

CIRE | NDSU
2026

School Immunization Requirements: Evidence, Policy, and Communication in a Shifting Landscape

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Disclosures

David Higgins, MD, MPH, FAAP, has no relevant financial relationships with ineligible companies to disclose.

Session Objectives

1 Describe the historical development and current landscape of school immunization requirements in the United States, including criteria for inclusion and exemption policies.

2 Discuss the evidence on how school immunization requirements reduce vaccine-preventable disease, including their role as healthcare touchpoints for children.

3 Recognize current legislative and policy challenges affecting school immunization requirements and their potential public health consequences.

4 Identify evidence-based communication strategies for discussing school immunization requirements with patients, communities, and policymakers.

PART 1

History

Origins · Legal Basis

Vaccine Requirements: Not a New Idea

1777 - George Washington orders mandatory smallpox inoculation for the Continental Army - one of the first vaccine requirements



School Requirements: Not a New Idea

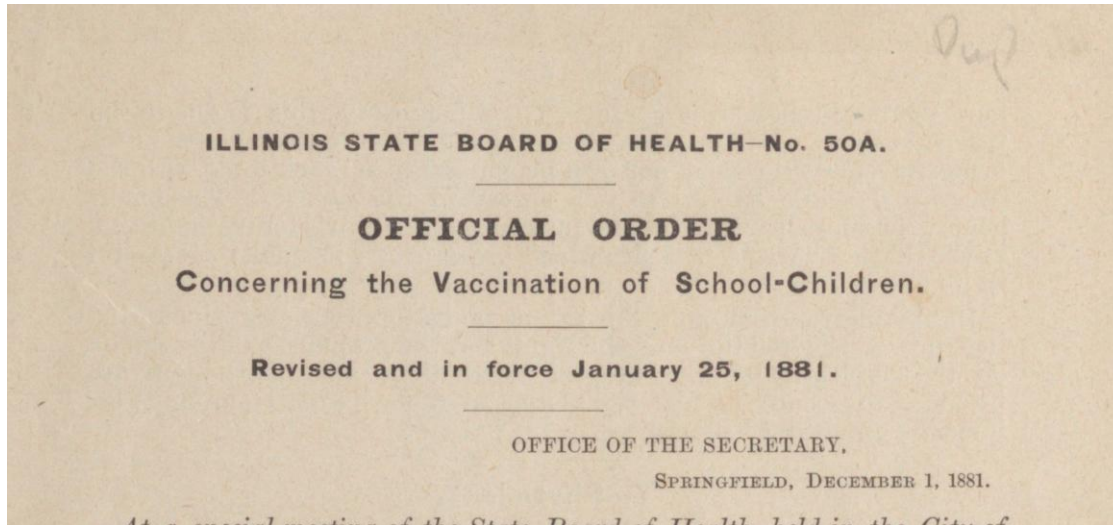
1809 – Massachusetts is the first state to mandate the smallpox vaccine for the general public



1855 — Massachusetts (again) requires smallpox vaccination for school enrollment - the first school vaccine requirement in the United States

School Requirements: Not a New Idea

1800s - 1960s – All 50 states adopt some form of school immunization requirement as new vaccines emerge



1960s - Present – Requirements expand with each new vaccine: polio, MMR, DTP, hepatitis B, etc.

Legal Foundation

1905 – Jacobson v. Massachusetts

- Henning Jacobson refused a Cambridge, MA smallpox vaccination required under state law, arguing it violated his personal liberty. He was fined \$5.
- The Supreme Court ruled 7-2 in favor of Massachusetts, holding that states have broad "police power" to enact reasonable regulations to protect public health and safety, even if they infringe on individual liberty.
- Individuals may be required to submit to restraints for the common good.
- Jacobson remains the foundational legal precedent for school vaccination requirements, public health quarantines, and nearly all compulsory health measures in the U.S

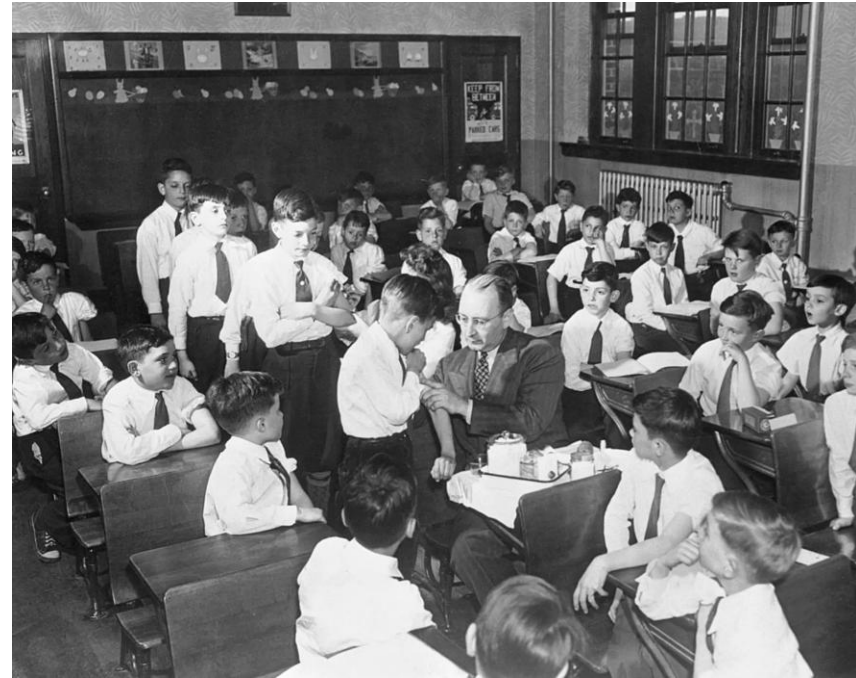


Henning Jacobson, 1878

Legal Foundation

1922 – Zucht v. King

- A San Antonio student was excluded from school for refusing a smallpox vaccine required by city ordinance; she challenged it as unconstitutional.
- The Supreme Court ruled unanimously that municipalities (not just states) have authority to enforce school vaccination requirements.
- Together with Jacobson, it established the enduring constitutional foundation for school immunization mandates.



Dr. George Long, vaccinates little Patrick Hogan, while other children in the class line up awaiting their turn at the needle on April 14, 1947. This scene was taken at the St. Joan of Arc, parochial school in Jackson Heights, Queens. *Bettmann Archive Pulled from TIME*

Legal Foundation

1944 – Prince v. Massachusetts

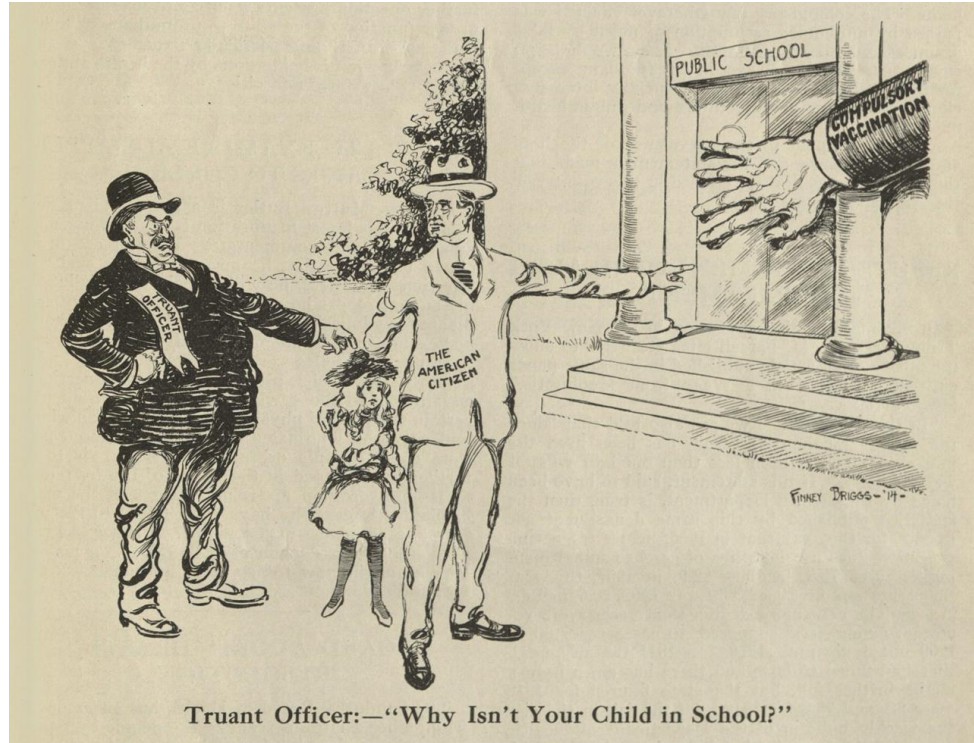
In a case unrelated to vaccination (child labor laws and religion), the Supreme Court wrote:

“The right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death.”



