

**Oregon Association
of Hospitals and Health Systems**

February 18, 2015

Senate Committee on Health Care and Human Services
Oregon State Capitol
900 Court St. NE
Salem, OR 97301

Dear Senator Monnes Anderson and Members of the Committee,

We believe legislation to counter the growing trend of low vaccination rates has become necessary.

As we navigate the current measles outbreak, we are again faced with the question of what to do about Oregon's dangerously low vaccination rates. At a certain point, medical providers must raise their voices to say that it is time to reverse this dangerous trend. Today marks that point for Oregon's hospitals.

It is important to understand that the science is crystal clear on questions relating to vaccination. Vaccines are safe and effective; a conclusion that is based on decades of research and experience.

We know that as the percentage of unvaccinated people grows, so too grows the risk of devastating vaccine-preventable diseases. The diseases vaccines prevent – polio, measles, mumps, rubella and diphtheria – caused incalculable suffering in previous generations. We should strive to prevent their return in Oregon.

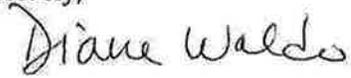
We know that when the rates of vaccination go down to certain levels, we lose our community's "herd immunity." The first to suffer the consequences of that loss are the most vulnerable among us, which tend to be children, who can't be vaccinated because of age or medical condition, and adults with compromised immune systems. To put such vulnerable people at risk of being infected with diseases that are almost entirely preventable is deeply troubling for Oregon hospitals, which would be among the first to treat people with such illnesses.

Within legislative solutions, we believe there is room for the Oregon Health Authority to engage in rulemaking as to what qualifies as a legitimate medical exemption, as well as who qualifies as a health care provider who can make that determination. We support strengthening that language, if necessary.

Vaccines are life-saving and have eliminated immense amounts of suffering from our society. By allowing dangerous levels of exemptions to immunization, we are flirting with the return of diseases that harm the most vulnerable among us. As providers dedicated to the health and

well-being of our community, Oregon's hospitals urge legislation to ensure Oregon's vaccination rates rise to levels that ensure community safety.

Sincerely,

A handwritten signature in cursive script that reads "Diane Waldo".

Diane Waldo, MBA, BSN, RN, CPHQ, CPHRM, LNCC ·
Associate Vice President of Quality and Clinical Operations
Oregon Association of Hospitals and Health Systems



February 18, 2015

Senator Elizabeth Steiner Hayward, MD
900 Court Street, NE
S-215
Salem, OR 97301

Dear Senator Steiner Hayward,

The Service Employees International Union Local 503 and Local 49 write to support SB 442, which seeks to strengthen Oregon's immunization requirements.

Together SEIU represents over 60,000 workers in Oregon. Among these workers, we represent over 6,000 health care workers in hospitals and clinics, 2,500 nursing home workers, 6,000 childcare and adult foster care providers, and over 10,000 home health care workers. Public health and safety is of critical concern to our workers, their patients and clients, and *for* workers and their families.

Oregon's current immunization laws are some of the most lax in the nation, allowing children a mere form to exempt them from necessary immunizations to spread deadly diseases. We need to maintain a certain level of immunization in the community or we put at risk harmful disease outbreak to those who are most at risk. This is not only harmful to the public for whom our workers care but it also puts at risk our workers for whom we need to keep healthy, thriving in the workforce, avoiding such outbreaks in the first place.

SEIU's workers are in the vocations they are in because they love the work and they are dedicated to the mission of helping their communities. We must keep those communities healthy and safe with tougher immunization laws.

We encourage you and the Senate Committee on Health Care to pass SB 442.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heather Conroy', is written over a light grey circular stamp.

Heather Conroy
Executive Director
SEIU Local 503, OPEU

A handwritten signature in black ink, appearing to read 'Meg Niemi', is written over a light grey circular stamp.

Meg Niemi
President
SEIU, Local 49

Oregon AFSCME urges your support of SB 442 and the -3 amendments.

Chair Monnes Anderson and members of the committee,

Thank you for the opportunity to provide testimony in support of SB 442 and the -3 amendments. Oregon AFSCME Council 75 represents workers in public health, hospitals and clinics, early learning, child care and education around the state. Whether their focus is population health or caring for individuals, the AFSCME members in these jobs know first-hand the importance of vaccines. As public health workers we are in the front line of an underfunded system that is responsible for the health of the entire population of Oregon. We are in strong support of cost effective ways to make Oregon safer without over taxing the public health sector more that I already is. SB 442-3 will add protection to Oregon by making Oregonians take some responsibility for the safety of all its citizens.

Oregon places a high priority on protecting our most vulnerable citizens; it only makes sense that we would extend these protections to our children under the age of 1 and for those who medically cannot be vaccinated. Removing non-medical exemptions for vaccines would provide these protections. Vaccinations are proven by science to work best for the entire population only if a large enough percentage of the population is immunized. Allowing a group to refrain from vaccinations without any medical reason puts the entire population of Oregon in danger. It is not about the choice of one family but the safety of all Oregon. Vaccinations now could prevent a far more costly outbreak later. The cost of that outbreak in both money and lives is so preventable this bill should be easy to support.

One of our AFSCME represented child care providers recently had a child who had a fever on a Friday and was sent home. On Monday, the child no longer had a fever but toward the end of the day, bumps began to appear on her. She was again sent home and taken to the doctor, who gave a preliminary diagnosis of chicken pox. During those two days, two infants, one just a few weeks from turning one and one who is just a few weeks old were both at the child care and exposed. Fortunately, tests came back negative for chicken pox, but it called attention to the danger that exists for those who are medically unable to get vaccinated. This is the type of example that happens regularly and can spiral into something serious very easily.

We ask you to support SB 442-3 to protect the children, medically vulnerable and all people in Oregon.

Respectfully submitted by Eva Rippeteau, Political Coordinator, Oregon AFSCME Council 75.





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Heather Conroy
Executive Director
SEIU Local 503, OPEU

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Meg Niemi
President
SEIU, Local 49

As an Oregon mother and a speech-language pathologist with more than twenty years experience working in early childhood and in public schools, I support SB 442 without amendments.

In my community of Ashland, there are too many children who do not have adequate protection for preventable diseases, specifically whooping cough and measles, which are so easily passed from student to student in a classroom. Improving documentation and requiring parents to take additional steps to claim an exemption in order to enroll in public school or state-funded child care centers is a reasonable measure. I do not believe further amendments to this measure should be made at this time. We should preserve the parents right to informed consent and to make medical choices for their children; however, we need to do everything we can to make our public schools as safe as possible. If protection from diseases like the measles fades and Oregon experiences an outbreak, there will be many children who survive the disease, but are left with life-long disabilities such as hearing loss or cognitive deficits. As a speech-language pathologist who has worked in the pacific region, I have experienced first-hand what can happen to children who suffer complications from these preventable illnesses.

I also support an additional measure to require adults who work with children in public school and child care settings to be fully vaccinated against these common childhood diseases. It is surprising that we require records for students, but not for the adults who work with them. As everyone who actually had the measles in the past are retiring, we need to insure the younger adults working with our students and children are not possible carriers. Please note that many of the cases in the recent outbreak have been adults.

Thank you for your work on this issue.

Jeanne Campbell Chouard, M.S., CCC-SLP

I am writing to voice my support for the ongoing initiatives to toughen the vaccine exemption laws here in the State of Oregon.

As a scientist, I am dismayed by the fact that the State of Oregon allows non-medical immunization exemptions of any kind. Vaccines are a time tested and scientifically sound means of eliminating or seriously reducing the infection rates and proliferation of many serious diseases. It is also about limiting the severe impact that the treatment of preventable disease has on our health care system and the long-term well being of the citizenry. I understand that there are a number of people who truly require a medical exemption. However, the additional exemptions provided by the state serve to put our children, vulnerable citizens and the population at large at a greater but preventable risk.

As a population, we are now subjected to media reports on this issue backed by "feelings" and fueled by the fear and rhetoric of celebrities and others who have a limited (or a non-existent) grasp of the science behind immunization. In addition, in this day of widespread internet availability and electronic communication, we have seen a proliferation of anti-vaccine platforms that can be started by anyone, which invoke anecdotal evidence, conspiracy and cite poorly done or totally discredited "research" which is then used as justification for exemptions. We need leadership to overcome this trend.

We have all sorts of laws/guidelines that are aimed at protecting the general population from the actions of one or some. The real question is whether you will apply the same principle to this issue. With these discussions and initiative, you have an opportunity to ensure that the State of Oregon educates its citizens on the value of vaccines and backs the science and statistics of immunization, creating a safer environment for us all.

Thank You.

Joann M. Taylor, Ph.D. (Chemistry)



2500 NE Neff Road
Bend, Oregon 97701
541.382.4321
www.stcharleshealthcare.org

Feb. 17, 2015

Dear Chair Monnes Anderson and members of the Senate Health Care Committee:

In the early part of the 20th century, polio was one of the most feared diseases among parents. Every few years, it would sweep through towns in epidemics. Usually occurring in the summer months, the epidemics would prompt the closure of pools, amusement parks and other places where children gathered.

Most people recovered quickly from the disease, but some were crippled with paralysis, or died. In the late 1940s to the early 1950s, the virus crippled 35,000 people each year in the United States, according to the Centers for Disease Control and Prevention (CDC). These polio survivors were a visible, painful reminder to society of the enormous toll the disease took on young lives.

Then in 1954, the massive Salk poliovirus vaccine trial began. A year later, in a press conference at the University of Michigan, Dr. Thomas Francis Jr. and his colleagues announced the results: the vaccine was 80 to 90 percent effective. The U.S. government licensed the vaccine later that same day, paving the way for it to be widely distributed.

Today, few parents can imagine their children getting a vaccine-preventable disease such as polio. Yet the CDC reports that two recent outbreaks of measles has infected 141 people in 17 states—including one person in Oregon—and could infect still more. Like polio, measles is a highly contagious, potentially serious viral disease that poses a great risk to unvaccinated people. Alarming, the number of people in Central Oregon who fall into this category is growing.

In the 2003 to 2004 school year, the Deschutes County Public Health Department reported that 4.9 percent of kindergarteners in the county were non-medically exempt from vaccinations. This means their parents declined to get them immunized for religious or philosophical reasons.

By the 2013 to 2014 school year, that number had grown to 10 percent. Unfortunately—but not surprisingly—the health department has also documented a rise of vaccine-preventable diseases. Pertussis, a highly contagious and potentially fatal respiratory disease, is one example: in 2001, there was only one reported case in Deschutes County; in 2014, there were 60.

A school community needs at least a 94 percent immunization rate to keep potentially deadly diseases like pertussis and measles at bay. Yet there are pockets of schools in Deschutes County with less than 80 percent immunization coverage. It is not a matter of if, but when, our increasingly vulnerable community will experience an outbreak of a vaccine-preventable disease.

As the region's largest provider of health care services, St. Charles Health System is supportive of vaccinating our children. Years of rigorous scientific research show us that vaccines are both safe and effective. To put our children at risk of being infected with diseases that are almost entirely preventable is deeply unsettling for our providers.

It is for these reasons that St. Charles Health System supports Senate Bill 442, which would no longer make it possible for Oregon families to decline vaccines for their children for religious or philosophical reasons. Non-medical exemptions already received by families would no longer be valid with the passage of the law. The Oregon Health Authority already has the ability to engage in rulemaking around what

qualifies as a legitimate medical exemption, as well as who qualifies as a health care provider who can make that determination. We would support strengthening that language, if necessary.

