

# No Shots? No School, No Service: AAP Responds to Growing Vaccine Hesitancy

## [Adolescent Health & Well-Being](#)

### Date Posted:

Sep 01, 2016

This week, the American Academy of Pediatrics (AAP) released some of its [strongest policy statements](#) about childhood vaccines. These recommendations are in response to the rise in vaccine hesitancy – concern about the safety, efficacy and necessity of vaccinations – in parents across the country. While overall vaccination rates in the U.S. remain high, vaccine hesitancy is contributing to more requests to delay or refuse certain vaccines and geographical [clustering of unvaccinated children](#), putting whole communities at increased risk of disease outbreaks.

### Growing Vaccine Hesitancy

Vaccines are one of the most important public health accomplishments in history. Thanks to successful vaccination programs, most parents today have never seen the effects of preventable diseases like measles, mumps, whooping cough or bacterial meningitis. In fact, measles was declared eliminated from the U.S. in 2000. Unfortunately, lack of first-hand experience with vaccine-preventable diseases can lead parents to question whether vaccines are truly necessary to protect their children's health.

In reality, [vaccine refusal is associated with outbreaks of preventable disease](#). Since the U.S. declared measles eliminated, there have been nearly 1,500 reported measles cases in the U.S., and 2014 saw the highest number of cases (nearly 700) in over two decades. The majority of cases were among individuals who were unvaccinated, nearly three quarters of whom had an exemption to school entry requirements due to philosophical or religious beliefs. In fact, children with non-medical exemptions were at a significantly higher risk for measles compared to fully vaccinated children.

Vaccine refusal is associated with outbreaks of preventable disease.

Additionally, when parents don't see the risk of a vaccine preventable disease, any perceived safety concerns about a vaccine may seem like a greater risk than the infection itself. Such vaccine safety concerns are fueled by a prominent anti-vaccination movement, which instills a lack of confidence in important vaccine programs. This movement is dangerous largely because it is based on [misleading and unfounded information](#) that is easily shared in the age of the internet and social media and is often perpetuated in the news.

In reality, [vaccines are tested](#) more rigorously than most other drugs and are monitored extensively for adverse effects after they are made available to the general public. While no drug is 100% risk free, serious side effects for all currently recommended vaccines are extremely rare.

### AAP's Recommendations in Response to Vaccine Hesitancy

First, “AAP views non-medical exemptions to school-required immunizations as inappropriate for individual, public health and ethical reasons and [advocates for their elimination](#).” The [American Medical Association](#) has also previously endorsed these more stringent vaccine requirements.

The AAP views non-medical exemptions to school-required immunizations as inappropriate for individual, public health and ethical reasons and advocates for their elimination.

Every state allows exemptions to school vaccination requirements for medical reasons – such as an allergy or compromised immune system – which AAP continues to support. However, all but three states – West Virginia, Mississippi and most recently California – also offer philosophical and/or religious exemptions that allow children who do not meet vaccine requirements to attend school. [Evidence shows](#) that the availability of non-medical exemptions increases exemption rates and decreases vaccination rates, which leads to greater incidence of vaccine preventable disease.

Second, AAP announced that “the individual pediatrician may consider [dismissal of families who refuse vaccination](#) as an acceptable option.” If all other attempts to counsel parents about the importance of fully vaccinating their children according to the recommended schedule fail, dismissal of the family – in a thoughtful, ethical and legal way that ensures alternative options for care – is now recognized as an appropriate next step.

Dismissal should be a pediatrician’s last resort, but is an option that can:

1. help the pediatrician to protect his or her other patients from potential exposure to preventable disease;
2. increase efficiency in the practice and improve access to services for all children and
3. emphasize the importance of vaccinations and severity of the decision not to vaccinate.

Anecdotal evidence even shows that when faced with the choice of vaccination or finding another provider, some previously hesitant parents will accept vaccination.

The AAP’s recent policy statements send a strong message to the medical community and the public about the need to make vaccination a public health priority and to take the recommended vaccine schedule seriously in order to protect our communities. If followed, these recommendations could have a significant impact. Still, much more must be done to dispel the misplaced fear and complacency around vaccination, and we all have a role to play in making that happen.

Check out the related PolicyLab content on child and adolescent vaccines available on this page. Also, keep an eye out for our upcoming [Evidence to Action brief](#), which will include strategies to help providers, policymakers and other stakeholders address vaccine hesitancy and increase vaccination rates to levels that will protect everyone from preventable illness.

---

*Jennifer Clendening, MPA, MBE, is a former health policy manager at PolicyLab.*

Jennifer Clendening MPA, MBE