Opposition to Requirements

Cartoon from *Medical Freedom* 4, no. 5 (January 1915): 73.



Truant Officer:—"Why Isn't Your Child in School?"

<https://www.cambridge.org/core/journals/law-and-history-review/article/another-human-sacrifice-thrown-to-the-pitiless-moloch-of-police-power-the-antivaccination-movement-parental-rights-and-the-roots-of-american-antistatism->

Opposition to Requirements

The New York Times (February 17, 1882)

OPPOSED TO VACCINATION.

Steck Hall, in East Fourteenth-street, near Fifth-avenue, was crowded last evening with members of the First Anti-Vaccination League of America and their sympathizers. The presiding officer

operation against his own will; that vaccination, as a preventive of small-pox, has been, and still is, distrusted by scientific men; that there is good reason to believe that it is often a source of disease and a means of propagating diseases, and that while it has in many cases produced irremediable corruption of the blood, it has never really exempted from small-pox. It was therefore resolved to protest against any legislation calculated to make vaccination compulsory; to ask the Legislatures of all the States immediately to annul and repeal all statutes debarring from the public schools and other institutions such as have not been vaccinated. In conclusion, all agreed to re-

<https://timesmachine.nytimes.com/timesmachine/1882/02/17/98582965.html?pageNumber=2>

Opposition to Requirements

The New York Times (September 3, 2025)



Florida Moves to End Vaccine Mandates for Schoolchildren

The state would be the first to scrap requirements that children be vaccinated to attend school, among other rules.

▶ Listen - 6:13 min Share full article 🔗 🔖 👤 3.6K



Dr. Joseph Ladapo, the state's surgeon general, has long opposed vaccine mandates. Chris Pymnara / Associated Press

<https://www.nytimes.com/2025/09/03/us/florida-vaccine-mandates.html>

“Who am I to tell you what your child should put in their body?” -Dr. Joseph A. Ladapo (Florida surgeon general)

“... the [Florida] administration would be ‘working to end’ all vaccine mandates. Every last one of them is wrong...”

The Case Against Requirements

Vaccine requirements

...**are coercive**: They compel individuals to do something they would not otherwise do.

- All laws and rules compel behavior with a tie-in to consequences (paying taxes, following speed limits, coming to work on time). The real question is whether the coercion is *justified*, and protecting children from preventable disease clears that bar.

...**infringe on civil liberties**: They interfere with the right to liberty, privacy and bodily integrity

- Civil liberties are not absolute. *“The right to swing my fist ends where the other man's nose begins.”* – Oliver Wendell Holmes Jr. (Supreme court justice 1902-2932)
- Requirements can actually *advance* liberty by protecting immunocompromised children, infants, and others who cannot be vaccinated themselves.

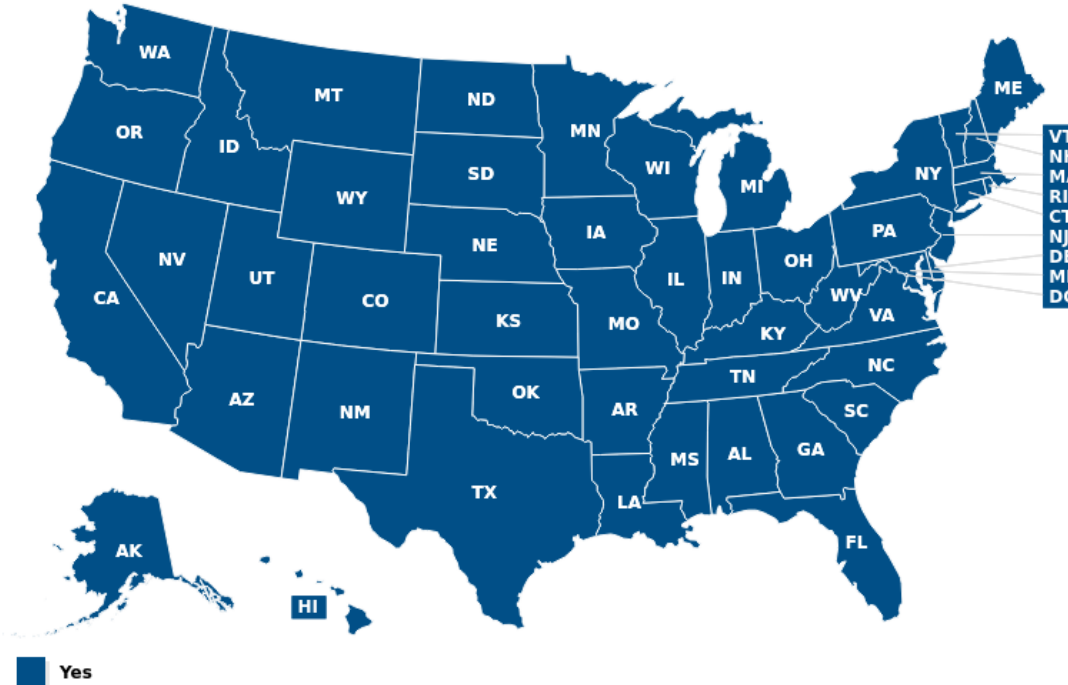
PART 2

Current Landscape

U.S. Landscape · Types of Exemptions

The Current U.S. Landscape

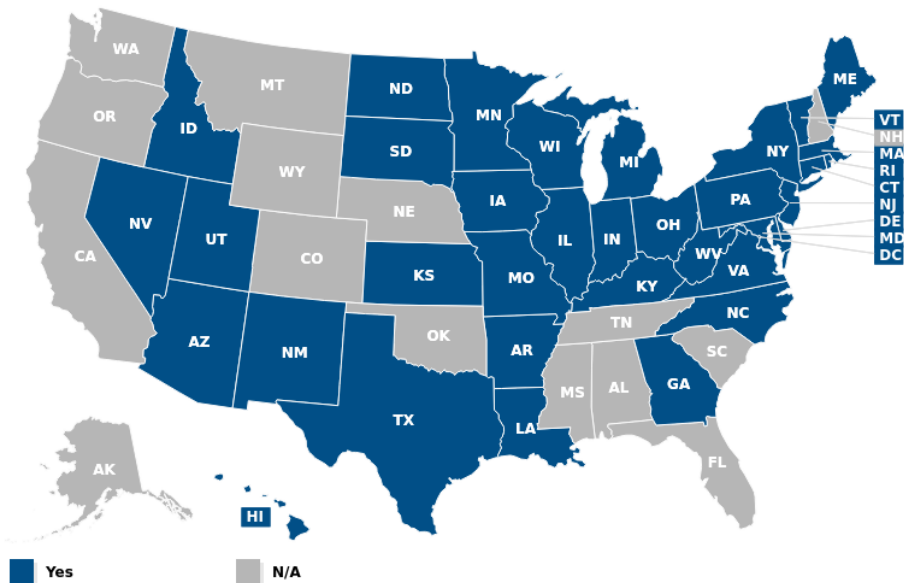
State Vaccine Requirements for Children: MMR, 2025



SOURCE: KFF's State Health Facts.