We believe legislation like SB 442 has become necessary. As the percentage of unvaccinated children continues to grow, so grows our community's risk for acquiring devastating vaccine-preventable diseases. This is especially true for the most vulnerable among us, including children who can't be vaccinated because of age or medical condition.

Vaccines are among the medical field's most celebrated achievements. By not immunizing our children, we are turning back the clock on the incredible progress we've made and taking dangerous—and unnecessary—risks with the health and well being of our children.

We think this bill is deserving of your support.

Sincerely,

Joseph Sluka
President and CEO
St. Charles Health System

Jeffrey Absalon, MD
Chief Physician Officer
St. Charles Health System



February 18, 2015

TO: The Honorable Sen. Monnes Anderson, Chair
Senate Health Care

FROM: Jay Rosenbloom, MD, PhD
Pediatrician, Pediatric Associates of the Northwest
Children's Health Alliance

SUBJECT: SB 442 – Exemption Amendment

I am Jay Rosenbloom, MD, PhD. I am a pediatrician at Pediatric Associates of the Northwest in Lake Oswego. I am also the medical director of the Children's Health Alliance and Children's Health Foundation (CHA/CHF). The CHA/CHF is an association of over 100 primary care pediatricians across five counties in the Portland/Vancouver and Salem Metropolitan areas. CHA was established in 1998. Our mission is to promote a culture of improvement among member practices in order to improve pediatric care for all children. I am also the past co-chair of the Oregon Partnership to Immunize Children. In each of my roles I have had the honor of working to protect the health of children.

On behalf of the Children's Health Alliance and Children's Health Foundation, I offer my support of SB 442, and the proposed amendment to eliminate non-medical exemptions for children entering the school system.

The recent measles outbreak has brought about a great deal of media attention to the topic of vaccinations and to the prevention of childhood diseases which had been nearly eradicated from this country. The last 15 years have seen a waxing and waning in vaccine confidence followed by a drop in vaccination rates. Unfortunately, as a direct result, we have seen the recent increase in cases of measles, mumps, and whooping cough. The resurgence of these deadly diseases has finally caught the attention of the general public. Those of us in healthcare have known for some time that a decline in the percentage of the population protected by immunizations would result in increasing numbers of susceptible children who contract and then spread these sometimes deadly diseases.



We now often hear parents express concerns about vaccine safety. When a parent has heard, no matter how unreliable the source, that vaccines can be harmful, that parent may begin to question our recommendations that they vaccinate their children. However well-intentioned, those parents choosing to exempt their children from vaccines, are putting not only their child, but others in the community at risk of serious, yet preventable diseases. Children who are not yet able to receive a vaccine, due to their young age or other medical reason such as a compromised immune system, are at an increased risk of contracting the disease. They rely on the community protecting them by not allowing the disease to resurge and thrive.

Vaccines have been a victim of their own success. They have done such a good job of preventing diseases like measles that many parents of young children don't know how serious it can be to contract the disease the vaccines aim to protect against. There are countless stories of tragedies from acquiring these diseases, but most are being told by the older generation and are often not in the immediate consciousness of today's parents. Many people don't know of all the possible outcomes of diseases like measles. It can cause pneumonia, encephalitis (brain swelling), deafness or even death.

We are fortunate to live in a time when public health efforts have been able to target a disease and then eliminate it from our population. Vaccines save millions of lives globally. Those of us in the medical field know the science, statistics and the research. **Vaccines are safe.** We know the dangers of not vaccinating. Many of us have seen children die from vaccine preventable diseases. I encourage everyone to support this legislation as a matter of public interest, public health, and to protect the health and lives of children within our state and beyond its borders.

Thank you for the opportunity to testify in writing.

OREGON COALITION OF LOCAL HEALTH OFFICIALS

February 18th, 2015
Testimony to the Senate Committee on Health Care
Support of SB 442

Chair Monnes Anderson and Members of the Senate Health Care Committee:

The Coalition of Local Health Officials represents the 34 local public health departments in Oregon who work tirelessly to protect the public's health and prevent the spread of disease. The Coalition of Local Health Officials supports an amended SB 442 with the dash 3 amendments, which would remove the non-medical vaccine exemption.

Vaccines are one of the most important tools we have to protect the public's health. Thanks to vaccines, many deadly diseases that were once common are all but extinct today. Vaccines are safe and effective, especially when a sufficient number of people have been vaccinated to achieve what we call herd immunity. Unfortunately, diseases like measles are making a comeback because more and more parents are making the decision not to vaccinate their children. The vaccines prevent diseases, but the diseases have not gone away as noted by the current measles outbreak, 2014 mumps outbreak in Ohio and pertussis cases in Oregon in 2012 (the most cases seen since 1953).

Oregon's law currently makes it relatively easy to opt out of vaccination, thus putting the public's health at risk. The latest statistics show that seven percent of Oregon kindergartners had **nonmedical exemptions** in the 2013-2014 school year, the highest rate in the country.

Each year Oregon's local health departments play an important role working with local child care centers and schools to protect children from deadly diseases. Local health department's role is to enforce the School Exclusion Immunization Law, in 2014 Oregon's local health departments sent 32,345 letters to parents and guardians informing them that their children needed immunizations to stay in school or child care. A total of 5,227 children were kept out of school or child care until the necessary immunization information was turned in to the schools or child care facilities.

The weeks leading up to School Exclusion Day, February 18th, local public health departments work with facilities to ensure there is understanding of the law. As an example, local public health departments also provide safety net clinics to provide vaccinations. This morning in Crook County we have extra staff called in to provide vaccines so kids don't miss school.



Coalition of Local Health Officials
For more information please contact Morgan Cowling, Executive Director
oregonclho@gmail.com | 503-329-6923 | oregonclho.org



SB 442, as amended, would provide the clarity and safety message to parents, facilities and schools that vaccines are safe and effective and an important strategy for reducing risk of the spread of disease in communities.

Vaccinations are safe and protect everyone's health. From the newborn baby too young to receive vaccinations to individuals whose immune system is compromised, SB442 will provide that community protection to our most vulnerable.

Thank you.

Oregon Immunization Assessment Report, by county, showing the number and percentage of children complete or up-to-date on immunizations, and with religious (nonmedical) or medical exemptions, in three different grade levels: children's facilities (Head Starts, preschools, and certified child cares), kindergarten and 7th grade. Kindergarten and 7th grade reports are also separated into public and private schools.

Definitions

Agency Name—County or Local Public Health Agency

In Cty—number of sites (children's facilities, kindergartens or 7th grades) in the county

Rep—number of sites (children's facilities, kindergartens or 7th grades) in the county submitting the required annual immunization report

Adj Enroll—Number of children enrolled in evaluated grade (children's facilities, kindergarten or 7th grade), adjusted to avoid double counting children enrolled in multiple sites

[number]+D/T—number of children up-to-date or complete with at least the specified number of diphtheria/tetanus/pertussis containing doses

[number]+Polio— number of children up-to-date or complete with at least the specified number of polio doses

MMR[number]— number of children up-to-date or complete with at least the specified number of MMR doses

Measles[number]—number of children up-to-date or complete with at least the specified number of measles containing doses

Hib—number of children complete for Hib vaccine

Hep B [number]—number of children up-to-date or complete with at least the specified number of hepatitis B doses

Var [number]—number of children up-to-date or complete with at least the specified number of varicella doses

Hep A [number]—number of children up-to-date or complete with at least the specified number of hepatitis A doses

TDAP—number of children complete for Tdap vaccine

Comp All—number of children up-to-date or complete with all the vaccines required for their grade

No Rec—number of children with no immunization or exemption record on file

Relg Ex—number of children with a religious exemption for one or more required vaccines

Med Ex—number of children with a medical exemption for one or more required vaccines

#<18 mo—number of children 18 months or younger (statistics for these children are not included on the children's facility report as they are still in the process of receiving immunizations and would not be able to meet the specified number of doses)

%—the percent of children in each of the above categories

"The attached document with the definitions may help clarify. The page they are referencing (page 1) is only for children's facilities—preschool, head start and certified child care—and doesn't include any schools. Kindergarten and 7th grade are on the following pages. We do not collect this information for other grades. The "less than 18 months" simply refers to the number/percentage of children in these sites who are 18 months of age or younger—it has nothing to do with the immunization status. Included in this report are the number/percentage of children with no record, religious exemptions (the category starting this year will be called nonmedical exemptions) and medical exemptions."

