

FACT: *Vaccines save lives* and improve the public's health.

- ✓ Immunizations are considered one the ten greatest public health achievements of the 20th century because they improve health and life expectancy. ¹
- ✓ Because of vaccines, smallpox has been eradicated from the world and polio is extremely close to eradication.^{2,3} In the U.S., diseases like measles, rubella, tetanus, diphtheria, and Hib are no longer endemic (e.g. a disease is no longer present in a geographic region).⁴
- ✓ The vaccination of children born between 1994 and 2018 prevented an estimated ~42,000 early deaths and 20 million cases of disease in the U.S.⁵

FACT: Vaccines are *safe*.

- ✓ Vaccines are safe and effective at preventing disease. The U.S. has the safest, most effective vaccine supply in history. ⁶
- ✓ are held to a high safety standard because we give them to healthy people.
- ✓ An analysis of over 1,000 studies by the independent Institute of Medicine found that side effects from vaccines are usually mild and short-lasting. ⁷ Serious side effects from vaccines are extremely rare, sometimes so rare that it is hard to tell if vaccines actually cause those side effects.
- ✓ Millions of children are safely vaccinated each year. Another Institute of Medicine report found that the childhood immunization schedule is safe and that children vaccinated on-schedule are not at risk of harm.⁸ Further, many studies over the years have proven that vaccines do not cause autism.⁹

FACT: Vaccines are thoroughly tested and continuously monitored to assure they are *safe*.

- ✓ Vaccines undergo rigorous study on thousands of people before being licensed by the FDA.¹⁰
- ✓ Even after a vaccine is licensed in the United States, vaccines are *continuously monitored* to assure they are both safe and effective. Safety monitoring systems include:
 - [Vaccine Adverse Event Reporting System \(VAERS\)](#): This system was established to collect and analyze reports of events following vaccination and is an early warning system that helps CDC and FDA monitor problems following vaccination. *Anyone* can submit a report to VAERS. It is important to note that just because an event is reported to VAERS *does not mean the event reported was caused by the vaccine*. Further, providers are required by law to report to VAERS and encouraged to report *all* events following vaccination whether or not they believe vaccination was the cause. *Reports are used to alert scientists of possible issues that may need to be investigated*. Most reports (85-95%) are described as mild events and include fever, arm soreness, crying (for children) and mild irritability.¹¹
 - [Vaccine Safety Data Link \(VSD\)](#): A collaboration between CDC and several large health care organizations that allow ongoing monitoring and proactive searches of vaccine-related data. This system can help to study rare and serious adverse events following immunization.¹²
 - [Clinical Immunization Safety Assessment \(CISA\) Project](#): A collaboration between CDC and 7 medical research centers. Vaccine safety experts conduct individual case reviews and high-quality clinical research studies about vaccine safety.¹³

- V-SAFE: a new smartphone-based, after vaccination health checker for people who receive a COVID-19 vaccine. This system is used to provide second vaccine dose reminders and telephone follow up to anyone who reports medically significant adverse events.¹⁴

FACT: Vaccines are *cost saving*.

- ✓ For every \$1 spent on childhood vaccinations, our country saves \$10.90.¹⁵
- ✓ CDC estimates that for the vaccination of children born between 1994 and 2018 has saved the U.S. nearly \$406 billion in direct medical costs and \$1.88 trillion in total society cost.¹⁶
- ✓ In 2017, the Minnesota measles outbreak cost Hennepin County and the State Department of Health \$2.3 million to contain. These costs do not include the amount incurred by private or the indirect costs paid for by individuals and families due to lost days of work or ongoing care.¹⁷
- ✓ Protecting our older population from infectious disease is also critical. Each year our country spends nearly \$27 billion treating adults for diseases that could have easily been prevented through vaccination.¹⁸

FACT: The *vast majority* of parents vaccinate their children.

- ✓ Among children born in 2016 and 2017 in the United States, *only 1.2% of children had no vaccinations by age 24 months*.¹⁹
- ✓ In 2019, 97.7% of children in North Dakota less than 6 years of age had at least one dose in the state immunization registry.
- ✓ Nearly 90% of Americans say it is important for parents to have their children vaccinated.²⁰

FACT: Vaccines protect you and your community.

- ✓ Vaccines work in two ways: they protect the person being vaccinated, and they protect those who cannot be vaccinated from getting the disease.
- ✓ When most of the population is immune to a disease, they protect those who cannot be immunized. This is often referred to as herd or community immunity.²¹
- ✓ There is a small group of people who can't be vaccinated. For example, some people are allergic to vaccine ingredients. Some people may be immunocompromised due to pregnancy or cancer treatments. Some children are too young to receive certain vaccines. People who can't be vaccinated rely on people around them to get the vaccine instead.²²
- ✓ Vaccines are not 100% effective. Some people, even if they are vaccinated, will not create an immune response to the vaccine. If enough people get vaccinated, we can protect those who don't create an immune response after they've been vaccinated.²³

FACT: Although many vaccine-preventable diseases are no longer common in the United States, we are still at risk.

