

Immunizations for Children and Adolescents: NC Law

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November 2025



SCHOOL OF
GOVERNMENT

Introductions



Jill Moore (MPH, JD) is Associate Professor of Public Law and Government at the UNC School of Government. She teaches, consults with, and researches and writes for North Carolina public health officials and agencies and other stakeholders on issues related to public health law. Her current areas of work include communicable disease law, reproductive health law, child and adolescent immunization law, selected issues in medical confidentiality and HIPAA, public health legal authority, and public health remedies. She can be reached at moore@sog.unc.edu.



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Road map

Brief history of immunization laws and vaccine-preventable diseases in the US

North Carolina's child and adolescent immunization laws

- Requirements & exemptions
- Immunizations and school entry
- Consent for immunizations (and refusal)
- Access to immunization information

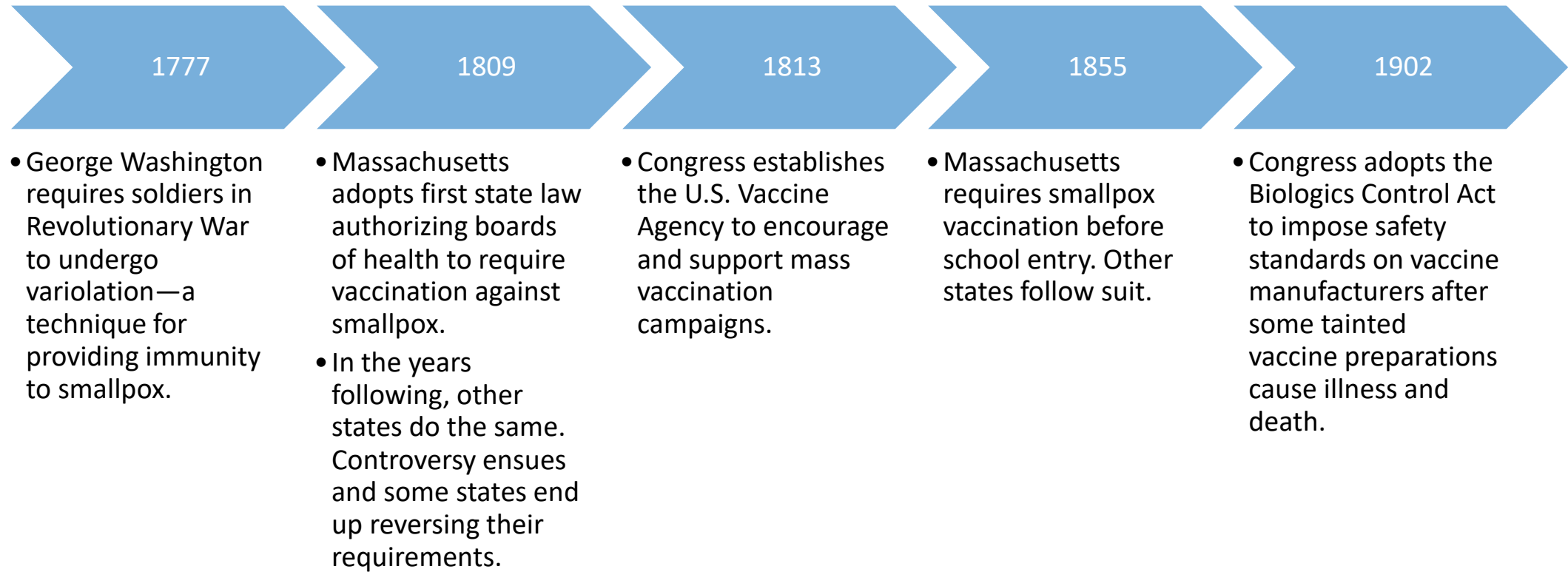
How is immunization law changing?



Image source: supremecourt.gov

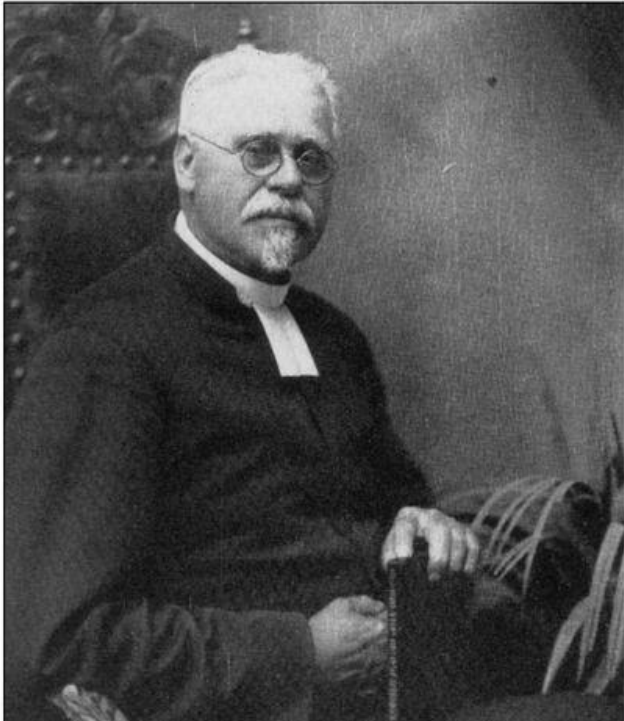
Laws & VPDs in the US through the 20th century

Some key dates in the history of immunization and the law



1905: Vaccination requirements held constitutional

Jacobson v. Massachusetts, 197 U.S. 11 (1905)



Rev. Henning Jacobson

Facts

The residents of Cambridge, MA were required by law to be vaccinated against smallpox. Jacobson refused. He was criminally charged and convicted and fined \$5.00.

Legal Issue

Did the vaccination requirement violate Jacobson's rights under the US Constitution?

