

January 14, 2026

MEMORANDUM FOR: Advisory Board of Health and Liz King, Health Officer
St. Clair County Health Department

FROM: Dr. Remington Nevin, Medical Director, St. Clair County Health Department

SUBJECT: Promoting and Protecting Vaccine Choice for St. Clair County Residents

Vaccines play a critical role in the prevention and control of infectious diseases, and their judicious use by trusted physicians and other prescribing health care providers can result in significant reductions in illnesses and fatalities.

According to a recent national poll,ⁱ individuals' personal physicians remain the most trusted source of reliable vaccine information. Over eight in ten adults say they trust their physician or health care provider or their child's pediatrician, a "great deal" or a "fair amount" to provide reliable information about vaccines. This same poll finds that a majority of adults – over five in ten – say they trust their child's school or daycare, "not much" or "not at all" to provide this information, while three to four in ten report similar levels of mistrust in public health agencies.

A little under one year ago, in a memorandum dated February 18, 2025,ⁱⁱ I observed that recent events had signaled "a profound shift in the public's trust in public health" particularly in public health agencies' recommendations regarding vaccinations. Noting that key public health officials had begun to acknowledge "irreparable" harm from coronavirus-related "missteps," including from offenses against personal autonomy,ⁱⁱⁱ I described my plan to develop specific recommendations to begin to regain the public's trust in vaccine recommendations, by emphasizing the primacy of a patient's or parent's relationship with a trusted physician or health care provider in their choice of vaccines.

After extensive review of local, state, and federal policies and practices, I am now proposing the following recommendations be made to the St. Clair County Health Department (SCCHD) Health Officer to promote and protect vaccine choice for St. Clair County residents.

These recommendations are consistent with Article II of the Advisory Board of Health bylaws, under which the board is to "recommend policy for the St. Clair County Health Department," "recognizing that persons have a right to make... health decision[s] about one's body and one's self subject to established law," and that "all actions of [the board] shall strive to ensure that our citizens and their children maintain their inviolate right to medical decision autonomy and self-determination...."



Elizabeth King, RN, BSN
Director/Health Officer

Greg Brown, BS
Administrator

Remington Nevin, MD, MPH, DrPH
Medical Director

Recommendation (1): Endorsement of Recent CDC Vaccine Recommendations

The recent adoption by the Centers for Disease Control and Prevention (CDC) of revisions to its adult^v and childhood and adolescent^v vaccination recommendations emphasizes personal and parental autonomy and reinforces that vaccines are prescription drugs for which full and uncoerced informed consent is required.^{vi}

Consistent with this emphasis, the CDC now increasingly recommends risk-based and individualized or shared clinical decision-making in consultation with a trusted physician or health care provider, including for influenza and coronavirus vaccines, and for the birth dose of hepatitis B vaccine. In contrast to CDC recommendations, the Michigan Department of Health and Human Services (MDHHS) continues to recommend these and other vaccines be administered universally,^{vii} aligning with recommendations from organizations that receive significant funding from vaccine manufacturers.^{viii}

Yet despite these vaccines being universally recommended by MDHHS, fewer than 7 in 10 Michigan parents elected for their child to receive the birth dose of hepatitis B vaccine last year,^{ix} while this year, fewer than 1 in 4 Michiganders elected to receive an influenza vaccine and fewer than 1 in 10 elected to receive a coronavirus vaccine.^x

In reflection of evident public preference for approaches that align more closely with recent CDC emphasis on individualized decision-making, it is recommended that SCCHD formally endorse and promote the recent CDC vaccine recommendations for childhood and adolescent vaccination,^{xi} and for the coronavirus vaccine,^{xii} which emphasize individualized or shared clinical decision-making between patients and parents and a trusted physician or health care provider.

Recommendation (2): Implementation of Fully Online Vaccine Exemptions

Although certain vaccines, including the birth dose of the hepatitis B vaccine which is declined by 3 in 10 Michigan parents, are no longer universally recommended by CDC, and are instead recommended only for individualized or shared clinical decision-making between parents and a trusted physician or health care provider, MDHHS continues to maintain vaccination requirements that differ from current CDC guidance, including for a birth dose of hepatitis B vaccine for parents wishing to enroll their child in daycare beginning at 2 months of age.^{xiii}

As described further in my April 15, 2025 memorandum,^{xiv} Michigan law provides for a parent's absolute right to secure an exemption from these and other school and daycare vaccination requirements in the case of "religious convictions" or "other objection" to vaccination.

Michigan law also provides for Michigan physicians to exempt children from these requirements when vaccination is "not appropriate," including on medical ethical grounds when full, informed, and uncoerced consent is absent,^{xv} such as in the absence of CDC-recommended individualized or shared clinical decision-making between parents and a trusted physician or health care provider.

Unfortunately, MDHHS continues to impose administrative requirements that hinder parents' ability to exercise these statutory exemption rights. These administrative requirements, while presented as educational, often create significant inconvenience and thus discourage parents from availing themselves of the exemptions provided under Michigan law.

