

REPORT 1 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (I-15)
Non-medical Exemptions to Immunization
(Reference Committee K)

EXECUTIVE SUMMARY

Objective: The very success of immunization programs over time has resulted in a situation in which many individuals, including physicians, have no memory of the devastating effects of infectious diseases such as poliomyelitis, measles, and pertussis against which to appreciate the benefits of immunization. The reemergence of various vaccine-preventable diseases argues for assessment of the use of non-medical exemptions to immunization mandates. Existing AMA policy on this topic is not consistent and warrants review as well.

Results: Requirements for exemptions from vaccine mandates vary from state to state. For school entry, all states allow medical exemptions to immunization and 48 states currently allow a religious exemption; 19 states also currently allow a personal belief exemption. Nationwide, about 1.7% of kindergarten-age children have had religious or philosophic exemptions to mandatory immunization claimed on their behalf. Research supports a relationship between rates of non-medical exemptions and the process in place for obtaining them; the easier the process, the higher the rate of exemptions. Moreover, exemption rates are higher in states that permit non-medical exemptions for personal and philosophical, rather than solely religious, reasons. Social influences are evident in the persistence of the anti-immunization movement in the United States and the geographical clustering of families with similar attitudes and beliefs about immunizations. Research indicates that where immunization rates are low, especially where children are under-immunized or not immunized at all, outbreaks of vaccine-preventable disease are more frequent.

Conclusion: Maintaining public confidence in immunizations is critical for preventing a decline in immunization rates that can result in outbreaks of disease. Where immunization exemption rates are high, herd immunity may be compromised and the number of unimmunized individuals might become sufficient to permit transmission of vaccine-preventable diseases, if introduced. When people decide not to be immunized, they put others at risk as well as themselves. Protection of community health requires that individuals not be permitted to opt out of immunization solely as a matter of personal preference or convenience. To maximize the benefits of immunization, all adults, including physicians and other health professionals, and children should be immunized according to the Advisory Committee on Immunization Practices (ACIP)-recommended schedule, unless there is a documented medical contraindication to immunization.

Physicians have a responsibility to help educate patients and parents about the risks of vaccine-preventable disease and the safety and effectiveness of vaccines. In their own practices and public presentations and through their state and professional medical societies, physicians also have a responsibility to provide scientifically well-grounded information about vaccines and vaccine-preventable diseases and to rebut non-scientific based positions on this topic.

REPORT OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH

CSAPH Report 1-I-15

Subject: Non-medical Exemptions to Immunization

Presented by: Louis J. Kraus, MD, Chair

Referred to: Reference Committee K
(Hillary Johnson-Jahangir, MD, Chair)

1 Policy D-440.936, “Immunization Exemptions,” directs our American Medical Association (AMA)
2 to review and address existing inconsistencies in its policies regarding immunization exemptions.
3 While current AMA policy allows for immunization exemption for medical contraindications,
4 AMA policy is not uniform regarding non-medical exemptions. Some policies (excluding ethical
5 opinions) recognize only non-medical exemptions based on religious beliefs, while others
6 recognize non-medical exemptions based on both religious and philosophical objections
7 (Appendix A).

8
9 In an attempt to implement Policy D-440.936, the Council on Science and Public Health (CSAPH)
10 and Council on Ethical and Judicial Affairs (CEJA) submitted a joint report at A-15 that was
11 referred by the House of Delegates (HOD). Several policies were adopted at A-15 in support of
12 eliminating non-medical exemptions (Appendix A). This report updates the scientific literature on
13 this topic and recommends consolidation and revisions to existing AMA policy on vaccines and
14 immunizations, while maintaining strong support for the elimination of non-medical exemptions, in
15 order to best protect public health.

16 17 BACKGROUND

18
19 Immunization benefits both the individuals who receive vaccines and the wider community. When
20 people are immunized, they not only build up their own immune systems, they also help prevent
21 the spread of disease to others who have not been immunized, for whom the vaccine has failed to
22 provide protection, or for whom the vaccine is medically contraindicated. Herd immunity—high
23 immunization rates that help minimize the transmission of disease through a population—protects
24 unimmunized and under-immunized individuals and those who are at highest risk for severe
25 infection, including pregnant women, infants, immunocompromised individuals, and patients with
26 chronic disease.