Holding

Vaccination requirement was not an unconstitutional impingement on Jacobson's liberty, because it was a reasonable exercise of the police power – the power of government to protect public health and safety.



Image source: Mississippi Dept. of Archives & History

1922: Vaccination requirements for school entry held constitutional

In 1922, the U.S. Supreme Court held that vaccination may be required as a condition of school attendance.

- *Zucht v. King*, 260 U.S. 174 (1922)

See also *Prince v. Massachusetts*, 321 U.S. 158 (1944) (concerning parental & religious rights in the context of child labor laws)

- Parents have constitutionally protected right to make decisions for their children and they also have constitutionally protected religious rights.
- However, “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.”

More key dates in the history of immunization and the law

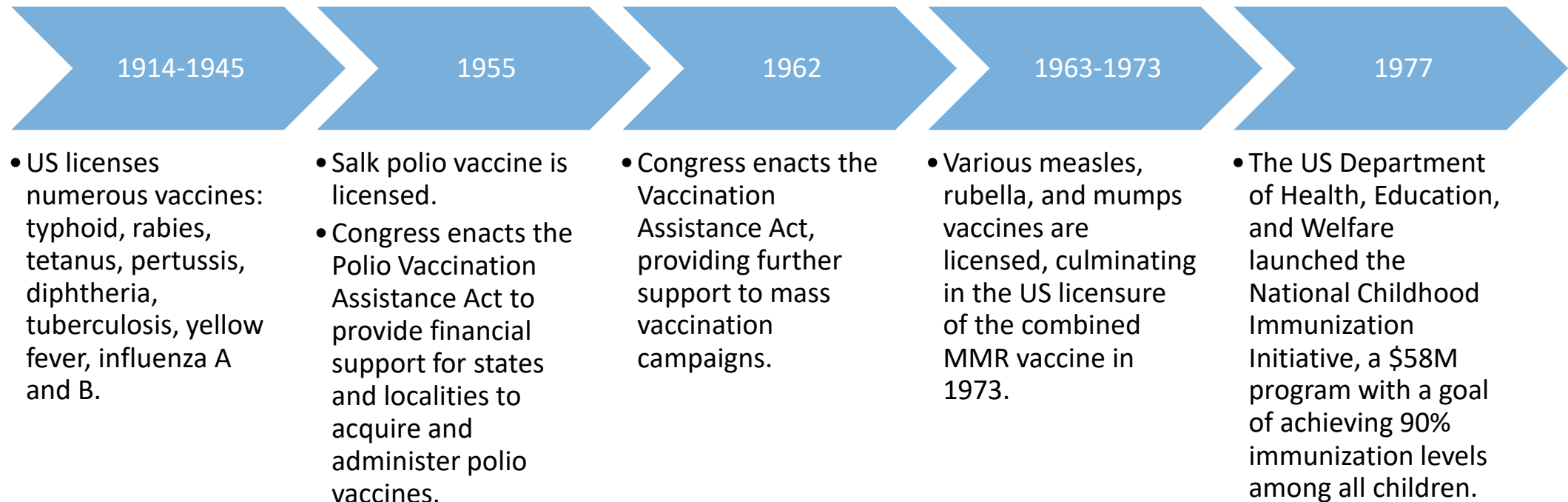




Image source: ncleg.gov

Meanwhile, state legislatures were getting into the act

By 1980, every state had statutes requiring children to be immunized against certain diseases in order to attend school.

All states provide exemptions for medical contraindications and most provide exemptions for sincere religious beliefs.

Some states provide a “philosophical” or “personal belief” exemption for beliefs that do not have to be religious in nature.

Ten great public health achievements of the 20th century

Vaccination

Motor vehicle safety

Workplace safety

Infections disease control

Fewer deaths from heart disease
& stroke

Safer & healthier foods

Healthier mothers and babies

Family planning

Fluoridation of drinking water

Tobacco use recognized as health
hazard

Source: CDC, Ten Great Public Health Achievements, 1900-1999 (MMWR 48(12); 241-243 (April 02, 1999)).

Comparison of 20th Century Annual Morbidity and Current Morbidity: Vaccine-Preventable Diseases

Disease	20th Century Annual Morbidity [†]	2024 Reported Cases ^{††}	Percent Decrease
Smallpox	29,005	0	100%
Diphtheria	21,053	1	> 99%
Measles	530,217	266	> 99%
Mumps	162,344	358	> 99%
Pertussis	200,752	35,435	82%
Polio (paralytic)	16,316	0	100%
Rubella	47,745	9	> 99%
Congenital Rubella Syndrome	152	0	100%
Tetanus	580	32	94%
<i>Haemophilus influenzae</i>	20,000	25*	> 99%

[†] JAMA. 2007;298(18):2155-2163

^{††} CDC. National Notifiable Diseases Surveillance System, Weekly Tables of Infectious Disease Data. Atlanta, GA. The Office of Public Health Data, Surveillance, and Technology (OPHDST). Available at: [Weekly statistics from the National Notifiable Diseases Surveillance System \(cdc.gov\)](https://www.cdc.gov/nndss/weekly-tables/). Data submitted (U.S. Residents, excluding U.S. Territories) through Dec 28, 2024; accessed on Jan 30, 2025; diphtheria and polio case counts reported by CDC Program.

**Haemophilus influenzae* type b (Hib) < 5 years of age. An additional 8 cases of Hib are estimated to have occurred among the 181 notifications of *Haemophilus influenzae* (< 5 years of age) with unknown serotype.

National Center for Immunization & Respiratory Diseases

Historical Comparisons of Vaccine-Preventable Disease Morbidity in the U.S.



3/05/2025



NC law: Child & adolescent immunizations



North Carolina immunization requirements (G.S. 130A-152)

General rule

Every child present in North Carolina shall be immunized against diphtheria, tetanus, whooping cough (pertussis), polio, measles, rubella, and any other disease for which the NC Commission for Public Health determines vaccination is in the interest of the public health (except COVID-19).