As current MDHHS policy now directly conflicts with CDC recommendations, and may result in vaccination without the individualized or shared clinical decision-making recommended by CDC, it is recommended that SCCHD expeditiously implement its planned online school and daycare vaccine exemption procedure for St. Clair County parents, ensuring that this process can be completed on demand using digital signatures as needed, without requiring any in-person visit and with immediate certification and production of any certified state-required form. As a complement to this procedure, it is recommended further that SCCHD support the proposed standing medical director's exemption for St. Clair County residents,^{xvi} and challenge any adverse agency actions opposing the implementation of these recommendations, including through requests for declaratory rulings and judicial review through counsel as appropriate.

Recommendation (3): Promotion of Alternatives to State Vaccine Data Tracking

Despite public preference for approaches to childhood and adolescent vaccination that align more closely with recent CDC recommendations, MDHHS through its state vaccine data tracking system (MCIR) is likely to continue to recommend that vaccines be largely administered universally, based on a standing recommendation that contrasts with CDC guidance.^{xvii}

Accordingly, Michigan parents, whose children are automatically registered in this system at birth,^{xviii} are likely to be advised by the system that their children are erroneously "overdue" for several vaccines – for example, the hepatitis B birth dose – now recommended by CDC for administration only following individualized or shared clinical decision-making.^{xix}

Although the state, in its standing recommendation, notes that its guidance "should not supersede clinical judgment in decision making with individual patients," the predictable effects of this data tracking system keying its vaccine forecasting to non-CDC recommendations, and hence erroneously reporting children as "overdue" for vaccines not universally recommended by CDC, will be to undermine the relationship between patient and trusted physician or healthcare provider, and to pressure parents into accepting vaccines in the absence of full and uncoerced informed consent.

As described further in my July 23, 2025 memorandum,^{xx} although Michigan law provides that parents objecting to their child being in this system are to be afforded the opportunity to opt out of its vaccine data tracking,^{xxi} including by being provided with a state opt-out form prior to the child receiving a vaccine,^{xxii} compliance with such statutory distribution appears inconsistent and is likely far from universal throughout the county.

For example, prior to recent revisions to clinical practices adopted under my medical direction, parents were not routinely offered this form as required by law even at SCCHD's own clinics.

Accordingly, it is recommended that SCCHD take appropriate action to periodically measure and increase local compliance with the correct distribution of this form as required by law, and provide and promote alternatives to the recording of vaccines in the state vaccine data tracking system.

Paper records, promoted most recently to record vaccination against coronavirus, are an acceptable and time-tested means of recording vaccine administration, and may be particularly suited for parents who choose to follow the recently simplified CDC vaccine recommendations, which significantly reduce the number of universally recommended vaccine doses.

I welcome the input of the Advisory Board of Health and of concerned residents in the further development and implementation of these recommendations.



Remington Nevin, MD, MPH, DrPH
Medical Director, St. Clair County Health Department

Enclosures as described

ⁱ Kaiser Family Foundation. KFF Tracking Poll on Health Information and Trust: Vaccine Safety and Trust. Figure 1. May 6, 2025. Available at: <https://www.kff.org/health-information-trust/kff-tracking-poll-on-health-information-and-trust-vaccine-safety-and-trust>.

ⁱⁱ Nevin, R. Memorandum, Subject: Regaining Trust in Public Health Immunization Recommendations. February 18, 2025.

ⁱⁱⁱ See, for example: Abraham, RL and Coleman, WT. Louisiana Surgeon General: Restoring Trust in Health Starts with Restoring Trust in Medicine. February 13, 2025. Available at: <https://www.ldh.la.gov/news/7478>. Enclosed as Exhibit 1.

^{iv} See, for example, Nevin R. Dear Physician or Healthcare Provider Letter. August 29, 2025; and: CDC. CDC Immunization Schedule Adopts Individual-Based Decision-Making for COVID-19. October 6, 2025: Available at: <https://www.cdc.gov/media/releases/2025/cdc-immunization-schedule-adopts-individual-based-decision.html>.

^v O'Neill, J. Memorandum, Subject: Adopting Revised Childhood and Adolescent Immunization Schedule. January 5, 2025. Available at <https://www.hhs.gov/sites/default/files/decision-memo-adopting-revised-childhood-adolescent-immunization-schedule.pdf>.

^{vi} Hoeg, TB and Kulldorff, M. Assessment of the U.S. Childhood and Adolescent Immunization Schedule Compared to Other Countries. January 2, 2026. Available at: <https://www.hhs.gov/sites/default/files/assessment-of-the-us-childhood-and-adolescent-immunization-schedule-compared-to-other-countries.pdf>.

^{vii} MDHHS. MDHHS issues statement about federal changes to childhood vaccine schedule. January 6, 2026. Enclosed as Exhibit 2.

^{viii} See, for example: American Association of Pediatrics. Corporate Donors to the AAP Friends of Children Fund. Available at: <https://www.aap.org/en/philanthropy/corporate-and-organizational-partners/current-partners>.