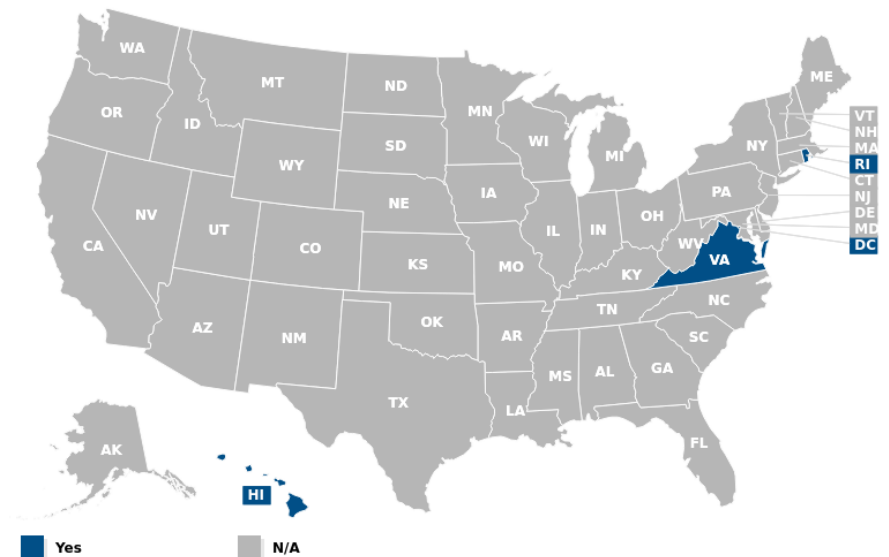
The U.S. Landscape Varies by Vaccine: Meningococcal and HPV

State Vaccine Requirements for Children: Meningococcal, 2025



SOURCE: KFF's State Health Facts.

State Vaccine Requirements for Children: HPV, 2025



SOURCE: KFF's State Health Facts.

Which Vaccines Get Required, and Why?

Typical considerations for inclusion in school requirements:

- High disease burden and morbidity in school-age children person-to-person transmission in school/childcare settings
- Safe, effective vaccine with strong evidence base (ACIP/CDC and professional recommendation)
- **Examples:** Measles (MMR), chickenpox (varicella), pertussis (DTaP/Tdap), polio
- **Notable exceptions:** HPV, meningococcal, hepatitis A, flu

Which Vaccines Get Required, and Why?

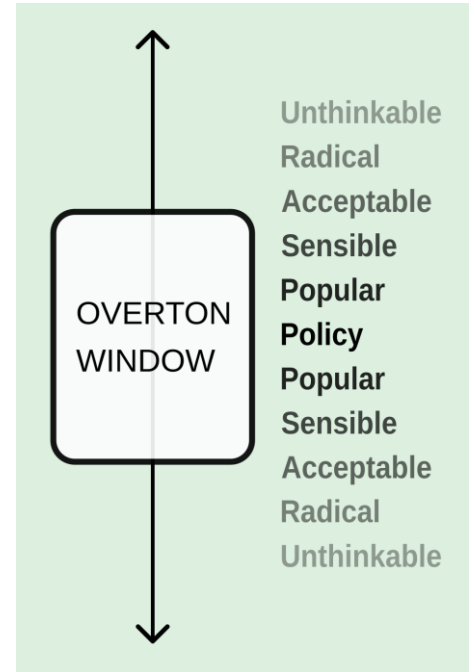
Two Realities Influencing Vaccine Requirements:

1. The Overton Window

The range of policy ideas that are politically acceptable to the mainstream public at a given moment in time.

2. The P's of policymaking

- **People:** Actors involved, such as elected officials, lobbyists, advocates, the public
- **Process:** Structural steps required
- **Policy:** The substance, text, or design of a rule
- **Politics:** The dynamics of power, negotiation, and compromise.



Picture by [Hydrargyrum](#) from Wikimedia Commons

Types of Exemptions

Medical Exemptions

- **Allowed in all 50 states**
- Based on documented medical **contraindications**
 - Examples: allergy to vaccine component, immunosuppression
- Typically require provider certification
- When granted appropriately, minimal population-level impact

Non-Medical Exemptions

- **Religious exemptions:** 45 states allow
- **Philosophical/personal belief exemptions:** 15 states allow
- No major world religion has specific guidance prohibiting vaccination
- Non-medical exemptions vary widely in how they are granted and enforced
- States with easier-to-obtain exemptions have higher exemption rates

Types of Exemptions

Rigid

- Only medical exemptions allowed
- Serious penalties **enforced** for non-compliance

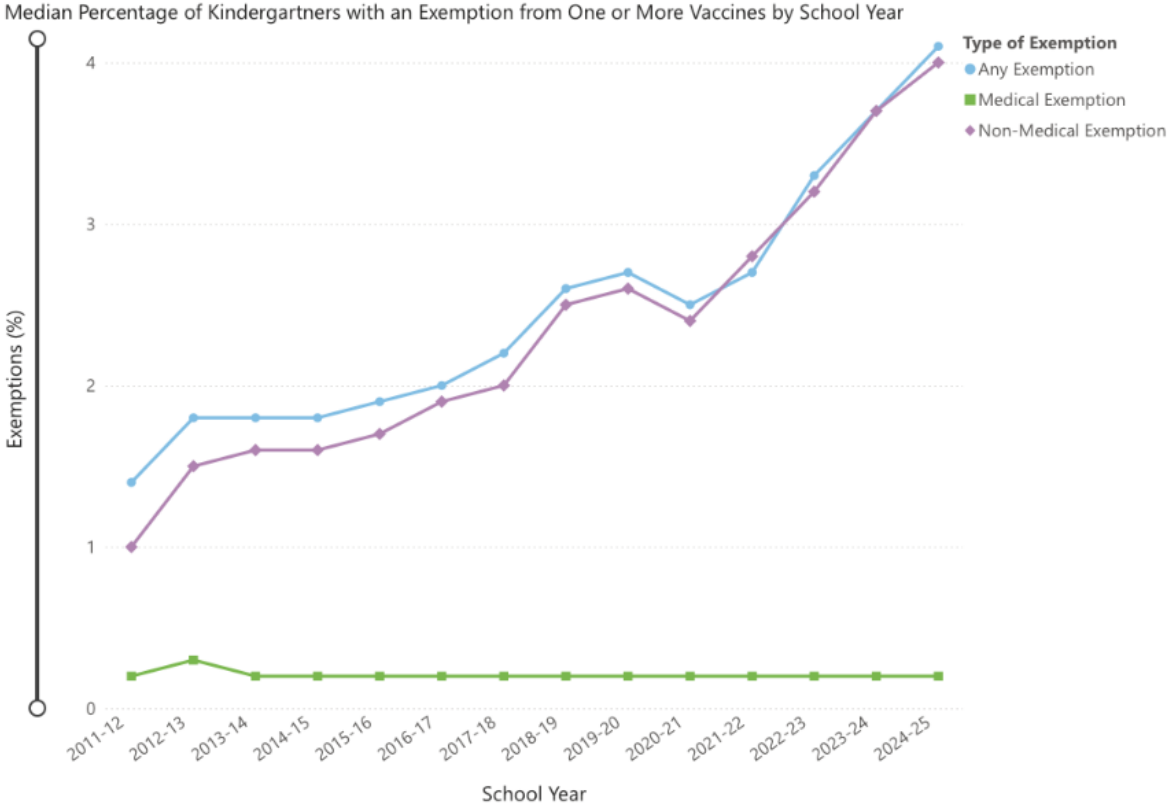
Medium

- Can easily opt out with
 - Specific forms or notarization
 - Extra effort (eg required education)
 - Penalties not routinely enforced