Every parent, guardian, person in loco parentis, or legal custodian of a child is responsible for ensuring the child is immunized.

Exemptions

Medical contraindication (G.S. 130A-156)

Bona fide religious objection (G.S. 130A-157)

Which immunizations are required in North Carolina?

Required by statute (GS 130A-152)

- Diphtheria
- Tetanus
- Whooping cough (pertussis)
- Polio
- Measles
- Rubella
- Any other immunization that the NC Commission for Public Health (CPH) determines is in the interest of public health

Required by CPH rule (10A NCAC 41A .0401)

- Mumps
- Haemophilus influenzae b (Hib)
- Hepatitis B
- Varicella (chickenpox)
- Pneumococcal conjugate
- Meningococcal conjugate

What is the schedule?

SECTION .0400 - IMMUNIZATION

10A NCAC 41A .0401 DOSAGE AND AGE REQUIREMENTS FOR IMMUNIZATION

(a) Every individual in North Carolina required to be immunized pursuant to G.S. 130A-152 through 130A-157 shall be immunized against the following diseases and have documentation of age-appropriate vaccination in accordance with the Advisory Committee on Immunization Practices (ACIP).

- (1) Diphtheria, tetanus, and pertussis (whooping cough) - five doses: three doses by age seven months; and 2 booster doses, the first by age 19 months and the second on or after the fourth birthday and before entering school for the first time. However:
 - (A) Individuals who receive the first booster dose of diphtheria/tetanus/pertussis vaccine on or after the fourth birthday are not required to have a second booster.
 - (B) Individuals entering college or university for the first time on or after July 1, 2008 must have had three doses of tetanus/diphtheria toxoid; one of which must be tetanus/diphtheria/pertussis.
 - (C) A booster dose of tetanus/diphtheria/pertussis vaccine is required for individuals who have not previously received it and are entering the seventh grade or by 12 years of age, whichever comes first.
- (2) Poliomyelitis vaccine - four doses: two doses of trivalent type by age five months; a third dose trivalent type before age 19 months; and a booster dose of trivalent type on or after his or her fourth birthday and before entering school for the first time. However:
 - (A) An individual attending school who has attained his or her 18th birthday is not required to receive a polio vaccine.
 - (B) The requirements for the booster dose on or after the fourth birthday do not apply to individuals who began school before July 1, 2015.
 - (C) Individuals who receive the third dose of poliomyelitis vaccine on or after the fourth birthday are not required to receive a fourth dose if the third dose is given at least six months after the second dose.
- (3) Measles (rubeola) vaccine - two doses of live, attenuated vaccine administered at least 28 days apart: the first dose on or after age 12 months and before age 16 months; and a second dose before entering school for the first time. However:
 - (A) An individual who has been documented by serological testing to have a protective antibody titer against measles is not required to receive measles vaccine.
 - (B) An individual who has been diagnosed before January 1, 1994, by a physician (or designee such as a nurse practitioner or physician's assistant) as having measles (rubeola) disease is not required to receive measles vaccine.
 - (C) An individual born before 1957 is not required to receive measles vaccine except in measles outbreak situations.
 - (D) The requirement for a second dose of measles vaccine does not apply to individuals who enter school or in college or university for the first time before July 1, 1994.
- (4) Rubella vaccine - one dose of live, attenuated vaccine on or after age 12 months and before age 16 months. However:
 - (A) An individual who has laboratory confirmation of rubella disease or who has been documented by serological testing to have a protective antibody titer against rubella is not required to receive rubella vaccine.
 - (B) An individual who has attained his or her fiftieth birthday is not required to receive rubella vaccine except in outbreak situations.
 - (C) An individual who entered a college or university after his or her thirtieth birthday and before February 1, 1989 is not required to meet the requirement for rubella vaccine except in outbreak situations.
- (5) Mumps vaccine - two doses: the first dose of live, attenuated vaccine administered on or after age 12 months and before age 16 months; and a second dose before entering school, college or university for the first time. However:
 - (A) An individual who has laboratory confirmation of disease, or has been documented by serological testing to have a protective antibody titer against mumps is not required to receive the mumps vaccine.
 - (B) An individual born before 1957 is not required to receive the mumps vaccine.

Required: NC Schedule (10A NCAC 41A .0401)

Your child needs vaccines as they grow!

2025 Recommended Immunizations for Birth Through 6 Years Old

Want to learn more?
Scan this QR code to find out which
vaccines your child might need. Or visit
www2.cdc.gov/vaccines/childquiz/



VACCINE OR PREVENTIVE ANTIBODY	BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	7 MONTHS	8 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19 MONTHS	20–23 MONTHS	2–3 YEARS	4–6 YEARS
RSV antibody	Depends on mother's RSV vaccine status							Depends on child's health status						
Hepatitis B	Dose 1	Dose 2			Dose 3									
Rotavirus			Dose 1	Dose 2	Dose 3									
DTaP			Dose 1	Dose 2	Dose 3				Dose 4					Dose 5
Hib			Dose 1	Dose 2	Dose 3			Dose 4						
Pneumococcal			Dose 1	Dose 2	Dose 3			Dose 4						
Polio			Dose 1	Dose 2	Dose 3									Dose 4
COVID-19	COVID-19 vaccine is recommended for all children 6 months and older.													
Influenza/Flu	Every year. Two doses for some children													
MMR								Dose 1						Dose 2
Chickenpox								Dose 1						Dose 2
Hepatitis A								2 doses separated by 6 months						

KEY

ALL children should be immunized at this age

SOME children should get this dose of vaccine or preventive antibody at this age

Parents/caregivers should talk to their health care provider to decide if this vaccine is right for their child

Talk to your child's health care provider for more guidance if:

1. Your child has any medical condition that puts them at higher risk for infection.
2. Your child is traveling outside the United States. Visit wwwnc.cdc.gov/travel for more information.
3. Your child misses a vaccine recommended for their age.



