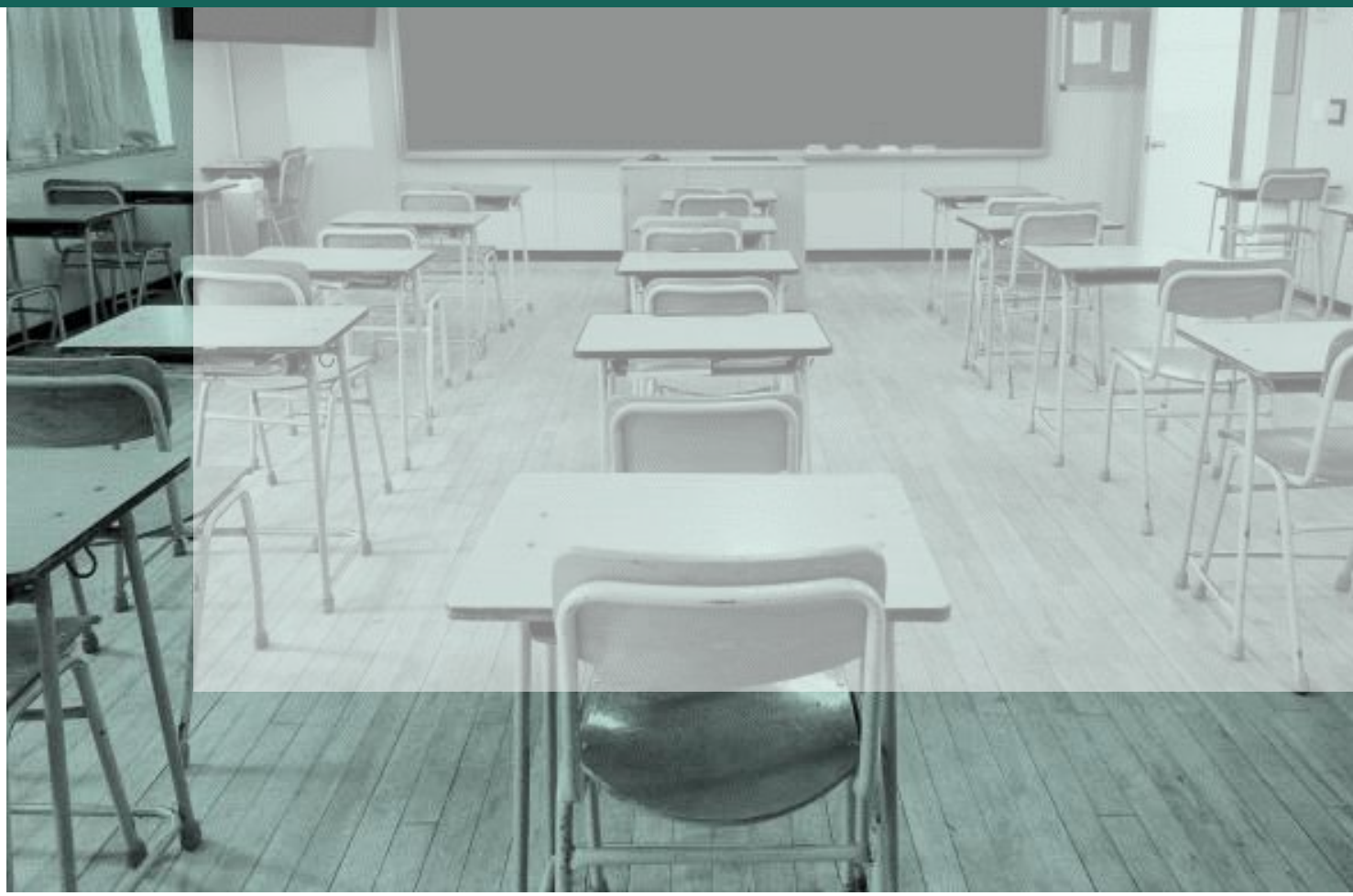
Local health district school exemption survey report

TriCounty Local Health District

Immunization Program

Utah Department of Health and Human Services

2025



Contents

Summary 1
Acknowledgement 2
Purpose and background 2
Survey administration 4
Findings—perceived reasons for high exemption rates 4
Findings—school practices and challenges 6
Findings—working with partners to improve immunization coverage 7
Recommendations 9
Resources and action ideas 12
Appendix 15
Survey question text 15
Survey data visualizations 18

Summary

This report summarizes the findings of a survey about increasing school vaccine exemptions in the TriCounty local health district (LHD) area.

The most important findings of the survey are:

- More than half of respondents were moderately or extremely concerned about rising exemption rates. They reported that the most common reasons for exemptions were religious or personal beliefs opposing vaccination, convenience of access, and the influence of inaccurate information. In contrast, vaccine access issues were rarely cited as a reason for exemption.
- Respondents indicated that a connection between the LHD and schools is already in place for referring students to LHD clinics to complete needed vaccines and hosting on-site vaccination clinics. Further collaboration with and education of local healthcare providers could further enhance vaccine uptake for students in the area.

Recommendations and resources/action ideas for both school and LHD staff are included at the end of the report.

Acknowledgement

Our whole community must recognize and address the challenges basic to this effort if we are to reach the goal of vaccinating all of the children and students in Utah. We need champions in public health, in schools, and in the community to help protect children by making sure they meet school immunization requirements. Your efforts help keep our communities safe and protected from vaccine-preventable diseases and outbreaks.

We are grateful to everyone who responded to this survey and for the thoughtful comments you provided. This is invaluable, and we will do our best to incorporate the strategies and ideas shared into our immunization activities throughout the state. Together, we can improve immunization rates and protect the health of our communities. High vaccination coverage helps prevent illness, reduces the spread of vaccine-preventable diseases, and safeguards schools and childcare facilities from outbreaks that can lead to illness, loss of life, missed work, school closures, and financial strain. By working collaboratively, we can also address the increase in exemptions that threatens to bring back diseases that were once eliminated from our communities.

Purpose and background

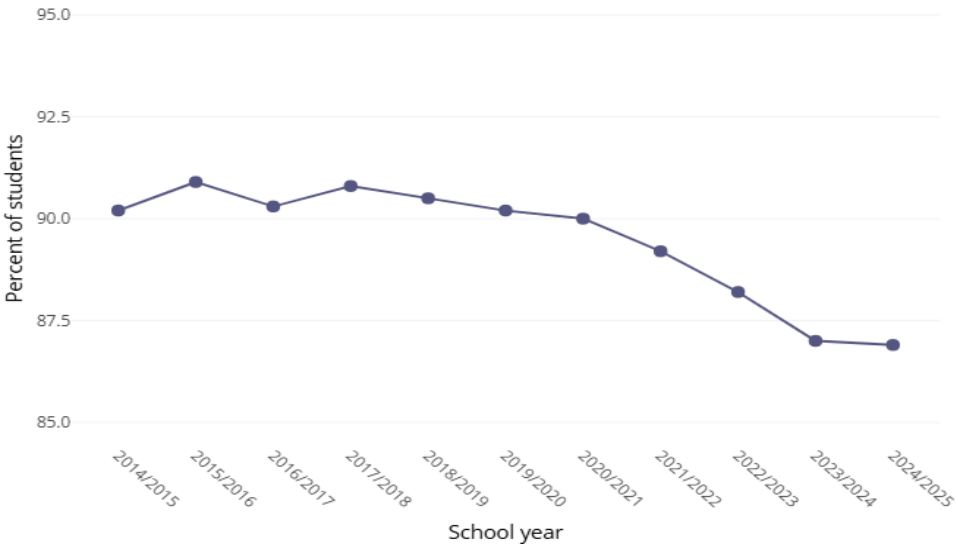
The COVID-19 pandemic had a big impact on routine healthcare access, increased mistrust in public health guidance, and led to widespread inaccurate information about vaccines. These factors all contributed to a national rise in student vaccine exemptions. Many families who delayed routine care or questioned public health measures during the pandemic have extended this hesitancy to childhood immunizations, resulting in decreased vaccination rates and increased vulnerability to vaccine-preventable diseases.

Over the past 4 years, adequate immunization coverage among incoming students has declined significantly. In response, we developed and administered a survey in the 3 local health departments or districts (LHDs) with the highest kindergarten exemption rates; Central Utah, TriCounty, and Southwest Utah LHDs. The goal was to better understand the factors that influence student immunization coverage and exemption rates, assess current practices, and identify the support and resources needed to improve school immunization efforts. This report summarizes key findings from the schools in TriCounty and provides recommendations to help stabilize and improve immunization coverage in future school years.

Of note, at the time of the creation of this report, Utah is experiencing a measles outbreak in multiple LHDs. Significantly, 1 of these districts is also identified as 1 of the 3 health districts with high exemption rates that were included in this survey effort. This outbreak of a once-eliminated vaccine-preventable disease highlights the importance of improving vaccination rates in these areas.

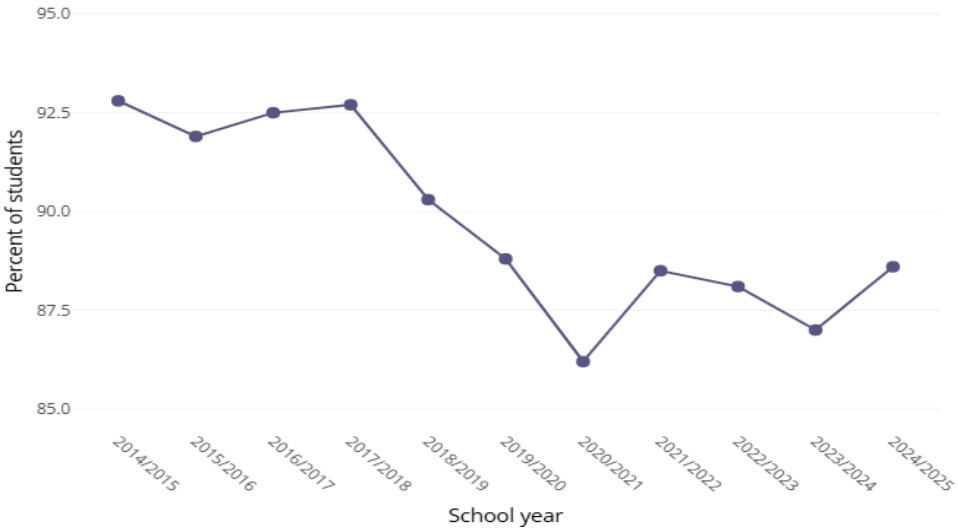
Decreases in student immunization have been observed statewide in Utah, with some health and school districts experiencing a more alarming increase in exemption rates than others. In the last 4 school years, adequate immunization coverage of incoming Utah kindergarten students has fallen dramatically. In the 2017/2028 school year, 90.8% of in-person kindergarten students had provided documentation that they had received all 6 school-required vaccines. That number dropped to 86.9% in the 2024/25 school year.

In-person kindergarten students adequately immunized by school year:



Similar percentages were observed among 7th-grade students in Utah; 92.7% adequately immunized in-person 7th graders in 2017/18 dropped to 88.6% in the 2024/25 school year.