Agency Name	# In Cty	# Rep	Adj Enroll	4+ D/T	% 4+	Polio 3+	% MMR 1	Hib %	HEP % B	HEP % 3	Var 1	% HEP A	% HEP 1	Comp % All	No Rec	% Relg Ex	Med Ex	% # < 18 Mo			
Baker CHD	10	10	207	189	91.3%	192	92.8%	191	92.3%	193	93.2%	194	93.7%	187	90.3%	0	0.00%	0	0.00%	3	1.4%
Benton CHD	40	40	1249	1191	95.4%	1183	94.7%	1193	95.5%	1177	94.2%	1159	92.8%	1126	90.2%	0	0.00%	80	6.40%	3	0.24%
Blackabas CHD	125	125	5951	5677	95.4%	5694	95.7%	5696	95.6%	5616	94.4%	5644	94.8%	5492	92.3%	8	0.13%	329	5.52%	0	0.00%
Clatsop CHD	16	16	583	537	92.1%	554	95.0%	550	94.3%	541	92.8%	548	94.0%	515	88.3%	3	0.51%	27	4.63%	1	0.17%
Columbia CHD	20	20	771	728	94.4%	733	95.1%	734	95.2%	731	94.8%	729	94.6%	704	91.3%	0	0.00%	51	6.61%	2	0.25%
Coos CHD	22	22	800	750	93.8%	756	94.5%	762	95.3%	749	93.6%	755	94.4%	732	91.5%	3	0.37%	28	3.50%	1	0.12%
Crook CHD	7	7	155	146	94.2%	147	94.8%	151	97.4%	150	96.8%	150	96.8%	144	92.9%	0	0.00%	5	3.22%	0	0.00%
Curry CHD	6	6	169	143	84.6%	151	89.3%	149	88.2%	149	87.6%	148	87.6%	142	84.0%	0	0.00%	16	9.46%	0	0.00%
Deschutes CHD	82	82	2771	2600	93.8%	2582	93.2%	2582	93.2%	2590	93.5%	2547	91.9%	2440	88.1%	2	0.07%	268	9.67%	3	0.10%
Douglas CHD	49	49	1298	1226	94.5%	1247	96.1%	1245	95.9%	1247	96.1%	1243	95.8%	1203	92.7%	2	0.15%	63	4.85%	0	0.00%
Grant CHD	9	9	94	82	87.2%	82	87.2%	87	92.6%	87	92.6%	86	91.5%	79	84.0%	0	0.00%	9	9.57%	0	0.00%
Harney CHD	1	1	106	99	93.4%	99	93.4%	99	93.4%	99	93.4%	99	93.4%	99	93.4%	0	0.00%	7	6.60%	0	0.00%
Hood River CHD	22	22	450	425	94.4%	426	94.7%	427	94.9%	426	94.7%	423	94.0%	406	90.2%	1	0.22%	31	6.88%	0	0.00%
Jackson CHD	64	64	2781	2555	91.9%	2575	92.6%	2578	92.7%	2555	91.9%	2538	91.3%	2444	87.9%	6	0.21%	258	9.27%	7	0.25%
Jefferson CHD	14	14	475	456	96.0%	467	98.3%	469	98.7%	459	96.6%	458	96.4%	442	93.1%	0	0.00%	5	1.05%	0	0.00%
Josephine CHD	27	27	963	878	91.2%	886	92.0%	887	92.1%	887	92.1%	887	92.1%	862	89.5%	1	0.10%	81	8.41%	1	0.10%
Klamath CHD	17	17	897	872	97.2%	882	98.3%	877	97.8%	878	97.9%	873	97.3%	855	95.3%	1	0.11%	14	1.56%	0	0.00%
Lake CHD	4	4	64	62	96.9%	62	96.9%	62	96.9%	62	96.9%	62	96.9%	62	96.9%	0	0.00%	1	1.56%	0	0.00%
Lane CHD	20	20	622	595	95.7%	598	96.1%	603	96.9%	600	96.5%	600	96.5%	583	93.7%	1	0.16%	26	4.18%	0	0.00%
Linn CHD	39	39	1503	1452	96.6%	1454	96.7%	1451	96.5%	1452	96.6%	1454	96.7%	1426	94.9%	0	0.00%	61	4.05%	2	0.13%
Malheur CHD	4	4	233	231	99.1%	231	99.1%	230	98.7%	231	99.1%	231	99.1%	230	98.7%	0	0.00%	3	1.28%	0	0.00%
Marion CHD	142	142	5220	5078	97.3%	5095	97.6%	5095	97.6%	5098	97.7%	5080	97.3%	5016	95.1%	0	0.00%	167	3.19%	2	0.03%
Morrow CHD	5	5	164	161	98.2%	162	98.8%	162	98.8%	161	98.2%	161	98.2%	159	97.0%	0	0.00%	1	0.60%	0	0.00%
Multnomah CHD	394	394	15169	14184	93.5%	14081	92.8%	14168	93.4%	13878	91.5%	13621	89.8%	12858	84.8%	12	0.07%	1717	11.31%	12	0.07%
North Central Public H	24	24	655	632	96.5%	635	96.9%	628	95.9%	629	96.0%	633	96.6%	618	94.4%	3	0.45%	24	3.66%	1	0.15%
Polk CHD	32	32	826	790	95.6%	804	97.3%	800	96.9%	798	96.6%	799	96.7%	777	94.1%	1	0.12%	34	4.11%	0	0.00%
Tillamook CHD	13	13	345	334	96.8%	331	95.9%	333	96.5%	333	96.5%	329	95.4%	325	94.2%	1	0.28%	14	4.05%	0	0.00%
Umatilla CHD	33	33	1250	1204	96.3%	1220	97.6%	1231	98.5%	1226	98.1%	1221	97.7%	1196	95.7%	0	0.00%	23	1.84%	2	0.16%
Union CHD	10	10	355	338	95.2%	343	96.6%	343	96.6%	342	96.3%	342	96.3%	332	93.5%	0	0.00%	19	5.35%	0	0.00%
Wallowa CHD	4	4	92	87	94.6%	89	96.7%	87	94.6%	87	94.6%	85	92.4%	81	88.0%	1	1.08%	9	9.78%	0	0.00%
Washington CHD	310	310	11549	11146	96.5%	11140	96.5%	11091	96.0%	11146	96.5%	10948	94.8%	10772	93.3%	18	0.15%	605	5.23%	15	0.12%
Wheeler	3	3	24	22	91.7%	22	91.7%	22	91.7%	22	91.7%	22	91.7%	22	91.7%	0	0.00%	2	8.33%	0	0.00%
Yamhill CHD	53	53	1550	1503	97.0%	1501	96.8%	1502	96.8%	1504	97.0%	1496	96.5%	1485	95.8%	0	0.00%	54	3.48%	0	0.00%

State Totals	1783	1783	64621	61303	94.9%	61361	95.0%	61433	94.5%	60445	93.5%	60935	94.3%	58647	90.8%	67	0.10%	4428	6.85%	52	0.08%	4911	7.6%
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Agency Name	# In Cty	# Adj Rep	4-5 D/T	3-4 Polio	MMR 1	% Measles 2	HEP B	% Var 1	HEP A	% HEP A	Comp All	% No Rec	% Relg Ex	% Med Ex	% Ex		
																HEP 3	HEP 2
Baker CHD	7	7	167	153	91.6%	151	90.4%	156	93.4%	154	92.2%	152	91.0%	155	92.8%	149	89.2%
Benton CHD	16	16	635	595	93.7%	591	93.1%	603	95.0%	595	93.7%	595	93.7%	591	93.1%	589	92.8%
Clackamas CHD	69	3838	3574	3586	93.1%	3586	93.4%	3640	94.8%	3584	93.4%	3600	93.8%	3619	94.3%	3514	91.6%
Clatsop CHD	6	383	361	364	94.3%	364	95.0%	369	96.3%	368	96.1%	366	95.6%	369	96.3%	358	93.5%
Columbia CHD	10	530	497	498	93.8%	498	94.0%	503	94.9%	494	93.2%	501	94.5%	500	94.3%	491	92.6%
Coos CHD	12	720	651	651	90.4%	654	90.8%	667	92.6%	654	90.8%	665	92.4%	666	92.5%	650	90.3%
Crook CHD	5	237	223	223	94.1%	226	95.4%	229	96.6%	227	95.8%	227	95.8%	226	95.4%	223	94.1%
Curry CHD	3	180	159	159	88.3%	166	92.2%	166	92.2%	157	87.2%	163	90.6%	164	91.1%	159	88.3%
Deschutes CHD	25	1741	1576	1584	90.5%	1584	91.0%	1621	93.1%	1582	90.9%	1599	91.8%	1616	92.8%	1538	88.3%
Douglas CHD	24	1047	968	976	92.5%	976	93.2%	1006	96.1%	990	94.6%	1005	96.0%	996	95.1%	968	92.5%
Grant CHD	4	61	51	51	83.6%	51	83.6%	51	83.6%	51	83.6%	51	83.6%	51	83.6%	51	83.6%
Harney CHD	6	76	74	74	97.4%	74	97.4%	74	97.4%	74	97.4%	74	97.4%	74	97.4%	74	97.4%
Hood River CHD	5	279	264	264	94.6%	267	94.6%	267	95.7%	261	93.5%	265	95.0%	264	94.6%	256	91.8%
Jackson CHD	39	2198	2005	2000	91.2%	2000	91.0%	2031	92.4%	2013	91.6%	2027	92.2%	2019	91.9%	1986	90.4%
Jefferson CHD	7	298	289	290	97.0%	290	97.3%	292	98.0%	292	98.0%	295	99.0%	294	98.7%	291	97.7%
Josephine CHD	14	772	675	676	87.4%	676	87.6%	692	89.6%	681	88.2%	692	89.6%	696	90.2%	661	85.6%
Klamath CHD	18	774	737	739	95.2%	739	95.5%	745	96.3%	738	95.3%	747	96.5%	743	96.0%	734	94.8%
Lake CHD	5	93	86	86	92.5%	84	90.3%	88	94.6%	86	92.5%	86	92.5%	88	94.6%	86	92.5%
Lane CHD	56	3068	2886	2886	94.1%	2880	93.9%	2935	95.7%	2894	94.3%	2905	94.7%	2913	94.9%	2843	92.7%
Lincoln CHD	6	389	369	368	94.9%	368	94.6%	374	96.1%	368	94.6%	367	94.3%	370	95.1%	368	94.6%
Linn CHD	29	1425	1352	1347	94.9%	1347	94.5%	1366	95.9%	1339	94.0%	1352	94.9%	1351	94.8%	1349	94.7%
Malheur CHD	14	474	464	464	97.9%	464	97.9%	466	98.3%	463	97.7%	466	98.3%	468	98.7%	468	98.7%
Marion CHD	62	4344	4164	4164	95.9%	4166	95.9%	4198	96.6%	4167	95.9%	4179	96.2%	4187	96.4%	4160	95.8%
Morrow CHD	4	164	162	162	98.8%	162	98.8%	163	99.4%	163	99.4%	163	99.4%	163	99.4%	163	99.4%
Multnomah CHD	121	7765	7135	7133	91.9%	7133	91.9%	7365	94.8%	7157	92.2%	7096	91.4%	7259	93.5%	6977	89.9%
North Central Public H	10	358	349	349	97.5%	350	97.8%	351	98.0%	348	97.2%	350	97.8%	349	97.5%	349	97.5%
Polk CHD	13	819	770	770	94.0%	775	94.6%	789	96.3%	775	94.6%	781	95.4%	787	96.1%	776	94.7%
Tillamook CHD	4	262	249	249	95.0%	249	95.0%	251	95.8%	242	92.4%	249	95.0%	249	95.0%	239	91.2%
Umatilla CHD	19	1091	1064	1064	97.5%	1064	97.5%	1069	98.0%	1065	97.6%	1059	97.1%	1068	97.9%	1049	96.2%
Union CHD	6	255	240	241	94.1%	241	94.5%	248	97.3%	243	95.3%	247	96.9%	247	96.9%	242	94.9%
Wallowa CHD	3	80	73	73	91.3%	74	92.5%	75	93.8%	73	91.3%	75	93.8%	76	95.0%	73	91.3%
Washington CHD	84	6115	5885	5894	96.2%	5894	96.4%	5952	97.3%	5852	95.7%	5852	95.7%	5935	97.1%	5751	94.0%
Wheeler	3	11	11	11	100.0%	11	100.0%	11	100.0%	11	100.0%	11	100.0%	11	100.0%	11	100.0%
Yamhill CHD	17	1271	1206	1201	94.9%	1201	94.5%	1219	95.9%	1203	94.6%	1209	95.1%	1214	95.5%	1194	93.9%

State Totals	726	41920	39317	39346	93.8%	39346	93.9%	40032	95.5%	39364	93.9%	39471	94.2%	39778	94.9%	38790	92.5%
	37736				90.0%	60	0.14%	2587	6.17%	53	0.13%						