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

FOR MORE INFORMATION

Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www2.cdc.gov/vaccines/childquiz/

CDC's Recommended Schedule for Birth to 6 Years Old (2025)



Prohibition on requiring COVID-19 vaccination (G.S. 130A-152(f))

The following NC entities may not require students to provide proof of COVID-19 vaccination or to obtain COVID-19 vaccination:

- Commission for Public Health
- Public school units
- Community colleges
- Constituent institutions of the University of North Carolina
- Any private colleges or universities that receive state funds

There is an exception if COVID-19 vaccination is required for the student to participate in a program of study or fulfill educational requirements that require working, volunteering, or training in facilities certified by CMS.

The prohibition applies only to COVID-19 vaccines; no other vaccines are affected.

North Carolina Department of Health and Human Services
Women's and Children's Health Section • Immunization Branch

NC MEDICAL EXEMPTION STATEMENT FORM DHHS 3987

Purpose: To provide physicians licensed to practice medicine in North Carolina, a mechanism to certify, pursuant to [G.S. 130A-156](#), a medical exemption to a required immunization(s) due to a contraindication adopted by the NC Commission for Public Health. As set out in [10A NCAC 41A .0404](#), the NC Commission for Public Health has adopted the contraindications that are recommended by the Advisory Committee on Immunization Practices (ACIP). These contraindications are listed on this form. This form does not need to be submitted for approval to the State Health Director and may be accepted by agencies that require proof of immunizations. For medical exemptions NOT listed in the table below, submit the [Physician's Request for Medical Exemption](#) form ([DHHS 3995](#)) to the State Health Director for approval, available at <https://www.immunize.nc.gov/schools/ncexemptions.htm>

Instructions:

1. Complete and sign the form.
2. Attach a copy of the most current immunization record.
3. Retain a copy for the patient's medical record.
4. Return the original to the person requesting this form.

Name of Patient _____ DOB _____

Name of Parent/Guardian _____ Primary Phone () _____

Home Address (Patient/Parent) _____ County _____

Name of Child Care/School/College/University _____

A **contraindication** is a condition in a recipient that increases the risk for a serious adverse reaction. A vaccine should not be administered when a contraindication is present. Medical contraindications for immunizations are described in the most recent recommendations by the ACIP, available at <https://www.cdc.gov/vaccines/imz/ncsc/general-recommendations.html>

Vaccine	Check all contraindications that apply to this patient below:
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP) <input type="checkbox"/> Tetanus, diphtheria, pertussis (Tdap) <input type="checkbox"/> Tetanus, diphtheria (DT, Td)	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> For pertussis-containing vaccines: encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) not attributable to another identifiable cause within 7 days of administration of a previous dose of DTaP or DTP (for DTaP); or of previous dose of DTaP, DTP, or Tdap (for Tdap)
<input type="checkbox"/> Measles, mumps, rubella (MMR)	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy), or persons with human immunodeficiency virus (HIV) infection who are severely immunocompromised <input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test <input type="checkbox"/> Pregnancy
<input type="checkbox"/> Varicella (Var)	<input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component. <input type="checkbox"/> Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy), or persons with HIV infection who are severely immunocompromised <input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test <input type="checkbox"/> Pregnancy

DHHS 3987 (Revised 08/20)
Immunization (Review 8/20)

Page 1 of 2

NCDHHS Form 3987

NC Medical Exemption

(G.S. 130A-156; 10A NCAC 41A .0404)

A person with a medical contraindication to a required immunization is not required to receive that immunization for as long as the contraindication persists.

A licensed physician must certify that the person has a medical contraindication. The certification must state the basis for the exemption, the specific vaccine or vaccines the person should not receive, and the length of time the exemption will apply.

Normally the medical contraindication must be one that is recognized by the Advisory Committee on Immunization Practices (ACIP).

- The child's physician should complete NCDHHS Form 3987

However, there is also a procedure and form for a licensed physician to request a medical exemption for a contraindication not recognized by ACIP. The request must be approved by the State Health Director.

- The child's physician should use NCDHHS Form 3995 to make the request

Forms: <https://www.dph.ncdhhs.gov/programs/epidemiology/immunization/schools/exemptions>

<input type="checkbox"/> Measles, mumps, rubella (MMR)	<ul style="list-style-type: none"> <input type="checkbox"/> Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component <input type="checkbox"/> Severe immunodeficiency (e.g., hematologic and solid tumors, chemotherapy, congenital immunodeficiency or long-term immunosuppressive therapy), or persons with human immunodeficiency virus [HIV] infection who are severely immunocompromised <input type="checkbox"/> Family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory test <input type="checkbox"/> Pregnancy
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MMR contraindications on NCDHHS Form 3987



NC Religious Exemption

(G.S. 130A-157; 10A N.C.A.C. 41A. 0403)

If the bona fide religious beliefs of the parent, guardian, or person in loco parentis of a child are contrary to the immunization requirements, the adult or child is exempt from the requirements.

There is no exception for a personal belief or philosophy that is not founded on a religious belief.

A person who is exempt under this provision may attend school, day care, or a college/university upon submission of a written statement of the bona fide religious belief. There is no NCDHHS form for claiming this exemption.



Immunizations and school or day care (G.S. 130A-155)

If a child has not received the required immunizations and is not eligible for a medical or religious exemption, the child may be excluded from school or day care.

Parent, guardian or responsible person must present certificate of immunization or documentation of exemption.