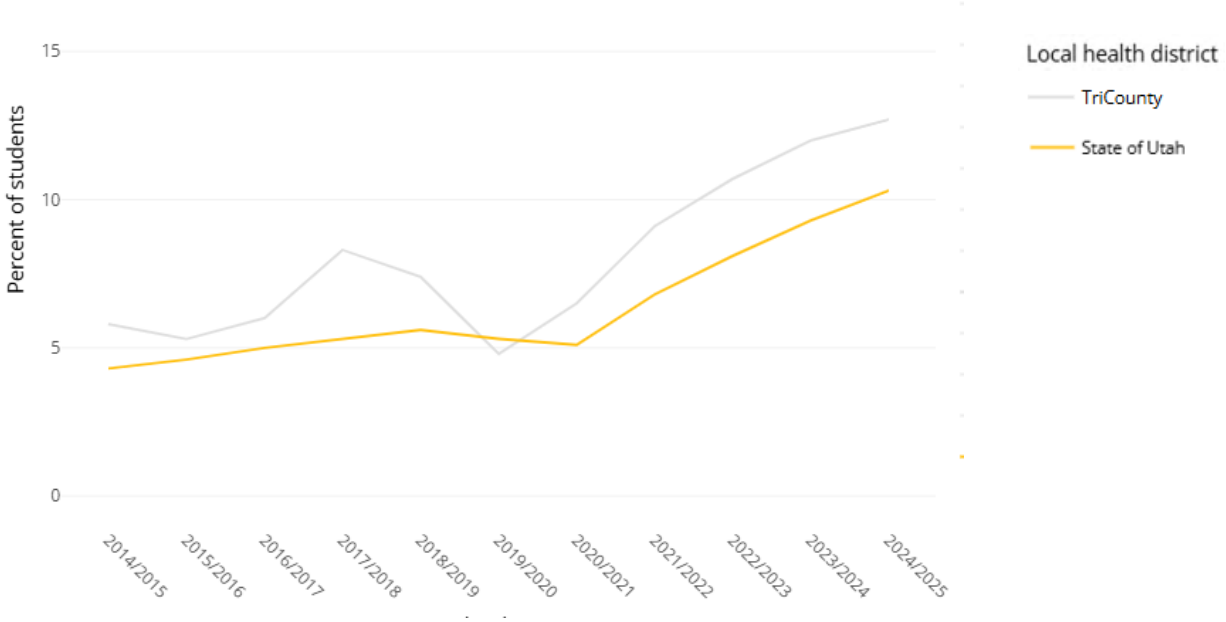
In-person 7th-grade students adequately immunized by school year:



Community immunity (also known as herd immunity) occurs when a high percentage of individuals in a population are immunized, helping to protect those who cannot be vaccinated. For effective community immunity, it is strongly preferred that at least 90% of students are appropriately immunized. Ideally, that percentage would be greater than 95%. School immunization reports can be found on the Utah Department of Health and Human Services' Immunization Program-Utah Statistics webpage (https://immunize.utah.gov/utah-statistics/).

Decreases in adequate immunization have been primarily driven by increases in student vaccine exemptions, rather than through the use of conditional enrollment. Although there has been some increase in student exemptions in all 13 LHDs, the increase has been greater in a few of the more rural LHDs in Utah. For in-person students in the TriCounty LHD, kindergarten exemptions increased from 6.5% in 2020/21 to 12.7% in 2024/25.

Percentage of kindergarteners with a school vaccine exemption by location and school year:



This increase represents a fairly large number of students who are potentially susceptible to serious vaccine-preventable diseases. These children are not only at risk of becoming sick from 1 of these diseases, but also of spreading it to others in their school, family, or community.

Survey administration

An LHD-specific survey link was distributed to a list of local public health and school staff (principals, school nurses, school secretaries, and other administrative staff) in each of the 3 districts. The survey included questions about the respondent's role in school immunizations, perceptions of local school exemption measures, current school enrollment practices, barriers to improved vaccination, collaborative efforts, and needed supports for school immunization enforcement. A full list of the survey questions can be found in the appendix to this report.

The survey links were distributed by email in early December 2024, and the survey remained open through the spring of 2025. In the TriCounty district, 21 people responded to the survey, including staff from schools, school districts, and the local health department. Most respondents were from public schools (86%), and nearly half (47%) were already aware of current vaccine exemption rates.

Findings—perceived reasons for high exemption rates

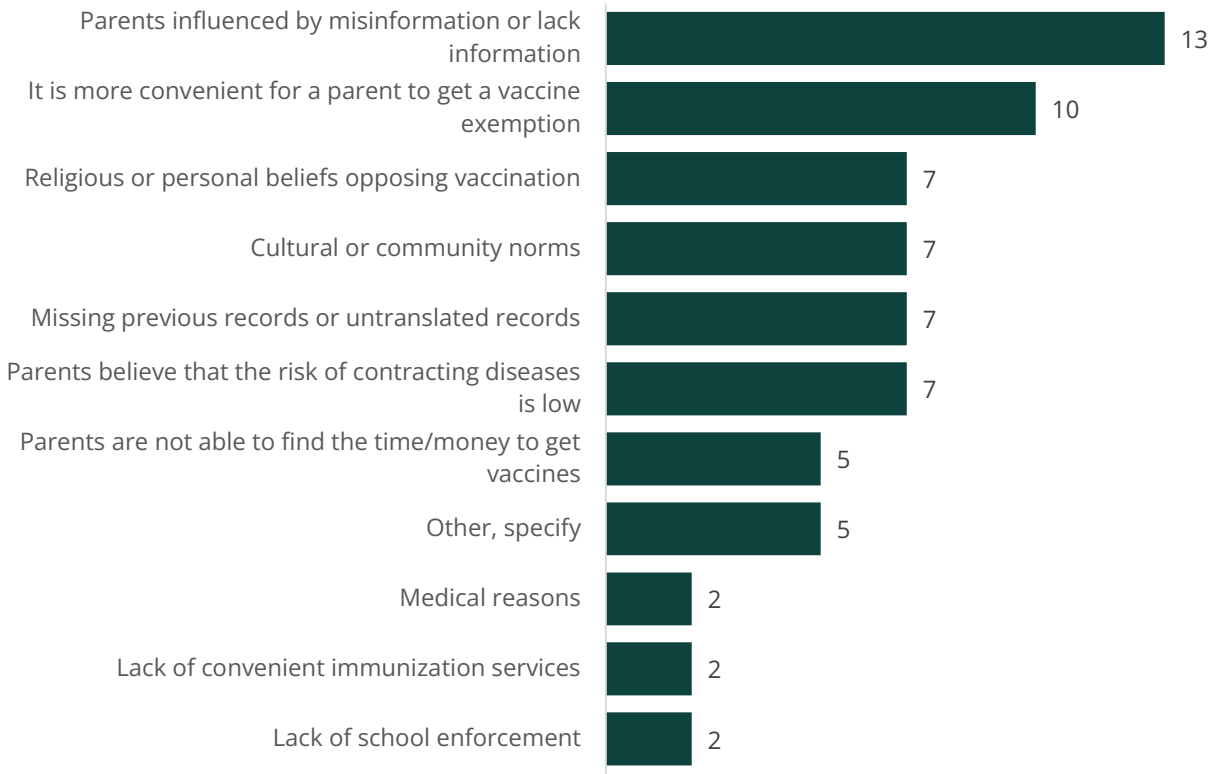
One of the initial survey questions stated that student vaccine exemptions were high and increasing in their district, and asked respondents how concerned they are with this trend. In TriCounty, 67% of respondents reported being extremely or moderately concerned, while 34% indicated being slightly or not at all concerned.

Local concern in TriCounty about high and increasing exemption rates:



To better understand perceived local drivers of exemption seeking, we asked respondents why they thought that school vaccine exemption rates were high in their district. Respondents were asked to select all the reasons that applied. Of the 17 respondents to this question, 13 (76%) selected parents being influenced by inaccurate information as a reason, and 10 (58%) selected the convenience of getting a vaccine exemption as a reason. Other frequently selected reasons were religious or personal beliefs opposing vaccination, cultural and community norms about vaccination, missing or untranslated records, and parents being unconcerned about contracting a vaccine-preventable disease. Notably, nearly all of the frequently selected perceived reasons reflected parental beliefs and attitudes toward vaccination and exemption, rather than logistical difficulties with student vaccination.

Perceived reasons for high local exemption rates:



Five respondents to this question wrote in "Other, specify" responses that described a difficulty in guidance from local pediatricians conflicting with preschool immunization requirements, USIIS restrictions on immunization intervals, and a lack of parental care about vaccination.

Findings—school practices and challenges

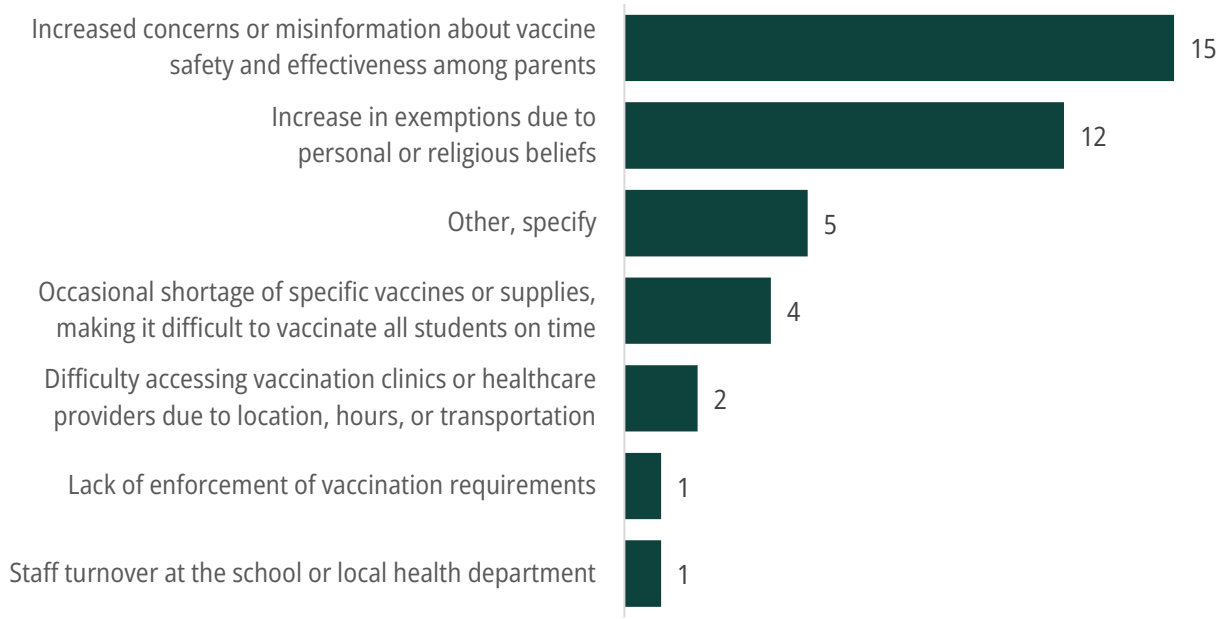
Schools within a district may have different practices for student immunizations and exemptions. This section of the survey asked about practices observed by survey respondents and what challenges they believe currently exist.