- ✓ Many diseases (ex, measles, rubella, polio) may no longer be common in the U.S., but if we let ourselves become vulnerable by not vaccinating, an outbreak could be just a plane ride away.²⁴

FACT: Vaccine requirements for licensed childcare centers and schools *protect children and our community*.

- ✓ All 50 states require children to receive immunizations before attending school.²⁵

- ✓ State vaccination requirements for children enrolled in childcare facilities and school have helped achieve high vaccination coverage rates, and in turn, lower rates of vaccine-preventable diseases.²⁶
- ✓ Diseases can spread quickly in schools and childcare facilities. Maintaining high immunization coverage levels can *significantly reduce* or *eliminate* vaccine-preventable diseases in schools and communities.²⁷
- ✓ North Dakota requires the following immunizations for childcare and school entry:
 - Childcare: MMR (measles, mumps, rubella), varicella, hepatitis A, rotavirus, *Haemophilus influenzae* type B, hepatitis B, polio, pneumococcal, DTaP (diphtheria, tetanus and pertussis)²⁸
 - School²⁹
 - Kindergarten – 6th Grade: DTaP, polio, MMR, hepatitis B, and chickenpox
 - 7th - 12th Grade: Tdap (tetanus, diphtheria and pertussis booster), meningococcal ACWY (1 dose for grades 7-10, 2 doses for grades 11-12)

FACT: North Dakota kindergarten immunization rates are *below* the rate required to protect our community and schools from measles.

- ✓ Preliminary school immunization rates from the 2020-2021 school year show that 93.22% of kindergarten students were up to date for the measles, mumps, and rubella (MMR) vaccine. *This is a decline from the previous school year, where the rate was 94.75%. To prevent outbreaks of measles, which is a highly contagious disease, experts recommend a 95% vaccination rate.*
- ✓ North Dakota ranked 21st in the nation for kindergarten MMR vaccination rates for the 2019-2020 school year.³⁰

FACT: Exemption rates are increasing in North Dakota.

- ✓ In North Dakota, kindergarten exemption rates have *increased* most years.
- ✓ Since the 2007-2008 school year, North Dakota has seen a 240% increase in exemptions.
- ✓ This past school year, personal belief (philosophical/moral, religious) exemption rates were 3.91% (395 children). This is an increase from 3.60% the previous school year.
- ✓ During the 2019-2020 school year, North Dakota ranked #15 for highest exemption rates in the country.³¹
- ✓ North Dakota is one of only 15 states that allow philosophical/moral exemptions for immunization. Further, we are one of the easiest states to claim an exemption, as only a parent signature is required.³²
- ✓ Because exemptions are so easy to claim in our state, many schools and local public health units are reporting that some of these exemptions are not truly exemptions, but just parents signing the form out of convenience when their children haven't received booster doses or when they can't get copies of immunization records.
- ✓ Children who are unvaccinated and exempted from vaccine requirements are at significant risk for a vaccine-preventable disease.³³
- ✓ NDCC 23-01-17.1 *already allows parents to decline immunizations for their children in North Dakota.*³⁴

FACT: Childhood vaccination rates in North Dakota are *variable*.

- ✓ Immunization coverage rates cannot be looked at just at a statewide level, but also need to be monitored at a county and school level.
 - County-level MMR immunization rates for kindergartners range from 75% to 100%.
 - School-level MMR immunization rates for kindergartners range from 0% to 100%.
- ✓ Without immunization requirements, it is likely that immunization rates would decline, *creating a greater risk for outbreaks*.

FACT: Informed consent is required **prior** to administering vaccinations.

- ✓ Federal law requires healthcare providers to provide a Vaccine Information Statement (VIS) prior to administering any vaccination. The VIS includes information on the disease prevented by the vaccine, the risks and benefits of vaccination, common side effects, and how to submit a report to VAERS.³⁵
- ✓ VISs are readable, updated regularly, and translated for use in 40 languages.³⁶
- ✓ Package inserts are too technical, very lengthy, and may be confusing to the average person.³⁷

FACT: Vaccine manufacturers are liable for negligence, but they are not liable for any unforeseen adverse events following vaccination.