- No certificate (or incomplete) → notice of deficiency
- 30 days provided to obtain immunizations (or begin series)
- If no action after 30 days, school or day care principal or operator shall not permit the child to attend school

Quarantine during an outbreak

A child who has not been immunized against a vaccine-preventable disease may be subject to a quarantine order in an outbreak of that VPD, ***even if the child has an exemption.***

“Quarantine authority” includes “the authority to issue an order to limit the freedom of movement or action of persons **who have not received immunizations** against a communicable disease when the State Health Director or a local health director **determines that the immunizations are required to control an outbreak** of that disease.” GS 130A-2(7a).

In 2018, a NC Superior Court upheld quarantine orders that prevented unimmunized children with valid exemptions from attending school during an outbreak of varicella at that school.



Consent for immunizations for children & adolescents



Who may give consent for a minor child's immunization?

General rule: Parent, guardian, or PILP consents

A parent, guardian, or person acting in loco parentis (PILP) may consent to the immunization of a minor child (under age 18)

- G.S. 130A-153(d); 90-21.10A, 90-21.10B

Other circumstances

Another adult presents a child for immunization on the parent's behalf

- G.S. 130A-153(d)

DSS director/designee consents for a child in DSS custody

- G.S. 7B-505.1

Adolescent is able to give effective consent and the immunization is for a venereal disease or a communicable disease that is reportable under NC law

- G.S. 90-21.5

When may a HCP immunize a child who is presented by an adult who is not the parent/guardian/PILP?

A physician or local health department may immunize a minor child who is presented for immunization by an adult (age 18+) who has been authorized by the child's parent/guardian/PILP to obtain the immunization.

- G.S. 130A-153(d).

The adult must ***sign a statement*** that s/he has been authorized by the parent/guardian/PILP to obtain the immunization.

Consent in this situation is still considered to be from the parent/guardian/PILP; the other adult is simply helping obtain the immunization(s).



Section A – Identifying Information	
Child's Name:	Date of Birth:
Medical Home Provider:	Telephone Number:
Other Medical, Dental, or Mental Health Provider or Specialist Prescribing or Administering Treatment:	Telephone Number:

Section B – Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1)
<small>When a child is in the custody of the county child welfare agency, the county director may arrange for, provide, or consent to any of the following without obtaining parental consent:</small>
<ul style="list-style-type: none">• Routine medical or dental care or treatment (including immunizations in most cases);• Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment; and,• Testing and evaluation in exigent circumstances
I hereby authorize _____ county child welfare agency to consent to the following treatment of the child identified above (include description):
<input type="checkbox"/> Prescriptions for psychotropic medication(s): _____
<input type="checkbox"/> Participation in a clinical trial: _____
<input type="checkbox"/> Child Medical Evaluation not otherwise authorized (DSS-5143 Consent/Authorization for Child Medical/Child/Family Evaluation must also be completed): _____
<input type="checkbox"/> Comprehensive clinical assessment, or other mental health evaluation(s): _____
<input type="checkbox"/> Surgical, medical, or dental procedure or test that requires informed consent: _____
<input type="checkbox"/> Psychiatric, psychological, or mental health care or treatment that requires informed consent: _____
<input type="checkbox"/> Other non-routine or non-emergency treatment or procedure: _____

Who may consent to immunization for a child in DSS custody?

DSS is permitted to consent to “routine” medical care for a child in its custody.

However, if the parent of a child in DSS custody is known to have a bona fide religious objection to the standard schedule of immunizations, DSS may not treat the child’s immunizations as routine but must seek either:

- The parent’s consent for immunizations, or
- A court order authorizing DSS to consent to immunizations.

G.S. 7B-505.1

NCDHHS Form DSS-1812



When may a minor consent to their own immunization?

NC Minor's Consent Law (G.S. 90-21.5)

With some exceptions, an unemancipated minor with decisional capacity may consent to medical health services for the prevention, diagnosis, or treatment of:

- Venereal diseases and reportable communicable diseases,
- Pregnancy,
- Abuse of controlled substances or alcohol, and
- Emotional disturbance.

However, a minor may not consent to administration of a vaccine that is under an emergency use authorization (EUA). The written consent of the minor's parent or guardian is required for a vaccine under an EUA.

If minor has decisional capacity, and

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graph TD; A["If minor has decisional capacity, and"] --> B["Vaccination is for a venereal disease or a NC reportable disease, and"]; B --> C["Vaccine is not under an EUA,"]; C --> D["Minor may consent."];
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Vaccination is for a venereal disease or a NC reportable disease, and

Vaccine is not under an EUA,

Minor may consent.



What if no one consents?

Even though immunizations are required by law, a child or adolescent should not be immunized if the person authorized to consent for the child/adolescent is refusing to do so.

See Happel v. Guilford County Board of Education, 387 N.C. 186 (2025).



Immunization Refusal

Making sure refusal is informed

The flip side of informed consent is informed refusal.

NC does not require a specific informed refusal process, but the principles of informed consent are a guide: the person should receive sufficient information to have a general understanding of the treatment, its risks and benefits, and the risks and benefits of forgoing it.

Information that may be included as part of an informed refusal process:

- Purpose of immunization
- Risks and benefits of receiving immunization
- Risks and benefits of not receiving immunization
- NC legal requirements for immunization
- Can you think of more?