^{ix} MDHHS. Percentage of Michigan Children Vaccinated at Milestone Ages for the Advisory Committee on Immunization Practices (ACIP) Recommended Vaccines, MCIR Data. September 30, 2025.

^x MDHHS. Michigan Flu Focus. January 9, 2026. Available at: https://content.govdelivery.com/attachments/MIDHHS/2026/01/09/file_attachments/3516851/MIFF%201.9.26.pdf.

^{xi} HHS. Fact Sheet: CDC Childhood Immunization Recommendations. January 5, 2026. Available at: <https://www.hhs.gov/press-room/fact-sheet-cdc-childhood-immunization-recommendations.html>. Enclosed as Exhibit 3.

^{xii} HHS. ACIP Recommends COVID-19 Immunization Based on Individual Decision-making. September 19, 2025. Available at: <https://www.hhs.gov/press-room/acip-recommends-covid19-vaccination-individual-decision-making.html>. Enclosed as Exhibit 4.

^{xiii} Michigan Administrative Code Section R. 325.176. Rule 6.

^{xiv} Nevin R. Memorandum, Subject: Laws and Regulations Pertaining to Immunization Exemptions. April 15, 2025. The numbered recommendations in this former memorandum are subsumed by the current recommendations.

^{xv} MCL 333.9215. Enclosed as Exhibit 5.

^{xvi} Enclosed as Exhibit 6.

^{xvii} MDHHS. Standing Recommendation Regarding Children's Vaccine Schedules. December 18, 2025. Available at: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Inside-MDHHS/Newsroom/Standing-Recommendation---Childrens-Vaccine-Schedule_12182025.pdf. Enclosed as Exhibit 7.

^{xviii} MCL 333.2821.

^{xix} MDHHS. How to Read your State of Michigan Immunization Record. October 2022. Available at: https://mcir.org/wp-content/uploads/2021/08/How-to-Read-your-State-of-Michigan-Immunization-Record_10-27-2022.pdf. Enclosed as Exhibit 8.

^{xx} Nevin R. Memorandum. Subject: Conflicting Federal and State Guidance Regarding Vaccine Information Statements. July 23, 2025.

^{xxi} MCL 333.9206(2). Enclosed as Exhibit 9.

^{xxii} This opt-out form is enclosed as Exhibit 10.

Louisiana Surgeon General: Restoring Trust in Public Health Starts with Restoring Trust in Medicine

February 13, 2025



For much of the last century, public health has taken it upon itself to fill the gaps in our broken healthcare system — providing guidance, information, and health recommendations. But when we get it wrong and overreach, the harm is often irreparable. Trust is built over years and lost in seconds, and we're still rebuilding from the COVID missteps.

To name a few: inaccurate and inconsistent guidance on masking, poor decisions to close schools, unjustifiable mandates on civil liberties, and false claims regarding natural immunity. But the greatest missteps were on vaccines and some continue to this day. Within months of their approval, COVID vaccines were shown to have no third-party benefit in terms of reduced transmission, yet they were still mandated — through both policy and social pressure. That was an offense against personal autonomy that will take years to overcome. Even now, the CDC recommends that 6-month-olds receive COVID vaccinations — woefully out of touch with reality and with most parents, who have less faith than ever in the merit of the CDC's recommendations.

A study in *Health Affairs* found that after the pandemic, only 37% of the public trusted information from the CDC a "great deal," and only 25% trusted state and local health departments. Doctors fare better, but the trend is consistently alarming. A recent survey from *JAMA* showed that confidence in doctors decreased from 71% in 2020 to 40% in 2024. The antidote to this freefall in public trust is simply to start telling the truth. Until confidence is restored, the majority aren't going to take advice from public health, no matter how well-founded it may be.

For the past couple of decades, public health agencies at the state and federal level have viewed it as a primary role to push pharmaceutical products, particularly vaccines. Some have even referred to this practice as the "cornerstone" of public health. There are some appropriate examples of government recommendations, such as encouraging routine screenings like colonoscopies or Pap smears and facilitating access, especially for the poor. But promotion of specific pharmaceutical products rises to a different level, especially when the manufacturer is exempt from liability for harms caused by the drug, as is the case for many vaccines. It is understood that the products pushed will benefit some and cause harm to others, but public health pushes them anyway with a one-size-fits-all, collectivist mentality whose main objective is maximal compliance.

Under this ideology, the sacrifice of a few is acceptable and necessary for the "greater good."

As Americans, we should recognize that our rights come to us as individuals. We should reject this utilitarian approach and restore medical decision-making to its proper place: between doctors and patients. Perhaps there are some treatments that every human being should take, but they are few and far between, and things that are good generally don't have to be pushed by the government. Medical decision-making is a zero-sum game: when outside forces get involved, patient autonomy is sacrificed. We should empower people to make better decisions for themselves, keeping in mind that maximizing benefits for individuals will lead to maximal benefit for the population as a whole.