Agency Name	# In Cty	# Adj Rep Enroll	4-5 D/T	% Polio	3-4 %	MMR 1	% Measles	HEP			Var 1	% HEP A	HEP B	2	3	HEP C	2	1	No Rec	% Relg Ex	% Med Ex	% Ex	
								HEP 1	2	3													
Baker CHD	2	2	13	11	84.6%	13	100.0%	11	84.6%	13	100.0%	13	100.0%	13	100.0%	10	76.9%	0	0.00%	2	15.38%	0	0.00%
Benton CHD	9	9	121	103	85.1%	102	84.3%	101	83.5%	102	84.3%	102	84.3%	101	83.5%	95	78.5%	0	0.00%	23	19.00%	0	0.00%
Cleckamas CHD	52	52	590	494	83.7%	508	86.1%	481	81.5%	506	85.8%	510	86.4%	500	84.7%	462	78.3%	0	0.00%	98	16.61%	2	0.33%
Clatsop CHD	1	1	13	13	100.0%	13	100.0%	13	100.0%	13	100.0%	13	100.0%	13	100.0%	13	100.0%	0	0.00%	0	0.00%	0	0.00%
Columbia CHD	4	4	62	58	93.5%	58	93.5%	57	91.9%	58	93.5%	57	91.9%	58	93.5%	57	91.9%	0	0.00%	5	8.06%	0	0.00%
Coos CHD	2	2	33	32	97.0%	32	97.0%	31	93.9%	33	100.0%	33	100.0%	32	97.0%	30	90.9%	0	0.00%	1	3.03%	0	0.00%
Grook CHD	2	2	15	15	100.0%	15	100.0%	15	100.0%	15	100.0%	15	100.0%	15	100.0%	15	100.0%	0	0.00%	0	0.00%	0	0.00%
Curry CHD	1	1	4	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	4	100.0%	0	0.00%	0	0.00%	0	0.00%
Deschutes CHD	20	20	219	197	90.0%	193	88.1%	187	85.4%	192	87.7%	192	87.7%	191	87.2%	182	83.1%	0	0.00%	32	14.61%	0	0.00%
Douglas CHD	8	8	74	64	86.5%	64	86.5%	63	85.1%	65	87.8%	67	89.2%	66	89.2%	63	85.1%	0	0.00%	10	13.51%	0	0.00%
Grant CHD	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	0	0.00%
Harney CHD	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	0	0.00%
Hood River CHD	4	4	38	32	84.2%	34	89.5%	31	81.6%	32	84.2%	33	86.8%	32	84.2%	31	81.6%	0	0.00%	7	18.42%	0	0.00%
Jackson CHD	12	12	196	182	92.9%	184	93.9%	181	92.3%	183	93.4%	184	93.9%	183	93.4%	177	90.3%	0	0.00%	17	8.67%	0	0.00%
Jefferson CHD	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	0	0.00%
Josephine CHD	9	9	90	65	72.2%	65	72.2%	65	72.2%	65	72.2%	65	72.2%	65	72.2%	65	72.2%	0	0.00%	25	27.77%	0	0.00%
Klamath CHD	5	5	59	56	94.9%	56	94.9%	52	88.1%	56	94.9%	56	94.9%	56	94.9%	52	88.1%	0	0.00%	3	5.08%	0	0.00%
Lake CHD	1	1	2	2	100.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	0	0.00%	0	0.00%	0	0.00%
Lane CHD	33	33	404	320	79.2%	324	80.2%	320	79.2%	324	80.2%	325	80.4%	323	80.0%	313	77.5%	0	0.00%	87	21.53%	0	0.00%
Lincoln CHD	5	5	34	29	85.3%	29	85.3%	29	85.3%	29	85.3%	29	85.3%	29	85.3%	29	85.3%	0	0.00%	5	14.70%	0	0.00%
Linn CHD	9	9	78	72	92.3%	73	93.6%	73	93.6%	73	93.6%	73	93.6%	73	93.6%	72	92.3%	0	0.00%	5	6.41%	0	0.00%
Malheur CHD	2	2	20	19	95.0%	19	95.0%	19	95.0%	19	95.0%	19	95.0%	19	95.0%	19	95.0%	0	0.00%	1	5.00%	0	0.00%
Marion CHD	37	37	479	453	94.6%	459	95.8%	453	94.6%	452	94.4%	459	95.8%	453	94.6%	445	92.9%	0	0.00%	28	5.84%	2	0.41%
Morrow CHD	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	0	0.00%
Multnomah CHD	84	84	1526	1379	90.4%	1378	90.3%	1336	87.5%	1324	86.8%	1356	88.9%	1344	88.1%	1260	82.6%	0	0.00%	250	16.38%	3	0.19%
North Central Public H	3	3	29	28	96.6%	28	96.6%	28	96.6%	28	96.6%	28	96.6%	27	93.1%	27	93.1%	0	0.00%	2	6.89%	0	0.00%
Polk CHD	7	7	97	88	90.7%	90	92.8%	88	90.7%	90	92.8%	91	93.8%	87	89.7%	84	86.6%	0	0.00%	12	12.37%	0	0.00%
Tillamook CHD	7	7	42	37	88.1%	37	88.1%	36	85.7%	35	83.3%	36	85.7%	36	85.7%	35	83.3%	0	0.00%	7	16.66%	0	0.00%
Umatilla CHD	7	7	52	51	98.1%	51	98.1%	51	98.1%	51	98.1%	51	98.1%	51	98.1%	51	98.1%	0	0.00%	1	1.92%	0	0.00%
Union CHD	5	5	63	58	92.1%	62	98.4%	58	92.1%	62	98.4%	61	96.8%	60	95.2%	56	88.9%	0	0.00%	3	4.76%	0	0.00%
Wallowa CHD	1	1	2	2	100.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	2	100.0%	0	0.00%	0	0.00%	0	0.00%
Washington CHD	83	83	1271	1194	93.9%	1197	94.2%	1182	93.0%	1176	92.5%	1197	94.2%	1188	93.5%	1150	90.5%	0	0.00%	107	8.41%	2	0.15%
Wheeler	0	0	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%	0	0.00%
Yamhill CHD	9	9	103	91	88.3%	92	89.3%	90	87.4%	92	89.3%	92	89.3%	91	88.3%	90	87.4%	0	0.00%	13	12.62%	0	0.00%

State Totals	424	424	5729	5149	89.9%	5188	90.6%	5059	88.3%	5096	89.0%	5165	90.2%	5114	89.3%	4891	85.4%	0	0.00%	744	12.99%	9	0.16%
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Agency Name	# In Cty	# Adj Rep	4-5 D/T	% Polio	3-4 %	MMR 1	% Measles 2	HEP		Var 1	HEP		Comp All	% Rec	% Ex	Med Ex	% Ex	
								B 3	A 2		B 3	A 2						
Baker CHD	9	180	164	91.1%	162	90.0%	169	93.9%	165	91.7%	168	93.3%	158	87.8%	0	0.00%	0	0.00%
Benton CHD	25	756	698	92.3%	693	91.7%	705	93.3%	697	92.2%	693	91.7%	673	89.0%	1	0.13%	71	9.39%
Clackamas CHD	121	4428	4068	91.9%	4077	92.1%	4148	93.7%	4106	92.7%	4129	93.2%	3877	87.6%	7	0.15%	357	8.06%
Clatsop CHD	7	396	374	94.4%	377	95.2%	382	96.5%	379	95.7%	382	96.5%	360	90.9%	0	0.00%	16	4.04%
Columbia CHD	14	592	555	93.8%	556	93.9%	561	94.8%	559	94.4%	557	94.1%	531	89.7%	1	0.16%	40	6.75%
Coos CHD	14	753	683	90.7%	686	91.1%	699	92.8%	698	92.7%	699	92.8%	659	87.5%	1	0.00%	64	8.49%
Crook CHD	7	252	238	94.4%	241	95.6%	244	96.8%	242	96.0%	241	95.6%	233	92.5%	0	0.00%	11	4.36%
Curry CHD	4	184	163	88.6%	163	88.6%	170	92.4%	167	87.5%	168	91.3%	157	85.3%	0	0.00%	23	12.50%
Deschutes CHD	45	1960	1773	90.5%	1777	90.7%	1814	92.6%	1791	91.4%	1808	92.2%	1688	85.7%	4	0.20%	198	10.10%
Douglas CHD	32	1121	1032	92.1%	1040	92.8%	1074	95.8%	1070	95.5%	1063	94.8%	995	88.3%	2	0.17%	66	5.88%
Grant CHD	4	61	51	83.6%	51	83.6%	51	83.6%	51	83.6%	51	83.6%	51	83.6%	0	0.00%	10	16.39%
Harney CHD	6	76	74	97.4%	74	97.4%	74	97.4%	74	97.4%	74	97.4%	74	97.4%	0	0.00%	2	2.63%
Hood River CHD	9	317	296	93.4%	296	93.4%	301	95.0%	292	92.1%	297	93.7%	277	87.4%	0	0.00%	19	5.99%
Jackson CHD	51	2394	2187	91.4%	2180	91.1%	2215	92.5%	2210	92.3%	2203	92.0%	2100	87.7%	8	0.33%	204	8.52%
Jefferson CHD	7	298	289	97.0%	290	97.3%	292	98.0%	295	99.0%	294	98.7%	287	96.3%	0	0.00%	8	2.68%
Josephine CHD	23	862	740	85.8%	741	86.0%	757	87.8%	757	87.8%	761	88.3%	712	82.6%	0	0.00%	123	14.26%
Klamath CHD	23	833	793	95.2%	795	95.4%	801	96.2%	803	96.4%	799	95.9%	772	92.7%	0	0.00%	37	4.44%
Lake CHD	6	95	88	92.6%	86	90.5%	90	94.7%	88	92.6%	90	94.7%	85	89.5%	0	0.00%	9	9.47%
Lane CHD	89	3472	3206	92.3%	3197	92.1%	3259	93.9%	3214	92.6%	3238	93.3%	3052	89.1%	2	0.05%	268	7.71%
Lincoln CHD	11	423	398	94.1%	397	93.9%	403	95.3%	397	93.9%	399	94.3%	387	91.5%	0	0.00%	30	7.09%
Linn CHD	38	1503	1424	94.7%	1420	94.5%	1439	95.7%	1425	94.8%	1424	94.7%	1395	92.8%	0	0.00%	89	5.92%
Malheur CHD	16	494	483	97.8%	483	97.8%	485	98.2%	485	98.2%	487	98.6%	459	94.2%	0	0.00%	8	1.61%
Marion CHD	99	4823	4617	95.7%	4620	95.8%	4657	96.6%	4631	96.0%	4646	96.3%	4559	94.5%	0	0.00%	207	4.29%
Morrow CHD	4	164	162	98.8%	162	98.8%	163	99.4%	163	99.4%	163	99.4%	162	98.8%	0	0.00%	1	0.60%
Multnomah CHD	205	9291	8514	91.6%	8481	91.3%	8743	94.1%	8493	91.4%	8615	92.7%	7927	85.3%	23	0.24%	891	9.58%
North Central Public H	13	387	377	97.4%	378	97.7%	379	97.9%	378	97.7%	377	97.4%	371	95.9%	0	0.00%	11	2.84%
Polk CHD	20	916	858	93.7%	863	94.2%	878	96.0%	871	95.1%	878	95.9%	830	90.6%	0	0.00%	55	6.00%
Tillamook CHD	11	304	286	94.1%	286	94.1%	288	94.7%	284	93.4%	285	93.8%	268	88.2%	3	0.98%	20	6.57%
Umatilla CHD	26	1143	1115	97.6%	1115	97.6%	1120	98.0%	1116	97.6%	1119	97.9%	1094	95.7%	1	0.08%	24	2.09%
Union CHD	11	318	298	93.7%	299	94.0%	310	97.5%	301	94.7%	308	96.9%	290	91.2%	0	0.00%	20	6.28%
Wallowa CHD	4	82	75	91.5%	76	92.7%	77	93.9%	75	91.5%	78	95.1%	72	87.8%	0	0.00%	6	7.31%
Washington CHD	167	7386	7079	95.8%	7085	95.9%	7149	96.8%	7034	95.2%	7132	96.6%	6746	91.3%	8	0.10%	354	4.79%
Wheeler	3	11	11	100.0%	11	100.0%	11	100.0%	11	100.0%	11	100.0%	11	100.0%	0	0.00%	0	0.00%
Yamhill CHD	26	1374	1297	94.4%	1292	94.0%	1311	95.4%	1293	94.1%	1306	95.1%	1262	91.8%	0	0.00%	74	5.38%

