

Annotated Bibliography:

Montana Code Annotated 2009. Montana Legislative Services. September 10, 2010
<http://data.opi.mt.gov/bills/mca/20/5/20-5-403.htm>.

A school may not allow a student to attend unless the person has been immunized against diphtheria, pertussis, tetanus, poliomyelitis, rubella, mumps, and measles. A student is not allowed to enter preschool if under the age of five and has not been immunized against Haemophilus influenza type “b”. A postsecondary school may not allow a student to attend if they have not been immunized against rubella and measles, and they have the ability to impose immunization requirements as a condition of attendance. The annotation of the Montana Code, provided by the Montana Legislative Services, is relevant to the research because it provides the vaccination requirements for allowing children to attend public schools in Montana. This website was very beneficial because it contained summarized versions that were easy to understand of some of the more difficult laws.

Montana Code Annotated 2009. Montana Legislative Services. September 10, 2010.
<http://data.opi.mt.gov/bills/mca/20/5/20-5-405.htm>.

There are two types of exemptions from immunizations available to Montana residents. Religious exemptions require an adult to sign and file a notarized affidavit stating that immunization is contrary to the religions code of beliefs and practices. In this case the student will be exempt from receiving the immunization prior to attending school. Medical exemptions require the parent or guardian to file a written statement signed by a physician licensed to practice medicine in the US or Canada saying that there is a physical condition or medical circumstance that indicates some or all of the immunizations are not safe for the potential student to receive. The physician must indicate the specific nature of the physical condition or medical circumstance and how long the medical issue that is problematic with the immunization will last. If there is a reason to believe the student has been exposed to a disease that requires a vaccination, or as a result of attending school will be exposed to a disease the student will be excluded from school by the local health officer or the department until the student is no longer at risk of contracting or transmitting the disease. The annotation of the Montana Exemption Laws was very beneficial to the research because it provides an easy to understand summary of the law. This annotation is relevant to the research because it defines the conditions in which a student could receive exemptions from the immunization laws.

Montana Code Annotated 2009. Montana Legislative Services. September 10, 2010.
<http://data.opi.mt.gov/bills/mca/45/7/45-7-202.htm>.

The Montana False Swearing Law states that if a person commits a false oath or swearing to seek medical or religious exemption from some or all of the immunizations, the person

convicted could be fined five hundred dollars or be imprisoned in the county jail for no longer than six months, or both. This annotation of the Montana law regarding false swearing is relevant to the research because it clearly defines the consequences of a student seeking or obtaining a medical or religious exemption from some or all of the immunizations. This website is very beneficial in describing what constitutes false swearing and what the consequences are, but it leaves an unanswered question of how the laws are enforced.

Immunization Rates Improving among Montana Toddlers. September 27, 2004. Montana's Department of Public Health and Human Services. September 10, 2010.

<http://www.dphhs.mt.gov/newsevents/newsreleases2004/september/immunization.shtml>.

The Centers for Disease Control and Prevention (CDC) conducted a nationwide survey in 2003 that showed 80% of Montanans ages 19-36 months have received the series of immunizations for polio, hepatitis B, haemophilus influenza, diphtheria, tetanus, and pertussis, measles, mumps, and rubella. This immunization average is higher than the national average of 79.4%, and Montana ranked thirty eighth among the fifty states in immunization percentages. There is still a great spread of immunization rates among the states; Connecticut has the highest vaccination rate at 89%, while Washington has one of the lowest at 56.2%. Montana's state immunization rate for the chickenpox is not as strong; only 74.6% of children have been vaccinated with the chickenpox compared to the national average of 84.8%, although this did show an improvement from the states rate in 2002, 59.2%. This article is relevant to my vaccination research because it shows how effective Montana's immunization laws are. It will be important to compare these percentages to other states immunization rates, and then figure out which laws are the most effective and why. A weakness of this article is that it is six years old; the vaccination rates for the states mentioned could have changed since then.

Immunization. Nebraska Department of Health and Human Services. October 3, 2010.

<http://www.hhs.state.ne.us/Immunization/> .