To rebuild trust, we need to focus on the issues that truly matter to people. Unfortunately, many public health departments are still stuck in pandemic-response mode. Not known for agility, they continue pushing the same guidance and recommendations from half a decade ago. Every business owner knows that to promote one thing, you must choose not to promote something else. We saw many examples of this over the past four years, in which people missed routine screenings and cancers went undiagnosed. Treatment for substance abuse was put on the back burner as deaths from opioid overdoses skyrocketed. Mental health disorders

were left unattended, spilling over into crises of homelessness and crime. In Louisiana, maternal and infant mortality remain near the worst in the nation. All the while, chronic disease rates continue creeping up to crisis levels. These are the post-pandemic priorities of the Louisiana Department of Health.

As a nation, we must recognize that there is no miracle pill for the major population health problems we face. The solution to increased spending and declining outcomes in our country is unlikely to come in the form of a pill or a shot. Much of the solution will likely come down to the usual hard work of improving diet, increasing exercise, and making better lifestyle choices.

Government should admit the limitations of its role in people's lives and pull back its tentacles from the practice of medicine. The path to regaining public trust lies in acknowledging past missteps, refocusing on unbiased data collection, and providing transparent, balanced information for people to make their own health decisions. By demonstrating genuine integrity and respect for personal autonomy, public health agencies can begin to mend the rifts they've created. Ultimately, restoring this trust requires returning medical decisions to the doctor-patient relationship, where informed, personalized care is guided by compassion and expertise rather than blanket government mandates.

Sincerely,

Ralph L. Abraham, MD

Louisiana Surgeon General

Wyche T. Coleman, III, MD

Deputy Surgeon General



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNORDEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGELIZABETH HERTEL
DIRECTOR**FOR IMMEDIATE RELEASE:**

Jan. 6, 2026

CONTACT: Lynn Sutfin

517-241-2112

Sutfinl1@michigan.gov**MDHHS issues statement about federal
changes to childhood vaccine schedule**

LANSING, Mich. – Following updates to the U.S. childhood immunization schedule made today by Deputy Secretary of Health and Human Services Jim O'Neill, in his role as acting director of the Centers for Disease Control and Prevention, the Michigan Department of Health and Human Services issued the following statement:

“For decades, vaccines have played a critical role in the prevention and control of infectious diseases and significant reductions in childhood illnesses and fatalities.

On Thursday, Dec. 18, Michigan’s Chief Medical Executive Dr. Natasha Bagdasarian issued a [Standing Recommendation](#) advising health care providers and families to follow the child and adolescent immunization schedule [produced by the American Academy of Pediatrics \(AAP\)](#) or [the American Academy of Family Physicians \(AAFP\)](#). We continue to stand by that recommendation.”

The underlying scientific evidence remains unchanged and continues to support the full AAP and AAFP vaccination schedules for children. Families should still be able to access the full range of childhood immunizations as recommended by the AAP and AAFP to protect their children from serious diseases.

All vaccines, including those moved to shared clinical decision-making, remain covered with no out-of-pocket cost by Affordable Care Act-regulated private insurance plans and federal coverage programs such as Medicaid and the Vaccines for Children program, as HHS affirmed in its announcement.

Bagdasarian noted that the changes announced today may create confusion for families and clinicians regarding school vaccine requirements, clinical workflows and the supply and use of combination vaccines.

“MDHHS will continue to provide clear guidance, backed by science to help protect Michigan families,” Bagdasarian said.

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Fact Sheet: CDC Childhood Immunization Recommendations

After a scientific review of the underlying science, comparing the U.S. child and adolescent immunization schedule with those of peer, developed nations, Centers for Disease Control and Prevention Acting Director Jim O'Neill has updated the U.S. childhood immunization schedule. The CDC will continue to recommend that all children are immunized against 10 diseases for which there is international consensus, as well as varicella (chickenpox). For other diseases, the CDC will recommend immunization for high-risk groups and populations, or through shared clinical decision making when it is not possible for public health authorities to clearly define who will benefit from an immunization. The updated schedule is in contrast to the CDC child and adolescent schedule at the end of 2024, which recommended 17 immunizations for all children.

The updated CDC childhood immunization schedule:

1. Recommends all vaccines for which there is consensus among peer nations.
2. Allows for more flexibility and choice, with less coercion, by reassigning non-consensus vaccines to certain high-risk groups or populations and shared clinical decision-making.
3. Ensures that all the diseases covered by the previous immunization schedule will still be available to anyone who wants them through Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children's Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket. Among peer nations, the U.S. will continue to offer the most childhood vaccines for free to those who want them.
4. Is accompanied by a strengthening of vaccine research through HHS' commitment to double-blind placebo controlled randomized trials as

well as more observational studies to evaluate long-term effects of individual vaccines and the vaccine schedule.