27
28 Law and policy throughout the United States require immunizations or other documentation of
29 immunity as a condition of public school attendance and, in some cases, as a condition of
30 employment.¹ The U.S. Supreme Court has held that states can mandate immunizations to protect
31 public health, but, if they do, they also must allow medical exemptions. Courts have further held
32 that the exemption process must not violate individuals’ constitutional rights. Most states also
33 provide for non-medical exemptions to accommodate the religious beliefs of some individuals who

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1 oppose immunization. Some states also have expanded non-medical exemptions for certain
2 individuals who oppose immunization based on broader personal or philosophical reasons.

3
4 Many states also have laws providing for mandatory immunizations during a public health
5 emergency or large-scale outbreak of a communicable disease.¹ Generally, the power to order such
6 action resides with the governor of the state or with a state health officer. While exemptions may
7 currently be permitted for medical, religious, or philosophical reasons, governments have the
8 authority to quarantine unimmunized individuals during a public health emergency.

9 VACCINE MANDATES & EXEMPTIONS

10
11
12 Immunization programs in the United States, supported by state legal requirements and federal
13 funding/oversight, are among the most cost-effective and widely used public health interventions,
14 having controlled or eliminated the spread of epidemic diseases including smallpox, measles,
15 mumps, rubella, diphtheria, and polio.^{2,3}

16
17 Medical exemptions from immunization are intended to prevent harm to individuals who are at
18 increased risk of adverse events from the vaccine because of underlying conditions. Vaccines are
19 medically contraindicated for individuals who have histories of severe allergic reactions from prior
20 doses of vaccine. Many underlying conditions also place individuals at increased risk of
21 complications from certain vaccines, as well as from the diseases they prevent. For example,
22 individuals who are severely immunocompromised should not be inoculated with vaccines
23 containing live attenuated viruses, such as the varicella zoster (chicken pox or shingles) or measles,
24 mumps, and rubella (MMR) vaccines.⁴ Individuals for whom vaccines are medically
25 contraindicated are protected from exposure to vaccine-preventable diseases through herd
26 immunity, i.e., high rates of vaccination among the rest of the population that minimize
27 transmission throughout the population.

28
29 Non-medical exemptions recognize the role of individual and, for childhood immunizations,
30 parental autonomy, in making decisions about immunization.⁵ These exemptions are variously
31 defined across the country, encompassing religious exemptions and exemptions for “personal
32 belief,” which may include philosophical or other strongly held non-medical reasons for objecting
33 to immunization that are not associated with specific religious beliefs.

34 35 *Childcare & School Entry Mandates*

36
37 Every state and the District of Columbia (DC) has laws requiring documentation of immunizations
38 for entry into licensed childcare, Head Start, and school.⁶ Various states also mandate
39 immunizations for incoming college and university students. The CDC maintains a continuously
40 updated online database of state laws pertaining to immunization requirements for childcare,
41 kindergarten, middle school, and university/college attendance.⁷ Institutions, such as colleges and
42 private schools, may establish additional immunization policies for attendance or residence on
43 campus. School entry coverage for most states is at or near national *Healthy People 2020* targets of
44 maintaining 95% immunization coverage levels for all recommended vaccines.^{8,9}

45
46 Requirements for exemptions from childcare and school entry vaccine mandates vary from state to
47 state with regard to the child’s age, school grades covered, the vaccines included, the processes and
48 authority used to add or remove vaccines from school entry mandates, reasons for exemptions
49 (medical reasons, religious reasons, philosophical or personal beliefs), and the procedures for
50 granting exemptions.¹⁰⁻¹² All states allow exemptions when there is a medical contraindication such
51 as immune deficiency or an allergic reaction.¹³ As of July 2015, 48 states allow a religious

1 exemption (West Virginia and Mississippi are the only exceptions); 19 states also allow a “personal
2 belief” exemption.¹⁴ In June 2015, the governor of California signed a bill that prohibits personal
3 and religious belief exemptions. The law will go into effect on July 1, 2016.¹⁵

