

*On the basis of 3 years' experience with a statewide noncompulsory immunization law for school children, Indiana State health officials predict satisfactory levels of immunization in a few years.*

## **A NONCOMPULSORY IMMUNIZATION LAW FOR INDIANA SCHOOL CHILDREN**

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IN 1957, a bill was introduced in the Indiana General Assembly calling for compulsory immunization of all children entering school for the first time. Indiana has never had a compulsory immunization law. The bill as introduced provided for immunization of all children against smallpox, diphtheria, tetanus, pertussis, and poliomyelitis.

Fortunately the State health commissioner and members of his staff were called to testify at the committee hearings on the bill. The Indiana State Board of Health has for many years emphasized the need to immunize children between birth and 6 months of age because during this age period the diseases against which protection can be given by immunizing biologicals are the greatest hazard to the young child. All educational efforts with the laity and the medical profession have been directed toward early immunization. The passage of a compulsory law such as the one proposed would tend to cause a reversion to the former practice of sending children to school to be immunized instead of immunizing children before they attend school. It was also pointed out that the decision to obtain protection against disease through immunization must be made by the

individual, his family, and the family physician, and that the decision should be made voluntarily on the basis of the value and benefits to be derived.

The legislators rewrote the entire bill and it became law July 1, 1957, with the following provisions:

The school officials of each school corporation in the State of Indiana shall, upon enrollment of any child for the first time in any school of the school corporation, require the parents, guardian, or any person having the control and custody of such child, if they do not object thereto in writing, to furnish a written statement stating therein whether or not such child has been immunized against smallpox, diphtheria, whooping cough, tetanus or poliomyelitis. The statement shall contain a recital showing the age of such child at the time he received such immunization.

The school officials of the several school corporations of this State shall, not later than sixty days after the enrollment of children for the first time, in any school of the school corporation, file a written report with the Indiana State Board of Health of the Division of Health and Preventive Medicine, and the local health officer having jurisdiction in a manner as may be prescribed by the State board of health, stating in the report the number of such children who have or have not been immunized against smallpox, diphtheria, whooping cough, tetanus or poliomyelitis. The report shall recite the names of the children who have been so immunized and the age when said children received such immunization; and the report shall also recite the names of any children who have not been so immunized. The Indiana State Board of Health shall prescribe and provide the forms on which the school officials shall make such report.

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**Table 1. Percentage of Indiana pupils beginning school immunized against diseases covered in the State's immunization law of 1957, as reported to the State board of health**

Year	Pupils	Smallpox	Diphtheria	Tetanus	Whooping cough	Poliomyelitis
1957.....	104, 949	65	72	71	71	67
1958.....	100, 713	64	73	71	71	69
1959.....	99, 843	67	75	75	74	73

**Data Gathering**

Many of the schools in Indiana were already using a questionnaire which was filled out by the parent or guardian of each child entering school for the first time. This included questions on immunization. Letters were sent by the Indiana State Board of Health to the superintendent of each school system in the State asking them to include such questions in their entrance questionnaire.

The principal of each school was asked by the superintendent of schools to report the number of pupils entering school for the first time and the number who were satisfactorily immunized against poliomyelitis, pertussis, diphtheria, tetanus, and smallpox. A sample form was sent to each school principal indicating the manner in which the data should be presented when reported to the school superintendent. It was left to the decision of each superintendent as to whether his principals would be sup-

plied printed forms for this report or whether the information was to be transmitted by letter.

The Indiana State Board of Health supplies a form in triplicate to the school superintendents. On this form the superintendent lists all of the schools under his control. Pertinent data are given as to the number of pupils entering school for the first time and the number satisfactorily immunized against each disease named in the law. The original copy of the form is sent to the State board of health and the second copy to the local health officer. The third copy is retained by the school superintendent.

The communicable disease control division of the Indiana State Board of Health receives these reports, collates them, and publishes an annual report of the State by counties. Copies are mailed to every school superintendent and local health officer in the State. The report for the calendar year 1959 has just been completed. A summary of the totals for the 3 years the

**Table 2. Status of immunization as reported by counties in Indiana, by percent of immunized first graders in public and parochial schools**

Percent of first graders immunized	Number of counties reporting														
	Smallpox			Diphtheria			Tetanus			Pertussis			Poliomyelitis		
	1957	1958	1959	1957	1958	1959	1957	1958	1959	1957	1958	1959	1957	1958	1959
20-30.....	5	2	2					1			1				
30-40.....	10	8	5		1	1	2		1	2		1	2	1	1
40-50.....	16	17	12	5	3	2	8	5	2	4	2	1	6	3	1
50-60.....	22	21	19	13	11	7	13	9	9	14	15	6	23	11	4
60-70.....	24	22	25	25	27	21	30	30	18	32	32	21	34	40	27
70-80.....	11	14	22	38	37	37	28	35	40	30	29	41	22	28	39
80-90.....	2	6	5	9	9	21	9	10	18	9	11	19	4	8	19
90-100.....	1	1	2	1	3	3	1	1	4		1	3			1
Total.....	91	91	92	91	91	92	91	91	92	91	91	92	91	91	92

NOTE: Brown County gave no reports for 1957 and 1958.

law has been in operation shows some slight improvement in the status of immunization against all preventable diseases (table 1).

### **The Monthly Bulletin**

Following each year's tabulation a short article is written for the *Monthly Bulletin*, a publication of the Indiana State Board of Health. Accompanying each of these articles are charts indicating the percent of first graders immunized in each county. Counties with less than a 70 percent level of immunity are shaded; others are white.

The results of 3 years' experience have shown that parents have to answer their children when they ask: "Why haven't I had small-pox or polio shots?" After the second annual report in the *Monthly Bulletin*, parents began to take action in their PTA groups, through their local health departments, and through other civic groups to raise the immunization standards in their communities so that their county will appear white on the State chart.

The State's citizens have been taking steps to help themselves. The Indiana State Medical Association went on record in 1955 as opposed to the general principle of mass immunization except in times of emergency or disaster. In many areas where the number of first grade pupils protected against preventable diseases was shockingly low, the physicians were as surprised and concerned as the parents. In fact, during the last 6 months, mass immunizations have been planned in several areas by the local health department and the parents with the sanction and cooperation of the local medical society. These programs for the most part are

paid for from local funds, as the State board of health under existing statutes can provide biologicals only for the indigent. The State board of health has been able to assist in some of these programs by an arrangement whereby the pharmaceutical house holding the State contract for biologicals sells to local health departments immunizing biologicals at the State price. The State medical society has taken cognizance of the problem by urging physicians to take steps to promote immunizations in their offices. The number of counties achieving higher immunization levels has increased (table 2).

The figures for the third year's report are in the printer's hands. It is expected that the publication of the *Monthly Bulletin* carrying these data will stimulate even greater local activity than evidenced by the second year's report.

### **Conclusion**

There has been a movement in the United States in the past 2 years to make immunization compulsory upon entering school. The Indiana State Board of Health feels not only that the compulsory aspect will discourage immunizations early in life but that the preservation of health is an individual or family responsibility. Based upon the short experience with the Indiana law it is believed that within a relatively few years this type of legislation will result in the achievement of a satisfactory immunization level for children in all counties of the State. This experience with a noncompulsory immunization law may be of benefit to States in which pressure groups are clamoring for compulsory immunization.