisdiction and remains active today.

Methods

Survey

In October 2023, OIP launched a pilot survey to explore reasons parents (and guardians) claim NMEs for their children. It is a voluntary, anonymous Smartsheet survey that appeared at the completion of the Vaccine Education Module. All questions were optional to respondents and covered the following areas:

- Respondents' role (parent, local public health authority, etc.)
- Vaccines for which NMEs were sought
- Number of children the NME covers
- Reasons for seeking NMEs, with a series of options offered under each of the following broad categories (asking respondents to select all that apply):
 - Access-based
 - Feelings-based
- The *primary* reason for seeking an NME
- Future vaccination plans
- Basic demographics (county, home setting- urban, suburban, rural, frontier, and race/ethnicity)

- Open comments field for additional information respondents would like to share not otherwise covered in the survey

In summer 2024, preliminary review of pilot survey findings led to minor changes in the survey itself, including:

- The addition of new response options for access- and feelings-based reasons for the NME.
- Requesting ZIP code rather than county (which could then be used to categorize residence as urban, suburban or rural, and to assign county).
- Revising collection of race and ethnicity to follow updated federal standards.
- The addition of two new questions: (1) Who does the respondent typically see for the child's health care needs? (2) Did the respondent have discussions with their health care provider about the decision to seek an NME? and, if so, 3) Describe the experience (open text response).
- The addition of a recruitment question asking respondents if they would be willing to be interviewed at a later date about their experiences and thoughts regarding vaccination. The question included details (e.g., 30-minute interview, \$50 gift card compensation) and preferred method of contact. This interview question was active only during the OHSU ORPRN contract period and has since been removed to maintain anonymity of survey respondents.

To increase participation in the voluntary survey, in addition to its original access point at the end of the Vaccine Education Module—labeled alpha— another access point—labeled beta— was added and placed on OIP's Nonmedical Vaccine Exemptions webpage (a page that includes information on how to obtain an NME). The hope was to increase the survey response rate and allow parents/guardians to participate in the survey without having to complete it immediately following the Vaccine Education Module. While the surveys are identical, the responses are kept in separate databases to ensure comparability and reliability of submissions across access points. OIP launched the beta access point in September 2024.

Survey responses were analyzed using SAS version 9.04 and visualizations created using Tableau Desktop version 2025.1. Survey data are extracted monthly to update the dashboard, which was made available on OIP's Tableau Public profile in September 2025, featuring: (1) an overview of survey respondents and timeline of responses, (2) a descriptive overview of participants, including county of residence, number of vaccines for which NMEs were obtained, and reason for NME by county (3) reasons for NME, broken down by timeline of response, vaccine, and

detailed breakdown of sub-categories of both access- and feelings-based reasons and (4) future vaccination, broken down by number of NMEs and county.

Interview

Parents were recruited to participate in an interview via the NME survey, with the following question active between September 2024 and May 2025:

“Would you be willing to share your experience with vaccine exemption with us in a short interview? This would be a 30-minute interview with an analyst from Oregon Health and Science University who is gathering information to understand reasons for obtaining a nonmedical exemption and seeks to understand your decision to exempt your child from vaccination. Your decision to participate will not have any impact on their exemption status or educational enrollment. Any data collected from the interviews would be anonymized and stored securely, only being shared with the Oregon Health Authority and Oregon Immunization Program in a de-identified form or as anonymous quotes. Those completing an interview will receive a \$50 gift card as a thank you for their time.”

Parents provided their contact information and OHSU ORPRN colleagues reached out directly to volunteers to initiate scheduling of the interview (no more than three outreach attempts were made per participant). Additional outreach included a reminder email the day before the interview and a follow-up “thank you” email. The interviews were recorded and transcribed via Rev transcription services. Raw interview data was stored behind the OHSU firewall in secure folders. All data was de-identified to protect participant privacy. Only de-identified, summary data (with contextualized quotes) were shared with OIP. Participants who completed the interviews received a \$50 gift card as compensation for their time and participation, which was delivered via email upon completion of the interview.

During the active recruitment phase, a combined total of 168 completed surveys were submitted between alpha and beta, and 27 individuals volunteered to participate in the 30-minute interview. Ultimately, 11 interviews were conducted between September 2024 and June 2025 with parents to better understand their decisions to obtain NMEs. Findings from the parent interviews are summarized below with contextualized quotes; they are grouped by primary reason for exemption, feelings-based reasons and access- or delay-based reasons for exemption.