4
5 It has been observed in several studies that allowing non-medical exemptions is correlated with
6 decreased vaccination coverage. Additionally, in states that allow philosophical exemptions, such
7 exemptions often dominate the majority of all exemptions.¹⁶ For the 2013-2014 school year, an
8 estimated 90,666 exemptions were reported nationally among a total estimated population of
9 3,902,571 kindergarten-age children.⁸ Exemption rates were less than 1% for eight states and
10 greater than 4% for 11 states (range: less than 0.1% in Mississippi to 7.1% in Oregon; median
11 1.8%). During the 2014-2015 school year, approximately 94% of children attending kindergarten
12 received two doses of measles, mumps, and rubella (MMR) vaccine, and met the local
13 requirements for diphtheria, tetanus, and acellular pertussis (Dtap) vaccine. The median percentage
14 of any exemptions was 1.7%, with pockets of low and high exemption rates by state.¹⁷ The recent
15 measles outbreak that began with exposure at a California amusement park not only helped initiate
16 the non-medical exemption legislation in California, but lawmakers in 7 additional states are
17 currently considering measures to either eliminate or restrict vaccine exemptions or expand vaccine
18 mandates as well.¹⁸

19
20 All states permit a medical exemption to immunization for children entering childcare and school.
21 In states that report medical exemptions separately from non-medical exemptions, the median
22 medical exemption rate for kindergarten-age children in the 2013-2014 school year was 0.2%
23 (range: less than 0.1% in eight states to 1.2% in Alaska and Washington).⁸

24
25 Over the past two decades, the number of non-medical exemptions from school immunization
26 requirements in the United States has increased considerably, from a state median of 0.98% in 1991
27 to 1.7% in 2014,^{8,10,19-24} primarily among states that recognize exemptions based on personal or
28 philosophical beliefs in addition to religious exemptions. In states that report medical exemptions
29 separately from non-medical exemption rates, for the 2013-2014 school year, the median
30 percentage of kindergarten-age children with non-medical exemptions was 1.7% (range: 0.4% in
31 Virginia to 7.0% in Oregon); 11 states had non-medical exemptions levels of 4.0% or greater.⁸

32 33 *Immunization of Health Care Personnel*

34
35 The CDC recommends that all health care personnel be immunized appropriately.²⁵ A number of
36 states require employees of certain health care facilities, such as hospitals and nursing homes, to be
37 immunized against diseases such as measles, mumps, rubella, varicella zoster, hepatitis B, and
38 influenza. Such laws, which vary widely, generally contain opt-out provisions for vaccines that are
39 medically contraindicated or contrary to the individual’s religious or philosophical beliefs.²⁶

40
41 As of July 2015, three states (Alabama, Colorado, and New Hampshire) mandated influenza
42 immunizations for health care personnel.²⁷ Even without a state mandate, hospitals and health care
43 systems in 45 states have implemented institutional policies mandating influenza immunization,
44 although these policies vary in their requirements and penalties.²⁸ As of 2014, approximately 30%
45 of health care personnel reported that their employers required influenza immunization as a
46 condition of employment.²⁹ Evidence from the literature suggests that vaccine mandates among
47 health care personnel are directly associated with increased vaccination rates.³⁰

48
49 For the 2013-2014 influenza season, 82% of health care personnel overall reported having had an
50 influenza immunization,³¹ which is below the *Healthy People 2020* annual goal of 90% influenza
51 vaccine coverage for this group.⁹ However, this rate varied considerably by state.³¹ Immunization

1 coverage also varied according to occupation. For the 2013-2014 season, immunization coverage
 2 was 92% among physicians, 90.5% among nurses, 90% among nurse practitioners and physician
 3 assistants, 87% among other clinical personnel, and 69% among nonclinical personnel.²⁷
 4 Immunization coverage was 90% among health care personnel working in hospitals and 63%
 5 among those working in long-term care facilities.²⁷

6
 7 IMMUNIZATION STATUS & THE RESURGENCE OF VACCINE-PREVENTABLE
 8 DISEASES

9
 10 A growing number of parents are seeking non-medical exemptions to delay or refuse some or all
 11 vaccines for their children.^{27-29, 32-34} The ease of obtaining non-medical exemptions is associated
 12 with higher rates of exemptions,^{12,23,35} and there is reason to believe that parents may use non-
 13 medical exemptions out of convenience rather than deeply held belief.^{12,23,35} A study of non-
 14 medical exemptions permitted between 1991 to 2004 found that the increase in exemption rates
 15 was not uniform.²³ Exemption rates for states that allowed only religious exemptions remained at
 16 approximately 1% during this time period; however, in states that allowed exemptions for
 17 philosophical or personal beliefs, the mean exemption rate increased from 1% to 2.5%. Additional
 18 studies suggest that states that allow philosophical exemptions for school-age children have
 19 significantly higher rates of unimmunized children.^{8,10,21-24,35,36}