Ten of 18 respondents (55%) confirmed that parents of students receive information about required vaccines before the start of the school year, and 7 of 18 respondents (39%) indicated they weren't sure if this was the current practice.

When asked about enrollment practices for children who do not have adequate proof of immunization, many respondents stated that they place the student on conditional enrollment and send communications (letter/text/calls) to the parent to remind them of the need to complete the immunizations. A few responses to this question stated that they give the parents a 30-day period to either complete vaccination or to get an exemption, while others said the conditional enrollment period was 2 weeks or 60 days. Several respondents mentioned disenrollment at the end of the conditional period, but none mentioned the use of extended conditional enrollment while working with parents to complete vaccines. Concerningly, a few responses implied that a complete immunization record or an exemption was required for enrollment or continued attendance. The full text of responses can be found in the appendix of this report.

When asked about challenges in their district contributing to increasing exemptions, respondents primarily cited the vaccine safety/efficacy concerns due to circulating inaccurate information and increasing preference for personal or religious exemption. Again, these challenges relating to shifting cultural norms in the area outweighed more logistical concerns, such as vaccine shortages, access issues, lack of enforcement, or staff turnover.

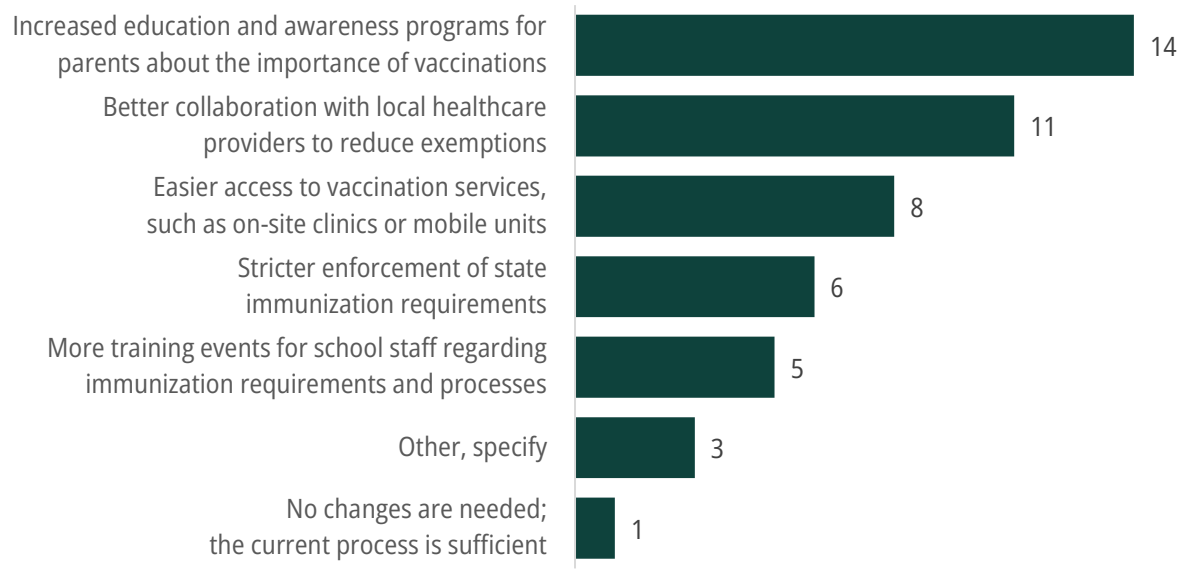
Stated challenges contributing to the recent increase in exemptions:



Those who provided an Other, specify response indicated difficulties with local pediatricians providing incorrect info about vaccine requirements, VFC shortages, and the relative ease of getting an exemption compared to completing needed vaccines.

When asked about preferred changes to current processes to reduce exemptions, 14 (78%) said increased parental education about vaccine importance would be helpful, 11 (61%) said that better collaboration with local healthcare providers is needed, and 8 (44%) said that easier access to vaccination services would help decrease exemptions. Other selected changes included more training for school staff on immunization requirements processes and the stricter enforcement of immunization requirements.

Preferred changes regarding exemption rates in your district:



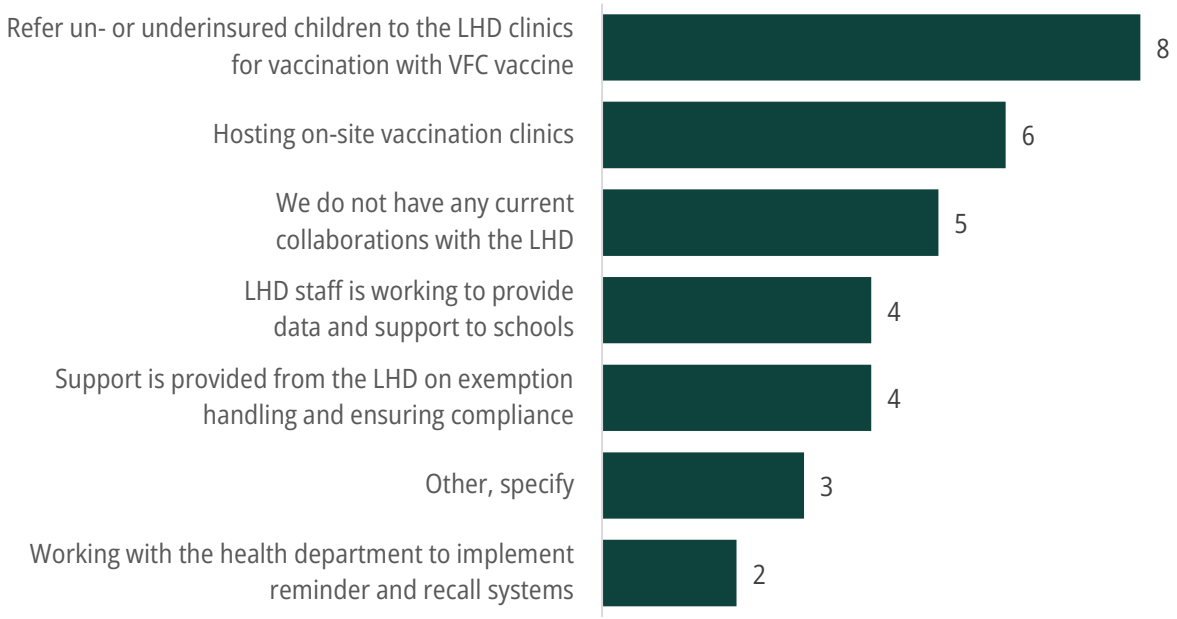
Three people who responded to this question wrote in "Other, specify" responses that described a desire to make vaccine exemptions more difficult to get, more training for local pediatricians, and easier access for VFC providers to obtain larger quantities of vaccine.

Findings—working with partners to improve immunization coverage

Improving immunization rates for students in any health district may require collaboration between parents, schools, school districts, healthcare providers, the local health department, and the state health department. This section of the survey asked about ongoing collaborations regarding school immunizations and any desired support efforts from the state health department.

When asked about current collaborations between schools/school districts and the LHD, half of the respondents indicated that they refer un- or under-insured students to the LHD clinics to receive vaccines through the Vaccines for Children (VFC) program. Additionally, 6 respondents (37%) indicated that they were already hosting on-site vaccination clinics with support from the LHD. Concerningly, 5 respondents (31%) indicated they currently have no collaboration with the LHD to increase school immunizations.

Ways schools work with LHDs to increase immunization uptake in the area:

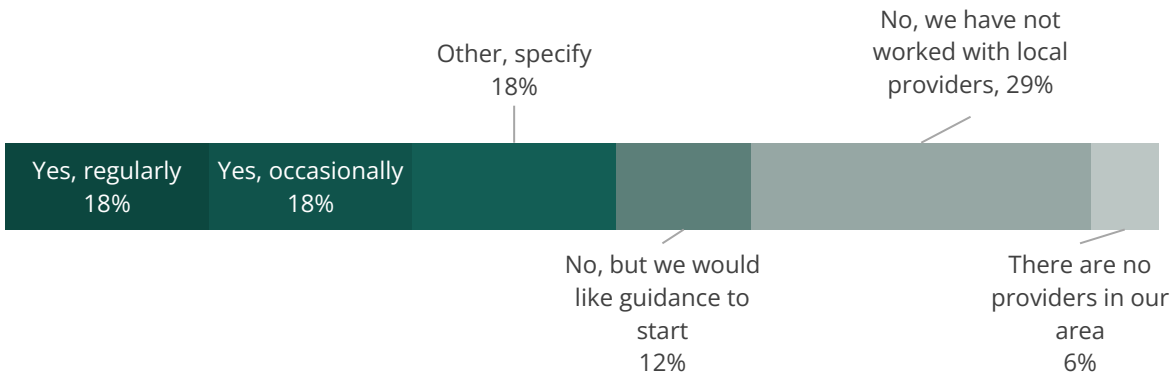


Three respondents to this question wrote in "Other, specify" that their school nurse takes care of these needs, and provided praise to LHD staff, including their work with local pediatricians.

When asked about barriers to collaborating with the LHD on this issue, one respondent shared that their location is quite far from the LHD and that their school is very small.

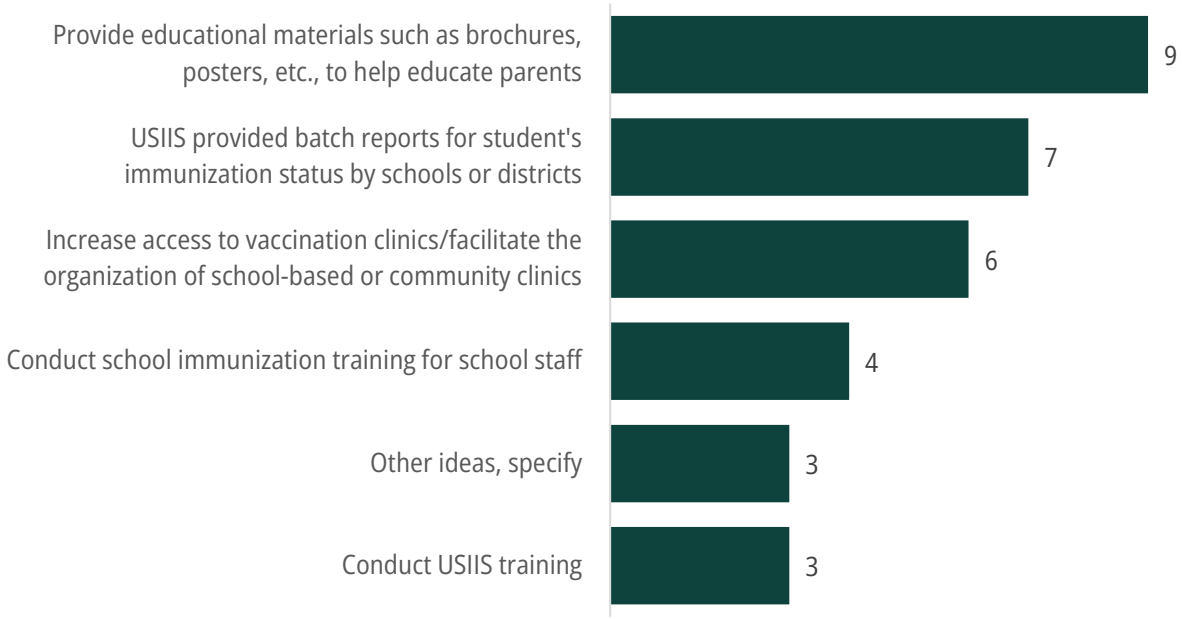
To determine if further connection with local healthcare providers might be useful, we asked if respondents had any current collaborations with local healthcare providers about student immunizations. About a third of the respondents indicated they are working either regularly or occasionally with local providers around this issue. Seven respondents (41%) indicated they have not worked with area providers, but 2 of those expressed interest in the idea. One respondent (6%) indicated they did not have any local healthcare providers in their area.

