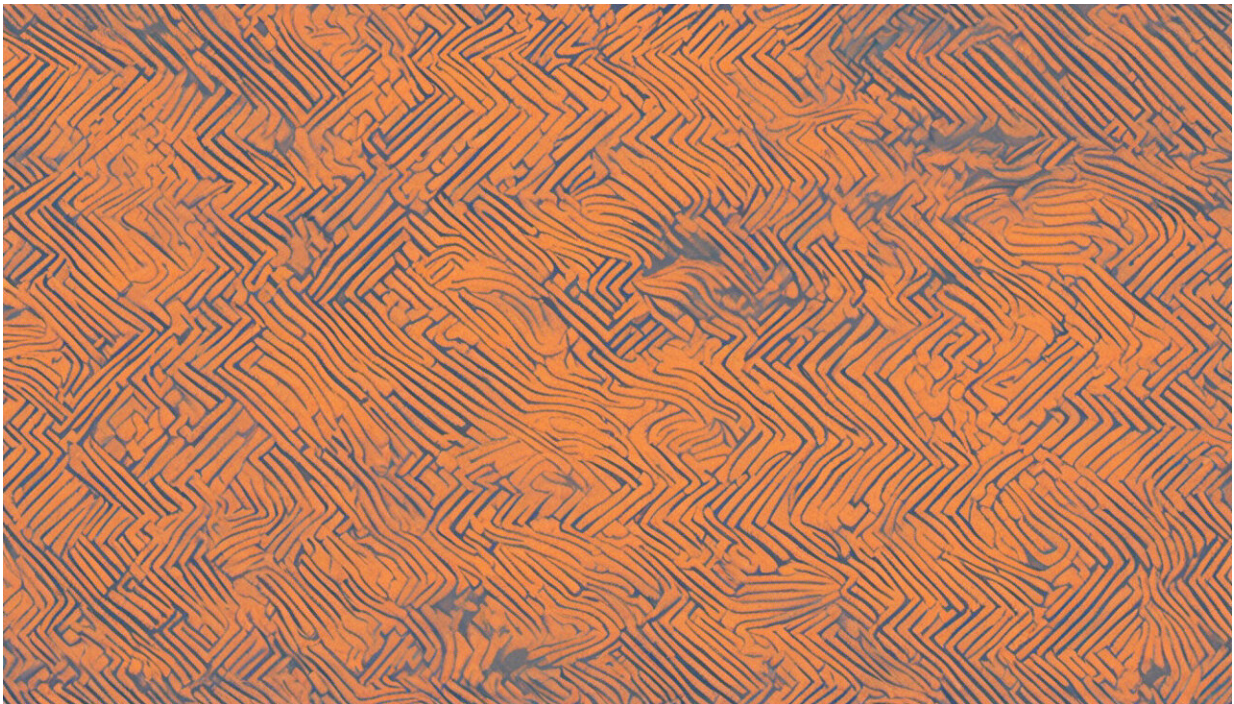


Texas must reduce nonmedical exemptions to vaccinations

October 20 2016, by Jeff Falk



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As one of the states with the least restrictive vaccine exemption laws in the country, Texas should make the process of obtaining nonmedical exemptions more rigorous to avoid the public health risks and costs associated with preventable diseases, according to a new brief by science policy experts at Rice University's Baker Institute for Public Policy.

"How Too Much Freedom of Choice Endangers Public Health: The Effect of Nonmedical Exemptions From School-Entry Vaccinations in Texas" was co-authored by Kirstin Matthews, fellow in science and technology policy at the Baker Institute's Center for Health and Biosciences, and Jackie Olive, an undergraduate intern in the Center for Health and Biosciences.

In Texas, approximately 45,000 nonmedical exemptions were filed across all age groups during the 2015-16 school year, a record high in the last decade and a figure that is only increasing, according to the authors.

"Parents who abstain from getting their children vaccinated often have misguided concerns regarding vaccine safety and utility," the authors wrote. "Recent outbreaks of vaccine-preventable illnesses, including large measles outbreaks in Texas, reflect the decreasing strength of herd immunity and result in billions of dollars in annual medical expenditures as well as indirect costs accounting for work loss and declines in economic productivity."

To reverse the trend of increasing [vaccine exemptions](#) in Texas, the authors argue that public health considerations should be of utmost priority in the discussion of amending current state exemption policies. "The Texas Legislature should employ a multifaceted approach to address school-entry vaccine exemptions," they wrote and suggested that this should be a priority item in the upcoming state legislative session starting in January.

For example, to increase immunizations among school children, Texas policymakers should either ban conscientious exemptions or make the process of obtaining an exemption stricter by requiring a pediatrician's signature and mandating that exemption claims be submitted annually, the authors argued.

"Other policies should be implemented to help understand the scope of the problem, including requiring schools and the state health department to publish the number of students on each campus who are vaccinated, under-vaccinated and unvaccinated in a uniform and transparent system," the authors wrote. "Increased transparency will help eliminate gaps in current vaccination data and inform parents of local vaccination rates, which could potentially impact their decisions on which schools their children will attend."

Vaccines are one of most cost-effective [public health](#) measures, according to the authors. "Therefore, the state should encourage options for individuals who cannot afford vaccines," they wrote. "One of the best state programs is Texas Vaccines for Children (TVFC). More than 6,500 TVFC providers administer free vaccines to uninsured or underinsured children, children covered by the state Children's Health Insurance Program and children of Native American or Native Alaskan heritage. Additionally, more than 3.5 million Texas children on Medicaid can be vaccinated for free. The state could also provide incentives to increase provider enrollment in TVFC, particularly in regions with minimal coverage, and publicly acknowledge participating health clinics."

More information: www.bakerinstitute.org/media/f316-STP_Vaccines.pdf

Provided by Rice University

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