Flexible

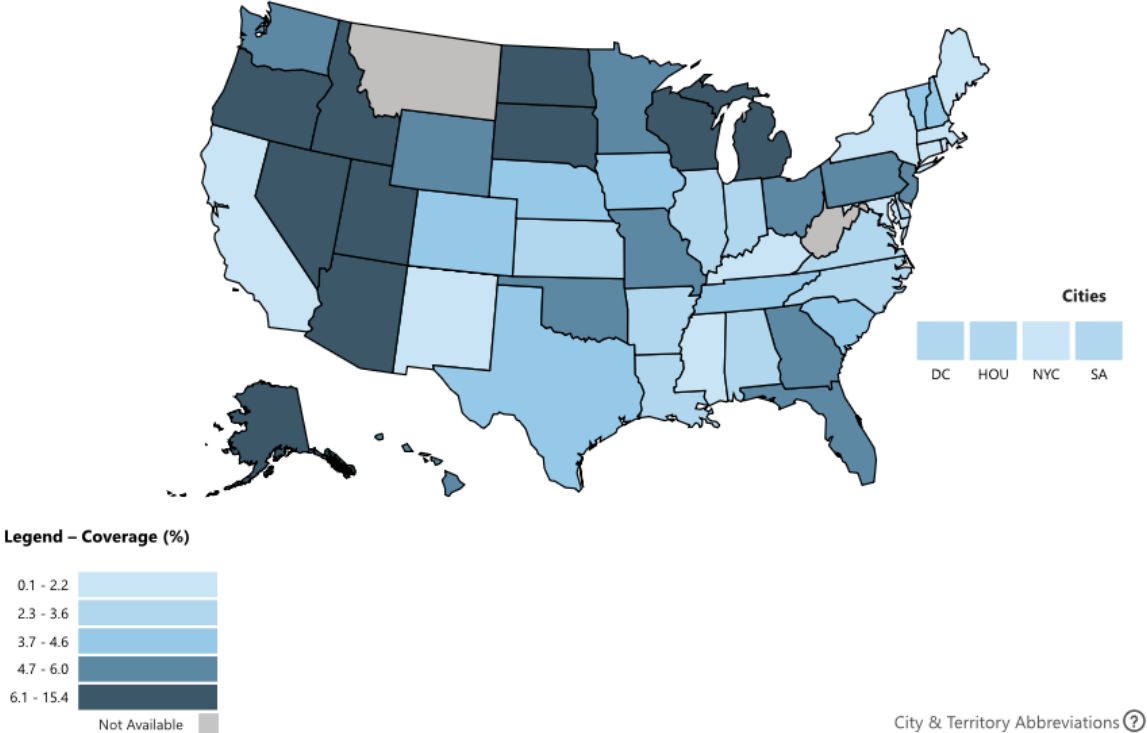
- Anyone can opt out easily
- No penalties or extra steps

Exemption Rates are Rising

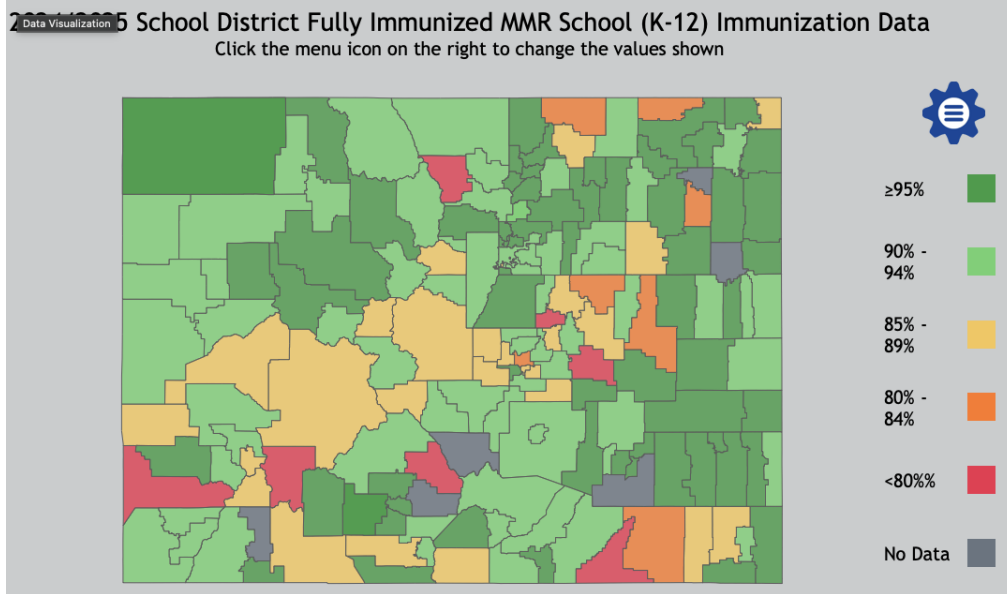


Exemption Rates are Rising Unequally

Percentage of Kindergartners with Any Exemption, by School Year



The Clustering Problem: Why Average Rates Mislead



- Unvaccinated children cluster
- Families with similar sociocultural beliefs attend similar schools
- Local pockets of under-vaccination are the true outbreak risk
- A community may have 93% average coverage, but a school at 60% coverage
- A single imported case in a high-exemption cluster can spark a rapid spread

Knowledge Check

Which statement about school immunization requirements in the United States is TRUE?

- A Federal law uniformly establishes vaccination requirements for all public schools
- B Individual states set their own requirements, leading to wide variation in exemption policies
- C All states currently allow philosophical or personal belief exemptions to school requirements
- D Courts have generally found school immunization requirements to be unconstitutional

Correct answer: B. School requirements are established at the state level (Jacobson

PART 3

The Evidence: Do Requirements Work?

Coverage · Equity · Touchpoints

Do School Immunization Requirements Work?

“The most effective vaccine program in American history doesn’t require a single new drug, clinical trial, or breakthrough. It requires a form for school enrollment.”

Katelyn Jetelina and David Higgins,...
Top 5 questions about school vaccination requirements

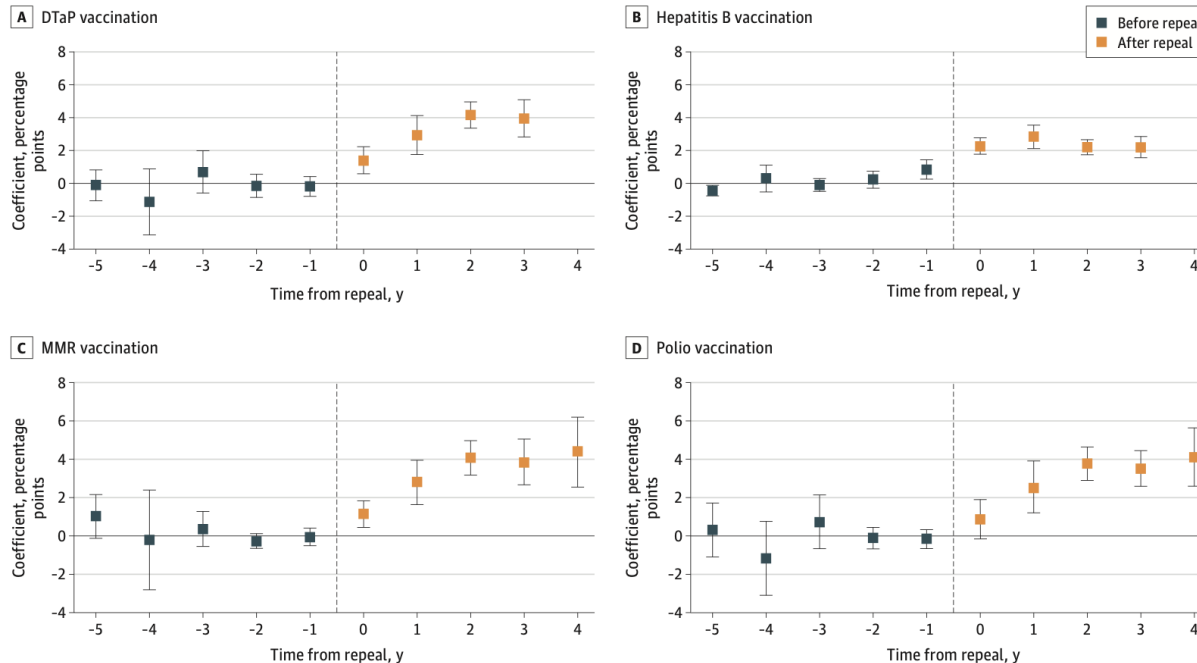
[YOURLOCALEPIDEMIOLOGIST.SUBSTACK.COM](https://yourlocalepidemiologist.substack.com)



Do School Immunization Requirements Work?