Scientific Review

- In 2024, the U.S. recommended more childhood vaccine doses than any other peer nation, and more than twice as many as some European nations.
- A 2024 comparison between the U.S. and peer nations, found that countries without vaccine mandates had as high immunization rates as the U.S. and other countries with vaccine mandates.
- Trust in U.S. public health declined from 72% to 40% between 2020 and 2024, coinciding with public health failure during the pandemic, including COVID-19 vaccine mandates. Though the COVID-19 vaccine was recommended for all children on the CDC schedule, the uptake rate was less than 10% by 2023. The uptake rate of other childhood vaccines declined during the same time period.
- Large placebo-controlled randomized trials on individual vaccines, combinations of vaccines, and vaccine schedules, as well as observational studies, are needed to better inform patients, parents, and providers and help restore trust in public health.

Immunizations Recommended for All Children

- The CDC will continue to recommend that all children are vaccinated against diphtheria, tetanus, acellular pertussis (whooping cough), Haemophilus influenzae type b (Hib), Pneumococcal conjugate, polio, measles, mumps, rubella, and human papillomavirus (HPV), for which there is international consensus, as well as varicella (chickenpox).
- Recent scientific studies have shown that one dose of the HPV vaccine is as effective as two doses. The CDC is following the lead of several peer nation by recommending one instead of two doses of this vaccine.
- The updated CDC recommended immunizations for all children and adolescents will maintain robust protection against diseases that cause

serious morbidity or mortality to children.

Immunizations Recommended for Certain High-Risk Groups or Populations

- Like all medical products, vaccines and other immunizing agents have different risk-benefit profiles for different groups of people. Risk factors can include unusual exposure to the disease, underlying comorbidities, or the risk of disease transmission to others.
- The immunizations recommended for certain high-risk groups or populations are for respiratory syncytial virus (RSV), hepatitis A, hepatitis B, dengue, meningococcal ACWY, and meningococcal B.

Immunizations Based on Shared Clinical Decision-Making

- It is not always possible for public health authorities to clearly define who will benefit from an immunization, who has the relevant risk factors, or who is at risk for exposure. Physicians and parents, who know the child, are then best equipped to decide based on individual characteristics.
- The immunizations based on shared clinical decision-making are for rotavirus, COVID-19, influenza, meningococcal disease, hepatitis A, and hepatitis B.

Insurance Coverage

- All immunizations recommended by the CDC as of December 31, 2025, will continue to be fully covered by Affordable Care Act insurance plans and federal insurance programs, including Medicaid, the Children's Health Insurance Program, and the Vaccines for Children program. Families will not have to purchase them out of pocket.
- This means that insurance will continue to cover more vaccines for children in the U.S. than in peer nations, where insurance generally only pays for recommended vaccines.

Next Steps

- For health care providers, the CDC will publish the updated Child and Adolescent Immunization Schedule by Age (through age 18) of immunization recommendations for all children, immunization recommendations for certain high-risk groups or populations, and immunizations based on shared clinical decision-making.
- HHS will work with states and physician groups to educate parents and providers on the updated CDC childhood immunization schedule.
- The CDC will continue to closely monitor vaccine uptake, infectious disease rates and vaccine safety.

ACIP Recommends COVID-19 Immunization Based on Individual Decision-making

ATLANTA — SEPTEMBER 19, 2025 — The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) today unanimously recommended that vaccination for COVID-19 be determined by individual decision-making.

ACIP's recommendation applies to all individuals six months and older. It includes an emphasis that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors.

Individual decision-making is referred to on the CDC's adult and child immunization schedules as vaccination based on shared clinical decision-making, which references providers including physicians, nurses, and pharmacists. It allows for immunization coverage through all payment mechanisms including entitlement programs such as the Vaccines for Children Program, Children's Health Insurance Program, Medicaid, and Medicare, as well as insurance plans through the federal Health Insurance Marketplace.

"I commend the committee for bringing overdue scientific debate on vaccination to the American people," said Deputy Secretary of Health and Human Services and CDC Acting Director Jim O'Neill. A recommendation from ACIP becomes part of the CDC immunization schedule if it is adopted by the CDC director.

In addition to its recommendation for the CDC immunization schedules, ACIP voted to recommend that all pregnant women be tested for Hepatitis B. This

test is covered across all insurance programs. The vote encourages providers and health systems to increase the rates of testing in pregnancy to assure that women with Hepatitis B and their newborns can be properly cared for to reduce transmission of the virus from the mother to the child.

The Committee also approved a resolution for the provision of immunization from measles, mumps, rubella, and varicella (chickenpox) through the Vaccines for Children Program. This vote creates consistency in coverage for all vaccine payment mechanisms, including other entitlement programs, following ACIP's recommendation that toddlers through age three be immunized for varicella by standalone vaccination administered at the same time as the MMR vaccine, rather than the combination measles, mumps, rubella, and varicella (MMRV) vaccine. The CDC Immunization Safety Office's September 18 presentation to ACIP showed that healthy 12–23 months old toddlers have increased risk of febrile seizure seven to 10 days after MMRV vaccination compared to those given separate immunization for varicella and measles, mumps, and rubella (MMR). The MMRV vaccine doubles the risk of febrile seizures without conferring additional protection from varicella compared to standalone vaccination.

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.9215 Exemptions.

Sec. 9215.