State Totals	1150	47649	44466	93.3%	44450	93.3%	45220	94.9%	44423	93.2%	44943	94.3%	42627	89.5%	60	0.13%	8331	6.99%	62	0.13%
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Agency Name	# In Cty	# Rep	Adj Enroll	4-5 D/T	%	3-4 Polio	%	MMR 1	%	MMR 2	%	Measles 2	HEP B 2-3	%	Var 1	%	HEP A 2	%	TDAP	%	Comp All	%	No Rec	%	Relg Ex	%	Med Ex	%
Baker CHD	5	5	159	0	0.0%	151	95.0%	150	94.3%	150	94.3%	150	94.3%	151	95.0%	0	0.0%	144	90.6%	143	89.9%	0	0.0%	9	5.66%	1	0.62%	
Benton CHD	8	8	843	0	0.0%	817	96.9%	822	97.5%	818	97.0%	815	96.7%	816	96.8%	0	0.0%	789	93.6%	780	92.5%	0	0.0%	44	5.21%	2	0.23%	
Clackamas CHD	35	35	4490	0	0.0%	4328	96.4%	4363	97.2%	4323	96.3%	4338	96.6%	4354	97.0%	0	0.0%	4156	92.6%	4129	92.0%	5	0.1%	253	5.63%	14	0.31%	
Clatsop CHD	5	5	362	0	0.0%	348	96.1%	350	96.7%	349	96.4%	347	95.9%	348	96.1%	0	0.0%	330	91.2%	329	90.9%	0	0.0%	23	6.35%	2	0.55%	
Columbia CHD	9	9	631	0	0.0%	609	96.5%	613	97.1%	611	96.8%	612	97.0%	610	96.7%	0	0.0%	536	84.9%	534	84.6%	0	0.0%	27	4.27%	3	0.47%	
Coos CHD	15	15	795	0	0.0%	743	93.5%	743	93.5%	742	93.3%	747	94.0%	735	92.5%	0	0.0%	707	88.9%	704	88.6%	0	0.0%	61	7.67%	7	0.88%	
Crook CHD	3	3	213	0	0.0%	209	98.1%	209	98.1%	209	98.1%	209	98.1%	209	98.1%	0	0.0%	203	95.3%	203	95.3%	0	0.0%	8	3.75%	0	0.00%	
Curry CHD	3	3	194	0	0.0%	186	95.9%	188	96.9%	186	95.9%	188	96.9%	187	96.4%	0	0.0%	171	88.1%	170	87.6%	0	0.0%	22	11.34%	1	0.51%	
Deschutes CHD	14	14	1773	0	0.0%	1713	96.6%	1723	97.7%	1712	96.6%	1719	97.0%	1721	97.1%	0	0.0%	1575	88.8%	1563	88.2%	1	0.05%	110	6.20%	6	0.33%	
Douglas CHD	19	19	1047	0	0.0%	1015	96.9%	1023	97.7%	1019	97.3%	1021	97.5%	1018	97.1%	0	0.0%	956	91.3%	951	90.8%	2	0.19%	49	4.68%	6	0.57%	
Grant CHD	6	6	69	0	0.0%	68	98.6%	68	98.6%	68	98.6%	68	98.6%	68	98.6%	0	0.0%	63	91.3%	63	91.3%	0	0.0%	4	5.79%	0	0.00%	
Harney CHD	5	5	58	0	0.0%	57	98.3%	57	98.3%	57	98.3%	57	98.3%	57	98.3%	0	0.0%	57	98.3%	57	98.3%	0	0.0%	1	1.72%	0	0.00%	
Hood River CHD	2	2	331	0	0.0%	318	96.1%	318	96.1%	318	96.1%	318	96.1%	313	95.8%	0	0.0%	317	95.8%	313	94.5%	0	0.0%	15	4.53%	0	0.00%	
Jackson CHD	20	20	2079	0	0.0%	1950	93.8%	1965	94.5%	1955	94.0%	1955	94.0%	1962	94.4%	0	0.0%	1871	90.0%	1855	89.2%	0	0.0%	150	7.21%	5	0.24%	
Jefferson CHD	4	4	285	0	0.0%	278	97.5%	276	96.8%	276	96.8%	279	97.9%	278	97.5%	0	0.0%	273	95.8%	272	95.4%	0	0.0%	9	3.15%	1	0.35%	
Josephine CHD	7	7	791	0	0.0%	728	92.0%	732	92.5%	730	92.3%	733	92.7%	730	92.3%	0	0.0%	685	86.6%	682	86.2%	0	0.0%	100	12.64%	1	0.12%	
Klamath CHD	10	10	699	0	0.0%	689	98.6%	687	98.3%	689	98.6%	685	98.0%	687	98.3%	0	0.0%	689	98.6%	680	97.3%	0	0.0%	16	2.28%	1	0.14%	
Lake CHD	5	5	105	0	0.0%	101	96.2%	103	98.1%	103	98.1%	101	96.2%	101	96.2%	0	0.0%	100	95.2%	100	95.2%	0	0.0%	4	3.80%	0	0.00%	
Lane CHD	34	34	3330	0	0.0%	3214	96.5%	3226	96.9%	3216	96.6%	3215	96.5%	3212	96.5%	0	0.0%	3090	92.8%	2964	89.0%	2	0.06%	165	4.95%	13	0.39%	
Lincoln CHD	7	7	372	0	0.0%	366	98.4%	367	98.7%	366	98.4%	366	98.4%	366	98.4%	0	0.0%	354	95.2%	352	94.6%	0	0.0%	11	2.95%	2	0.53%	
Linn CHD	18	18	1432	0	0.0%	1383	96.6%	1391	97.1%	1387	96.9%	1387	96.9%	1387	96.9%	0	0.0%	1323	92.4%	1319	92.1%	0	0.0%	72	5.02%	3	0.20%	
Malheur CHD	10	10	407	0	0.0%	404	99.3%	404	99.3%	403	99.0%	405	99.5%	405	99.5%	0	0.0%	404	99.3%	401	98.5%	0	0.0%	1	0.24%	2	0.49%	
Marion CHD	32	32	4059	0	0.0%	3994	98.2%	3995	98.2%	3990	98.1%	3996	98.2%	3994	98.2%	0	0.0%	3926	96.5%	3913	96.2%	0	0.0%	112	2.75%	7	0.17%	
Morrow CHD	5	5	191	0	0.0%	190	99.5%	191	100.0%	190	99.5%	191	100.0%	191	100.0%	0	0.0%	184	96.3%	184	96.3%	0	0.0%	0	0.00%	0	0.00%	
Multnomah CHD	76	76	6738	0	0.0%	6484	96.2%	6543	97.1%	6490	96.3%	6493	96.4%	6509	96.6%	0	0.0%	6093	90.4%	6023	89.4%	4	0.05%	407	6.04%	8	0.11%	
North Central Public H	8	8	321	0	0.0%	311	96.9%	312	97.2%	312	97.2%	312	97.2%	310	96.6%	0	0.0%	299	93.1%	296	92.2%	0	0.0%	16	4.98%	0	0.00%	
Polk CHD	8	8	911	0	0.0%	894	98.1%	898	98.6%	893	98.0%	896	98.4%	893	98.0%	0	0.0%	863	94.7%	862	94.6%	0	0.0%	37	4.06%	2	0.21%	
Tillamook CHD	3	3	245	0	0.0%	239	97.6%	240	98.0%	240	98.0%	239	97.6%	240	98.0%	0	0.0%	227	92.7%	227	92.7%	0	0.0%	10	4.08%	2	0.81%	
Umatilla CHD	12	12	1027	0	0.0%	1016	98.9%	1016	98.9%	1016	98.9%	1014	98.7%	1017	99.0%	0	0.0%	1007	98.1%	1007	98.1%	0	0.0%	14	1.36%	6	0.58%	
Union CHD	6	6	295	0	0.0%	281	95.3%	281	95.3%	281	95.3%	282	95.6%	283	95.9%	0	0.0%	273	92.5%	270	91.5%	0	0.0%	17	5.76%	2	0.67%	
Wallowa CHD	4	4	68	0	0.0%	67	98.5%	66	97.1%	66	97.1%	65	95.6%	65	95.6%	0	0.0%	65	95.6%	63	92.6%	0	0.0%	5	7.35%	0	0.00%	
Washington CHD	34	34	6529	0	0.0%	6418	98.3%	6474	99.2%	6434	98.5%	6426	98.4%	6464	99.0%	0	0.0%	6215	95.2%	6165	94.4%	1	0.01%	166	2.54%	22	0.33%	
Wheeler	3	3	10	0	0.0%	9	90.0%	9	90.0%	9	90.0%	9	90.0%	9	90.0%	0	0.0%	9	90.0%	9	90.0%	0	0.0%	1	10.00%	0	0.00%	
Yamhill CHD	10	10	1301	0	0.0%	1273	97.8%	1276	98.1%	1267	97.4%	1271	97.7%	1275	98.0%	0	0.0%	1210	93.0%	1203	92.5%	0	0.0%	68	5.22%	0	0.00%	
State Totals	445	445	42170	0	0.0%	40851	96.9%	41088	97.4%	40875	96.9%	40908	97.0%	40965	97.1%	0	0.0%	39164	92.9%	38786	92.0%	15	0.04%	2007	4.76%	119	0.28%	