Nebraska Department of Health and Human Services website says that each year in the state of Nebraska 25,000 babies are born. The Childhood Immunization Initiative for the state's goal is to have at least 90% of the children immunized by the age of two years old. The current national immunization rate for two year olds and younger is 76.1%, and the rate for Nebraska's two year olds and younger is 83.9%. To meet the minimum requirements, a two year old must have a series of four doses of diphtheria/tetanus/pertussis, three doses of Hep B, and one dose of varicella. Currently, 24% of toddlers in America lack one to all of the doses in these series. The program provides funding, vaccinations, and training to the immunization clinics and other providers around the state. This article is relevant to the immunization research because it provides an idea about how effective Nebraska's immunization laws. This will be important later in the research to compare to other states to determine which laws are the most effective.

Nebraska Law about School Immunization. Nebraska Department of Health and Human Services. October 3, 2010. http://www.hhs.state.ne.us/immunization/school_i.htm.

All states in the United States have laws regarding their requirements for students entering their school systems in regards to their vaccinations. In Nebraska students can't attend school until they have all the required immunizations against the following diseases including diphtheria, tetanus, and pertussis, polio, measles, mumps, rubella, Hepatitis B, and varicella. Each school is responsible for keeping track of their student's immunization history, and the parents or guardians of the students are responsible for submitting appropriate documents to verify their child's immunization history. This website is beneficial in identifying some of Nebraska's vaccination laws; however, lacks very specific information of the dose requirements or schedule of any of the immunizations. More research will be required to determine this information.

North Carolina Universal Vaccines for Children Initiative. General Assembly of North Carolina. October 3, 2010. <http://www.ncleg.net/documentsites/committees/phsc/2009-2010%20Interim%20Committee%20Meetings/02-04-2010/State%20Vaccine%20Program%20-%20Update.pdf>.

The Universal Childhood Vaccine Program's goal for North Carolina is to prevent and control the spread of preventable diseases by providing vaccinations for all children. The diseases they aim to prevent and control are Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, HIB, Viral influenza, Varicella, Pneumococcal, Meningococcal, Rotavirus, and Human Papillomavirus. By providing vaccinations the state is actually making a cost-saving investment. The legislation points out the success of this initiative noting the increase in vaccination rates since the universal program was implemented in 1994. Vaccination rates have risen from 57% to 86% in sixteen years. The universal program vaccinates every child regardless of the parent's ability to pay. It interesting that a state saves money by implementing a universal vaccination program because they vaccine cost is reduced when they purchase the vaccines at federal contract price. This legislation from the General Assembly of North Carolina is important for my immunization research because it shows an initiative a state took in order to increase their vaccination rate, and how beneficial it has been. This is important to the overall team's research because it shows how a state has been very successful in increasing their rates through the state providing the vaccinations; however, it is not very informative about the steps the state had to take in order to achieve state wide coverage of vaccinations.

Immunize North Carolina Child Cares Immunization Information. Immunize North Carolina. October 10, 2010. <http://www.immunizenc.com/ChildCares.htm#reqmts>.

North Carolina requirements for vaccinations include a certain amount of doses and schedule certain immunizations including diphtheria, tetanus, and pertussis, polio, measles, mumps, rubella, Haemophilus influenza type b (Hib), hepatitis B, and varicella. North Carolina also offers two exemptions from the required immunizations. First, a parent can obtain a medical exemption when a physician determines that the immunization would be harmful for the child's

health for a specific reason. The second exemption is a religious exemption given when the parent or guardian objects to vaccinations for “scientific beliefs”. This source is very relevant to my research because it provides a very detailed explanation of the law requirements for the vaccinations, and when the vaccinations should be administered. It also provides the terms necessary for a student to be exempt from the vaccination. One of the main strengths of this website is the detailed description of the schedule of the vaccinations giving different options if certain dates weren’t met.

Immunize North Carolina Child Cares Immunization Information. Immunize North Carolina. October 10, 2010. <http://www.immunizenc.com/SchoolReqs.htm>.