Results

Survey, quantitative findings

The parent survey remains open and is actively collecting responses from those obtaining NMEs for their children. As such, the findings and results can be found on the [School Immunization: Nonmedical Exemption Survey Tableau dashboard](#), which is refreshed monthly with updated data.

Interview, qualitative findings

Disclaimer: The following excerpts and quotes reflect a range of beliefs, perceptions and concerns expressed by interview participants who sought a nonmedical exemption for their child(ren). These perspectives are shared to provide insight into the motivations and thought processes of parents (albeit a very small number) navigating immunization decisions for their children. Some of the views expressed below may not be supported by scientific evidence and may reflect misinformation or misunderstandings about vaccines. These statements do not represent the views or the positions of Oregon Health Authority, the Oregon Immunization Program or Oregon Health & Science University. We include them here to honor the voices of participants and to better understand the landscape of vaccine hesitancy, which can inform future outreach, education and policy efforts.

Among 11 interview participants, six interviews centered around feelings-based reasons for the NME, while five were based on delaying (or issues accessing) vaccines. Analysis of interview transcripts identified **several themes among respondents, outlined below** with example quotes to provide additional context for the interviewee response.

Theme 1: Parents are using NMEs as a temporary measure to buy time as the Exclusion Day deadline approaches (rather than refuse vaccination outright) to avoid school disenrollment. Reasons for this include:

- Missed vaccination appointments due to parenting demands.
- A desire to space out vaccines.
- A need for flexible scheduling and support for busy families.

Example quotes from respondents:

“I’ve already done two [vaccinations], but it’s just kind of nice because it gave me a little bit of wiggle room and I could still enroll him in kindergarten without having one more thing that I have to do. It was just so I could push the timeline out a little bit.”

“...having a kid gets in the way of getting to regular appointments, and so then she missed a vaccine here or there. And then we're like, ‘OK, well, we don't want her to get like four shots at one time’ is how we felt. So, you know, so it was more like, what are the ones that our doctors recommending right now that we should really do and what are ones that maybe aren't as important that she can delay partially and maybe get them later? That was our basis for requesting the exemption.”

Theme 2: Parents who, despite expressing overall support for vaccines, have reservations about individual vaccines (specifically, hepatitis B) where, to these individuals, the perceived risk associated with the vaccine outweighs the potential risk of disease. Concerns parents expressed about hep B vaccination include:

- The perception that hep B is linked to adult behaviors (“sexual activity” and “IV drug use” as mentioned in interviews).
- The relevance of early vaccination for infants.

This theme suggests an opportunity for targeted education about transmission routes and public health rationale for early vaccination.

Example quotes from respondents:

“...there was one vaccine that we talked about a long time ago that I don't remember the name of... I think it was like the hepatitis [B] or something that? I feel like it was a vaccine where the most common [risk] of this is through, like, human sexual contact. And so both of us are like, ‘She's a baby, she's a kid, you know? Why does she need this? It just doesn't make sense.’”

“...something as specific as like a bloodborne pathogen that's transmitted through IV drug use or contact with blood or needle sticks primarily like, yeah, just any of those sexually transmitted- I'm comfortable with waiting until they are going to be sexually active or at risk for it.”

Theme 3: Parents become more reticent toward vaccines after their child experiences an illness or behavioral change they feel may have been caused by vaccination. Factors that lead to parents' having this type of hesitancy include:

- Their child experienced fevers, seizures or breathing issues around the same time they were vaccinated.

- The concern of long-term developmental impacts.
- Providers dismiss parents' concerns about a possible connection between vaccination and illness, which leads parents to distrust their providers.

This theme highlights the importance of empathetic, responsive communication around possible adverse events experienced by children after vaccination.

Example quotes from respondents:

"[following a 'possible vaccine injury'] I talked to the doctor, and she was like, 'Oh, that's nothing.' She just blew it off. She didn't really tell me anything about any vaccines."

"[the MMR vaccine] started causing seizures...and breath holding spells that lasted long enough that he would turn blue...That lasted about four years."

"If there was anything in life that I could undo, [vaccination] would definitely be it. Because as bright as she is, as talented as she is now, I wonder what she could have been had that injury never happened."