Agency Name	# In Cty	# Adj Rep	4-5 Enroll	% D/T	Polio	3-4 %	MMR 1	% 1	HEP B	% 2-3	Var 1	% 1	HEP A	% 2	TDAP	% A	Comp All	% All	No Rec	% Rec	Relg Ex	% Ex	Med Ex	% Ex
Baker CHD	2	2	8	0	0.0%	6	8	100.0%	8	100.0%	8	100.0%	0	0.0%	7	87.5%	6	75.0%	0	0.0%	1	12.50%	0	0.00%
Benton CHD	5	5	84	0	0.0%	74	75	89.3%	72	85.7%	75	89.3%	0	0.0%	73	86.9%	69	82.1%	0	0.0%	14	16.66%	1	1.19%
Clackamas CHD	23	23	284	0	0.0%	259	258	90.8%	259	91.2%	258	90.8%	0	0.0%	259	91.2%	252	88.7%	0	0.0%	31	10.91%	1	0.35%
Clatsop CHD	1	1	6	0	0.0%	5	5	83.3%	5	83.3%	5	83.3%	0	0.0%	5	83.3%	5	83.3%	0	0.0%	0	0.00%	0	0.00%
Columbia CHD	3	3	17	0	0.0%	16	16	94.1%	16	94.1%	16	94.1%	0	0.0%	16	94.1%	16	94.1%	0	0.0%	1	5.88%	0	0.00%
Coos CHD	2	2	5	0	0.0%	5	5	100.0%	5	100.0%	5	100.0%	0	0.0%	5	100.0%	5	100.0%	0	0.0%	0	0.00%	0	0.00%
Crook CHD	1	1	4	0	0.0%	4	4	100.0%	4	100.0%	4	100.0%	0	0.0%	4	100.0%	4	100.0%	0	0.0%	0	0.00%	0	0.00%
Curry CHD	1	1	5	0	0.0%	4	4	80.0%	4	80.0%	4	80.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	1	20.00%	1	20.00%
Deschutes CHD	10	10	136	0	0.0%	128	127	93.4%	127	93.4%	128	94.1%	0	0.0%	121	89.0%	117	86.0%	0	0.0%	13	9.55%	1	0.73%
Douglas CHD	7	7	40	0	0.0%	36	36	90.0%	36	90.0%	36	90.0%	0	0.0%	32	80.0%	32	80.0%	0	0.0%	8	20.00%	0	0.00%
Grant CHD	0	0	0	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%
Harney CHD	0	0	0	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%
Hood River CHD	2	2	17	0	0.0%	17	15	88.2%	15	88.2%	17	100.0%	0	0.0%	17	100.0%	15	88.2%	0	0.0%	2	11.76%	0	0.00%
Jackson CHD	8	8	183	0	0.0%	155	155	84.7%	155	84.7%	155	84.7%	0	0.0%	153	83.6%	152	83.1%	0	0.0%	30	16.39%	1	0.54%
Jefferson CHD	0	0	0	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%
Josephine CHD	6	6	48	0	0.0%	40	40	83.3%	40	83.3%	40	83.3%	0	0.0%	40	83.3%	40	83.3%	0	0.0%	7	14.58%	0	0.00%
Klamath CHD	4	4	29	0	0.0%	29	29	100.0%	29	100.0%	29	100.0%	0	0.0%	29	100.0%	29	100.0%	0	0.0%	0	0.00%	0	0.00%
Lake CHD	0	0	0	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%
Lane CHD	26	26	292	0	0.0%	248	250	85.6%	248	84.9%	249	85.3%	0	0.0%	236	80.8%	234	80.1%	0	0.0%	49	16.78%	0	0.00%
Lincoln CHD	3	3	30	0	0.0%	30	30	100.0%	30	100.0%	30	100.0%	0	0.0%	30	100.0%	30	100.0%	0	0.0%	0	0.00%	0	0.00%
Linn CHD	9	9	65	0	0.0%	55	55	84.6%	55	84.6%	55	84.6%	0	0.0%	54	83.1%	54	83.1%	0	0.0%	10	15.38%	0	0.00%
Malheur CHD	1	1	1	0	0.0%	1	1	100.0%	1	100.0%	1	100.0%	0	0.0%	1	100.0%	1	100.0%	0	0.0%	0	0.00%	0	0.00%
Marion CHD	17	17	238	0	0.0%	227	228	95.8%	228	95.8%	228	95.8%	0	0.0%	220	92.4%	218	91.6%	0	0.0%	17	7.14%	1	0.42%
Morrow CHD	0	0	0	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%
Multnomah CHD	39	39	887	0	0.0%	828	833	93.9%	828	93.5%	831	93.7%	0	0.0%	821	92.6%	811	91.4%	0	0.0%	72	8.11%	1	0.11%
North Central Public Ht	2	2	19	0	0.0%	19	19	100.0%	19	100.0%	19	100.0%	0	0.0%	19	100.0%	19	100.0%	0	0.0%	0	0.00%	0	0.00%
Polk CHD	6	6	40	0	0.0%	33	37	92.5%	36	90.0%	37	92.5%	0	0.0%	33	82.5%	33	82.5%	0	0.0%	6	15.00%	1	2.50%
Tillamook CHD	2	2	6	0	0.0%	6	6	100.0%	6	100.0%	6	100.0%	0	0.0%	6	100.0%	6	100.0%	0	0.0%	0	0.00%	0	0.00%
Umatilla CHD	4	4	31	0	0.0%	29	29	93.5%	29	93.5%	27	87.1%	0	0.0%	26	83.9%	24	77.4%	0	0.0%	7	22.58%	0	0.00%
Union CHD	4	4	17	0	0.0%	15	16	94.1%	13	76.5%	16	94.1%	0	0.0%	14	82.4%	13	76.5%	0	0.0%	4	23.52%	0	0.00%
Wallowa CHD	1	1	2	0	0.0%	2	2	100.0%	2	100.0%	2	100.0%	0	0.0%	2	100.0%	2	100.0%	0	0.0%	0	0.00%	0	0.00%
Washington CHD	30	30	607	0	0.0%	593	597	98.4%	592	97.5%	596	98.2%	0	0.0%	593	97.7%	586	96.5%	0	0.0%	15	2.47%	0	0.00%
Wheeler	0	0	0	0	0.0%	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.00%	0	0.00%
Yamhill CHD	8	8	84	0	0.0%	70	70	83.3%	70	83.3%	69	82.1%	0	0.0%	69	82.1%	68	81.0%	0	0.0%	15	17.85%	0	0.00%

State Totals	227	227	3185	0	0.0%	2934	2952	92.7%	2936	92.2%	2946	92.5%	0	0.0%	2888	90.7%	2841	89.2%	0	0.00%	304	9.54%	8	0.25%
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Agency Name	# In Cty	# Rep	Adj Enroll	4-5 D/T	% Polio	3-4 %	MMR 1	% Measles 2	HEP B 2-3	% 1	Var 1	% A 2	HEP A 2	% TDAP	% All	Comp %	No Rec	% Ex	Relg Ex	% Ex	Med Ex	% Ex		
																							158	94.6%
Baker CHD	7	7	167	0	0.0%	157	94.0%	94.6%	158	94.6%	158	94.6%	158	94.6%	151	90.4%	149	89.2%	0	0.0%	10	5.98%	1	0.59%
Benton CHD	13	13	927	0	0.0%	891	96.1%	96.8%	897	96.2%	887	95.7%	891	96.1%	862	93.0%	849	91.6%	0	0.0%	58	6.25%	3	0.32%
Clackamas CHD	58	58	4774	0	0.0%	4587	96.1%	96.8%	4621	95.9%	4597	96.3%	4612	96.6%	4415	92.5%	4381	91.8%	5	0.10%	284	5.94%	15	0.31%
Clatsop CHD	6	6	368	0	0.0%	353	95.9%	96.5%	355	96.2%	352	95.7%	353	95.9%	0	0.0%	334	90.8%	0	0.0%	24	6.52%	2	0.54%
Columbia CHD	12	12	648	0	0.0%	625	96.5%	97.1%	628	96.8%	628	96.9%	626	96.9%	552	85.2%	550	84.9%	0	0.0%	28	4.32%	3	0.46%
Coos CHD	17	17	800	0	0.0%	748	93.5%	93.5%	749	93.4%	752	94.0%	740	92.5%	0	0.0%	709	88.6%	0	0.0%	61	7.62%	7	0.87%
Crook CHD	4	4	217	0	0.0%	213	98.2%	98.2%	213	98.2%	213	98.2%	213	98.2%	207	95.4%	207	95.4%	0	0.0%	8	3.68%	0	0.00%
Curry CHD	4	4	199	0	0.0%	190	95.5%	95.5%	192	95.5%	192	96.5%	191	96.0%	174	87.4%	170	85.4%	0	0.0%	23	11.55%	2	1.00%
Deschutes CHD	24	24	1909	0	0.0%	1841	96.4%	97.4%	1859	96.3%	1846	96.7%	1849	96.9%	1696	88.8%	1680	88.0%	1	0.05%	123	6.44%	7	0.36%
Douglas CHD	26	26	1087	0	0.0%	1051	97.1%	97.4%	1059	97.1%	1057	97.2%	1054	97.0%	988	90.9%	983	90.4%	2	0.18%	57	5.24%	6	0.55%
Grant CHD	6	6	69	0	0.0%	68	98.6%	98.6%	68	98.6%	68	98.6%	68	98.6%	63	91.3%	63	91.3%	0	0.0%	4	5.79%	0	0.00%
Harney CHD	5	5	58	0	0.0%	57	98.3%	98.3%	57	98.3%	57	98.3%	57	98.3%	57	98.3%	57	98.3%	0	0.0%	1	1.72%	0	0.00%
Hood River CHD	4	4	348	0	0.0%	335	96.3%	96.3%	335	96.3%	332	95.4%	330	94.8%	334	96.0%	328	94.3%	0	0.0%	17	4.88%	0	0.00%
Jackson CHD	28	28	2262	0	0.0%	2105	93.1%	93.7%	2120	93.2%	2110	93.3%	2117	93.6%	2024	89.5%	2007	88.7%	0	0.0%	180	7.95%	6	0.26%
Jefferson CHD	4	4	285	0	0.0%	278	97.5%	96.8%	276	96.8%	279	97.9%	278	97.5%	273	95.8%	272	95.4%	0	0.0%	9	3.15%	1	0.35%
Josephine CHD	13	13	839	0	0.0%	768	91.5%	92.0%	772	91.8%	773	92.1%	770	91.8%	725	86.4%	722	86.1%	0	0.0%	107	12.75%	1	0.11%
Klamath CHD	14	14	728	0	0.0%	718	98.6%	98.4%	716	98.6%	714	98.1%	716	98.4%	718	98.6%	709	97.4%	0	0.0%	16	2.19%	1	0.13%
Lake CHD	5	5	105	0	0.0%	101	96.2%	96.0%	103	98.1%	101	96.2%	101	96.2%	100	95.2%	100	95.2%	0	0.0%	4	3.80%	0	0.00%
Lane CHD	60	60	3622	0	0.0%	3462	95.6%	96.0%	3476	96.0%	3463	95.6%	3461	95.6%	3326	91.8%	3198	88.3%	2	0.05%	214	5.90%	13	0.35%
Lincoln CHD	10	10	402	0	0.0%	396	98.5%	98.8%	397	98.8%	396	98.5%	396	98.5%	384	95.5%	382	95.0%	0	0.0%	11	2.73%	2	0.49%
Linn CHD	27	27	1497	0	0.0%	1438	96.1%	96.6%	1446	96.3%	1442	96.3%	1442	96.3%	1377	92.0%	1373	91.7%	0	0.0%	82	5.47%	3	0.20%
Malheur CHD	11	11	408	0	0.0%	405	99.3%	98.0%	405	99.3%	406	99.5%	406	99.5%	405	99.3%	402	98.5%	0	0.0%	1	0.24%	2	0.49%
Marion CHD	49	49	4307	0	0.0%	4221	98.0%	98.0%	4223	98.0%	4224	98.1%	4222	98.0%	4146	96.3%	4131	95.9%	0	0.0%	129	2.99%	8	0.18%
Morrow CHD	5	5	191	0	0.0%	190	99.5%	100.0%	191	100.0%	191	100.0%	191	100.0%	184	96.3%	184	96.3%	0	0.0%	0	0.00%	0	0.00%
Multnomah CHD	115	115	7625	0	0.0%	7312	95.9%	96.7%	7376	96.7%	7321	96.0%	7340	96.3%	6914	90.7%	6834	89.6%	4	0.05%	479	6.28%	9	0.11%
North Central Public H	10	10	340	0	0.0%	330	97.1%	97.4%	331	97.4%	331	97.4%	329	96.8%	318	93.5%	315	92.6%	0	0.0%	16	4.70%	0	0.00%
Polk CHD	14	14	951	0	0.0%	927	97.5%	98.3%	935	98.3%	932	98.0%	930	97.8%	896	94.2%	895	94.1%	0	0.0%	43	4.52%	3	0.31%
Tillamook CHD	5	5	251	0	0.0%	245	97.6%	98.0%	246	98.0%	245	97.6%	246	98.0%	233	92.8%	233	92.8%	0	0.0%	10	3.98%	2	0.79%
Umatilla CHD	16	16	1058	0	0.0%	1045	98.8%	98.8%	1045	98.8%	1043	98.6%	1044	98.7%	1033	97.6%	1031	97.4%	0	0.0%	21	1.98%	6	0.56%
Union CHD	10	10	312	0	0.0%	296	94.9%	95.2%	297	94.9%	295	94.6%	295	95.8%	287	92.0%	283	90.7%	0	0.0%	21	6.73%	2	0.64%
Wallowa CHD	5	5	70	0	0.0%	69	98.6%	97.1%	68	97.1%	67	95.7%	67	95.7%	67	95.7%	65	92.9%	0	0.0%	5	7.14%	0	0.00%
Washington CHD	64	64	7136	0	0.0%	7011	98.2%	98.5%	7071	99.1%	7018	98.3%	7060	98.9%	6808	95.4%	6751	94.6%	1	0.01%	181	2.53%	22	0.30%
Wheeler	3	3	10	0	0.0%	9	90.0%	90.0%	9	90.0%	9	90.0%	9	90.0%	0	0.0%	9	90.0%	0	0.0%	1	10.00%	0	0.00%
Yamhill CHD	18	18	1385	0	0.0%	1343	97.0%	97.2%	1346	97.2%	1341	96.8%	1344	97.0%	1279	92.3%	1271	91.8%	0	0.0%	83	5.99%	0	0.00%