20
 21 Overall, about 90% of all non-medical exemptions for states that permit both religious and
 22 philosophical exemptions for school entry were philosophical exemptions.⁸ Some states require
 23 membership in a recognized religion in order for a parent to invoke a religious exemption to
 24 vaccination of a student, whereas others merely require an affirmation of religious or philosophical
 25 opposition. States in which individuals can obtain vaccine exemptions for non-religious
 26 philosophical reasons generally have the highest immunization opt-out rates in the nation.^{8,24,36}
 27 Washington State, for example, has seen decreases in immunization rates among kindergartners. In
 28 particular, the percentage of kindergartners vaccinated against polio has dropped from 95.4% in
 29 1998 to 88.4% in 2015,³⁷ well below the *Healthy People 2020* goal of 95%.⁹ Moreover, in 2015,
 30 the polio immunization rate among kindergartners in Seattle was even lower than the state
 31 average, at 81.4%. According to the World Health Organization (WHO), this rate is lower than
 32 polio immunization rates in countries such as Algeria, El Salvador, Guyana, Iran, Kyrgyzstan,
 33 Mongolia, Rwanda, Sudan, Yemen, and Zimbabwe, among others.³⁷

34
 35 Where immunization rates are low, especially where children are under-immunized or not
 36 immunized at all, outbreaks of vaccine-preventable disease are more frequent.³⁸⁻⁴³ Studies have
 37 shown an increase in the local risk of vaccine-preventable diseases (notably pertussis, measles, and
 38 mumps) when individuals who refuse immunization cluster geographically within school districts,
 39 communities, and counties.^{23,24,41-48} In Colorado, for example, the county-level incidence of measles
 40 in immunized children from 1987 through 1998 was associated with the frequency of exemptions
 41 in that county.⁴¹ Vaccine-exempt children were 22 times more likely to acquire measles and 6 times
 42 more likely to acquire pertussis than immunized children. At least 11% of vaccinated children who
 43 acquired measles were infected through contact with an exempt child. The mean exemption rate
 44 among schools with pertussis outbreaks was 4.3% compared with 1.5% for schools that did not
 45 have an outbreak.

46
 47 From January 1, 2014 to August 21, 2015, the United States has experienced a dramatic increase in
 48 the number of measles cases. During this time, the CDC confirmed 856 measles cases. In 2014,
 49 there were 668 cases in 27 states stemming from 23 outbreaks. Many of these outbreaks began with
 50 unimmunized individuals who were exposed to the virus while abroad, particularly those who
 51 travelled to the Philippines, which experienced a large measles outbreak. One large outbreak

1 included 383 cases in unimmunized Amish communities in Ohio. As of August 2015, 188 cases of
2 measles have been confirmed in 24 states and the District of Columbia. These cases have grown
3 out of 5 major outbreaks,⁴⁹ with 125 cases from a large multi-state outbreak linked to transmission
4 at an amusement park in California, of which 55% of cases were unimmunized. The majority of
5 cases (88%) were residents of California; of those individuals who were unvaccinated but eligible
6 for vaccination, 37 (76%) were unvaccinated due to personal beliefs.⁵⁰ In addition, the majority of
7 the cases that have occurred in the U.S. thus far have been among persons who were
8 unimmunized.^{49,51}

9 10 VACCINE REFUSAL

11
12 While the vast majority of parents in the United States have their children immunized in
13 accordance with the Advisory Committee on Immunization Practices (ACIP)-recommended
14 vaccine schedule, it has been estimated that almost 1 in 8 parents (12%) have refused at least one
15 vaccine recommended by their child's physician.⁵² Studies indicate that under-immunized children
16 are likely to have missed some immunizations because of factors related to the health care system
17 or socioeconomic characteristics, whereas children who are not immunized at all are likely to
18 belong to families that intentionally refuse vaccines.¹⁰