Theme 4: Intervention is possible. One parent's journey from vaccine hesitancy to acceptance illustrates how trust-building, dialogue and peer-informed narratives can support hesitant parents in reevaluating their stance. Key points from an interview with one parent who moved from hesitancy to acceptance include:

- Initial hesitancy was fueled by online parenting groups and limited local support.
- Parent felt open to vaccines when supported by their provider about the health care decisions they were making for their child.
- Provider heard and respected the parent's concerns.
- Parent came to understand how risk of disease compares to risk associated with vaccination.
- Key turning points:
 - Provider was patient, nonjudgmental, and informative.
 - Life experience: raising an immunocompromised child shifted parent's feelings toward prioritizing community responsibility.

This theme suggests trusted relationships may effectively support vaccine acceptance.

Example quotes from respondents:

Limited community support led to online parenting groups, “because they aligned with other things that I believed, it was really easy to then wind up believing the other things that they were saying [about vaccines].”

Provider patience and control were key, “finding doctors that really understood how I felt and were supportive of my decisions and were still like, ‘Here are the facts and we want to provide them for you. We’re not going to force you.’ That really helped me be comfortable exploring, ‘How do I start vaccinating? How do I know what’s safe?’”

Life experiences led to a shift in risk perception, “and also because my oldest is immunocompromised and couldn’t vaccinate at the same rate of other children. Knowing there were other families who had that option [to vaccinate] and just choosing not to, was just really hard for me because I was like, ‘I’m doing everything I can to protect my child and other people are putting these kids at risk.’ So really just being more community minded.”

Summary

Most survey respondents indicated their reason for seeking an NME was feelings-based rather than access-based. The top concern for feelings-based reasons was vaccine safety; the top concern for access-based reasons was the ability to get a vaccination appointment by the Exclusion Day deadline. Most feelings-based respondents indicated no desire to vaccinate their children in the future; however, there was still a significant number who indicated uncertainty toward future vaccination, reflecting a promising opportunity to focus vaccination efforts. Most access-based respondents indicated a desire for future vaccination for their children, reflecting a promising opportunity to address and reduce barriers to accessing vaccines.

There were several themes identified in the 11 interviews conducted with parents and guardians. Themes included:

- (1) The use of NMEs as a temporary measure to buy time before the Exclusion Day deadline, customize vaccination schedules, or address administrative challenges to keep children enrolled in school.
- (2) Those in support of vaccines have reservations with individual vaccines (hepatitis B) where, for these individuals, the perceived risks associated with the vaccine outweigh the risk of disease.

- (3) Parents may become more hesitant toward vaccines after their children experience an illness or behavioral change they feel may have been caused by vaccination, especially if they feel their provider disregards their concerns or removes the patient from their practice.
- (4) Parents can shift from being hesitant to accepting of vaccines for their children when they feel respected and supported by their provider about the health care decisions they make for their child.

Project limitations and recommendations

A critical event impacting the completion of this project was a stop work notice resulting from a federal funding freeze in April 2025. This notice created a five-week delay in project activities during an important time of data collection and analysis. Some funding was ultimately restored through alternative means, and the project team pivoted analytic plans (discontinued the full qualitative analysis of both the survey and interview responses) to prioritize completing as many interviews as possible given limited time and available funds. Because of limited time to complete interviews, this also limited the ability to over-represent parents describing access-based reasons for exemption. Still, parent interviews were prioritized during the federal funding uncertainty.

In 2025, NMEs in Oregon reached another record high, with 9.7% of kindergarteners claiming NMEs in the 2024-2025 school year. It was (and continues to be, with the survey) important for parents to share their voice and feelings so that we may understand their barriers for vaccinating their children. As NMEs increase and more under- or unvaccinated children congregate in school settings, the risk of VPD outbreaks also increases. Therefore, the information collected in the survey is a useful tool for identifying possible interventions or policies that remove barriers and increase access to vaccinations.

One limitation is that the survey and all questions are optional, allowing individuals to skip or not answer any question. The intent was to create a survey with limited barriers to obtain helpful information in as few questions and as little time as possible and allowing respondents to opt out of responding to questions to encourage survey submissions. We also lack the ability to track duplicate respondents because submissions are anonymous. It is important to note that due to the small sample size, the survey respondents may not be representative of the full population of parents and guardians claiming NMEs in Oregon.

Despite these limitations, both the survey and interviews have produced rich information. Continuing data collection and sharing the findings will be imperative to help our program, local public health authorities, health care providers, community organizations and the public better understand the trend of increasing NMEs in their schools and communities. This kind of information gathering leads to productive conversations about 1) the growing concern and likelihood of outbreaks of VPDs in schools, 2) barriers to vaccination and 3) providing actionable, useful information that can help drive positive, healthy change.

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