Vaccine requirements in North Carolina for school entry includes the vaccinations of tetanus, diphtheria, and pertussis, polio, measles, mumps, rubella, haemophilus influenza type B, hepatitis B, and varicella. The state of North Carolina holds the principal of each school responsible for enforcing the state immunization laws. A student’s parents or guardians have thirty days from their child’s first day of attendance to present an up-to-date history of the child’s immunization. North Carolina offers two forms of exemptions from the vaccination; medical and religious exemptions. A medical exemption is available if a physician determines the immunization could be harmful to the students overall health. Religious exemption is available if a student’s parents or guardians have a religious objection to some or all of the immunization. This research is relevant because it provides a detailed account of different aspects of North Carolina’s vaccination laws. A strength of this website is the chart included which breaks down the information and makes is very easy to understand the different dose requirements for each of the vaccinations.

Nebraska – Immunization Exemptions by State. Vaccine Library. October 10, 2010. <http://www.vaclib.org/exempt/nebraska.htm>.

Nebraska offers certain types of exemptions for the required vaccinations. In order for a child to receive birth exemption from the routine procedures such as Hep B shot, vitamin K injection, newborn screening, and the silver nitrate in the newborn’s eyes the parents or guardians must submit a birthing plan prior to the child’s birth. There are currently no exemptions to the mandatory newborn testing. This is relevant to the vaccination research because this law mandates that parents plan ahead in order to receive a medical or religious exemption from the vaccinations given at birth. It will be interesting to see if this impacts the vaccination rates of those vaccines.

New Vaccine Requirements for Child Care, School Age and College Students. October 19, 2007. September 24, 2010. Nevada State Health Division. <http://www.nevadaaap.org/data/12-2007%20PressRelease.pdf>.

On October 19, 2007 the Nevada State Health Division added additional vaccination requirements for children entering child care, public and private school, and college. The goal of the new additions to the requirements is to raise Nevada's childhood vaccination rates. Effective immediately, children who are attending a child care facility must be vaccinated against Hepatitis A, Hepatitis B, Varicella, and Streptococcus pneumonia unless exempt for medical or religious reasons. By requiring these vaccinations, the state hopes to decrease the transmission and spread of the diseases. In addition to the old vaccinations, as of June 30, 2008, children entering seventh grade must be vaccinated against the Bordetella pertussis unless excused for medical or religious reasons. Also, as of September 1, 2008 students entering college must be vaccinated against Neisseria meningitidis. The state is also offering these vaccinations free of charge to children who are enrolled in Medicaid, are American Indian or Alaska Native, or are uninsured. This is relevant to the research on state's vaccination laws because it documents changes that the state of Nevada is taking in order to raise their vaccination rate.

Immunization. New Hampshire Department of Health and Human Services. September 24, 2010. <http://www.dhhs.nh.gov/dphs/immunization/index.htm>.

New Hampshire's Immunization Program aims to reduce or eliminate all diseases that are preventable with a vaccine. New Hampshire's Department of Health and Human Services says that there are 342,000 children under the age nineteen in New Hampshire for whom this program provides vaccinations for. The program requires certain vaccinations before entry into school and day care facilities including diphtheria, HIB, Hep B, measles, mumps, pertussis, polio, rubella, tetanus, and varicella. This is important to the research because it provides New Hampshire's vaccination law requirements, but the portrayal of the requirements is weak because it is lacking a schedule or dose requirements.

Immunization Requirements School Year 2010/2011. January 2010. State of new Hampshire Department of Health and Human Services Division of Public Health Services. September 24, 2010. <http://www.windhamsd.org/wms/documents/school10-11.pdf>

The New Hampshire immunization schedule is given in detail for all of the required immunizations. The immunizations include DTP, polio, measles mumps and rubella, hepatitis B, varicella. Information on the number of doses, and the age they should be administered is available in a chart which makes the information very easy to read. The charts also give alternative time frames for the doses in case a certain age or timeframe is not met. The information given in the chart is the minimum requirements for school admission for regular students and preschool students with special needs. This website's strength is the organization of the vaccination, doses, and schedule, and the information provided that shows the different vaccinations or schedules for preschool students with special needs. It is relevant to the research because it provides the vaccination information for the state of New Hampshire.

Immunization. February 15, 2010. Virginia Performs. October 2, 2010.
<http://vaperforms.virginia.gov/indicators/healthfamily/immunization.php>.