Are schools working with local healthcare providers around immunization issues?:



In order to provide targeted support, we asked respondents about the most helpful interventions that the state-level public health staff could provide. Educational materials for parents, help in facilitating access to convenient vaccination clinics, and (Utah Statewide Immunization Information System) USIIS training were the most common answers.

How can the state immunization program support student immunization efforts in this district?:



Three respondents to this question wrote in “Other, specify” responses that amplified the ideas that local pediatricians need more training on school immunization requirements, the online exemption module could be improved, and it would be helpful to allow school nurses access to completed exemptions and print them out for use in schools.

The final section of the survey asked for feedback from respondents about how the state health department can further support school staff in this jurisdiction to improve student immunization rates.

There were only 4 substantive responses to this question. One further amplified the need for educating local healthcare providers, another commented that changes will need to be made at the school district level, and the final two suggested the following improvements to the online exemption module.

- Improve the online exemption module by providing more support, such as a "warm handoff" to a live person and options for reminder emails.
- Add contact information for the local health department to the module for people who want in-person meetings about vaccine questions and education.

Complete survey results, including all free-text responses, can be found in the appendix to this report.

Recommendations

Overall, the findings of this survey suggest that the rise in exemptions for schools in the TriCounty LHD is largely driven by evolving beliefs and inaccurate information rather than a lack of access. The respondents’ recommendations emphasize the need for better communication and local provider education, the exemption process, and facilitating collaborations with local public health to help stabilize and improve immunization rates. Encouragingly, a majority of respondents in this survey indicated that they were either extremely or moderately concerned about the high and increasing rates of student vaccine exemptions in this LHD.

Recommendations:

Below are several recommendations for schools and local health departments based on the results of this survey. These recommendations are intended to operate within the existing framework of exemption policies, as it is not currently feasible to alter the school vaccine exemption process.

For schools, the recommendations include:

1. Proactive communication with parents: Provide comprehensive information on vaccination requirements and the exemption process to parents/guardians well in advance of enrollment or the new school year. This should encompass deadlines and what happens if they don't comply. Clearly communicate the importance of vaccination for individual and community health. Emphasize disease prevention and school safety. Additionally, share information about readily available vaccination clinics, health department services, and local healthcare providers to facilitate vaccine appointments, including details on financial assistance programs.

2. Streamlined vaccination access: Collaborate with local health departments or healthcare providers to host on-site vaccination clinics at schools to make it more convenient for parents. Work with parents to schedule flexible appointments and offer reminders and follow-ups.

3. Compliance monitoring: Ensure timely and clear notifications are sent to parents of non-compliant students about their child's vaccination status that outline the necessary steps for compliance (either vaccination or exemption). Establish a consistent follow-up procedure for students who remain non-compliant after initial notifications.

4. Pursue translation of non-English language immunization records for school enrollment: Request translated records from parents/guardians, if possible. Schools may work with district staff to identify available translation services and support. Schools may share information about available translation companies to help families provide records. Parents are not required to use these providers, but may find them helpful. Examples of translation providers include InSync Interpreters, JR Language, ASTA_USA, Inlingua Utah, or Linguistica International.

Schools can consider working with local refugee and immigrant service organizations that may offer translation support at little or no cost. Allow enough time for families to obtain translations, especially for newly arrived immigrant or refugee families. Additionally, clearly communicate expectations to families at the time of enrollment, including the need for English-translated immunization records.

5. Utah Statewide Immunization Information (USIIS) integration with district student information systems: Schools and districts can connect their Student Information System (SIS) with USIIS to make records easier to search and reporting simpler.

To begin this process, districts and schools are encouraged to contact their SIS vendor (e.g., Skyward, PowerSchool, Infinite Campus) and ask if their system can support an HL7 interface via SOAP or POST

connection to connect to USIIS for a bi-directional interface. If they can support HL7, then users will be able to integrate. Otherwise, users will not be able to integrate. USIIS provides the interface at no cost, but it must be HL7 compatible (https://immunize.utah.gov/developing-an-electronic-data-interface-to-usiis/). For more information and support on USIIS interfaces, email usiistracking@utah.gov.

For the local health department, the recommendations include:

1. Public awareness campaigns: Launch targeted public health campaigns to educate parents about vaccine-preventable diseases, the importance of on-time vaccination, and the difference between vaccination and exemption. Actively work to counter common misconceptions about vaccines and exemptions with evidence-based information.

2. Enhanced vaccination services: Make sure that vaccination clinics offer convenient hours, locations, and appointment availability to minimize barriers for parents seeking vaccinations. Consider providing evening and weekend hours for vaccination clinics during back-to-school periods. Explore options to make the vaccination process as quick and efficient as possible, potentially through dedicated "express" vaccination lanes for routine immunizations.

Current VFC policy states that VFC-eligible children cannot be turned away from immunization services due to their families' inability to pay the vaccine administration fee. We strongly encourage health department clinics to regularly communicate with DHHS's VFC team and their assigned VFC representative to ensure compliance with program requirements and receive ongoing support. The VFC representatives from the state immunization program will continue to provide periodic training to clinic staff to reinforce the requirement that children cannot be denied vaccines because of an inability to pay the administration fee. Staff should also be aware that they may waive this fee when appropriate.

Immunization clinics should make every effort to create a supportive environment where families who cannot afford the administration fee still feel valued and respected. This is especially important in rural communities, where access to immunization services is already limited. Maintaining trust encourages families to return for future vaccinations. By continuing these practices, health departments and immunization clinics can help make sure access to vaccines is equitable and reduce barriers that prevent children from receiving timely immunizations.

To address the challenge of limited nursing staff for school-based immunization clinics, schools and local health departments could consider hiring temporary or part-time nurses during peak periods, partnering with nursing schools or volunteer/retired nurses, and collaborating with local pharmacies, health centers, or hospitals to provide additional staffing. Grant funding, VFC provider partnerships, and district-level support may help cover costs, while logistic strategies such as scheduling clinics outside peak workload times, combining services, and using online pre-registration can further reduce the burden on part-time school nurses and expand access to immunizations.

3. Vaccine ordering, stock management, and rotation: Immunization clinics should regularly evaluate their vaccine stock and implement strategies to use ordered vaccines effectively, while also proactively planning for future needs. Clinics should plan for high-demand periods such as back-to-school visits, when vaccine usage increases, and stocks may run low. They should also account for changes such as population growth or

increased demand due to outbreaks. If necessary, clinics may request exception orders when stock is insufficient to meet community needs, particularly in preparation for back-to-school activities.

While increasing vaccine ordering is possible, careful management is required to reduce the risk of vaccine expiration and waste. Clinics are strongly encouraged to rotate vaccine stock consistently to make sure that doses are used before expiration. This includes using reminder/recalls for parents of children who are due or overdue for vaccines, so that available stock is used appropriately.

For proper vaccine rotation, ordering, and inventory management, clinics should maintain communication with the state immunization program, participate in lunch and learn virtual trainings, and review written and video training resources available on the state immunization program website.

It is important to note that the state immunization program does not currently have CDC approval to authorize use of private vaccine doses as a replacement when VFC vaccine stock is low. Therefore, proactive ordering, timely usage, and careful rotation are critical to ensuring vaccine availability.

Finally, training new staff and contacts on vaccine stock rotation and ordering practices is highly recommended. Consistent staff education helps prevent vaccine waste, supports program compliance, and ensures that families have uninterrupted access to immunization services.

4. Data and reporting: Continuously monitor vaccination and exemption rates to identify patterns or areas that require additional support or intervention. Data for this purpose can be found on Utah's immunization dashboard (accessible through: immunize.utah.gov/utah-statistics/). Maintain strong communication and data-sharing protocols with local schools to ensure accurate and up-to-date vaccination records.

To request Utah Statewide Immunization Information System (USIIS) training, school districts, school staff, or local health departments can contact the immunization program at 801-538-9450 or email Nasrin Zandkarimi at nzandkar@utah.gov. Training videos are also available for anyone interested. Additionally, the USIIS website includes USIIS User Portal Guide, which can be accessed at https://immunize.utah.gov/usiis-users/.

Resources and action ideas

This final section lists several immunization action ideas and relevant resources that local public health and school staff might find useful when planning activities to improve local immunization coverage and reduce student vaccine exemptions.

Ideas to improve and expand access to immunization services

Goal: Remove barriers related to vaccine access, cost, transportation, and time to help prevent unnecessary exemptions.

- Offer school-based immunization clinics throughout the school year, during registration, and during parent-teacher conferences.
- Have your school district become a VFC provider.
- Create partnerships for convenient vaccine access, including working with local pharmacies (e.g., Smith's pharmacy), mobile clinics, and community centers.

- Direct parents with no insurance or insurance that doesn't cover immunizations to local health departments to receive VFC vaccines.
    - Example text: If your child does not have health insurance or your insurance does not cover vaccines, contact your local health department. Your child may qualify for free or low-cost vaccines through the Vaccines for Children (VFC) program. This helps keep your child protected and ready for school.
- Ensure information about vaccination opportunities is widely distributed, including in languages spoken by families in the community.

Ideas to educate and engage parents and guardians

Goal: Increase parent/guardian awareness, understanding, and trust in immunization by providing accurate information and accessible resources.

- Distribute fact sheets that address common myths about vaccines, using trusted sources like the CDC's vaccine safety page (https://www.cdc.gov/vaccine-safety/index.html).
- Use local media, school or district websites, and social media to promote vaccine-positive messaging and clinic availability.
    - Example text: Is your child ready for school? Make sure they are up to date on all required vaccines! Contact your local health department, pharmacy, or healthcare provider for back-to-school immunizations.
- Work with local healthcare providers to make sure they are talking to parents at every clinic visit about the importance and timing of upcoming school vaccines for the student.