State Totals	672	672	45355	0	0.0%	43785	96.5%	96.5%	44040	97.1%	43811	96.6%	43840	96.7%	43911	96.8%	42052	92.7%	41627	91.8%	15	0.03%	2311	5.10%	127	0.28%
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To: Chair Monnes Anderson and Members of the Senate Health Care Committee
Re: Proposed elimination of religious and philosophical exemptions to vaccines
Da: February 18, 2015

The Oregon Association of Naturopathic Physicians is strongly pro-vaccination and shares the goal of achieving high rates of immunity to infectious disease. The OANP is a strong proponent of preventive interventions that protect children and adults from infectious disease. Vaccinations are one of our most effective tools for doing just that. Naturopathic physicians recognize that vaccinations are in large part responsible for the significant reduction of morbidity and mortality from vaccine-preventable diseases.

Two of the fundamental underlying principles of naturopathic medicine are:

- “Treat the Whole Person” – commonly referred to as “patient-centered care” today; and
- “Physician As Teacher” – a cooperative and trusting doctor-patient relationship has inherent therapeutic value.

Patient-centered healthcare requires taking into consideration the physical, spiritual, mental, emotional, genetic, environmental, and social factors of a person. This type of healthcare leads to a deep level of trust and confidence in the physician/patient relationship, which is profoundly important in patient vaccine discussions, and integral in increasing public health immunity.

Advocating for patient-centered care

As strong proponents of patient-centered medical care, we believe that education is a better tool than one-size-fits-all medical mandates. Despite the body of research that makes it clear that the benefits of vaccines far outweighs the risk of individual harm, many patients continue to hold philosophical beliefs that cause them to seek a different approach to vaccinations. We are concerned by statements from some Oregon pediatricians, who indicate that they refuse to see children whose parents choose to not vaccinate. It is paramount that we also not drive anti-vaccine or vaccine-hesitant families out of the healthcare system, which ultimately puts the health of the individual and the public at greater risk and erodes the patient-physician relationship of trust and cooperation that is essential to patient-centered care.

Addressing the vaccine-resistant/anti-vaccine patient

Families that are vaccination hesitant or resistant, or that request an alternative vaccination schedule, are often denied entry into conventional medical practices or are distrustful of one-size-fits-all recommendations. Naturopathic physicians bridge this gap in healthcare, providing complete information about vaccinations to all patients regardless of their views on vaccinations. This information includes CDC and state mandated schedule recommendations.

This physician/patient encounter is vital to the overall public health of our Oregon communities because it allows those families who would normally refuse all vaccines to consider an alternative or delayed schedule. Selective vaccinations, while not optimal, do allow a pathway to increase vaccination rates and

are proven to successfully achieve CDC-recommended herd immunity thresholds in Oregon for diseases where a parent might otherwise opt out entirely. Naturopathic Physicians serve as an important vehicle in providing vaccine coverage to these vaccine-hesitant or anti-vaccine patients.

Supporting analysis of individual vaccine rates in assessing community risk

We also strongly support the thoughtful examination of the details of Oregon's vaccination and exemption rates over generalized statistics. Children whose parents have selected individual vaccines in Oregon are currently considered as universally "exempt" and are mischaracterized as "unvaccinated" even if the child has received every dose of every vaccine except for one. This artificially portrays vaccination rates as lower than they actually are and does not serve to accurately represent a complete picture of community risk, leading to public confusion and unnecessary fear.

Examination of the details of vaccines required by schools or children's facilities in Oregon indicates that Oregon actually meets or exceeds almost all the CDC-recommended thresholds for herd immunity for infectious diseases.¹ Eliminating the religious and philosophical exemption is a heavy-handed way of achieving higher vaccination rates when Oregon is not facing a public health crisis and already has educational efforts underway which may prove even more effective in increasing vaccination levels and community protections for these infectious diseases.

Encouraging full implementation and reporting on education efforts

Through the hard work of Senator Steiner Hayward, Oregon implemented new immunization education requirements last year for parents who choose to exempt out of any vaccine. This new law is expected to markedly increase vaccination rates, as was demonstrated in Washington State, which saw a reduction in exemptions from 5.9% before the immunization education requirement to 4.5% in the year after they implemented the education module.² That is an impressive 25% drop in exemption rates. Data from Oregon's new education requirements is expected to be the same or better but will not be available until later this Spring, and we believe it is prudent to examine the impact this law has had on immunization rates in Oregon before taking the dramatic step of removing a patient/parent's choice in a medical decision.

Examining other public health policies to increase vaccination rates

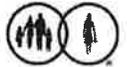
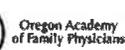
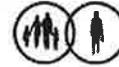
The Immunization Policy Advisory Team is tasked with the development, prioritization and implementation of immunization policies. We support examining public health policies that have been recommended by IPAT that will increase public protection from infectious diseases while retaining individual rights in healthcare decisions.

Likewise, the state should also be looking at other policies that are congruent with achieving higher vaccination rates while maintaining a family's choice to vaccinate. For example, some insurance companies refuse to cover vaccinations when administered by a Naturopathic Doctor. When a vaccine-hesitant parent comes to one of our clinics, we are often able to convince them to vaccinate, only to then have to tell them their insurance won't cover it. These types of barriers are unnecessary, unhelpful and are missed vaccine opportunities.

OANP is committed to working with legislators and the state to increase vaccination rates in a way that stays true to the tenets of "patient-centered care," treating the whole person, and relying on doctors as important sources of education and trust. We therefore encourage lawmakers to exhaust all other possible policies before taking the ultimate step of eliminating the religious and philosophical exemption.

¹ IPAT School Immunization Update Presentation June 5, 2014 to Oregon Board of Education.

² <http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-324-KindergartenExemptGraph.pdf>



February 18, 2015

To: Chair Monnes Anderson and Members of the Senate Health Care Committee
Re: Support for SB 442

Dear Chair Monnes Anderson and Members of the Committee:

We the above organizations write to express our resounding and unanimous support for Senate Bill 442. By allowing only medically necessary exemptions under ORS 433.267, Oregonians will be much safer from the spread of communicable and infectious diseases.

State-mandated school immunization requirements have played a major role in achieving and maintaining low rates of vaccine-preventable diseases in the United States.¹ All states and the District of Columbia require children entering school to provide documentation that they have met the state vaccine requirements. States that make exemptions widely available to parents, either by offering a personal belief exemption or making the exemption option easy to obtain, have higher rates of exemptions or may experience substantial increases in exemption rates. Increasing exemption rates can increase individual and community risk to vaccine-preventable diseases.

States must balance parental autonomy with the tremendous public health benefit of vaccines when considering the types of exemptions allowed and how policies are implemented.² We strongly believe Oregon must remove all non-medical exemptions in order to meet the compelling public health needs of this state. Oregon ranks among the very lowest in immunizations nationwide. Our state's low immunization rates affect all ages of our youth, leaving many Oregonians vulnerable for a multitude of diseases. For example, only 93.3% of all children in kindergarten have received the necessary doses of tetanus immunization.³ Tetanus presents a unique need for immunization because a person can be infected regardless of herd immunity: the causative agent of this disease is ubiquitous in the environment.⁴

Tetanus of course is not the only immunization whose low rates in our state present public health risks. Of children younger than 3 years old, fewer than 90% have received even a single dose of

¹ Omer, Pan, et. al, "Nonmedical Exemptions to School Immunization Requirements: Secular Trends and Association of State Policies with Pertussis Incidence" p.1

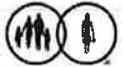
² Omer et. al p. 7

³ <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/RatesNISOregon.pdf>

⁴ <http://pediatrics.aappublications.org/content/109/1/e2.full>



Oregon Academy
of Family Physicians



the MMR (mumps, measles, rubella) vaccine, and only 66.6% have completed all the recommended immunizations.⁵ Even in children under the care of a licensed child care provider, the MMR rate is only 95.1%, and those in kindergarten public and private only 93.2% were vaccinated as of April 2014.⁶ Frighteningly, many of these young children have infant siblings, who cannot receive the MMR immunization until one year of age, leaving them hugely vulnerable.

Given that the recent measles outbreak affecting many infants and young children has been a public health and safety concern of the first order, we are concerned about the potential for further outbreaks of preventable communicable and infectious diseases.

We remind you and ourselves that the diseases that vaccinations prevent are not benign childhood illnesses. They are instead diseases that present serious complications and that can even be fatal. As you consider the implications of this bill, please consider the invaluable health safeguards it will have on those who have compromised immune systems: among others, infants, the elderly, and persons undergoing chemotherapy.

For all the reasons discussed above, we respectfully urge you to vote yes on Senate Bill 442.

⁵ <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/RatesNISOregon.pdf>

⁶ <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Documents/SchImmExmpData.pdf>

Dear Members of the Senate Committee on Health Care:

I am writing in strong support of SB 422 as currently written, and in even stronger support of the amendments to be proposed today, designed to increase our state's vaccination rates by removing the non-medical exemption option.

The success of our vaccination system, a public health victory, is at stake. Allowing those who choose not to "believe" in decades of evidence-based medicine to put thousands of infants and immunocompromised children and adults at risk is unconscionable.

Thank you,

Tanya Schaefer
7425 SE 18th Ave
Portland, OR 97202

I support increasing the vaccination rate of children in Oregon schools. Doing everything we can to protect the lives of our children, even from their own parents, is very important. Opponents of this bill seem to see it as an attack on their rights, but they are revoking the choice of other children who might not be able to get vaccines because of health issues, and that is worse.

Written Testimony of Dr. Erika Beard-Irvine FAAP In support of amendment to SB442

I am a pediatrician and homeschooling parent of two fully vaccinated children, including one with autism. I traveled from Bend to testify in support of amending SB442 to tighten the current nonmedical vaccination exemptions for Oregon school children. Oregon's current vaccine exemption rate is 7% which is the highest in the country. Because vaccine-hesitant and vaccine-opposed parents tend to cluster together, this number is far higher in some schools resulting in immunization rates that are inadequate to establish herd immunity. We can do better. We need to do better. Children with immunodeficiencies, children receiving cancer treatment and other medication that suppresses their immune systems, pregnant women and their fetuses, young infants, and the elderly are all at risk of serious illness, neurological impairment (including mental retardation, blindness, and deafness), and death if they are infected with vaccine preventable diseases. Not everyone can be immunized, and not everyone develops immunity to every vaccine.