Change in Vaccination Rates After State Repeal of Non-Medical Exemptions

Figure 3. Change in Vaccination Rates After Total State Repeal



Bald A, Gold S, Yang YT. State Repeal of Nonmedical Vaccine Exemptions and Kindergarten Vaccination Rates. *JAMA Pediatr.* 2026 Jan 1;180(1):56-63. doi: 10.1001/jamapediatrics.2025.4185.

Requirements Boost Non-Required Vaccines Too

HPV Vaccine Initiation by State Entry Requirements

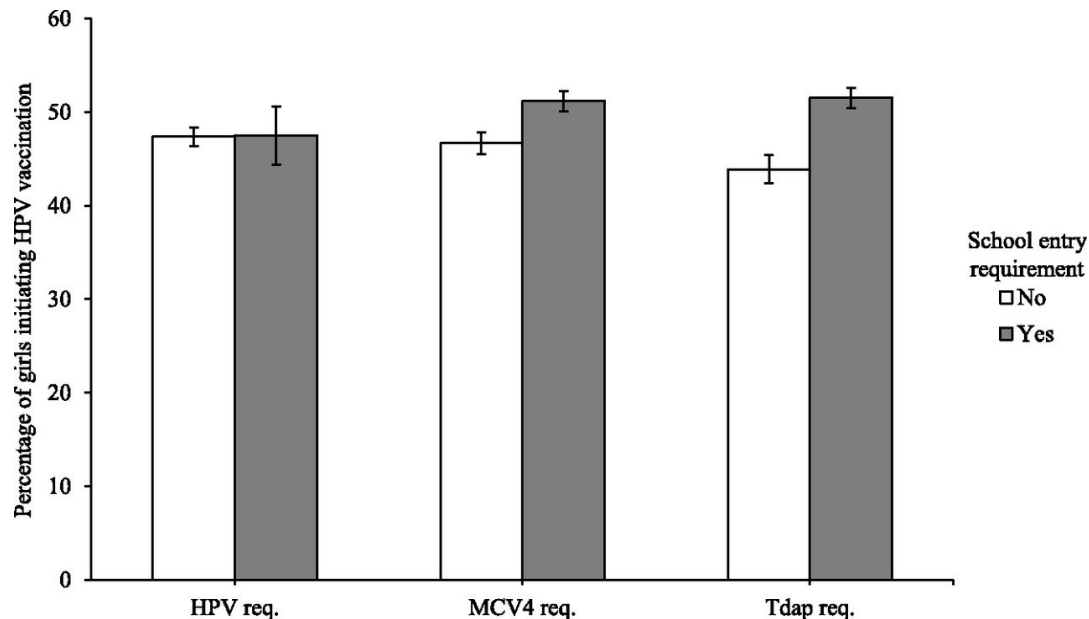


Figure Legend:

HPV vaccine initiation among female adolescents (n = 47 742), by state school entry requirements (req.) for HPV vaccination, meningococcal (MCV4) vaccination, and Tdap booster. Error bars show SEs. Requirement data came from Immunization Action Coalition, and vaccination data came from 2008–2012 versions of NIS-Teen.

California's Lesson: Eliminating Non-Medical Exemptions

2014: Assembly bill 2109 required parents to submit proof they had discussed the risks of not vaccinating their children with a health care practitioner prior to obtaining a personal belief exemption.

2015: “Disneyland” measles outbreak resulted in 159 cases across across 7 states, Canada, and Mexico

2015-2016: SB 277 - Personal belief exemptions eliminated entirely

2016-2019: Actions associated with large increases in media content that framed vaccine opposition as a civil liberties and/or government overreach issue



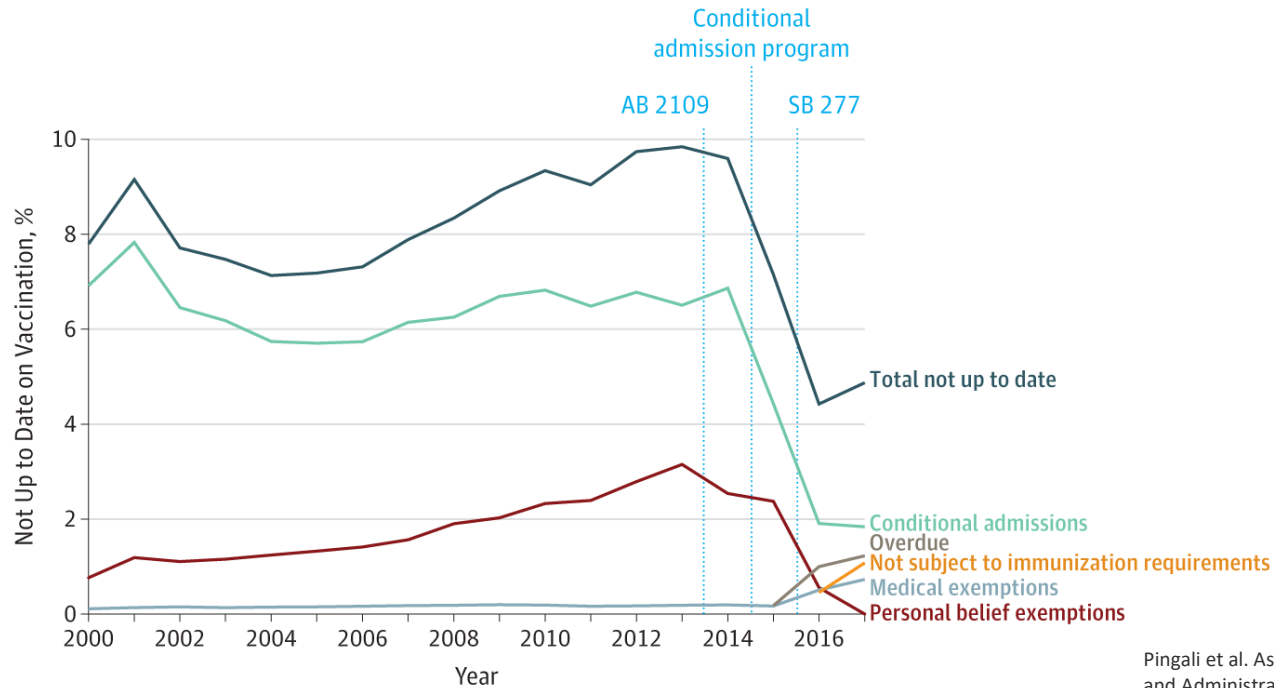
Nick Ansell/PA Wire/ZUMA www...motherjones.com/politics/2015/01/measles-outbreak-disneyland-anti-vaxxers/



<https://www.kcra.com/article/measles-outbreak-with-disney-park-origins-grows-to-95-cases/6419745>

California's Lesson: Eliminating Non-Medical Exemptions

Associations of Statewide Legislative and Administrative Interventions With Vaccination Status Among Kindergartners in California



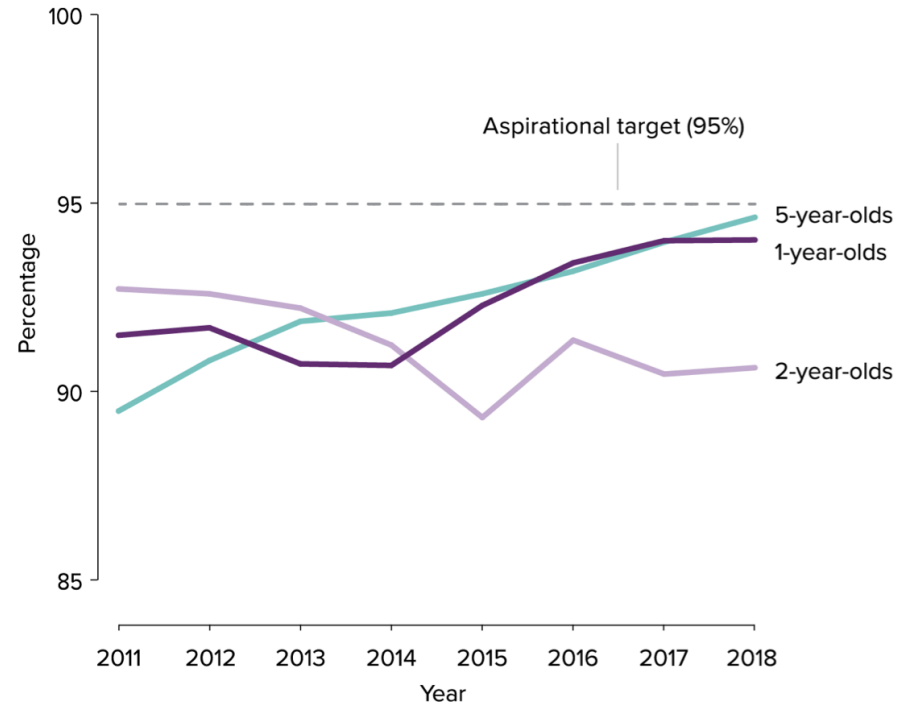
Pingali et al. Associations of Statewide Legislative and Administrative Interventions With Vaccination Status Among Kindergartners in California. *JAMA*. 2019;322(1):49–56.