Ideas for school staff training and collaboration

Goal: Make sure schools enforce requirements consistently and compassionately

- Train school nurses, secretaries, and registrars on exemption laws, conditional and extended conditional enrollment, and follow-up procedures to make sure students are up to date with required vaccinations.
- Encourage sharing vaccine information in a positive way during school registration or back-to-school events.
    - For example: We're excited to welcome everyone back! Don't forget that making sure your child is up to date on vaccines is one of the best ways to keep them healthy and ready to learn. If you have questions about vaccines or need help finding a clinic, we're here to help.
- Bring staff together to share helpful tips and make sure vaccine rules are followed the same way in every school, while also being kind and understanding with families.
- Establish a local coalition that includes school staff, local health department staff, local providers, parents, and pharmaceutical representatives.
- Contact Nasrin Zandkarimi (nzandkar@utah.gov) at the DHHS immunization program to arrange staff training sessions or to get technical assistance on immunization-related questions.
- Encourage collaboration between school nurses, secretaries, and district leads to ensure consistent application of state immunization policies.
- Ensure all staff know where to find accurate resources and who to contact for questions (district leads, local health department partners, and the DHHS Immunization Program).

Information about conditional enrollment of students without adequate immunization documentation

Under state law (Section 53G-9-308), students whose immunization records are missing or incomplete at the time of enrollment must be placed on conditional enrollment. The conditional enrollment period is 30 days. This gives families time to have their child vaccinated or to locate and submit any missing immunization records while the student continues attending school. If the required documentation or records are not provided within the 30-day period, the student may be placed on extended conditional enrollment or excluded from school until the requirements are met.

Schools play a critical role in enforcing this law by using conditional enrollment as intended—to encourage and support vaccination, not to replace it with exemptions. Schools are encouraged to review Section 53G-9-308 to familiarize parents and staff with the conditional, extended conditional, and out-of-compliance requirements.

Ideas for how to access student immunization records

Immunization records can be accessed by parents and individuals in the following ways:

- Request a record from the student's healthcare provider
- Access records via the Docket web *or* mobile app (https://ut.app.dockethealth.com/)
- Request a record from your local health department
- Submit a request to USIIS (https://pubredcap.health.utah.gov/surveys/?s=FJJPYHTP3DCHTMH3)

All links and records resources can be located on the USIIS webpage at https://immunize.utah.gov/usiis-parents-individuals/

Ideas for provider outreach and support

Goal: Equip local healthcare providers to confidently discuss vaccines with hesitant families

- Train providers in motivational interviewing and communication techniques for vaccine-hesitant parents.
    - Connecting the Dots: Vaccine Confidence Resources: https://www.immunizationmanagers.org/content/uploads/2025/05/Vaccine-Confidence-Connecting-the-Dots-May-1-2025.pdf
- Encourage providers to document and share refusal trends to help tailor messaging.
- Provide toolkits to clinics with talking points, handouts, and exemption guidelines.
    - https://www.cdc.gov/vaccines/hcp/resources/index.html
- Recognize high-performing clinics (those with high immunization rates) with awards or public acknowledgment.
- Make sure VFC providers are accessible in underserved areas and provide vaccines at no cost.

Appendix

Survey question text

TriCounty—2024 LHD schools exemption survey

Thank you for taking the time to help us better understand issues related to school immunizations in your area. This brief survey has been designed by the staff of the Utah Department of Health and Human Services Immunization Program to understand the drivers of school immunization and exemption rates, assess current practices, and identify needed supports and resources to improve school immunizations.

This survey is being shared with staff at schools, school districts, and local health districts in your area. If some of the questions do not apply to you or are not worded from your perspective, just answer to the best of your ability, or feel free to skip the question.

The results of this survey will be used to support actions and collaborations to improve school immunization and exemption rates in your area. Survey results will be summarized at the local health district level and shared with respondents who provide their contact information.

What is your role?
- o School nurse
- o School secretary
- o School registrar
- o School principal/administrator
- o School district staff
- o Epidemiologist at a local health district
- o Immunization coordinator at a local health department
- o Nursing director at a local health department
- o Other, specify:

How long have you been in your current role?
- o Less than 1 year
- o 1-3 years
- o 3-5 years
- o 5+ years

What is the name of your employer (school, school district, or health department)?
(select all that apply)
- o Public health department, specify:
- o School, specify:
- o School district, specify:
- o Other, specify:

What is your school type?

- o District school
- o Charter school
- o Private school

Are you aware of the current (or recent) percentage of students in your district with an exemption to school-required vaccines?

- o Yes
- o No

School vaccine exemption rates in your local health district are high and increasing, meaning that many children may be unvaccinated against contagious diseases.
How concerned are you with this trend?

- o Not at all concerned
- o Slightly concerned
- o Moderately concerned
- o Extremely concerned

Why do you think school vaccine exemption rates are high in your district?
(select all that apply)

- o Lack of convenient immunization services
- o Parents are not able to find the time or money to get their child vaccinated
- o Parents are influenced by misinformation about vaccines or lack sufficient information about immunization benefits and requirements
- o Lack of access to immunization records
- o Students entering the schools or districts from other states or countries without access to previous immunization records or untranslated records
- o Religious or personal beliefs opposing vaccination
- o Parents believe that the risk of contracting vaccine-preventable diseases is low
- o Medical reasons (allergy, previous adverse reaction)
- o Lack of school enforcement: Schools may not be strictly enforcing immunization requirements or may be encouraging exemptions more frequently
- o Cultural or community norms: Exemption rates may be influenced by cultural beliefs or community attitudes toward vaccination
- o Limited resources for school/parent outreach and education
- o It is more convenient for a parent to get a vaccine exemption than to complete their child's immunizations
- o Other, specify:

What challenges or shortages have contributed to the increase in exemptions in the past few years?
(select all that apply)

- o Increased concerns or misinformation about vaccine safety and effectiveness among parents
- o Difficulty accessing vaccination clinics or healthcare providers due to location, hours, or transportation issues
- o Lack of enforcement of vaccination requirements
- o Increase in exemptions due to personal or religious beliefs

- o Occasional shortage of specific vaccines or supplies, making it difficult to vaccinate all students on time
- o Staff turnover at the school or local health department
- o Local health department having no immunization clinic
- o Other, specify:

Before the start of the new school year, do parents receive information about the required vaccines for school enrollment from your school, district, or local health department?

- o Yes
- o No
- o I don't know

What steps does your school take if a parent tries to enroll a child without proof of immunization?
Response optional if you are not employed at a school.

What changes would you like to see regarding exemption rates in your district?
(select all that apply)

- o Increased education and awareness programs for parents about the importance of vaccinations
- o Stricter enforcement of state immunization requirements
- o Easier access to vaccination services, such as on-site clinics or mobile units
- o Better collaboration with local healthcare providers to reduce exemptions
- o More training events for school staff regarding immunization requirements and processes
- o No changes are needed; the current process is sufficient
- o Other, specify:

How do you currently work with your school/local health department to increase immunization uptake in your area?
(select all that apply)

- o Hosting on-site vaccination clinics. We collaborate with the health department to organize vaccination clinics at schools or nearby community locations.
- o Support is provided from the health department on exemption handling and ensuring compliance with vaccination requirements.
- o Refer uninsured or underinsured children with no insurance to the health department clinics for vaccination (to receive VFC vaccine).
- o Working with the health department to implement reminder and recall systems for parents about upcoming or overdue vaccinations.
- o Local health department staff is working to provide data and support to schools and/or the school district.
- o We do not have any current collaborations to increase vaccination rates.
- o Other, specify:

What are the barriers to working with local health departments to bring immunization clinics to your school(s)?

How can the state immunization program support you in reducing exemption rates? (select all that apply)

- o Conduct school immunization training for school staff

- o Conduct USIIS training
- o USIIS-provided batch reports for student's immunization status by schools or districts
- o Provide educational materials such as brochures, posters, etc., to help educate parents about the importance of immunizations
- o Increase access to vaccination clinics/facilitate the organization of school-based or local community vaccination clinics
- o Other ideas, specify:

Are you working with your local health care providers such as pediatricians, or primary care physicians?

- o Yes, regularly. We have ongoing collaboration and communication with local healthcare providers.
- o Yes, occasionally. We work with local healthcare providers on an as-needed basis.
- o No, but we plan to. We are not currently working with local healthcare providers but intend to establish connections.
- o No, but we would like support or guidance to start.
- o No, we have not established any collaboration with local healthcare providers.
- o We don't have any pediatricians or primary care physicians in our community.
- o Other, specify:

Do you have any additional suggestions or feedback on how we can help your school or health district improve immunization rates?

Enter your email if you would like to receive a summary of your district's results of this survey.

Thank you for sharing your perspective on school immunization issues in your area. We look forward to working with you to improve these measures and protect students from vaccine-preventable diseases.

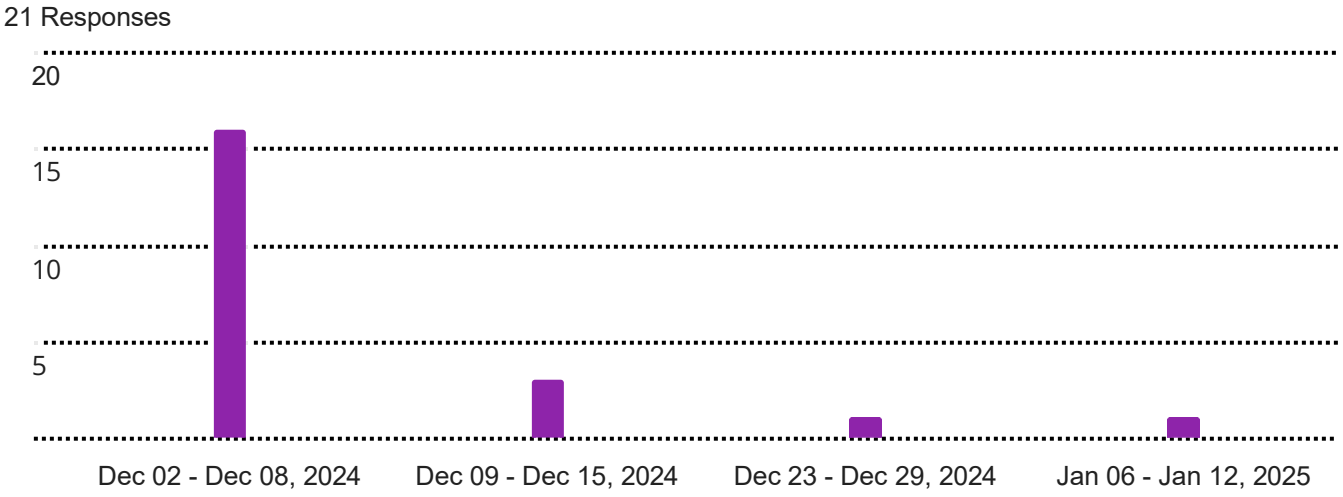
The Utah Department of Health and Human Services Immunization Program recently published an immunization dashboard, which includes a section on school vaccine exemptions, along with several helpful data visualizations.

If you have any questions or concerns about this survey, contact Nasrin Zandkarimi at nzankar@utah.gov. If you have data needs regarding school immunization, contact Jessica Payne at jessicapayne@utah.gov.