(1) A child is exempt from the requirements of this part as to a specific immunization for any period of time as to which a physician certifies that a specific immunization is or may be detrimental to the child's health or is not appropriate.

(2) A child is exempt from this part if a parent, guardian, or person in loco parentis of the child presents a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements of this part cannot be met because of religious convictions or other objection to immunization.

History: 1978, Act 368, Eff. Sept. 30, 1978

Popular Name: Act 368



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MEMORANDUM FOR: School Administrators and Group Program Operators

SUBJECT: Medical Director's Standing Immunization Exemption Certification

Michigan law, codified as MCL 333.9215(2), provides that a parent, guardian, or person *in loco parentis* of a child (herein "parent") may declare their child exempt from the mandatory immunization requirements of the Public Health Code in the case of "religious convictions" or "other objection" to immunization. Per MCL 333.9215(2), a parent declares an exemption from these immunization requirements solely by presenting "a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements of [the Public Health Code] cannot be met" because of such objections. State regulation imposes a subsequent administrative requirement on the local health department ("LHD") that such statements be certified that the parent has received certain education. However, this regulation conflicts with the federal Family Educational Rights and Privacy Act (FERPA), which may prohibit school officials from informing the LHD of the parent's filing of such a statement. In the absence of further parental action not required under Michigan law, such prohibition precludes the LHD's completion of the state form DCH-0716 certifying to the parent's passive receipt of such education, such as via certified mail. Under a provision of MCL 333.9215(1) not subject to this conflicting regulation, "A child is exempt from the requirements of this part as to a specific immunization for any period of time as to which a physician certifies that a specific immunization... is not appropriate [emphasis added]," such as when full, informed, and uncoerced consent to immunization is absent.

This memorandum serves as a standing immunization exemption certification per MCL 333.9215(1), permitting you to administratively process a parent's written statement of objection as a physician exemption in the absence of a state form DCH-0716. As county health department medical director, and with the recommendation of our county's Advisory Board of Health, I certify that it is not appropriate due to the absence of full, informed, and uncoerced parental consent for a child whose parent has submitted a written statement meeting the requirements of MCL 333.9215(2) and has received education on the risks of their child not receiving the vaccines being exempted and the benefits of vaccination to their child and the community to receive an objected immunization. This physician exemption applies to such written statements submitted for children residing in or attending schools or group programs in St. Clair County, and who have been provided with the education overleaf, which meets the education requirements of state regulation for exemptions under MCL 333.9215(2). This exemption remains valid for the period of time throughout the child's attendance at the school or group program and applies to all specific immunizations otherwise required under the Public Health Code and state regulations.

Use of the state's alternative form DCH-0713 is not mandated by MCL 333.9215(1) or by state regulation. For purposes of reporting, you may process this exemption as you would any other exemption received from a physician under MCL 333.9215(1). For a child whose parent has withheld consent under the FERPA, please report this exemption as a physician exemption on your aggregate reporting form. At their discretion, the parent may choose to complete the written statement overleaf in lieu of a separate written statement.

Remington Nevin, MD, MPH, DrPH
Medical Director



Elizabeth King, RN, BSN
Director/Health Officer

Greg Brown, BS
Administrator

Remington Nevin, MD, MPH, DrPH
Medical Director

EDUCATION FOR PARENTS DECLARING EXEMPTION TO MANDATORY IMMUNIZATION

Michigan law provides that a parent, guardian, or person *in loco parentis* of a child (herein "parent") may declare their child exempt from the mandatory immunization requirements of the Public Health Code in the case of "religious convictions" or "other objection" to immunization. This exemption is declared by presenting "a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements [of the Public Health Code] cannot be met" because of such objection.

If you choose to declare such an exemption you may complete the optional written statement below and return this to your child's school or group program in lieu of a separate written statement. Under Michigan law, no further action by you is required to declare your child exempt from these requirements. Such exemption will specifically apply to all immunizations otherwise required under the Public Health Code and state regulations.

Through your receipt of this document, you have received education on the risks of your child not receiving the vaccines being exempted and the benefits of vaccination to your child and the community.

The risks of your child not receiving the vaccines being exempted include a potential increased risk of your child contracting the diseases targeted by the vaccines being exempted, and the potential for your child's temporary exclusion from school in the event of certain vaccine-targeted disease outbreaks. The benefits of vaccination to your child and community include that that your child would not be subject to such exclusion, and a potential decreased risk of your child contracting the diseases targeted by the vaccines being exempted or transmitting these diseases to others. Only a physician or advanced practice clinician (e.g., a nurse practitioner or physician assistant) can properly counsel you on the specific risks and benefits of such vaccination unique to your child's medical circumstances.

Should you have medical questions or concerns related to vaccination, you are welcome to schedule a voluntary no-charge medical encounter with the St. Clair County medical director, where the specific risks and benefits of vaccination unique to your child's medical circumstances may be discussed. Should you have more general questions on standard immunization guidance, you are also welcome to schedule a voluntary no-charge educational encounter with our public health nursing staff. Under Michigan law you are not required to actively participate in an in-person educational encounter with our public health nursing staff, nor demonstrate active completion of any other educational activity, nor are you required to actively complete or sign state form DCH-0716, which is an internal administrative function of the local health department (LHD).