Refusal of Recommended Immunizations

Child's Name _____ ID# _____ DOB _____

Parent's / Guardian's Name _____

My child's pediatrician or other health care provider, _____, has advised me that my child (named above) should receive each vaccine or immunization checked below:

Recommended today, which prevents these serious complications:	Today I refused: Initials of Parent or Guardian
<input type="checkbox"/> COVID-19 vaccine <i>Pneumonia, respiratory failure, blood clots, bleeding disorder, injury to liver, heart or kidney, multi-system inflammatory syndrome, post-COVID syndrome, death</i>	
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine <i>Tetanus – broken bones, breathing difficulty, death; Diphtheria – swelling of the heart muscle, heart failure, coma, paralysis, death; Pertussis (whooping cough) – pneumonia, death</i>	
<input type="checkbox"/> Haemophilus influenzae type B (Hib) vaccine <i>Meningitis, intellectual disability, closing of the throat, pneumonia, death</i>	
<input type="checkbox"/> Hepatitis A (HepA) vaccine <i>Liver failure, joint pain, kidney, pancreatic and blood disorders, death</i>	
<input type="checkbox"/> Hepatitis B (HepB) vaccine <i>Chronic liver infection, liver failure, liver cancer, death</i>	
<input type="checkbox"/> Human papillomavirus (HPV) vaccine <i>Cervical, vaginal, vulvar, penile, anal, mouth and throat cancers</i>	
<input type="checkbox"/> Influenza (flu) vaccine <i>Pneumonia, bronchitis, sinus infections, ear infections, death</i>	
<input type="checkbox"/> Measles, mumps, and rubella (MMR) vaccine <i>Measles – brain swelling, pneumonia, death; Mumps – meningitis, brain swelling, swelling of testicles or ovaries, deafness, death; Rubella – miscarriage, stillbirth, premature delivery, birth defects</i>	
<input type="checkbox"/> Meningococcal (circle: MenACWY / MenB / MenACWY) vaccine <i>Meningitis, infection of the bloodstream, blindness, deafness, loss of limbs, death</i>	
<input type="checkbox"/> Pneumococcal (PCV) vaccine <i>Blood infection, meningitis, death</i>	
<input type="checkbox"/> Poliovirus (IPV) vaccine (inactivated) <i>Paralysis, death</i>	
<input type="checkbox"/> Respiratory syncytial virus (RSV) immunization <i>Bronchitis, pneumonia, lung failure, death</i>	
<input type="checkbox"/> Rotavirus (RV) vaccine <i>Severe diarrhea, dehydration, death</i>	
<input type="checkbox"/> Varicella Chickenpox (VAR) vaccine <i>Infected blisters, bleeding disorders, brain swelling, pneumonia, death</i>	
<input type="checkbox"/> Others (please list) _____	

I have been given a Vaccine Information Statement from the Centers for Disease Control and Prevention that explains each immunization and the disease(s) it prevents. I have discussed the recommendation and my refusal with my child's pediatrician or other healthcare provider. They have answered all of my questions about the recommended immunizations. I know I can find more information at <https://www.cdc.gov/vaccines/parents/FAQs.html>.

I understand the following:

- The checked immunization(s) are recommended by my child's pediatrician or healthcare provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention.
- The benefits and risks of the recommended immunization(s) checked.
- If my child does not receive the immunization(s) according to the standard, evidence-based schedule, the consequences may include:
 - Contracting the illness the immunization is designed to prevent, which could lead to serious complications as listed in the table.
 - Transmitting the disease to others (including those too young to be vaccinated or those with immune problems), possibly requiring my child to stay out of child care or school and requiring someone to miss work to stay home with my child during disease outbreaks.
- Some immunization-preventable diseases are common in other countries. My unvaccinated child could get one of these diseases while traveling or from someone who traveled to another country.

Today, I refused the recommended immunization(s) for my child by initialing the box(es) in the column titled "Today I refused."

I agree to tell all health care professionals in all settings which immunization(s) my child has not received and if my child is under immunized, as my child may need to be isolated or may require immediate medical evaluation and tests that might not be necessary if my child had been immunized.

If you change your mind at any time, speak with your child's pediatrician or other health care provider. You can always accept immunization(s) for your child in the future.

I acknowledge that I have read this document in its entirety and understand it.