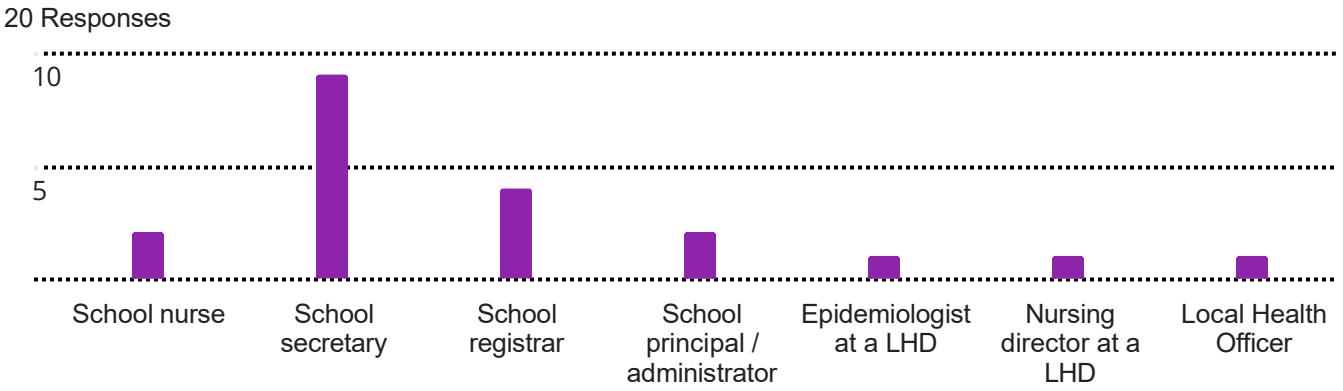
Survey data visualizations

While the pertinent data visualizations exist in the body of this report, the section below contains data visualizations for all questions asked on the survey.

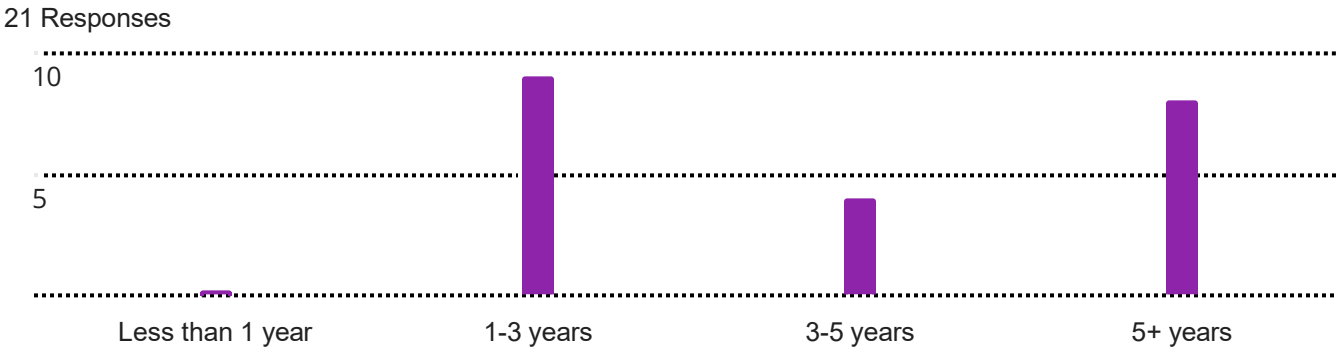
Survey responses timeline



What is your role?

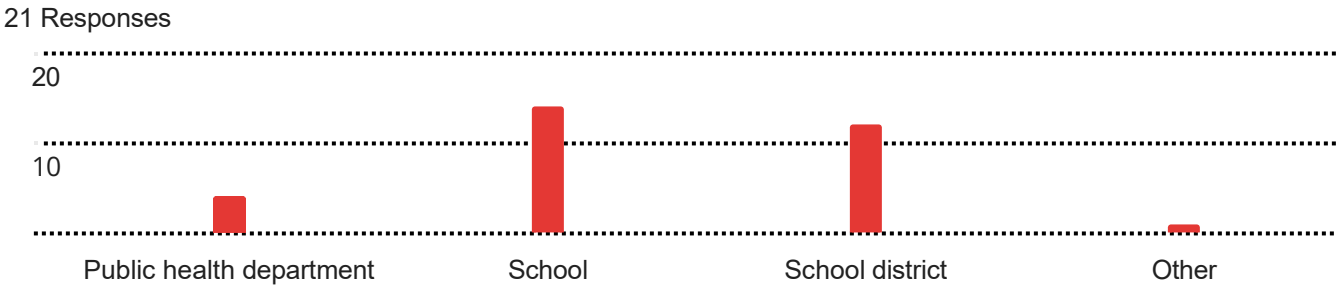


How long have you been in your current role?



What is the name of your employer (school, school district, or health department)?

21 Responses



Public health department, specify:
Tricounty Health Department
TriCounty Health
TriCounty Health
TriCounty Health Department

School, specify:
Manila High School
East Elementary
Uintah Middle School
Discovery Elementary, Davis Elementary, Naples Elementary, and Vernal Middle School
Roosevelt Jr High
Uintah High School
The Terra Academy
Uintah River High
Neola Elementary
Myton Elementary
Union High School

Altamont Elementary School

Vernal Middle

Flaming Gorge Elementary School

School district, specify:

Daggett School District

Duchesne County School District

Uintah School District

Duchesne County School

Uintah School District

Duchesne County School District

Uintah School District

Duchesne County School District

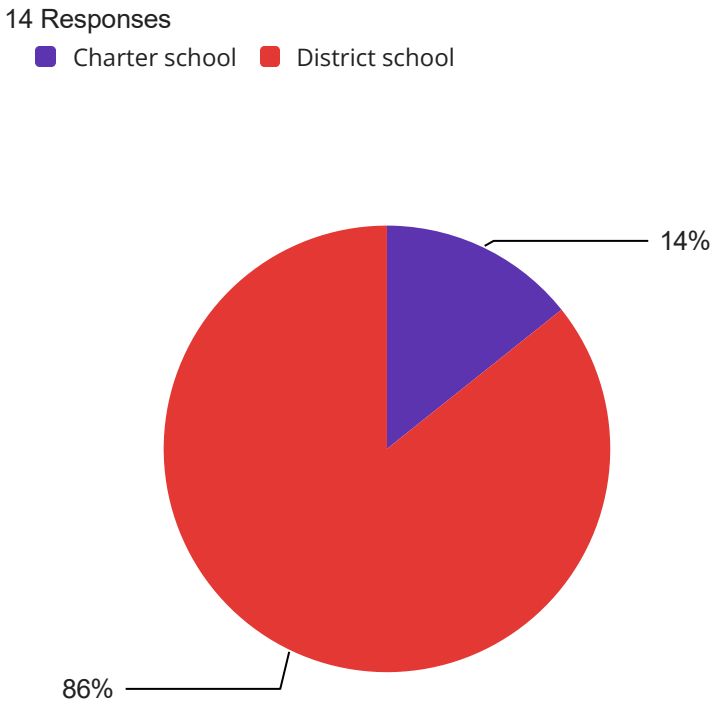
Duchesne

DCSD

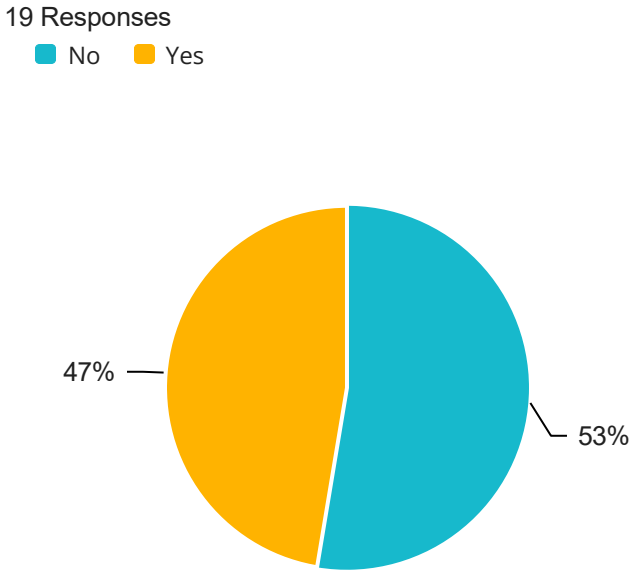
Uintah

Daggett School District

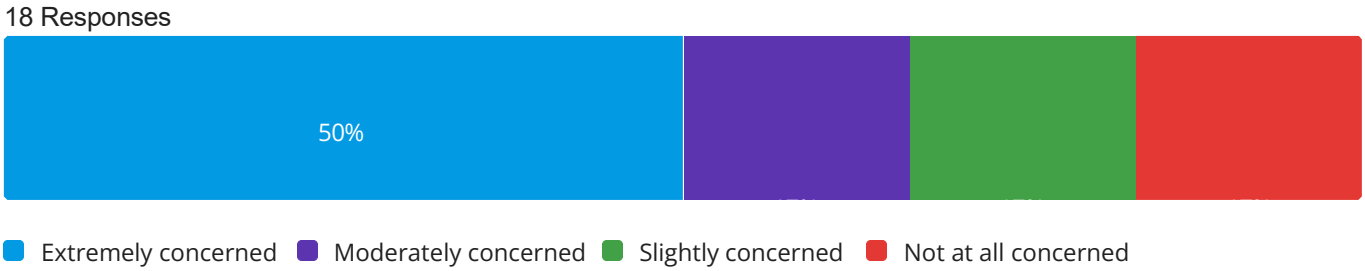
What is your school type?