19
20 Decisions about immunization are influenced by the individual's perception of health, beliefs about
21 and experience of childhood diseases, and perceptions about the risks of diseases, as well as
22 perceptions about vaccine safety and effectiveness, vaccine components, and level of trust in
23 institutions.⁵³⁻⁶¹ Even when they do not reject immunization outright, many parents have become
24 "vaccine hesitant."^{62,63} Having had little or no experience with most of the vaccine-preventable
25 diseases because the prevalence of those diseases is very low (or nonexistent), parents' concerns
26 that a vaccine will adversely affect their child can often outweigh their concerns about disease risk.
27 Additionally, lack of understanding about how vaccines work combined with the fear of being
28 injected with a disease agent contribute to reluctance to undergo immunization. In past surveys,
29 parents consistently cited vaccine safety, including concerns about autism, as the most frequent
30 reason for not vaccinating their children.^{10,53-55,59,60,64} More recently, the primary reasons for
31 parents' failure to vaccinate their children include issues related to lack of perceived need of
32 vaccination, vaccine safety, lack of trust in the government or their health care provider, and
33 perceived lack of involvement in the decision-making process for their children. In addition, the
34 perceived link between vaccines and autism still remains a large concern of parents seeking
35 exemptions for immunization.⁶⁵ The evidence that originally purported to show a link between
36 autism and immunization was proven to be fraudulent and was retracted and its author censured.⁶⁶
37 An extensive body of credible scientific evidence continues to support the safety and effectiveness
38 of vaccines.⁶⁷⁻⁷⁰

39
40 Parents who refuse immunization for their children may also rely more on guidance from family,
41 friends, and their broader social network, including popular media, than on physicians'
42 recommendations.⁷¹ The influence of such social guidance is evident in the persistence of the anti-
43 immunization movement in the United States,⁷² and the geographical clustering of families with
44 similar attitudes and beliefs about immunizations.^{23,24,41-48}

45
46 A majority of states do not specifically define what constitutes a religious or personal exemption;
47 when they do, how strictly the exemption is defined does not appear to determine how strictly the
48 exemption is applied.²⁷ In some states, a parent can claim personal exemption simply by signing a
49 prewritten statement on the school immunization form.²⁵ Often this is perceived as easier than
50 completing a school immunization form that requires a health care professional to provide details
51 of immunization from the child's medical record. Some states that offer religious or personal belief

1 exemptions have additional administrative requirements, such as requiring a signature from a local
2 health department official, annual renewal, notarization, or a personally written letter from the
3 parents explaining the reasons for vaccine refusal. Research supports a relationship between rates
4 of non-medical exemptions and the process in place for obtaining them: the easier the process, the
5 higher the rate of exemptions.³⁵ Moreover, exemption rates are higher in states that permit non-
6 medical exemptions for personal and philosophical, rather than solely religious, reasons.³⁵

7
8 In light of recent measles outbreaks,⁴⁹ views regarding non-medical exemptions appear to be
9 shifting among parents in the U.S. A 2015 national poll on children's health, conducted by the
10 University of Michigan C.S. Mott Children's Hospital, asked parents if their views about
11 vaccination had changed since the prior year. Compared to their views a year ago, 25% of parents
12 surveyed believed vaccination to be safer, 34% thought vaccines are more beneficial, and 35% are
13 more supportive of vaccine requirements for schools and daycare facilities.⁷³

14 15 PHYSICIAN ROLE IN IMMUNIZATION

16
17 Physicians can play an important role in engaging and supporting vaccine-hesitant parents to
18 understand and address their concerns. Physicians have long-recognized obligations to promote
19 health and prevent disease for the well-being of individual patients and the community at large.⁷⁴
20 Physicians likewise have an obligation not to put patients at undue risk of harm. As trusted sources
21 of information and guidance, physicians can play a significant role in shaping their patients'
22 perspectives about vaccines and the decisions patients make about immunizing themselves and
23 their families.^{21, 53-58} Physicians have a responsibility to educate parents/guardians about the long-
24 term preventive benefits of childhood immunizations.