- ✓ In the 1980s, a number of parents claimed that the DPT/DTP (diphtheria, tetanus and pertussis) vaccine was causing permanent brain damage, epilepsy, and mental retardation in children. Although these claims were unfounded, the court system provided large settlements to some plaintiffs.
- ✓ As a result, drug manufacturers began to withdraw from vaccine production because not only was the research and development process extremely costly and time-consuming, but the manufacturers were, at that point in time, also liable for any unforeseen and potentially rare injury linked to their vaccine.
- ✓ Lawsuits were costing both companies and individuals too much time, effort, and money. Pharmaceutical companies were threatening to no longer develop and distribute vaccines. There was worry that this would lead to a lack of innovation and shortages of current vaccines followed by disease resurgence. People claiming vaccine injuries were required to bring cases through the courts to prove injury. The process was complicated and costly.³⁸
- ✓ The federal government created the National Vaccine Injury Compensation Program (NVICP) in 1988 to make sure that, in the rare cases of serious vaccine side effects, there is a way to file a claim and get compensation without having to go through the complex and costly legal system.³⁹
 - Money for this compensation fund comes from an excise tax paid by pharmaceutical companies on each vaccine dose.
 - If someone petitions the NVICP and is not happy with the decision regarding their case, they can still file a claim in civil court against the company that made the vaccine.
- ✓ Misinformation and misconceptions around this program make it an easy target; it is commonly used in efforts to convince parents that vaccines are not safe. If you look closely at data from the compensation program, you will see that the ratio of number of settlements awarded compared to the number of vaccines given shows that vaccines are extremely safe.⁴⁰
 - A successful vaccine can prevent hundreds of thousands of cases of deadly disease. However, it could also lead to a few rare incidences of side effects.

- For every 1 million doses of vaccine distributed in the U.S., only about one recipient has been compensated (0.0001 percent).
- Compensation awarded to claimants from the NVICP does not prove the injury was caused by a vaccination, but that the events were temporally related and biologically plausible.

FACT: Vaccines are not associated with increased rates of autism or SIDS.

- ✓ Large vaccine safety studies have shown no link between autism and vaccinations.^{41,42}
- ✓ National autism associations, such as Autism Speaks and the Autism Science Foundation, have stated that vaccines do not cause autism and that they are in support of vaccination. These organizations support redirecting funds from studying autism and vaccines to funding studies looking into other causes of autism.
- ✓ Both genetics and environment seem to play a role in causing autism.⁴³
- ✓ By its very definition, the cause of SIDS is unclear. However, numerous studies have shown that vaccines do not increase a baby's risk of SIDS, and several studies have actually shown that babies who are vaccinated have a decreased risk of SIDS.⁴⁴

FACT: The ingredients in vaccines have been shown to be safe.

- ✓ Vaccine ingredients are extensively tested for safety during all stages of development, and they continue to be tested for as long as they're in use. While some things found in vaccines might sound scary, a closer look at the research shows them not only to be safe, but that they also help make vaccines safer or more effective.⁴⁵
- ✓ Each vaccine ingredient serves a specific purpose. Vaccine ingredients are used to provide immunity, keep the vaccine safe and long-lasting, or to produce the vaccine. *Vaccines use only the ingredients they need to be as safe and effective as possible.*⁴⁶

FACT: Certain vaccines are recommended during pregnancy. These vaccines have a proven safety record and help keep the mother and child safe.

- ✓ Immunization during pregnancy is an important and successful public health intervention.
- ✓ The American College of Obstetricians and Gynecologists recommends Tdap and influenza vaccination for pregnant women to protect themselves and their unborn babies.⁴⁷
- ✓ Numerous studies looking at hundreds of thousands of women and infants continue to support the long-term safety and effectiveness of vaccinating in pregnancy for both the mother and infants.
 - Studies on influenza vaccine safety during pregnancy can be found [here](#).
 - Studies on Tdap vaccine safety during pregnancy can be found [here](#).

FACT: Requiring healthcare providers to offer exemptions will create a moral dilemma for healthcare providers.

- ✓ Many medical organizations do not support the use of non-medical exemptions.⁴⁸
 - AMA, AAFP, AAP, ACOG, ACP, ANA, IDSA, NAPNP, March of Dimes
- ✓ The overwhelming medical consensus is that vaccines are safe and effective, which is why vaccines are recommended for nearly all patients.⁴⁹
- ✓ Healthcare providers don't require, but do recommend, vaccinations. People who wish to exempt from vaccination for childcare or school entry are very aware of this option.⁵⁰

FACT: Immunization requirements for healthcare employees boost immunization rates and protect healthcare workers and patients.

- ✓ Healthcare workers are at risk for exposure to serious, and sometimes deadly, disease.
- ✓ The Advisory Committee on Immunization Practices recommends that all healthcare personnel receive the flu vaccine every year because they are at increased risk for getting influenza and passing it on to vulnerable patients.⁵¹
- ✓ Health systems often mandate immunizations for employees to boost immunization rates and to protect their staff and patients. Exemption policies vary by employer.⁵²

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