

State Guidelines for Mandatory Childhood Vaccination Policy

In recent news, an outbreak of measles at a Texas mega-church famous for preaching against vaccines has sparked new concern about vaccination rates. In fact, with more than 21 cases of measles linked to the church, health officials consider the outbreak a potential threat to public health and safety (Aleccia, 2013). The case highlights the fact that a minimum number of people in any population need to be vaccinated to provide "herd immunity" to keep disease in check for those without vaccination or whose immunity has waned. As such, an updated state policy for mandatory childhood vaccination for major diseases is well worth formulating and articulating.

Foremost, the updated mandatory state vaccine policy is applicable to all children who participate in any type of public or private school campus-based activities. Specifically, the mandatory policy holds that all such children "are required to have age-appropriate vaccines with proper documentation on file at the school" (Florida Department of Health, 2013). As a basis for the immunization guidelines, the Centers for Disease Control and Prevention (CDC) schedule of immunizations is the most reliable medical publication for vaccines. In fact, the CDC standards reflect the fact that medical science is advancing each and every year. Therefore, the CDC immunization guidelines and schedule are adjusted and modified annually according to the

latest scientific and medical data and research findings. With these facts in mind, the proposed state guidelines, herein, reflect the recommended immunization schedule of the CDC (2013) Advisory Committee on Immunization Practices (ACIP).

For infants (birth to 18 months), the following vaccinations/immunizations are recommended. For Hepatitis B (Hep B), the first dose should be at birth, the second dose should be administered between 1 and 2 months, and the third dose should be administered between 6 and 18 months (CDC, 2013). Potentially life threatening diseases for infants like pneumococcal conjugate (PCV13) should be administered in a regiment of five separate doses. The first dose should be at two months, the second dose should be at three months, the third dose should be at 3 months, the fourth dose should be administered between 15 and 18 months; and finally, the fifth dose should be administered at 4 to 6 years (CDC, 2013). Serious and highly controllable diseases like the measles, mumps, and rubella should all be administered with the first dose between 12 and 15 months and the second dose anywhere between 4 to 6 years (CDC, 2013). For other diseases - including rotavirus (RV); diptheria, tetanus, and acellular pertussis (DT&P), varicella (VAR); human papillomavirus (HPV2: females only; HPV4: males and females); and meningococcal (Hib-MenCy) - state guidelines should adhere

strictly to the CDC schedule (see CDC Immunization Schedule at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/su6201a2.htm>).

In providing a basic ethical rationale for the proposed mandatory childhood vaccination guidelines, it must be fundamentally recognized that imposing vaccination requirements on all children (with some limited exceptions) brings into light potential conflicts between constitutional and civil rights. The US Constitution, for example, ensures basic and fundamental freedoms with respect to religion and beliefs. At the same time, however, assurance of public health and safety is understood as one of the most basic of all civil rights. In weighing a conflict of values and rights that arises in a case like the Texas mega-church measles outbreak, the utilitarian principle of the greatest good for society must carry greater philosophical, ethical, and moral weight than rights to religious or philosophical freedom. It is unfair and unjust, in other words, for the belief system of a minority population to pose a threat to the health, safety, and welfare of society as a whole. The best interests and good of society is, thereby, the guiding ethical and moral principle of the vaccination and immunization exceptions as identified in the subsequent section.

With respect to possible exemptions, most states already have a reasonable format that can be adopted with some slight modifications and adjustments. As of July 2012, in fact, all 50

states allow vaccination exemptions for medical reasons; 48 states allow exemptions for religious reasons; and 19 states allow exemptions for philosophical reasons (National Network for Immunization Information-NNii, 2012). As a basic rationale for medical exemptions, a number of medical conditions may render certain immunizations too risky for the recipient. For instance, a child may have an allergic susceptibility to some types of vaccines. In other cases, a child's immune system may be intolerant of a vaccine due to conditions like cancer, AIDS, or other (National Network for Immunization Information-NNii, 2012). As a matter of policy, medical exemptions should, therefore, be attentive to any such cases. However, approval of exemptions should be strictly handled and determined by a qualified physician.

As the Texas mega-church case brings to light, religious exemptions can represent a complicated and sensitive matter. For some believers, immunizations constitute a compromise of faith and the idea that God holds power over disease and physical disorder. Regardless of the veracity of one's beliefs, it must be recognized by the state that immunizations can insult and contradict the heartfelt and sincere convictions of parents. In the bigger picture, however, exemption policy cannot be allowed to pose a threat or danger to public health and safety, or for that matter the children of adult adherents to radical and/or

extreme belief systems. In short, before religious exemptions are granted, full and due consideration for the health and safety of children and the general public must take precedence. Accordingly, exemptions can be approved or denied only on the basis of consideration for scientific and medical facts that uphold the public good.

Finally, in accord with the 19 states that allow exemptions for philosophical reasons, the current policy also supports some, though limited, exemptions that are philosophical and non-religious in nature. For example, some parents may believe that vaccines pose a health threat to their children physically and/or psychologically. Others may consider immunizations to be scientifically and medically unproven in terms of disease prevention claims. Whatever the case may be, advancements in medical research are increasingly providing support for the effectiveness of vaccines and immunizations in helping control and/or eliminate pernicious diseases - debunking myths, for example, that vaccinations cause autism (National Network for Immunization Information-NNii, 2012). Even further, vaccines for smallpox, measles, polio, and other dangerous diseases have been proven safe and effective after decades and even generations of usage. Thirty-three states, therefore, offer no philosophical exemptions from their immunization policies (National Vaccine Information Center, 2013). Based on considerations for general

health and safety of other children and the public, nonetheless, the proposed mandatory immunization policy supports some limited exemptions on the basis of philosophical claims. Similar to claims according to religious beliefs, however, philosophical exemptions can be approved, or denied, on the basis of scientific and medical facts.

Overall, the recent mega-church incident involving a measles outbreak in Texas is entirely avoidable if states adopt and enforce a no loopholes mandatory immunization policy for children. In this respect, the proposed mandatory immunization policy is based on solid and incontrovertible ethical (the greatest good of society) logic and scientific/medical facts. K-12 systems statewide, both public and private, are therefore required to abide by the mandatory immunization requirements.

References

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