Australia's "No Jab, No Pay"

Rigid mandate approach:

- **1998:** Vaccination linked to family assistance payment eligibility
- **2012-2016:** Linked to family tax benefit, childcare benefit, and childcare rebate
- **2014-2020:** "No Jab, No Play"
 - State-level policies requiring vaccination for child care enrollment

Figure 1 Childhood immunisation coverage in Australia, 2008–18



Italy's Cautionary Tale

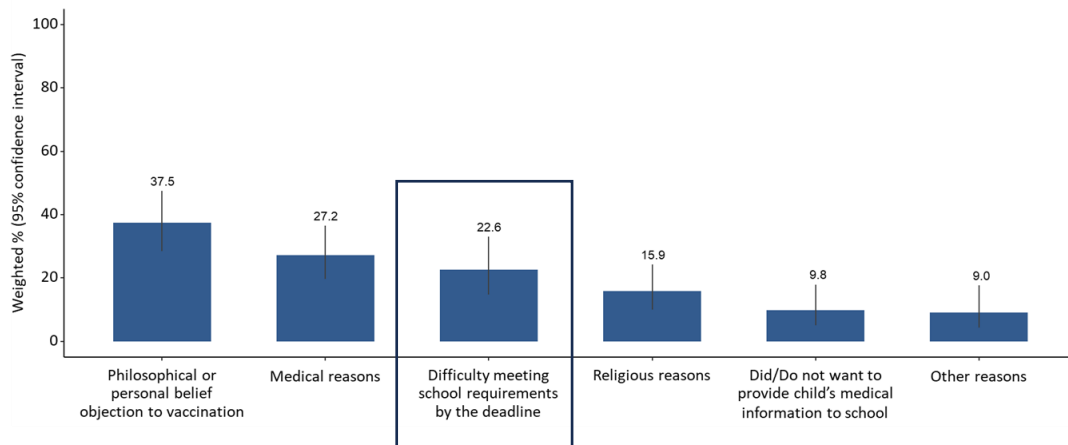
- Italy had requirements, but rarely enforced them
- **2013:** A court ruling falsely attributed MMR to autism
 - Vaccine hesitancy surged; coverage collapsed
 - 5,000 measles cases, 4 deaths
- **2017:** Stricter law passed: required vaccines for school, fines for refusal
- **2018:** Incoming populist government weakens law
 - Parents can self-verify vaccines - unenforceable
 - Measles surges again
- **2019:** The 2017 law was reinstated/reinforced
- **Lesson:** How you implement requirements shapes whether they survive the next election



The screenshot shows the top portion of a news article on the Independent website. The page header includes the 'INDEPENDENT' logo, a 'Support Now' button, and a navigation menu with categories: NEWS, SPORTS, CULTURE, LIFESTYLE, MONEY, TRAVEL, and CLIMATE. The article title is 'Immunity fears as Italy abolishes requirement for parents to prove children have been vaccinated'. Below the title is a quote: 'Weakening a law that works, that Italians are respecting and is doing some good to children and to the health system is a self-destructive strategy'. The author is identified as 'Mattha Busby' and the date is 'Monday 09 July 2018 16:21 BST'. There are icons for sharing, bookmarking, and comments. At the bottom of the article preview is a photograph of a person in blue scrubs and gloves drawing vaccine into a syringe.

Equity Considerations

Reasons for exemption among parents of children during the 2023–24 school year



- Difficulty meeting school requirements by the deadline reported as a common reason for exemption
- Requirements without adequate access infrastructure create inequitable outcomes
- Families with fewer resources face greater barriers to compliance
- Critical to pair requirements with robust access

The Unintended Consequences of Vaccine Mandates

In summary, there are potential unintended consequences of vaccine mandates:

- Shifting exemptions
 - Misuse of medical exemptions
- Backlash and erosion of public trust
- Penalties may worsen inequity
- Misperception of which vaccines are important



CAUTION

The Healthcare Touchpoint

The school entry health care visit is a broad safety net that catches much more than vaccination status:

- Mental health concerns
- Developmental delays and learning disabilities
- Lead exposure and environmental health concerns
- Vision and hearing problems affecting school performance
- Food insecurity and nutritional deficiencies
- Signs of abuse, neglect, or household adversity



Photo from AAP Project Firstline

The Cost of Not Acting: 2019 NYC Measles Outbreak

- **September 2018:** Single measles importation in Brooklyn
- Spread among under-immunized children and adults in Orthodox Jewish communities
- **April 2019:** NYC health commissioner declares public health emergency
- Vaccination required for community; refusal: \$1,000 fine
- **By the end:**
 - 300+ cases over 18 months of outbreak response
 - 12 schools closed; violations issued to 19 schools and 85 child care programs
 - 232 individual vaccination violations issued
 - Total cost: more than **\$8 million** to contain
 - Aftermath: New York State legislature eliminated religious exemptions in June 2019

The New York Times

GIVE THE TIMES

What We Know About the Measles Outbreak in N.Y.

Share full article

By Corey Kilgannon

May 2, 2019



<https://www.nytimes.com/2019/05/02/nyregion/newyorktoday/nyc-news-measles-outbreak.html>

AAP Policy Statement 2025: Eliminate Non-Medical Exemptions

- AAP supports laws requiring certification of vaccines for school and childcare attendance
- AAP supports equitable, timely vaccine access
- AAP supports medically indicated exemptions only
 - Granted when medically justified; recertified regularly; not endorsed by providers without cause
- AAP recommends all states eliminate non-medical exemptions
- Nonmedical exemptions are contrary to optimal individual and public health

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Medical vs Nonmedical Immunization Exemptions for Child Care and School Attendance: Policy Statement

Jesse M. Hackell, MD, FAAP,¹ Kyle Brothers, MD, PhD, FAAP,² Sara Bode, MD, FAAP,³ Lisa M. Costello, MD, MPH, FAAP,⁴ Lisa M. Kafer, MD, FAAP, Sean T. O'Leary, MD, MPH, FAAP,⁵ and the Committee on Practice and Ambulatory Medicine; Committee on Infectious Diseases; Committee on State Government Affairs; and Council on School Health

Knowledge Check

What is the PRIMARY mechanism by which school immunization requirements improve vaccination?