25
26 Physicians' responsibility to protect patients' well-being extends to ensuring that they and all staff
27 in their own practices are immunized, absent medical contraindication. Parents/guardians of minor
28 patients who continue to refuse immunization for their children, as well as adult patients who
29 refuse immunization for themselves, pose a health risk to others. Because physicians have an
30 obligation to protect the health of the other patients in the practice and the practice staff, physicians
31 must take action to protect those who will come in contact with unimmunized individuals in the
32 office, clinic, or other health care setting.

33 34 CONCLUSION

35
36 The reemergence of various vaccine-preventable diseases argues for the removal of non-medical
37 exemptions to immunization mandates. Where exemption rates are high, herd immunity may be
38 compromised and the number of unimmunized individuals might become sufficient to permit
39 transmission of vaccine-preventable diseases, if introduced. When people decide not to be
40 immunized, they put others at risk as well as themselves. Protecting community health requires that
41 individuals not be permitted to opt out of immunization solely as a matter of convenience or
42 misinformation. To protect public health and limit the resurgence of vaccine preventable diseases,
43 all children and adults, including physicians and health professionals, should be immunized
44 according to the recommended Advisory Committee on Immunization Practices (ACIP) schedule,
45 unless medically contraindicated. Two states already prohibit non-medical exemptions to
46 mandatory vaccination; another recently adopted legislation to do the same. This is wise public
47 health policy and is the policy that should be adopted in all U.S. jurisdictions.

48
49 Physicians have an important role to play in protecting individual patients and the health of
50 communities. They have a responsibility to help educate patients and parents about the risks of
51 vaccine-preventable diseases and the safety and effectiveness of vaccines. Physicians who

1 administer vaccines also need to stay up-to-date on the recommendations of the Advisory
2 Committee on Immunization Practices for themselves and their patients.

3
4 RECOMMENDATIONS

5
6 The Council on Science and Public Health recommends that the following statements be adopted
7 and the remainder of the report be filed:

8
9 1. That Policy H-440.970, Religious Exemptions from Immunizations, be amended by
10 substitution to read as follows:

11
12 Nonmedical Exemptions from Immunizations

13 Our American Medical Association (AMA) believes that nonmedical (religious, philosophic, or
14 personal belief) exemptions from immunizations endanger the health of the unvaccinated
15 individual and the health of those in his or her group and the community at large. Therefore,
16 our AMA (1) supports the immunization recommendations of the Advisory Committee on
17 Immunization Practices (ACIP) for all individuals without medical contraindications; (2)
18 supports legislation eliminating nonmedical exemptions from immunization; (3) encourages
19 state medical associations to seek removal of nonmedical exemptions in statutes requiring
20 mandatory immunizations, including for childcare and school attendance; (4) encourages
21 physicians to grant vaccine exemption requests only when medical contraindications are
22 present; (5) encourages state and local medical associations to work with public health officials
23 to develop contingency plans for controlling outbreaks in medically-exempt populations and to
24 intensify efforts to achieve high immunization rates in communities where nonmedical
25 exemptions are common; and (6) recommends that states have in place: (a) an established
26 mechanism, which includes the involvement of qualified public health physicians, of
27 determining which vaccines will be mandatory for admission to school and other identified
28 public venues (based upon the recommendations of the ACIP); and (b) policies that permit
29 immunization exemptions for medical reasons only. (Modify Current HOD Policy)

30
31 2. That Policy H-440.831, Protecting Patients and the Public by Immunizing Physicians, be
32 amended by substitution to read as follows:

33
34 Protecting Patients and the Public through Physician, Health Care Worker, and Caregiver
35 Immunization

36 1. American Medical Association (AMA) policy is that, in the context of a highly transmissible
37 disease that poses significant medical risk for vulnerable patients or colleagues or threatens the
38 availability of the health care workforce, particularly a disease that has the potential to become
39 epidemic or pandemic, including influenza, and for which there is an available, safe, and
40 effective vaccine, physicians, health care workers (HCWs), and family caregivers who have
41 direct patient care responsibilities or potential direct exposure have an obligation to accept
42 immunization unless there is a recognized medical reason to not be immunized. In scenarios in
43 which there is a documented medical contraindication to immunization of a physician or HCW,
44 appropriate protective measures should be taken. 2. Our AMA (a) encourages hospitals, health
45 care systems, and health care providers to provide immunizations to HCWs against influenza
46 and other highly transmissible diseases, at no cost to the employee, both for their own
47 protection and to reduce the risk of infectious disease transmission to others; and (b)
48 encourages health care institutions to develop mechanisms to maximize the rate of influenza
49 immunization for HCWs, including the option of making immunization a condition of
50 employment. (Modify Current HOD Policy)

