

## **Required Parent Education for Completion of the Religious or Philosophical Exemption Request Form in Vermont**

The following information was gathered from respected sources of evidence-based immunization information including the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), Children's Hospital of Philadelphia (CHOP) and the Immunization Action Coalition (IAC).

### **Why vaccinate?**

Vaccines have kept children healthy and have saved millions of lives in the past 50 years. Most childhood vaccines are between 90 and 99 percent effective in preventing disease. Should the vaccinated child get the disease, the symptoms are usually less serious than for an unvaccinated child. There may be mild side effects like swelling where the shot was given, but it is rare for side effects to be serious.

A choice not to get a vaccine is not a risk-free choice. A decision to delay or refuse a vaccine is a decision to place your child, and possibly others, at risk for a vaccine-preventable disease.

### **Failure to complete the required vaccination schedule increases risk to my child and others of contracting or carrying a vaccine-preventable disease.**

The CDC's recommended vaccine schedule has been in use for 50 years. A child who is vaccinated according to the current schedule will have immunity to 14 diseases by the age of 2. Each year, the vaccine schedule is reviewed by a panel of top scientists and doctors, and is approved by the AAP, CDC and the American Academy of Family Practitioners (AAFP). These experts determine each vaccine's recommendation based on the need to immunize at the age when the body's immune system will respond best, and the need to protect infants and children at the earliest possible age.

No evidence suggests that the recommended childhood vaccines – given on schedule – can overload the immune system. From the moment babies are born, they are exposed to bacteria and viruses on a daily basis. Every time an infant's hands are placed in her mouth, she is exposing her immune system to multiple antigens.

### **What About Vaccine Safety?**

Before a vaccine can be approved for use, it must first be extensively tested by the Food and Drug Administration (FDA). Test results are reviewed by researchers from the CDC, and clinicians from the AAP and the AAFP. Only those vaccines that are safe and effective are recommended for use.

To assure continued vaccine safety, health care providers are encouraged to report side effects to the Vaccine Adverse Event Reporting System (VAERS). Anyone, including parents, can also file a report in VAERS. Vaccine safety professionals continuously monitor vaccines and VAERS reports, study possible problems, and adjust recommendations when indicated. If the potential for risk from a vaccine is greater than

its benefit, the vaccine is no longer recommended. If new side effects are discovered, safety alerts are widely distributed.

Misinformation surrounds vaccine ingredients, and from this comes fear and uncertainty. In the manufacturing process, tiny amounts of additives are added so the vaccines remain potent, stable and effective.

A small amount of thimerosal, a chemical that contains trace amounts of ethylmercury, is used as a preservative in multi-dose influenza vaccines. Numerous studies have shown that there is no relationship between vaccines, either with or without thimerosal, and the development of autism or other neurologic problems in children. Concerns about thimerosal prompted its removal from those vaccines given to infants. Influenza vaccine is the only vaccine that currently contains thimerosal as a preservative. Influenza vaccine is also currently available in a single dose, preservative-free formulation.

In 1998, a now discredited paper falsely reported a link between the MMR (measles, mumps and rubella) vaccine and autism. At least twelve subsequent studies have shown there is no link between MMR vaccine and autism.

Other inactive ingredients are present in trace amounts, and none have been proven harmful in animals or humans at these levels.

**A vaccine-preventable disease could be life-threatening for others who have special health needs and who cannot to be vaccinated or who are at greater risk for contracting disease.**

When most of the people in a community are vaccinated, there is less opportunity for a disease to enter the population and make people sick. Because there are members of our society that are too young, too weak, or otherwise unable to receive vaccines for medical reasons, they rely on community immunity to keep them well.

Some parenting decisions have little or no impact on the community at large, but the decision whether or not to vaccinate your child affects your whole community. If too many American parents choose to “opt out” of vaccines, we will see these diseases return.

The ability of a vaccine to protect community members depends upon the:

- **Ability of the disease to spread.** The more contagious a disease, the greater number of people that need to be protected for community immunity to work.
- **Effectiveness of the vaccine.** A less effective vaccine requires more people to have received it to account for those who are not effectively protected.
- **Number of susceptible people in the community:** Some members of the community cannot get a vaccine for medical reasons, such as allergies, cancers or immune deficiencies or age. The higher the number of susceptible people in the community, the less likely the disease will be stopped.