- A** Financial penalties for noncompliance motivate families to vaccinate
- B** Direct vaccination of students by school nurses during enrollment processing
- C** Creating a nudge and structured healthcare touchpoints
- D** Court orders requiring mandatory vaccination for all families in the district

Correct answer: C. Creating a nudge and healthcare touchpoint

PART 4

The Shifting Policy Landscape

Legislation · Legal Challenges · Public Opinion

The Shifting Landscape

More Restrictive Efforts

- **Allowed in all 50 states**
- Based on documented contraindications
- Examples: allergy to vaccine component, immunosuppression
- Typically require provider certification
- When granted appropriately, minimal population-level impact

Less Restrictive Efforts

- **200+ vaccine-related bills** introduced in 2025
- **Idaho**: 2025 "medical freedom" law makes requirements hard to enforce
- Significant pushes in **Florida** and **Iowa** to weaken or eliminate requirements
- **West Virginia**: legislative pressure to add religious exemptions

Softening Requirements: Idaho's "Medical Freedom" Law

Idaho passed a "medical freedom" law in 2025:

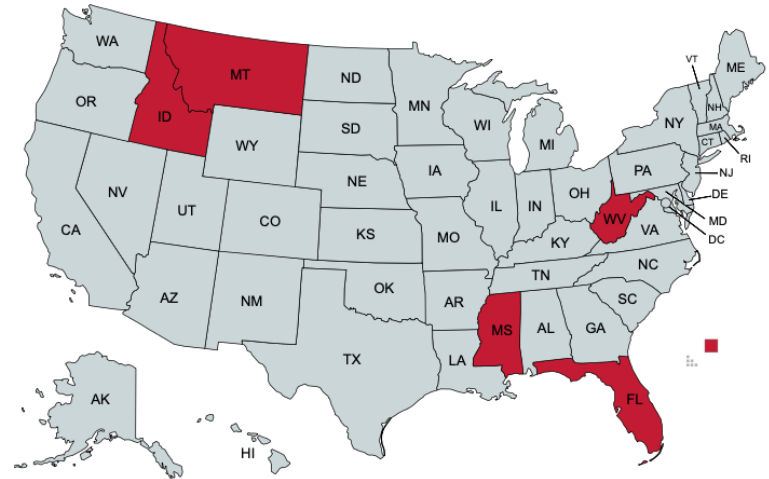
- Law bars schools from conditioning enrollment on vaccination status
- Makes Idaho's existing requirements difficult to enforce
- This is a new legislative strategy. Rather than eliminating requirements directly, the law removes the enforcement mechanism.
- Other states are watching; similar language is appearing in bills nationwide



<https://www.propublica.org/article/idaho-vaccine-bill-medical-freedom-act-maha>

Softening Requirements

- **Florida** Most aggressive 2025 proposals stalled (narrowly). Failed bills become templates for the next session.
- **West Virginia** Active legislative push to add religious exemptions. WV Supreme Court case expected late 2026.
- **Mississippi** A 2023 court order forced the state to accept religious exemptions.
- **Montana:** A 2021 law made vaccine status private and unavailable for statistical reports.



<https://www.mapchart.net/usa.html>

Knowledge Check

Which statement about the current legislative landscape for school immunization requirements is TRUE?

- A Most states are actively moving toward eliminating all nonmedical exemptions
- B The national exemption rate has risen to over 15% in recent school years
- C The public still supports school vaccine requirements
- D The federal government now has authority to set uniform vaccination requirements for schools

Correct answer: C. The public still supports school vaccine requirements

PART 5

Communication Strategies

Patients and Individuals · Communities · Policymakers

Not All “Vaccine Hesitancy” is Equal: Know Your Audience

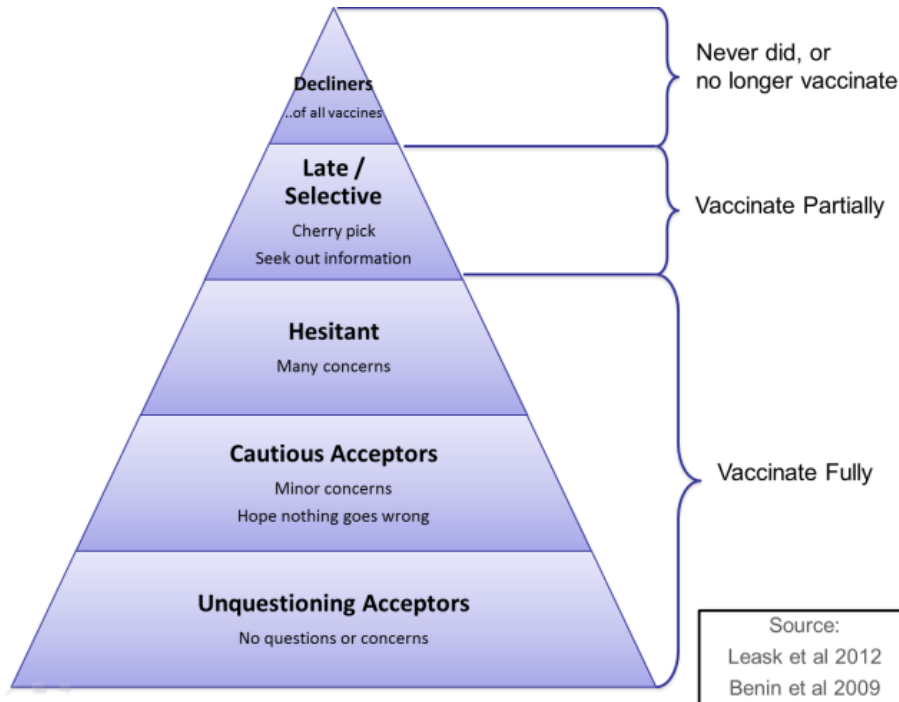
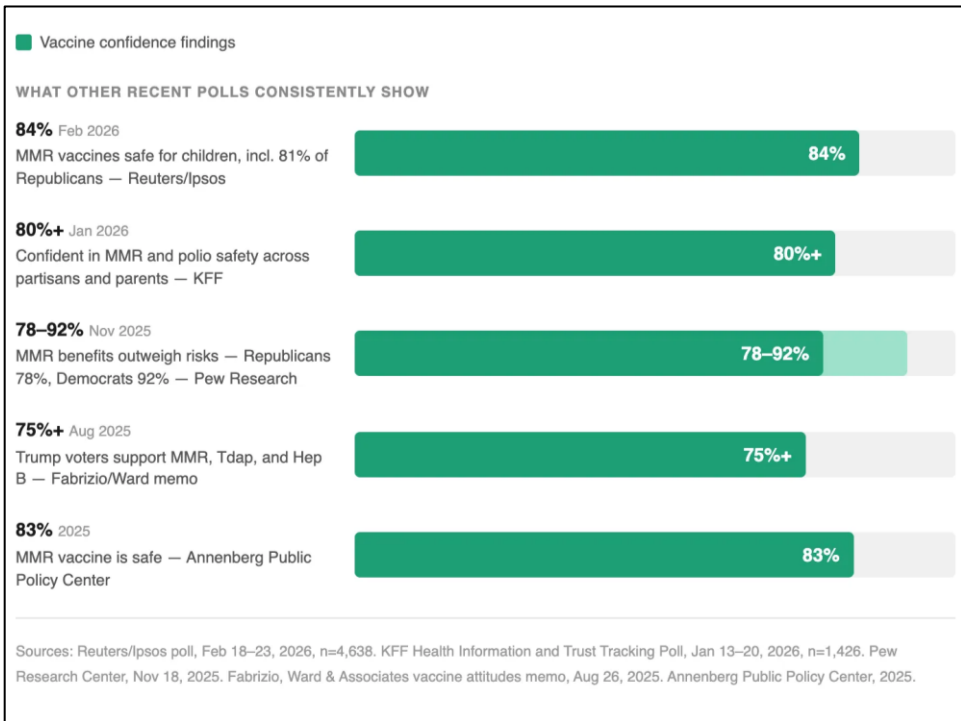


Image: <https://julieleask.wordpress.com/2015/05/12/improving-communication-about-vaccination-sarah/>

- Most people are open to vaccination
- There is a large movable middle
- The percent of children with no vaccines by age 2 remains ~1%
- The norm is still vaccinating

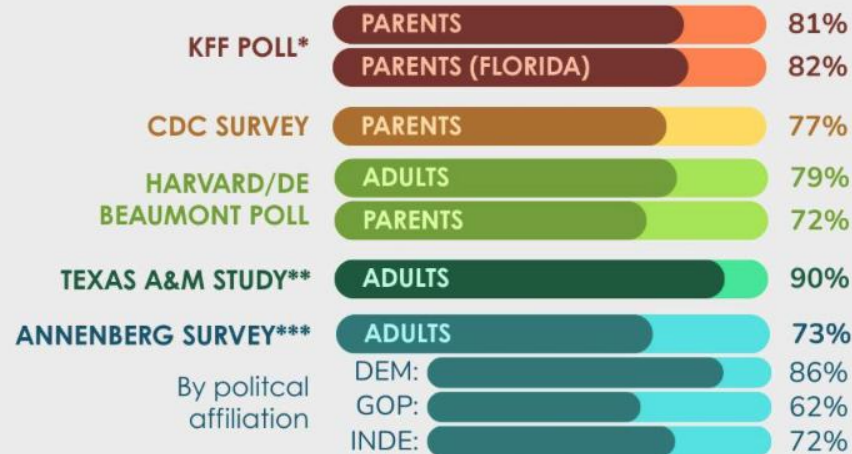
Resilient Support for Vaccines and School Requirements



