



Position Statement: Immunization Requirements for Child Care and School Attendance

Routine immunizations at all stages of life are a critical part of the public health infrastructure to protect against communicable diseases. Immunizations provide direct protection to the immunized person and indirect protection to persons unable to be immunized through the effect of “herd” or community immunity.

Childhood immunization is one of the greatest achievements of modern medicine and public health. According to the American Academy of Pediatrics, childhood immunizations in the U.S. prevent tens of thousands of early deaths and tens of millions of cases of disease, saving billions of dollars in direct health care and indirect societal costs.¹

Community (or “herd”) immunity is when almost all persons have been immunized according to current recommendations. This minimizes the risk of spread of communicable illnesses to persons who cannot be vaccinated due to age or medical contraindications. It is generally understood, as included in the Healthy People 2020 goals, that population immunization rates of at least 90% are necessary to provide community immunity. Certain highly contagious communicable diseases such as measles or pertussis (whooping cough) require even higher levels of population immunization rates (95%) to achieve community immunity.

In Ohio, public school district boards of education are authorized to adopt and enforce requirements that children attending or eligible to attend the district’s schools be immunized against communicable diseases as outlined in the Ohio Revised Code (ORC 3313.67).² Immunization requirements for child care or school attendance serve as a strong incentive for parents to immunize their children per the recommended immunization schedule of the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP). The constitutionality of requiring immunization for school attendance has been upheld by the U.S. Supreme Court and, furthermore, many courts have rejected challenges to immunization requirements based on personal liberty and freedom of religion.³ The ORC also allows for exemption from immunization requirements based medical contraindications or the religious or philosophical beliefs of parents.

Public health literature shows that strong immunization requirements lead to increased overall community immunization rates and decreased incidence of vaccine-preventable diseases. On the other hand, broad exemption allowances (e.g. religious/philosophical beliefs) can result in higher rates of vaccine-preventable illnesses and outbreaks, such as whooping cough or

¹ AAP Committee on Practice and Ambulatory Medicine, AAP Committee on Infectious Diseases, AAP Committee on State Gov’t Affairs, AAP Council on School Health, AAP Section on Administration and Practice Mgt. Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance. *Pediatrics*. 2016; 138(3):e20162145.

² Ohio Legislative Service Commission: “Members Only” Informational Brief. Vol. 128; Issue 5. April 10, 2009.

³ Ibid.

measles.⁴ Immunization is a critical public health intervention because it both provides a direct benefit to the immunized person as well as a public health benefit of community immunity. Choosing not to vaccinate for nonmedical reasons not only puts the individual person at risk, but also increases risk to the whole community by decreasing community (herd) immunity that can lead to spread of vaccine-preventable illnesses. Therefore, allowing for nonmedical exemptions to immunization requirements can result in persons with medical contraindications not being equally protected under public health policy.⁵

Recommendations:

1. Support requirements for full immunization of children prior to entrance to child care and school settings.
2. Support medical exemption from immunization requirements for child care and school settings.
3. Advocate for restriction or elimination of religious/philosophical beliefs exemption from immunization requirements for child care and school settings.
4. Support dissemination of accurate, science-based information to increase public awareness of the importance and safety of immunizations.
5. Advocate for the Ohio Dept. of Health and Ohio Dept. of Education to assure that child care centers and schools are compliant with immunization requirements and enforce exclusion for any child not fully vaccinated.

⁴ AAP Committee on Practice and Ambulatory Medicine, AAP Committee on Infectious Diseases, AAP Committee on State Gov't Affairs, AAP Council on School Health, AAP Section on Administration and Practice Mgt. Medical Versus Nonmedical Immunization Exemptions for Child Care and School Attendance. *Pediatrics*. 2016; 138(3):e20162145.

⁵ *Ibid.*