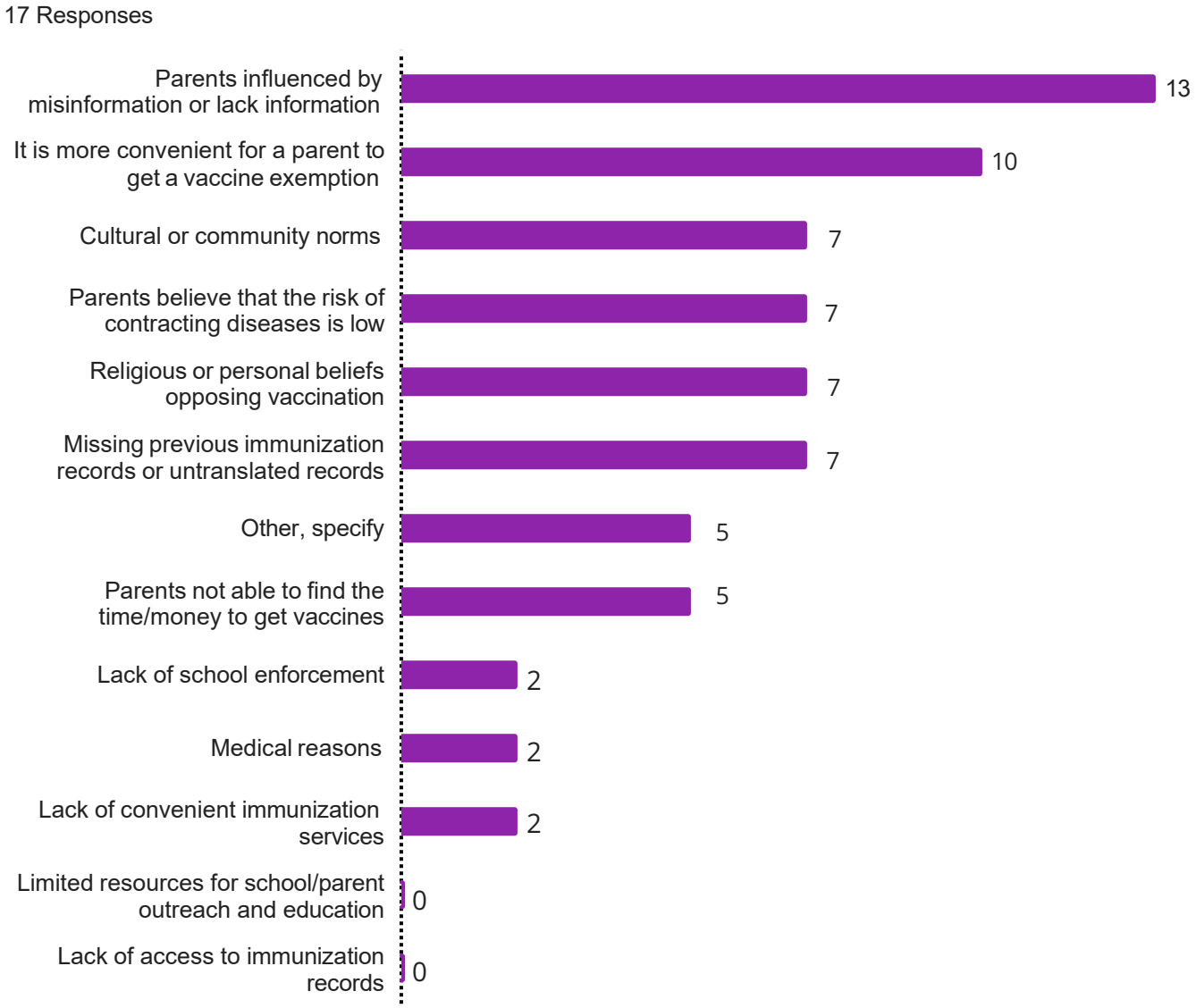
Are you aware of the current (or recent) percentage of students in your district with an exemption to school-required vaccines?



School vaccine exemption rates in your local health district are high and increasing, meaning that many children may be unvaccinated against contagious diseases. How concerned are you with this trend?



Why do you think school vaccine exemption rates are high in your district? (select all that apply)



Other, specify:

I don't know that it is high, so I am not sure that the answers apply.

Drs not working with the school district. For instance, Preschool students coming to our school are required to have shots, but the drs look at it at as their kinder shots and won't give them until they enter kinder. But with preschool, they can have age appropriate immunizations.

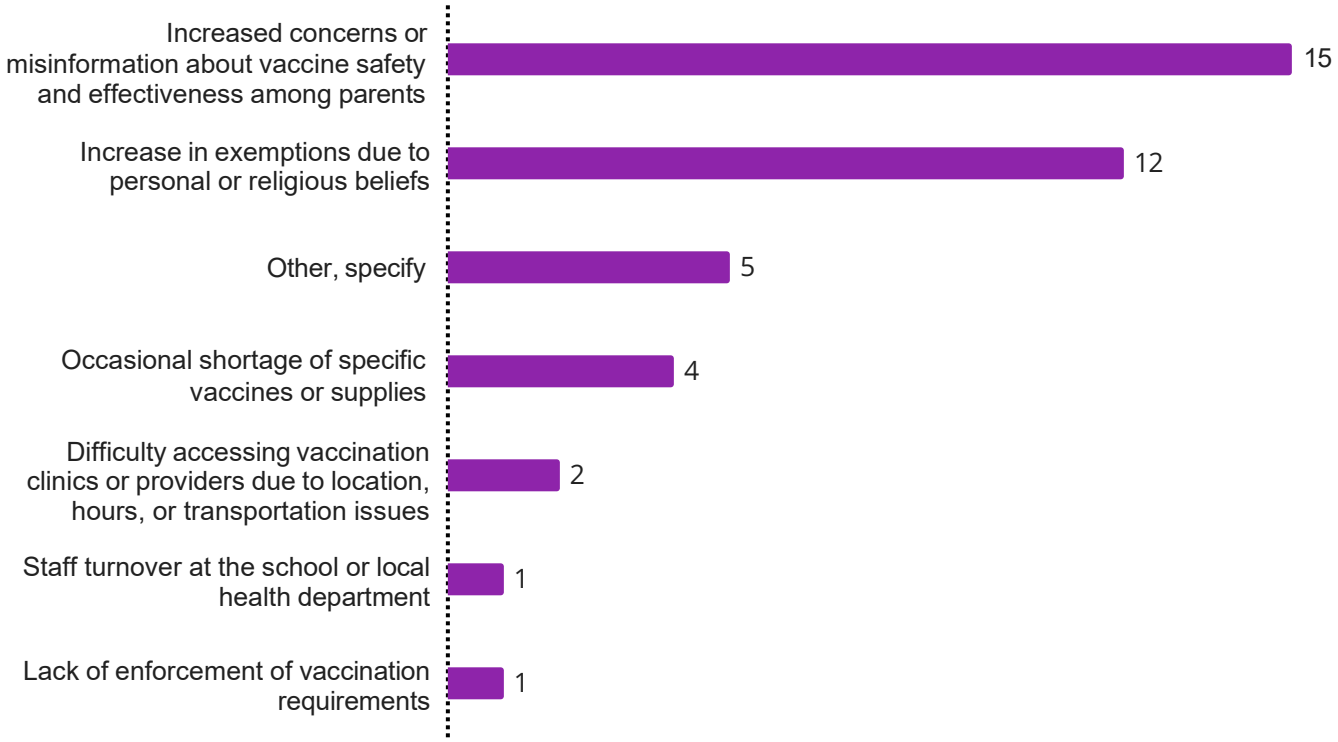
We have a serious problem of miscommunication with our local pediatricians and current requirements for our preschool students. Our pediatricians keep telling our preschool parents that they don't need the vaccinations until their child reaches kindergarten and we are being told that the preschool students must have their age appropriate vaccinations. We send information home to the parents and the pediatricians are countering the information so the frustrated parents are just exempting their children. This answer also applies to the next question.

USIIS restrictions on immunization intervals (providers report that opportunities are missed at appointments for those who are too early for immunizations by a couple of days)

Parents just don't care

What challenges or shortages have contributed to the increase in exemptions in the past few years? (select all that apply)

16 Responses



Doctors giving wrong information about the kinder shots and early childhood shots that go along with preschool. For the next question, yes, kindergarten and older there is information. For preschool there is limited information going out about which shots they need for their age.

VFC limited resources so vaccines aren't available at the time needed.

Please see the answer for the previous question.

Providers report VFC shortages

It's easier to do an exemption than a series of shots.

Before the start of the new school year, do parents receive information about the required vaccines for school enrollment from your school, district, or local health department?

18 Responses



What steps does your school take if a parent tries to enroll a child without proof of immunization?

14 Responses

School nurse takes care of this.

they have 60 days to update their shots. 2-- 30 day shot notices.

Ask for a current immunization record. If they are unable to obtain an immunization record they are admitted on a conditional enrollment status and notified that they have 30 days to provide proof of immunization or exemption to the school or the student will be excluded from attending school until proof of immunizations is provided to the school. Parents are notified via phone/voicemail, email, and mailed letters to the home.

We require it at enrollment. In a few cases where the family is in the process of moving, I request records from the previous school. If the immunization record is not up to date the parents have 2 weeks to complete them.

We give them 30 days to get the immunizations or expedition. If they do not then their child is excluded from school.

I always ask for shot records along with a birth certificate. I legally can't keep them from enrolling that day because of the 30 day rule. The school nurse is fabulous at making contact with parents and I always re-request records until I get them from the school.

Phone calls and emails that clearly state the immunization requirements. Letter sent explaining the conditional period and that the student will be excluded from school if requirements are not met by the date.

Applications are not considered incomplete without immunizations or an exemption.

We use the usiis system to try and locate as much information as possible

Inform them they need it by a deadline, send letters home, and if deadline comes without proof then the student is unenrolled until we receive the information.

Our secretary checks to see if she can verify immunization requirements have been met, if not the parent is informed of the requirement to provide proof of immunization or their child may not be allowed to enroll. Our secretary will follow up with a phone call and letter when needed.

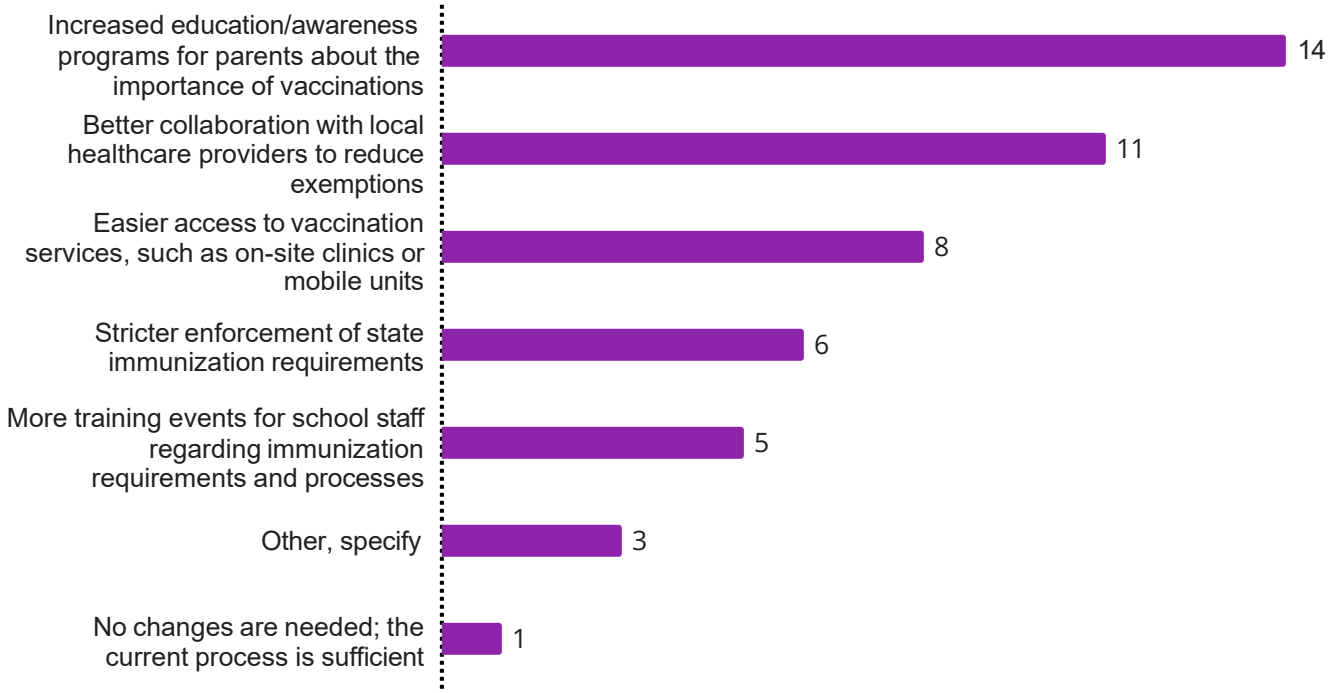
We check the USIIS Website and then if it's not there we ask them to produce proof ASAP.