<https://communityimmunity.substack.com/p/headlines-claim-vaccine-skepticism>

@drhigginsmd | @unbiasedscipod

AND, let's be clear: Parents and the public overwhelmingly support school vaccine requirements:



* Requirements for measles and polio vaccines for students
 ** K-12 requirements for measles, polio, chickenpox, DTaP
 *** MMR school vaccine requirements

<https://www.instagram.com/p/DOO1FZwFTWt/>

Conversations with Neighbors: Shared Values First

1. Do NOT lead with data, lead with empathy

- When people feel their values are challenged, facts alone rarely change minds
- Lead with empathy-

2. Begin with common ground

- Parents want their children to be safe at school
- Most want school to run normally and their family to stay healthy

3. When they raise a concern

- Acknowledge the concern → express that it makes sense why they would wonder → provide evidence → return to shared values
- The goal is not to 'win' the argument

Language Matters: Words to Use and Avoid

Avoid

- Vaccine mandate
- Forced vaccination
- Anti-vaxxer
- COVID vaccines (in this context)
- Safe and effective (without context)
- Compliance

Use Instead

- School immunization requirement
- School enrollment paperwork
- Vaccine-hesitant / concerned parent
- Childhood immunizations
- Decades of evidence show... (with specifics)
- Keeping kids healthy and in school

Framing: Routine Enrollment Task, Not a Political Battle

School immunization requirements are part of standard enrollment:

- Vision screening
- Physical exam /
- Emergency contact form
- Immunization records /

Example language: *“It's part of what we do to make sure kids are healthy and ready to learn.”*

Why this works

It is accurate - requirements ARE routine in 50 states

It de-politicizes the conversation and separates it from COVID-era debates

Describing requirements as standard health screening (not political action)

increases receptivity

Talking to Families and Patients

What they're asking us:

- "Why are these required?"
- "Why are there different recommendations?"
- "I'm just confused."

What they want from us:

- A trusted messenger with expertise
- A clear recommendation
- Digestible explanations
- Reassurance that *they can trust you*



Talking to Families and Patients

5 Motivational Interviewing Skills to Use in Vaccine Conversations

Open Ended Questions

"Why would you prefer to wait on the MMR vaccine today?"

Affirmation

"It is clear that you want to do what's best for your health."

Reflection

"It sounds like you're most concerned about side effects."

Autonomy Support

"This is your decision to make. I am here to support you."

Ask Permission to Share

"Would it be ok if I share with you why I recommend these?"

Talking to Families and Patients : Example

Patient: *"I've seen a lot about how the MMR vaccine causes autism. How do I get an exemption for that one?"*

The Trap "Actually, that's wrong. The CDC changed their website recently for political reasons and you can't trust them or anything you see on social media. Measles is bad, it can kill your child..."

Try This Instead "It makes sense that you would have questions, there's a lot of confusing information out there, and you want to make sure this is safe for your child. Can I share what we know about where that concern came from?"

Talking to Policymakers

- **Constituent majority support** — polling consistently shows 70-80% of the public supports requirements. Policymakers respond to constituent pressure, and framing requirements as representing the *majority* view rather than a public health mandate shifts the calculus.
- **Requirements expand freedom, not restrict it** — mandates *further* civil liberties by protecting immunocompromised children, infants too young to vaccinate, and others who have no choice about their vulnerability.
- **Business community alignment** — outbreaks close schools, which keeps parents home from work. Chambers of commerce and employers have a direct economic stake in outbreak prevention that doesn't map onto the usual political divide around vaccines.
- **Financial impact** — often persuasive when others aren't. The 2019 measles outbreak in NY cost over \$8 million to contain. Requirements are cheap, and outbreaks are expensive.

Middle-Ground Policy Options

- Not all policymakers will support the strongest mandates
- Durable policy that holds may require compromise
- Options that strengthen requirements without eliminating exemptions:
 - Make exemptions harder to obtain: require documentation, notarization, or annual renewal
 - Require vaccine education before granting an exemption
 - Use exemptions on a disease-by-disease basis, not all-or-nothing
- Publish school-level vaccination coverage data so parents can make informed decisions
- Add robust review process for medical exemptions

Durable vs. Bold: The Italy Lesson

- **Remember the Italy lesson?**
 - Requirements made rigid in 2017- then a new government weakened it almost immediately
 - Each reversal made the next outbreak worse
- **Guidelines for durable policy:**
 - Build on existing consensus, communicate clearly, ensure access
 - Give families time to adjust and avoid creating martyrs who galvanize opposition
 - The goal is sustained high coverage, not a law that lasts one electoral cycle



Picture from [wikimedia commons](#) by OttavianoUrsu

Where Can I Find Credible Information?

Clinical Guidance

- AAP, AAFP, ACOG, ACP, etc.
- Immunize.org
- IDSA
- NFID

For Patients & Students

- CHOP Vaccine Education Center
- Voices for Vaccines
- Vaccinate Your Family
- HealthyChildren.org (AAP)

Stay Current

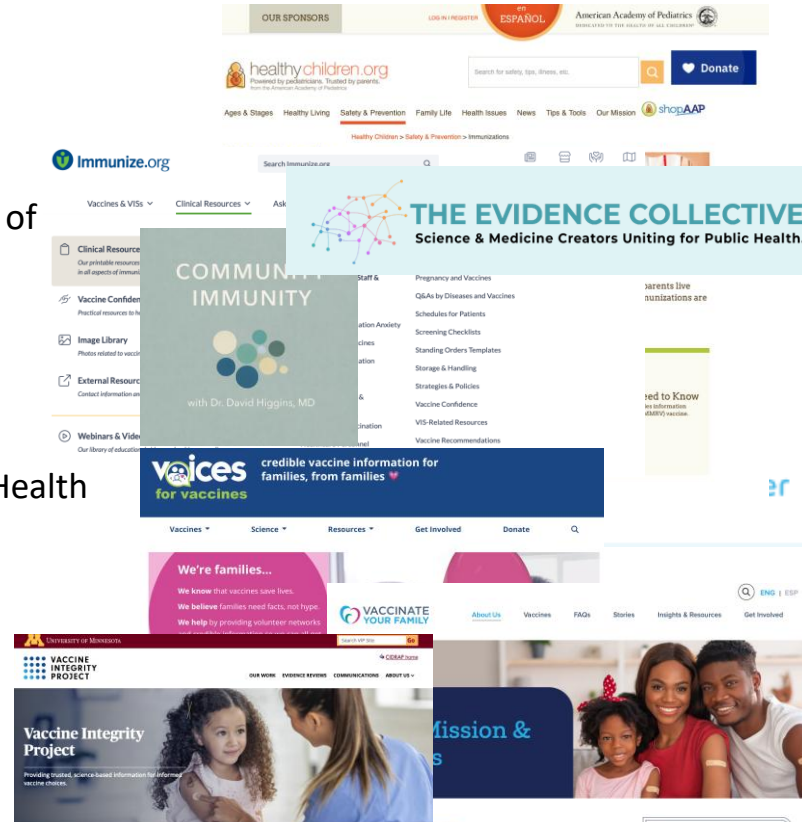
- CIDRAP/Vaccine Integrity Project
- The Evidence Collective
- Unbiased Science
- Community Immunity Substack

School Requirements / Exemptions

- Immunize.org
- KFF
- NCSL (National Conference of State Legislatures)
- CDC SchoolVaxView
- State PH Website

Communication

- MainHealth Virtual Public Health Grand Rounds May, 2026



Thank You!

Stay in Touch

EMAIL

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