WRITTEN STATEMENT TO THE ADMINISTRATOR OF THE CHILD'S SCHOOL OR OPERATOR OF THE GROUP PROGRAM

To be completed for standing medical director administrative immunization exemption certification per MCL 333.9215(1) under recommendation of the St. Clair County Advisory Board of Health.

Date

Name of Child

Date of Birth

This written statement declares that the immunization requirements of the Michigan Public Health Code cannot be met because of religious convictions or other objection to immunization.

Name of Parent

Signature



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNORDEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGELIZABETH HERTEL
DIRECTOR

Standing Recommendation Regarding Children's Vaccine Schedules

In my role as chief medical executive for the State of Michigan, I, Natasha Bagdasarian, MD, MPH, FACP, FIDSA, issue the following standing recommendation under MCL 333.26369:

As of December 18, 2025, health care providers in Michigan should refer to the children's vaccine schedules produced by the American Academy of Pediatrics or the American Academy of Family Physicians, when determining which vaccines their patients should receive and the timing for their administration.

This recommendation should not supersede clinical judgement in decision making with individual patients.

The Advisory Committee on Immunization Practices (ACIP) was established in 1964 to guide federal vaccine recommendations. While Michigan has previously looked to ACIP's recommendations, ACIP is an advisory body that Michigan is not bound to follow.

In consultation with the Michigan Department of Health and Human Services Division of Immunizations, I have reviewed current vaccine schedule recommendations produced by the American Academy of Pediatrics ([American Academy of Pediatrics 2025 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger](#)) and the American Academy of Family Physicians ([American Academy of Family Physicians, 2025 Birth Through Age 18 Immunization Schedule](#)), and find them to be well-evidenced and based on rigorous review. Employing these schedules will contribute to the advancement of the health of Michigan's residents and prevent severe, potentially fatal, negative outcomes. I encourage health care providers, health care systems, and health care payers to limit barriers to vaccine access where possible.

This standing recommendation remains in effect until rescinded.

SIGNATURE:

Natasha Bagdasarian, MD, MPH, FIDSA, FACP
Chief Medical Executive



December 18, 2025
Date Signed/Effective

How to Read Your State of Michigan Immunization Record

Your immunization record provides a history of all the vaccines reported to the Michigan Care Improvement Registry (MCIR). The MCIR is an immunization database that documents immunizations given to individuals receiving immunization care in Michigan. If you were born before December 31, 1993, your childhood vaccines may not be entered in our system. If you have medical documentation of your childhood immunizations work with your healthcare provider to update your immunization record in the MCIR. Connect with your health care provider if you have any questions or concerns regarding your immunization record information.

STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Official State of Michigan Immunization Record

MCIR ID#: 0000000000 **Name:** Test, Person **DOB:** 08/27/1977 **Age:** 43 Years 10 Months **As of:** July 06, 2021

History of Immunizations Given by Series										Status	Accelerated Date	Recommended Date	Shots Given
DTP/DTap/DTP/Td/Tdap	10/29/02 Td (adult) adsorbed	02/18/08 Td (adult)	04/20/18 Td Pf							Up-To-Date	04/20/2028	04/20/2028	
MMR										Overdue	08/27/1978	08/27/1978	
Hepatitis B	10/18/93 Hep B (ped/adol)	11/16/93 Hep B (ped/adol)	04/15/94 Hep B (ped/adol)							Complete			
Varicella										Immune			
Hepatitis A										Overdue	08/27/1978	08/27/1978	
Seasonal Influenza	10/17/13 IV4 (p- free/inject)	10/28/14 IV4 (inject)	10/15/15 IV4 (p- free/inject)	11/03/16 IV4 (inject)	10/19/17 IV4 (p- free/inject)	10/18/18 IV4 (p- free/inject)	10/22/19 IV4 (p- free/inject)	10/16/20 IV4 (inject)		Up-To-Date	09/01/2021	09/01/2021	
Tuberculosis	03/09/09 Tuberculin												
Pneumococcal Adult	02/11/11 PPSV23 (Pneumovax)												
Influenza	10/27/09 H1N1-09 (Inject)												
SARS-CoV-2	12/29/20 COVID-19 (Pfizer)	01/19/21 COVID-19 (Pfizer)											

This is a list of vaccines recommended for adults.

You will see more on your record if your childhood vaccines were recorded in the registry.