1 3. That Policy H-440.830, Parent to Parent Education on Child Vaccination, be amended by
2 substitution to read as follows:

3
4 Education and Public Awareness on Vaccine Safety and Efficacy

5
6 Our American Medical Association (1) encourages the development and dissemination of
7 evidence-based public awareness campaigns aimed at increasing vaccination rates;
8 (2) encourages the development of educational materials that can be distributed to patients and
9 their families clearly articulating the benefits of immunizations and highlighting the exemplary
10 safety record of vaccines; (~~2~~3) supports the development and evaluation, in collaboration with
11 health care providers, of evidence-based educational resources to assist parents in educating
12 and encouraging other parents who may be reluctant to vaccinate their children; (~~3~~4)
13 encourages physicians and state and local medical associations to work with public health
14 officials to inform those who object to immunizations about the benefits of vaccinations and
15 the risks to their own health and that of the general public if they refuse to accept them; (45)
16 will promote the safety and efficacy of vaccines while rejecting claims that have no foundation
17 in science; and (~~5~~6) will continue its ongoing efforts with other immunization advocacy
18 organizations to assist physicians and other health care professionals in effectively
19 communicating to patients, parents, policy makers, and the media that vaccines do not cause
20 autism and that decreasing immunization rates have resulted in a resurgence of vaccine-
21 preventable diseases and deaths. (Modify Current HOD Policy)
22

23 4. That Policies H-440.850, Recommendations for Healthcare Worker and Patient Influenza
24 Immunizations; D-440.936, Immunization Exemptions; D-440.947, Support for
25 Immunizations; H-440.829, Ending Non-Medical Exemptions for Immunization; H-440.832,
26 Vaccination Requirements to Protect All Children; and H-440.853, Increasing Public
27 Awareness of the Lack of a Vaccine-Autism Link be rescinded since they have been
28 implemented or accomplished (in the case of D-440.936 and H-440.853), or have been
29 rendered duplicative by the recommendations in this report (in the case of D-440.850, D-
30 440.947, and H-440.829). (Rescind HOD Policy)

Fiscal Note: Less than \$500

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Appendix
Current Vaccine Exemption Policies

H-440.832 Vaccination Requirements to Protect All Children

1. Our American Medical Association supports the dissemination of materials on vaccine efficacy to states, and encourages them to eliminate philosophical and religious exemptions from state immunization requirements. 2. Our AMA recommends that states have in place: (a) an established decision mechanism that involves qualified public health physicians to determine which vaccines will be mandatory for admission to school and other identified public venues (based upon the recommendations of ACIP and AAP); and (b) exemptions to these immunization mandates only for medical reasons, because disease exposures, importations, infections, and outbreaks may occur without warning in any community. (Res. 7, A-15)

H-440.831 Protecting Patients and the Public by Immunizing Physicians

American Medical Association policy is that in the context of a highly transmissible disease that poses significant medical risk for vulnerable patients or colleagues, or threatens the availability of the health care workforce, particularly a disease that has potential to become epidemic or pandemic, and for which there is an available, safe, and effective vaccine, physicians and health care workers who have direct patient care responsibilities or potential direct exposure have an obligation to accept immunization unless there is a recognized medical reason to not be immunized. In such scenarios, appropriate protective measures should be taken. (Res. 8, A-15)

H-440.830 Parent to Parent Education on Child Vaccination

In order to increase child vaccination rates, our American Medical Association supports the development and evaluation of educational efforts, based on scientific evidence and in collaboration with health care providers, that support parents who want to help educate and encourage parents reluctant to vaccinate their children. (Res. 9, A-15)

H-440.829 Ending Non-Medical Exemptions for Immunization

1. Our American Medical Association supports legislation eliminating non-medical exemptions from immunization for participation in federally funded educational programs for children including Head Start. 2. Our AMA supports state medical society efforts to eliminate non-medical exemptions from immunization for childcare and school attendance in state statutes. (Res. 10, A-15)