Most parents know to bring them. It is very helpful to have access to USIIS. Sometimes I have to reach out to previous school but not very often. But along with that, parents know they can do the exemption.

They are required to provide an exemption certificate.

What changes would you like to see regarding exemption rates in your district? (select all that apply)

18 Responses



Other, specify:

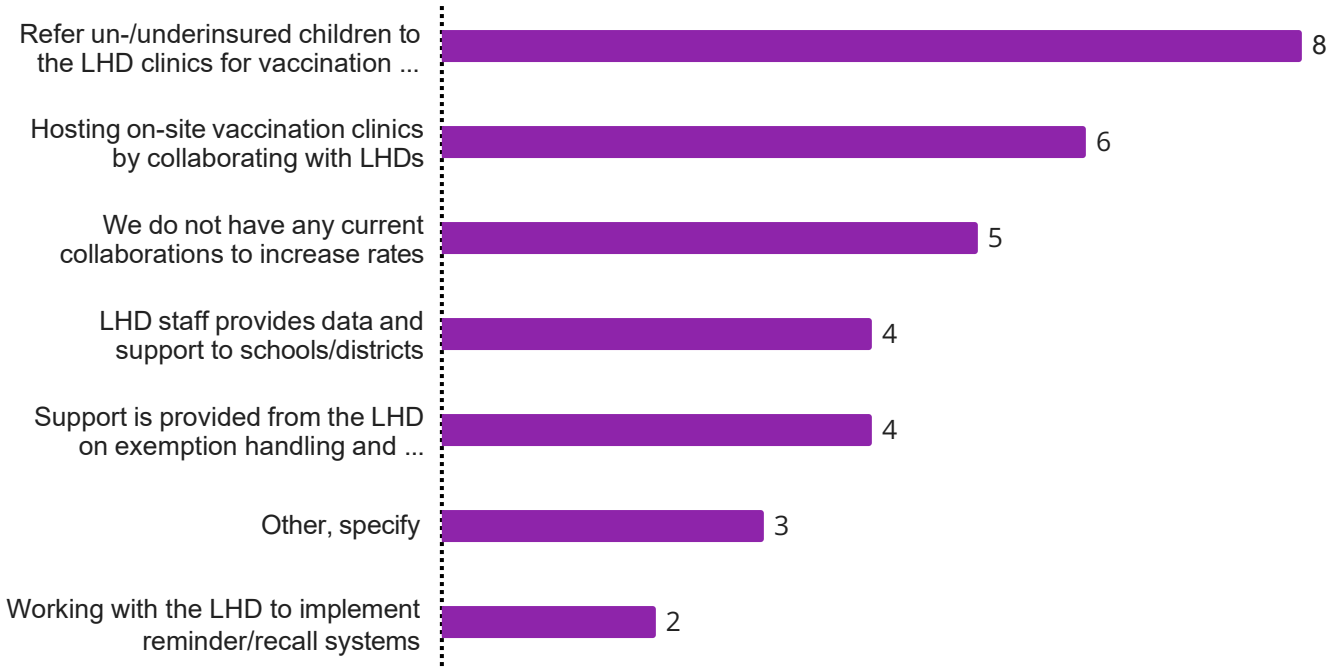
Make the process for obtaining and exemption more difficult. It's too easy and parents choose that option out of convenience.

More training for our local pediatricians regarding immunization requirements for preschool students.

Easier access for VFC providers to obtain adequate amounts of vaccine.

How do you currently work with your school/local health department to increase immunization uptake in your area? (select all that apply)

16 Responses



Other, specify:

School Nurse takes care of this.

Our local health department has been fantastic!

Health department is working with providers on education and vaccine rates.

What are the barriers to working with local health departments to bring immunization clinics to your school(s)?

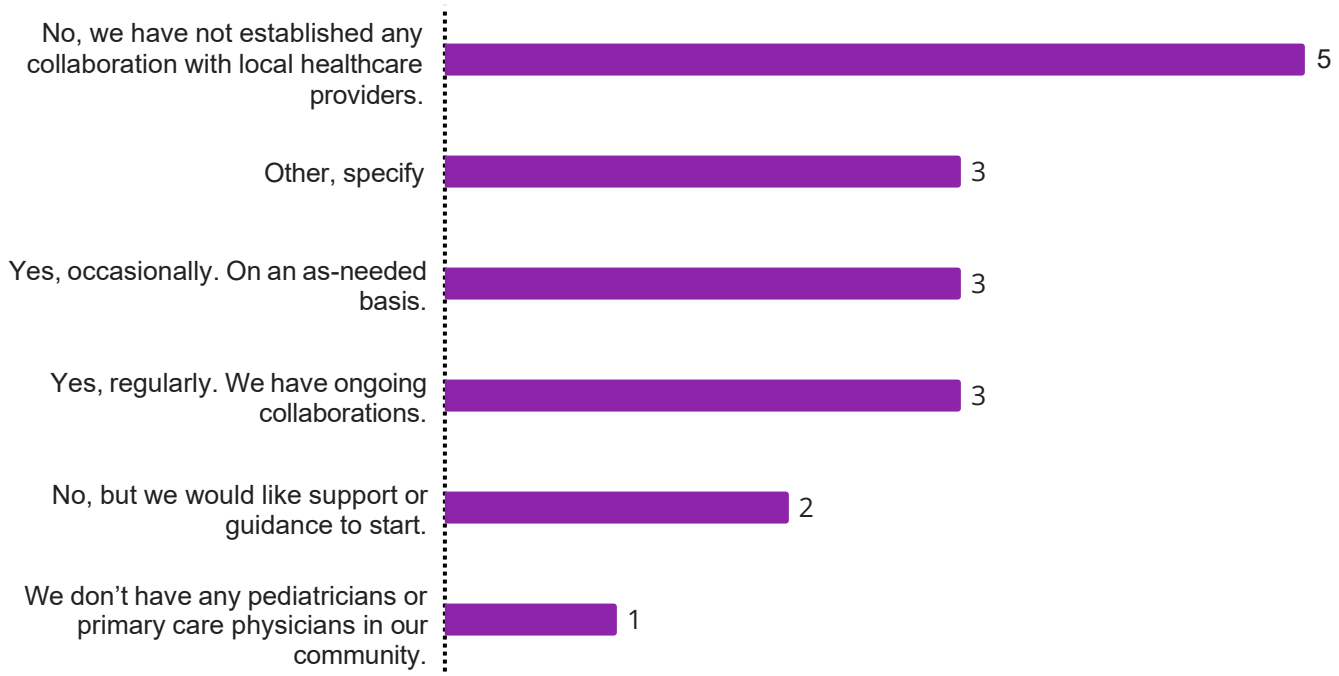
None

Maybe communication.

Our health department is 42 miles away and we have less than 20 kids in our school.

Are you working with your local health care providers such as pediatricians or primary care physicians?

17 Responses



Other, specify:

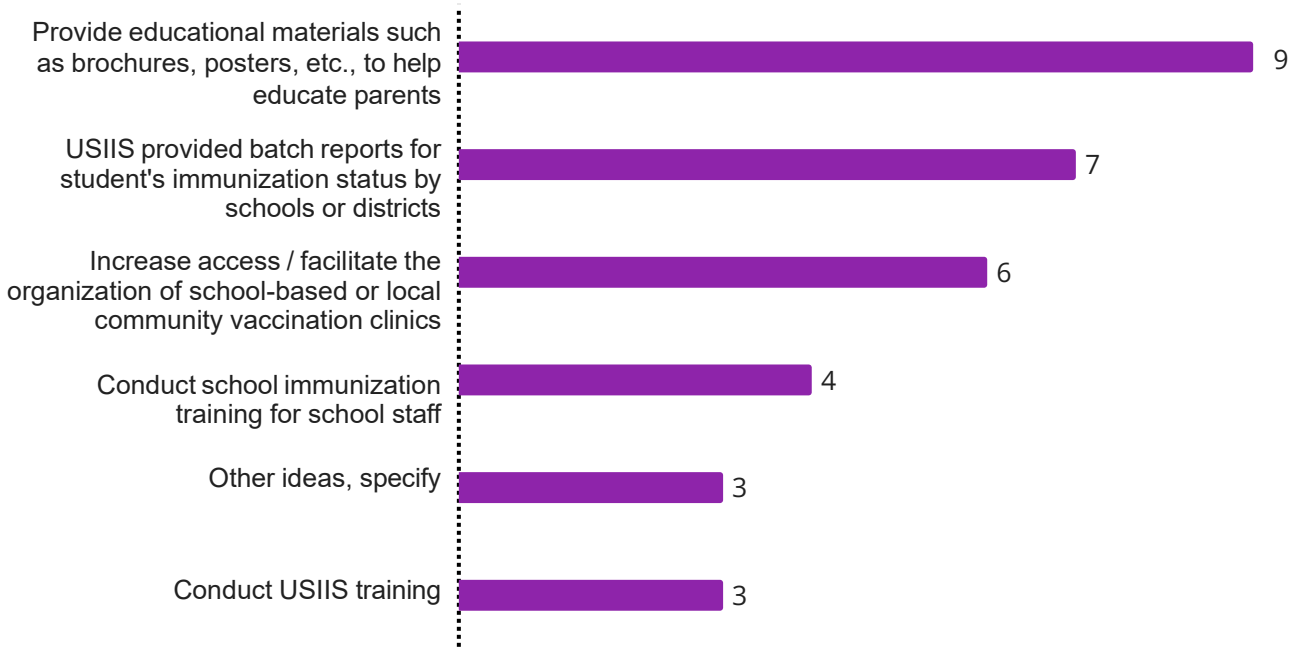
School Nurse

Not me personally,

Our district nurse is supposed to make those connections.

How can the state immunization program support you in reducing exemption rates? (select all that apply)

14 Responses



Other ideas, specify:

Improve the State Exemption System to allow school nurses to have access to completed exemptions and be able to print them out for school use.

I would like to re-evaluate the exemption website online module. I think there may be ways we can help people who might be needing more info (e.g. warm handoff to a live person).

Teach our local pediatricians the rules for preschool student immunizations.

Do you have any additional suggestions or feedback on how we can help your school or health district improve immunization rates?

Re-evaluate the exemption website online module. I think there may be ways we can help people who might be needing more info (e.g. warm handoff to a live person). We may also want to consider asking "Is this a temporary exemption" "would you like to schedule a reminder email" or something along those lines.

This would probably need to be established at our district level instead of just my school. That way it would include all of the schools district wide.

Teach our local pediatricians the rules for preschool immunization.

Addition of information of how/who to contact at the local health department on exemption module for those who would prefer in person meeting regarding vaccine questions and education.

No