PUBLIC HEALTH ASSOCIATIONS' COLLABORATIVE EFFORT PHACE

Improving Vaccine Rates in New Jersey: A Public Health Approach

Early childhood immunization is a safe and cost-effective means of protecting infants and children from potentially life-threatening preventable diseases when they are most vulnerable. Infants receiving recommended immunizations by age 2 are protected from 14 diseases. In the last 50 years, vaccinations have led to a 95% decrease in diseases such as measles, mumps, and pertussis (whooping cough), in addition to others. (CDC)

Although measles was declared eradicated in 2000, U.S. measles cases have reached a 25-year high, with 880 cases reported in 24 states during just the first half of 2019. At the same time, the median rate of kindergarteners in the U.S. with an exemption from at least one vaccine has increased for the third year in a row to 2.2%, leaving around 80,000 kids at risk (CDC).

Despite the effectiveness of vaccines, parental refusal or "vaccine hesitancy" (refusal, delay, or hesitation to vaccinate even when they are readily available) is becoming more prevalent. Reasons expressed by parents are related to (Mckee, 2016):

- Safety concerns
- Religious reasons
- Personal beliefs/philosophical reasons
- Need for information from healthcare providers

Vaccine Benefits

Societal

- Prevents 6 million deaths worldwide annually
- 99% decrease in incidence of 9 diseases
- Herd immunity (protects those most vulnerable)
- Prevents development of antibiotic resistance
- Healthcare and other cost savings

Individual

- Prevention of disease
- Mitigation of disease severity
- Prevention of infection
- Protection against related diseases
- Extending life expectancy
- Safe travel and mobility

Media platforms (mainly social media) have been influential in spreading vaccine hesitancy. Vaccine-hesitant parents are more actively looking for information online and are susceptible to unverified reports about the safety of vaccinations and scare tactics promoted by anti-vaccination campaigns.

As a result, more than 100 vaccine-related bills were introduced across state legislatures, many of which would end nonmedical exemptions and widen vaccine access.

Vaccines in NJ



NJ is ranked **35th** in terms of vaccination rates in the country



13,987 children in NJ did not receive vaccinations due to religious exemption in 2018



NJ does NOT meet the vaccination rate considered necessary to prevent outbreaks



4 NJ Counties have reported measles cases so far in 2019 (Ocean, Monmouth, Bergen, and Essex)

Mississippi: A Successful Public Health Strategy

New Jersey can learn from other states, such as Mississippi, which has the highest vaccination rate in the country. Their success is due to their widespread public health approach, which focuses on vaccine legislation, access to services, and vaccines education (Mississippi State Department of Health, 2018):

- Mississippi law states religious and personal beliefs exemption are not allowed
- According to the CDC, only .1 % (38) of MS kindergarteners were exempt from one or more r required vaccinations in 2017 compared to the national average of 2.2 % (nearly 80,000 kids)
- In addition, this state has a Vaccines for Children Program (VFC) which provides free vaccinations for children from the age of 0 through 18
- As of 2018, there are 350 private health care providers enrolled in the Vaccines for Children Program (VFC)

What can Legislators do?

Herd immunity protects everyone. Vaccination coverage is a community health issue – ensuring all have access and are up to date on vaccinations is a way to protect the most vulnerable members of the population. Legislative efforts are a key input into increasing rates and protections overall.

Legislators can help reduce barriers to vaccination:

- ✓ Support legislation that promotes greater vaccination rates and closes loopholes for non-medical exemptions
- ✓ Provide access to free vaccinations for more children and families
- ✓ Expand eligibility requirements for children to qualify for NJ Family Care
- ✓ Support funding for vaccine education programs to combat the growing influence of antivaccination campaigns.

How can PHACE (Public Health Associations' Collaborative Effort) help?

Research

•Identify evidence-based vaccine programs that fit the needs of each community

Policy

 Collect data, evidence, and stories to support proposed vaccine legislation

Education

 Develop educational materials for legislators, organizations, and community members

About PHACE

6 New Jersey Public Health Organizations working collaboratively to foster a single voice and face for advancement of public health in New Jersey.

New Jersey Association of County and City Health Officials (NJACCHO)

New Jersey Association of Public Health Nursing Administrators (NJAPHNA)

New Jersey Environmental Health Association (NJEHA)

New Jersey Local Board of Health Association (NJLBOHA)

New Jersey Public Health Association (NJPHA)

New Jersey Society for Public Health Education (NJ SOPHE)

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