As a pediatrician, I have witnessed first-hand the devastation of these diseases. I watched a previously healthy 11 year old boy die of the flu in the intensive care unit of a children's hospital despite having every intervention possible. I will never forget the sound of his mother's sobs throughout the unit when he died. I took care of a previously healthy 14 year old girl with pneumococcal sepsis who deteriorated so rapidly in the emergency room that she was too unstable to be transported to a children's hospital, despite the fact that it only took 10 minutes to mobilize an ambulance and transport team. One of my partners sat up all night with her giving two different medications to maintain her blood pressure and multiple doses of epinephrine to maintain her heart rate. I saw a whooping cough outbreak started by a teacher spread through a middle school to another middle school and 2 elementary schools. I have seen tetanus, mumps, chicken pox, and the after-effects of polio. There are currently 141 cases of measles in the United States. These diseases are real, and they are serious.

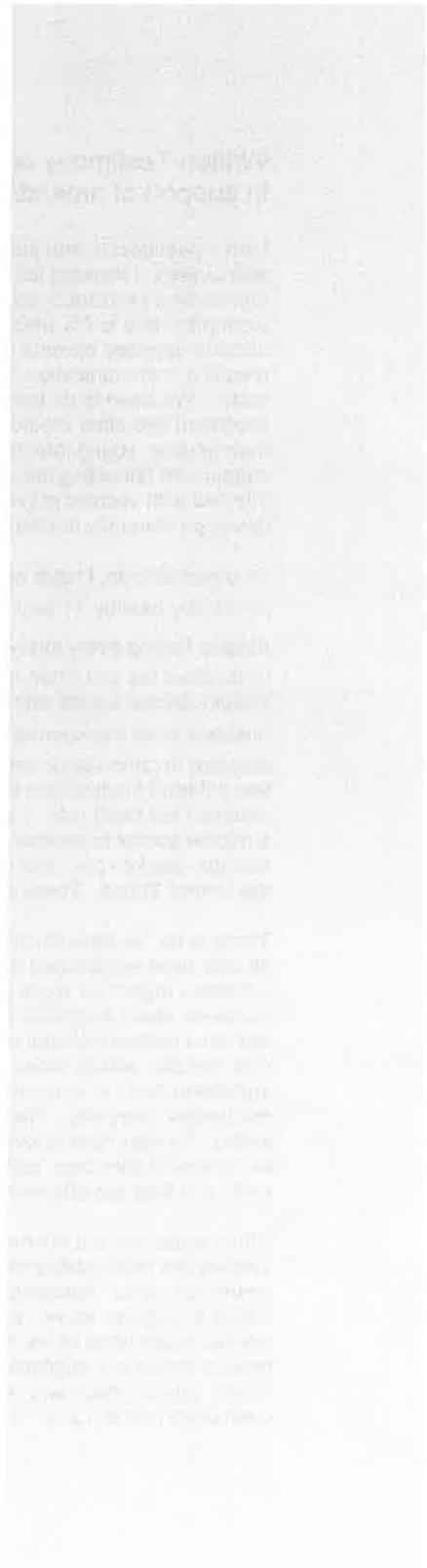
There is no "vaccine controversy." Over 95% of physicians support full immunization. Multiple studies have established the safety of the current vaccine schedule. As a pediatrician, I have educated myself on vaccine safety to be able to educate my patients. When parents express concerns about aluminum in vaccines, I can reassure them that a fully immunized 6 month old will have received almost twice as much aluminum from breastmilk, 7 times as much from cow's milk formula, and 32 times times as much from soy formula. Formaldehyde sounds scary as an ingredient, but it is a byproduct of many biochemical processes. We all have formaldehyde in our bodies every day. The list goes on. These ingredients have been studied extensively for safety. Studies have shown no association between vaccines and encephalitis, autism, autoimmune disorders, asthma, allergies, and neurodevelopmental disorders. Vaccines are safe, and they are effective.

While states without nonmedical exemptions to immunization obviously have the highest vaccination rates, states with more cumbersome exemption requirements also have lower exemption rates. Alabama has religious exemptions but no philosophical exemptions. To obtain a religious waiver, a parent must get a form from the health department and have it signed by the head of the health department. No questions are asked. The parent does not have to prove any religious affiliation, but in 2013, Alabama had a 0.6% exemption rate. In Texas, philosophical and religious exemption waivers must be notarized. In Texas, the exemption rate is 1.2%. The current policy of allowing parents to watch an educational video is

Comment [1]:

pointless. If anyone thinks that a parent is actually watching a vaccine education video to get an immunization waiver, they are deluded. Requiring waivers to be signed a physician is probably not much better. Physicians are tired of having these conversations. They take a lot of time and mental and emotional energy when seeing patients every 15 to 20 minutes. I suspect that many physicians will sign the forms with little patient education. I strongly support the elimination of the philosophical exemption, however I encourage you to consider maintaining a religious exemption, albeit with more cumbersome requirements. In 2013, John Grabenstein published a paper in the journal *Vaccine* reviewing the dogma of several major religions with regards to vaccines. According to that review, only the Dutch Reformed Church is dogmatically opposed to routine immunization. Even so, I have had a few parents who have felt that the fact that some vaccines are produced using cell cultures derived from aborted fetal tissue. These parents have been unwilling to give the varicella, hepatitis A, and rubella vaccines, because they felt that to do so would go against their personal religious beliefs. Any religious exemption, however, should be cumbersome to obtain.

Refusal to vaccinate does not only affect one's own family. It affects the community. Parents don't get to pick whether their child uses a carseat or seatbelt based on their personal risk assessment. That only affects their child. Vaccination affects our entire community. This issue is being portrayed as an issue of parental rights. What about the rights of children to go to school without the risk of being exposed to vaccine preventable diseases? People are concerned about parental freedom. What about the freedom of parents to send their immune-compromised children to school without concern that they will be exposed to vaccine-preventable diseases? Please help keep our communities safer. Keep my patients safer.





Paul A. Offit, MD
Director

February 25, 2015

Charlotte Moser, BS
Assistant Director

RE: Oregon Bill SB0442 proposed to eliminate philosophical belief exemptions from vaccination

Susan E. Coffin, MD, MPH
Physician-Scientist

Kristen Feemster, MD, MPH, MSHP
Physician-Scientist

Gary S. Marshall, MD
Physician-Scientist

Michael J. Smith, MD, MSCE
Physician-Scientist

Louis M. Bell, MD
Physician

Mary Lou Manning, RN, PhD, CPNP
Nurse-educator

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Deborah Wexler, MD
Immunization Action Coalition

At their heart, philosophical belief exemptions to vaccination (PBE) rest on two pillars – fear and control. Indeed, human nature is to fear things we do not know and to control as much as we can. So when parents are confronted with giving their babies vaccines, both of these emotions tend to work against making the best – the safest – decisions for their babies. However, we would argue that vaccines, when understood, should expunge fear and augment control:

- Fear – Vaccines suffer an irony. On one hand, they are among the best studied products we put into our bodies. Before a vaccine can be given to anyone, it must undergo years of testing in thousands of people to show that it works and is safe.¹ Indeed, the paperwork from one of the rotavirus vaccine trials (RotaTeq®), would stand as tall as the Sears Tower if stacked – that's one study for one single vaccine.²

Yet, for most of the population, including many healthcare providers, what is in that vial and how it works to protect from disease, is not well understood. Many people work tirelessly to fill this gap and explain the science, but sadly, those against vaccines also work tirelessly. They work tirelessly to keep the fear alive promoting disproven theories, such as vaccines cause autism, vaccines contain harmful ingredients, babies get too many vaccines, etc.³ These false claims usually come with emotional anecdotes, explanations that sound scientific, statements of victimization for being the bearer of an unpopular message, and suggestions of conspiracy and cover-up.

Historically, fear was directed at the diseases vaccines prevent, and unfortunately, those most passionate about preventing these diseases today, are often, themselves, informed by the tragedy bestowed by these killers. Parent groups composed of families profoundly affected by these diseases and doctors who have watched children succumb to them are among the most passionate because for them the true savage has been realized firsthand. Vaccine-preventable diseases are not equal in their capacity to maim or kill, but watching someone die from any one of them is a stark reminder of the importance of prevention. The viruses and bacteria that cause these diseases are the appropriate target of these fears. Indeed, still today in parts of Africa, some families do not name their babies until the fear of loss to measles has passed.⁴ In this country, parents benefit from living without that fear; unfortunately, vaccines do not.

- Control – In a society characterized by helicopter parenting and Starbucks cafes, the value placed on control is obvious. We control our children's play experiences by scheduling playdates and keeping children busy with organized activities. We control

what we order by picking and choosing what is in our favorite version of a Starbucks Grande. So, it is only natural that we would want to control vaccines and, indeed, the thought that someone is telling us we need to give our children vaccines appears to run counter. But consider this – vaccines allow us the ability to control our children’s exposure to these most deadly of diseases. Stop my child’s development of cancer? Yes, I can. Stop my child’s 100 days of coughing? Yes, I can. Stop my child’s vomiting and diarrhea illness? Ear infection? Sore throat? Yes, yes, and yes. Vaccines afford us a control that no other medical intervention allows. We know, as recorded in our dog-eared books, exactly the date our child was exposed to measles, mumps, rubella, chickenpox, and so on and if we follow the recommended schedule, we know that it is at just the right time to account for increasing susceptibility and to allow for developing immunity.⁵ Not only do we know the exact date, but we also know they were exposed to a quantity that was “just right” – not too much (to make them sick) and not too little (to keep them susceptible).⁵ How many other parental decisions afford us that control?

Of course, the conversation always returns to the notion of being forced to give our children vaccines which feels out of our control, but the truth of the matter is, deciding to vaccinate our babies according to the recommended schedule puts us in the driver’s seat.

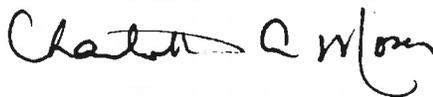
So, while this conversation is about whether or not PBE should exist, remember that PBE are based on misplaced fear and misconstrued control. Indeed allowing parents to “choose” a PBE is actually preempting their control over potential killers based on misguided and unfounded fears.

For a parent, especially a new parent, who is already overwhelmed with the responsibility of “doing right by their baby” and who has likely never seen the diseases vaccines are purported to prevent, the chatter is enough to cause concern. And, if you are that parent, wouldn’t it seem easier and more in control to claim a PBE than to take a chance? For the health of our children, please don’t allow parents this opportunity; the potential price is too high.

Sincerely,



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³For a description of the science behind these disproven theories, consult these resources provided with references by the Vaccine Education Center at The Children's Hospital of Philadelphia:

Vaccines and Autism: What you should know- accessible at
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Vaccine Ingredients: What you should know – accessible at
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Too many vaccines: What you should know – accessible at
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⁵For a description of the science behind the recommended schedule, consult this resource provided with references by the Vaccine Education Center at The Children's Hospital of Philadelphia:

Recommended Immunization Schedule: What you should know – accessible at
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