D-440.931 Encourage Autism Society to Support Vaccinations

Our American Medical Association will work jointly with the American College of Physicians, American Academy of Pediatrics and American Academy of Family Physicians to encourage the Autism Society of America to display on its website that based on current scientific evidence, autism is not caused by vaccinations, and encourage vaccinations to promote better health for all our population. (Res. 12, A-15)

H-440.970 Religious Exemptions from Immunizations

Since religious/philosophic exemptions from immunizations endanger not only the health of the unvaccinated individual, but also the health of those in his or her group and the community at large, the AMA (1) encourages state medical associations to seek removal of such exemptions in statutes requiring mandatory immunizations; (2) encourages physicians and state and local medical associations to work with public health officials to inform religious groups and others who object to immunizations of the benefits of vaccinations and the risk to their own health and that of the general public if they refuse to accept them; and (3) encourages state and local medical associations

to work with public health officials to develop contingency plans for controlling outbreaks in exempt populations and to intensify efforts to achieve high immunization rates in communities where groups having religious exemptions from immunizations reside. (CSA Rep. B, A-87; Reaffirmed: Sunset Report, I-97; Reaffirmed: CSAPH Rep. 3, A-07)

H-440.850 Recommendations for Healthcare Worker and Patient Influenza Immunizations

1. Our AMA (A) reaffirms its support for universal influenza vaccination of health care workers (HCWs) and supports universal immunization of HCWs against seasonal and pandemic influenza through vaccination programs undertaken by health care institutions in conjunction with medical staff leadership; (B) encourages all hospitals, health care systems, and health care providers to immunize providers and appropriate patients as defined by the Advisory Committee on Immunization Practices guidelines against both influenza and pertussis, as a priority, both for their own protection and to reduce the risk of transmission to others; and (C) will work to ensure that hospitals and skilled nursing facilities have a system for measuring and maximizing the rate of influenza immunization for health care workers. 2. Our AMA: (A) supports a mandatory annual influenza vaccination for every long term care health care worker who has direct patient contact unless a medical contraindication or religious objection exists; (B) recommends that medical directors and other practitioners encourage caregivers (both professional health care workers and family caregivers) to obtain these vaccinations; and (C) recommends vaccinations be made available and offered at no cost to staff working in long-term care settings. (CSAPH Rep. 5, I-12; Res. 916, I-12)

D-440.947 Support for Immunizations

1. Our AMA will provide materials on vaccine safety and efficacy to states and encourage them to enact more stringent requirements for parents/legal guardians to obtain personal belief exemptions from state immunization requirements. 2. Our AMA, in collaboration with the Immunization Alliance, will develop educational materials that can be distributed to patients and their families clearly articulating the benefits of immunizations and highlighting the exemplary safety record of vaccines. 3. Our AMA will communicate and work with other concerned organizations about effective ways to continue to support immunizations while rejecting claims that have no foundation in science. 4. Our AMA will continue its ongoing efforts with other immunization advocacy organizations to assist physicians and other health care professionals to effectively communicate to patients, parents, policy makers, and the media that vaccines do not cause autism and that decreasing immunization rates have resulted in a resurgence of vaccine-preventable diseases and deaths; and will continue to support ongoing research into the etiology and treatment of autism. 5. Our AMA will actively oppose any vaccine legislation that would deviate from evidence-based recommendations and guidelines of the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists. 6. Our AMA encourages physicians to follow medical contraindications to vaccines when parents seek a note for a medical exemption from vaccines to attend school. (Res. 922, I-08; Reaffirmed: Res. 501, A-09; Appended and Reaffirmed: Res. 501, A-09; Reaffirmed and Appended: Res. 911, I-09; Appended: Res. 505, A-13)

D-440.936 Immunization Exemptions

Our AMA will review and address existing inconsistencies in its policies regarding immunization exemptions. (Res. 506, A-13)

H-440.853 Increasing Public Awareness of the Lack of a Vaccine-Autism Link

Our AMA will ask the Office of the Surgeon General to offer a definitive repudiation of the link between either thimerosal-containing vaccines or the MMR vaccine and developmental disorders, such as autism. (Res. 413, A-10)