Vaccinations are important in providing immunization for children by mobilizing their natural body defenses against diseases which can help prevent the spread and transmission of disease. Childhood vaccination rates are measured by the percent of children aged nineteen to thirty five months who have received four or more doses of DTP, three or more doses of the polio vaccination, one or more doses of the measles vaccine, three or more doses of HIB, and three or more doses of HepB vaccination. In 2008 Virginia had a childhood immunization rate of 73.2%. This was a drastic increase since 52.8% in 1995, but a decrease from 2005 when the vaccination rate was 85.8%. Virginia is implementing new vaccinations for students entering kindergarten and college and putting together Healthy Virginians and other federal Healthy People programs in place in order to fight the declining vaccination rate. New Hampshire has the highest rate of childhood vaccination rate at 85%. In 2008 North Carolina had a childhood vaccination rate at 72.4%, Maryland's childhood vaccination rate was 82.6%, and Tennessee's childhood vaccination rate was 83.1%. This all compares to the national immunization rate at 78.2%. The article points out many factors that influence immunization rates including poverty/access to care issues, cultural approaches to health care, and missed opportunities. Healthy Virginian's 2010 is working to ensure all two year olds are properly vaccinated for their age, increase the number of adults who receive the annual flu and pneumococcal vaccinations, improve vaccine safety in addition to many other goals. Virginia's goal is for ninety percent of children between the ages of nineteen and thirty five months to be immunized against DTP, polio, MMR, HIB, hepatitis B, and varicella.

Vaccination Liberation – Information. Vaccine Library. October 14, 2010.
<http://www.vaclib.org/pdf/penn.htm>.

Pennsylvania offers exemptions based on medical or religious reasoning. A medical exemption is granted if a physician determines the immunization would be detrimental to the child's health. The immunization is then given when the immunization is no longer thought to be harmful to the child. Religious exemptions are granted if a child's parents or guardians object to an immunization because of a strong moral or religious belief. There are different state laws for vaccinations depending on what grade the child is entering. The law outlines a specific number of doses for a group of vaccines for children entering kindergarten or first grade, and seventh grade in addition to the requirements of students entering all other grades. This research is relevant because it outlines the different laws that Pennsylvania has in regards to vaccinations for children entering school and day care, and exemption information. This website was very beneficial to my research because it summarized many of Pennsylvania's immunization laws, and provided links to the laws if more information was needed.

School Requirements. Virginia Department of Health. October 14, 2010.
<http://www.vdh.state.va.us/epidemiology/immunization/requirements.htm>.

In order for a student to attend a Virginia private or public elementary or middle school, child care center, nursery school, family day care home or developmental center documentary proof is required to prove the student has received all immunizations age appropriate. Virginia enforces the Centers for Disease Control and Prevention, Academy of Pediatrics, and American Academy of Family Physicians immunization schedule. This schedule has certain age requirements and spacing of certain vaccinations including diphtheria, tetanus, and pertussis, haemophilus influenza type b, hepatitis B, human papillomavirus, measles, mumps, rubella, pneumococcal, polio, and varicella. This website is relevant to the research because it provides a detailed dose requirement of the vaccinations, and a link to the immunization schedule.

Virginia Vaccines for Children. Virginia Department of Health. October 14, 2010.
<http://www.vdh.state.va.us/epidemiology/immunization/VFC/index.htm>.

Virginia has implemented multiple vaccination programs in order to raise their immunization rate. The Virginia Vaccines for children (VVFC) program began in 1994 because the cost of vaccinations was a barrier to many children receiving immunization. The program includes federally purchased vaccines given to physicians so that they can give them to eligible children at no cost. Currently VVFC has over eight hundred public and private facilities participating in the program. A child is eligible for a free vaccine if they are under nineteen years and are enrolled in Medicaid, uninsured, Native American or Native Alaskan, or underinsured. Since the program is providing vaccinations to participating facilities free of charge, they are unable to charge the patient for the actual vaccine. Instead they are able to charge an administration fee. Research on this program and ones similar are important because states have different ways of encouraging and enforcing vaccination laws. The effectiveness of the different programs will be reflected in a states vaccination rate.