STATUS DEFINITIONS:

- **Eligible:** A dose in this series can be given now.
- **Complete:** All recommended doses in this series have been received. No further doses are recommended.
- **Immune:** Indicates person does not need this vaccine because they already have non-vaccine related immunity to the disease the vaccine prevents.
- **Overdue:** Vaccine is past the recommended date for the dose of vaccine, it is recommended to contact your healthcare provider.
- **Up to Date:** Additional doses recommended in this vaccine series, but it may not be time for your next dose.
- **Accelerated Date:** The earliest date the vaccine may be given to catch-up a person that may be more than one month behind the immunization due date.
- **Consider:** Health care providers considering giving a vaccine dose to their patient based on age and risk factors
- **Discuss/Due now:** Health care provider encourage to discuss with the patient about risk of disease and benefit of vaccination and then based on clinical decision the patient may receive the vaccine.

These columns include each date the vaccine or vaccine series was given to you and recorded by a health care provider.

The status column indicates if you are eligible, or overdue for recommended vaccine(s) and suggests a timeline to be immunized. *see Status Definitions



The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partnership considerations, or a disability or genetic information that is unrelated to the person's eligibility. (Rev. 10-22)

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978

333.9206 Certificate of immunization required; form; contents; right to object to reporting requirement; report to department; failure to comply with subsection (3); "health care provider" and "health professional" defined.

Sec. 9206.

(1) A health care provider administering an immunizing agent to a child shall present the person accompanying the child with a written certificate of immunization, or make an entry of the immunization on a certificate in the person's possession. The certificate must be in a form prescribed by the department and indicate the diseases or infections for which the child has been immunized, the number of doses given, the dates when administered, and whether further immunizations are indicated. Beginning January 1, 2024, the certificate must also have a space to indicate whether the minor has been tested for lead poisoning.

(2) Before administering an immunizing agent to a child, a health care provider shall notify the parent, guardian, or person in loco parentis of the child, on a form provided by the department, of the right to object to the reporting requirement described in subsection (3).

(3) Unless the parent, guardian, or person in loco parentis of the child who received the immunizing agent objects by written notice received by the health care provider prior to reporting, a health care provider shall report to the department each immunization administered by the health care provider, pursuant to rules promulgated under section 9227. If the parent, guardian, or person in loco parentis of the child who was immunized objects to the reporting requirement of this subsection by written notice received by the health care provider prior to notification, the health care provider shall not report the immunization.

(4) A health care provider who complies or fails to comply in good faith with subsection (3) is not liable in a civil action for damages as a result of an act or omission during the compliance, except an act or omission constituting gross negligence or willful and wanton misconduct.

(5) As used in this section:

(a) "Health care provider" means a health professional, health facility, or local health department.

(b) "Health professional" means an individual who is licensed, registered, or otherwise authorized to engage in a health profession under article 15.

History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1996, Act 540, Imd. Eff. Jan. 15, 1997 ;-- Am. 2023, Act 97, Imd. Eff. July 19, 2023 ;-- Am. 2023, Act 145, Imd. Eff. Oct. 3, 2023

Popular Name: Act 368

Michigan Care Improvement Registry (MCIR) Participation in the MCIR Reporting



In accordance with Public Act 540 of the Public Acts of 1996, Amended 2006, Act 91, the Michigan Department of Health and Human Services (MDHHS) has established the Michigan Care Improvement Registry (MCIR) to record information regarding childhood immunizations administered by health care providers. The information contained in the MCIR is subject to confidentiality and disclosure requirements. The information in the MCIR shall be used only for immunization purposes as authorized in state statutes and rules. Under the Public Act mentioned above, providers shall report each immunization they administer to children born after January 1, 1994. This reporting requirement is in effect unless the child's parent or guardian or individual objects by written notice in accordance with Sections 9206 and 9207 listed on the reverse side of this form.

Purpose -- Michigan Care Improvement Registry

The MCIR will collect standard, reliable information on the immunization status of individuals in Michigan. The MCIR will enable private and public providers of immunization services to assess a person's immunization status and administer age-appropriate vaccinations. The MCIR will allow for reminder and recall notifications for persons who are due or overdue for immunizations.

Statement -- Reporting Requirements of the MCIR

In accordance with Section 9206(3) of P.A. 540 of 1996 and Section 9207(3) of P.A. 91 of 2006:

☐ I OBJECT to the reporting requirements of the MCIR and issue this written notification to the MDHHS that immunization information for myself or my child not be reported to the MCIR. I understand that by signing and submitting this form, no MCIR user will be able to record immunization information for me or my child within the MCIR, nor will my or my child's immunization history be available through the MCIR.

☐ I RESCIND THE PREVIOUS OBJECTION to record immunization information for myself or my child in the MCIR. I understand that by signing and submitting this form, the MCIR will resume recording immunization information for my self or my child within the MCIR.

Person or Individual Information (this information is necessary to properly identify you or your child)

Name _____		
Last	First	Middle
MCIR ID _____		Date of Birth _____
		(MM/DD/YYYY)

Parent/Guardian or Individual Contact Information

Name _____		
Last	First	Middle
Relationship to Child _____		Phone Number (____) _____
Signature _____		Date _____

Name of Submitter _____

Completed forms must be sent via email MDHHS-MCIRHelp@michigan.gov or via fax to 517-763-0370

This document is subject to revision or withdrawal at any time at the discretion of the Michigan Department of Health and Human Services.
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