Parent / Guardian Signature: _____ Date: _____

Pediatrician / Other Health Care Provider: _____ Date: _____

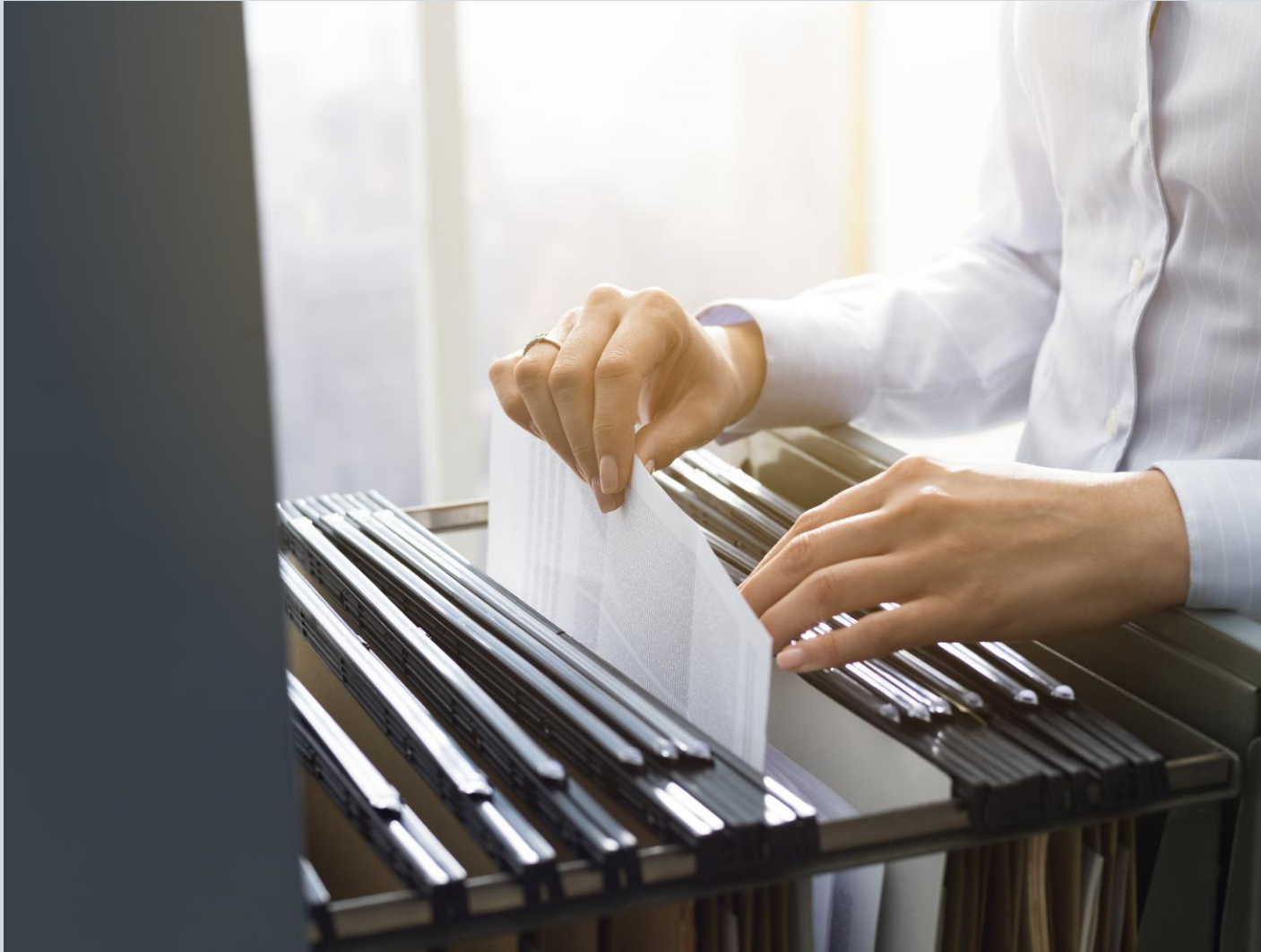


Should health care providers use AAP's "Refusal of Recommended Immunization" form?

Voluntary, but both health care provider and parent should understand:

The parent's signature on the form does **not** exempt the child from NC's immunization requirements.

Even if the child qualifies for an exemption under NC law, the AAP form is **not** proper documentation of the exemption.



Access to immunization information

Disclosing immunization information upon request: NC statute and rule

Statute G.S. 130A-153(c)

- Immunization certificates and information concerning immunizations **shall** be shared upon request with the following individuals and entities:
 - NC Department of Health & Human Services (NCDHHS)
 - Local health departments
 - An immunizing pharmacist
 - The patient's physician

Rule 10A NCAC 41A .0406

- Physicians, local health departments, and NCDHHS **shall** upon request share specified immunization information with:
 - K-12 schools (public or private)
 - Licensed or registered childcare facilities
 - Head Start
 - Colleges and universities (public or private)
 - Health maintenance organizations
 - State or local health departments outside NC



Image source: cdc.gov

What's next for immunization law?

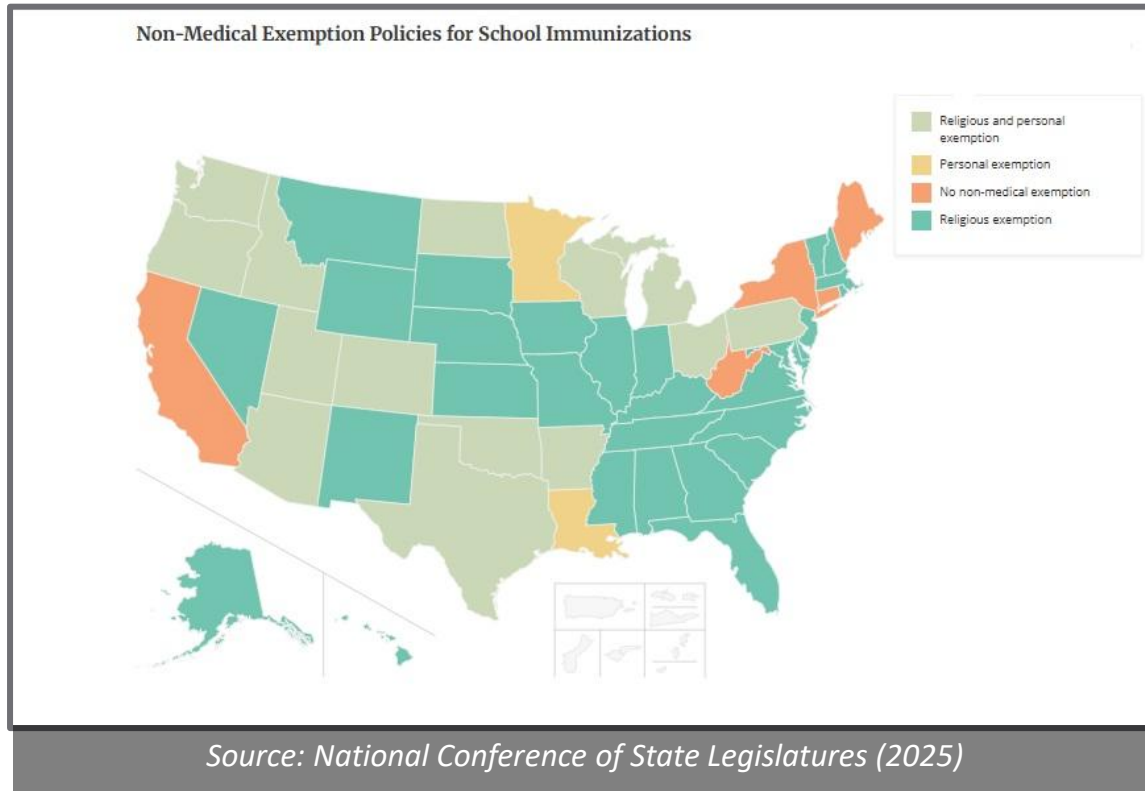
The changing state(s) of non-medical exemptions

In 2000, only two states did not allow religious or other non-medical exemptions: West Virginia and Mississippi.

Following the measles outbreaks of the 2010s, four states repealed all non-medical exemptions: California, New York, Maine, & Connecticut. Other states narrowed their non-medical exemptions to religious exemptions only.

In 2023, a court ordered the Mississippi State Department of Health to accept religious exemptions.

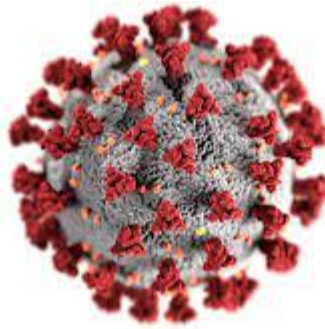
At present, 44 states allow some form of non-medical exemption.



Are we seeing a reversal of trends?

2015-2019

- States eliminating non-medical exemptions



2022-present

- States expanding non-medical exemptions

What else is going on?

ACIP changes

- Change in membership
- Changed recommendations for covid-19 and MMRV

Federal support for religious and conscience exemptions

- HHS letter to West Virginia in August
- HHS Dear Colleague letter to all states in September

Federal support for “breaking up” MMR vaccine

- President’s social media posts
- CDC acting director calls on manufacturers to develop separate vaccines

Government shutdown

- No October ACIP meeting
- Effects on CDC staffing, communications, data collection



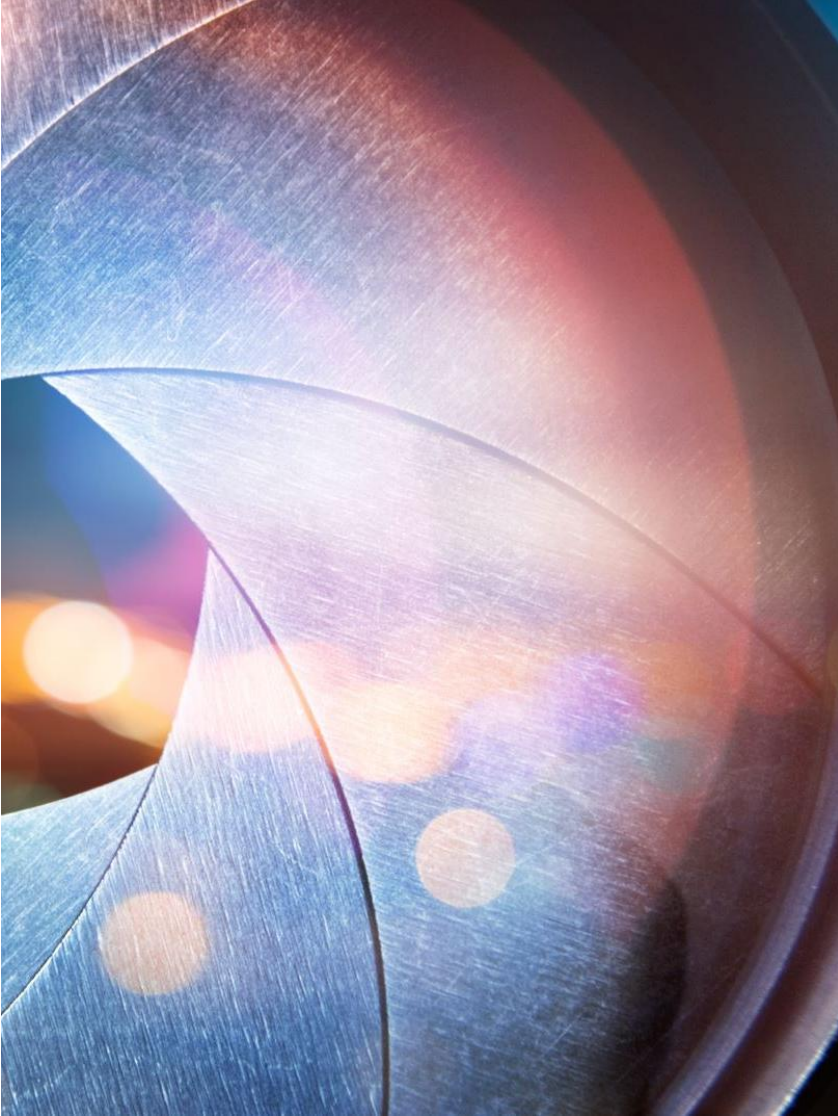
Questions?

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Images in this presentation

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- [pexels.com](https://www.pexels.com)
- pixabay.com
- PowerPoint stock images

References

Cases

Jacobson v. Massachusetts, 197 U.S. 11 (1905).

Zucht v. King, 260 U.S. 174 (1922).

Prince v. Massachusetts, 321 U.S. 158 (1944).

Happel v. Guilford County Board of Education, 387 N.C. 186 (2025).

Statutes and Rules

NC child/adolescent immunization statutes: N.C. Gen. Stat. Ch. 130A, Art. 6 Part 2 (G.S. 130A-152 through -159).

NC child/adolescent immunization rules: N.C. Admin. Code, Title 10A, Ch. 41A, sec. .0400 (rules .0401 through .0406).

Consent statutes:

- Minor's consent law: G.S. 90-21.5.
- Parental consent: G.S. Ch. 90, Art. 1A, Part 3 (G.S. 90-21.10A through -21.10C).
- Children in DSS custody: G.S. 7B-505.1.

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Smith PJ, Wood D & Darden PM. Highlights of Historical Events Leading to National Surveillance of Vaccination Coverage in the United States. Public Health Reports, Vol. 126 Supp. 2 (2011), 3-12.

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