

April 7, 2026

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

FROM: Remington Nevin, MD, MPH, DrPH, Medical Director

SUBJECT: Incorporating Updated Vaccine Informed Consent Practices into VFC Quality Improvement Activities

This memorandum proposes that the Health Department update its Vaccines for Children (VFC) program activities to incorporate promotion of the vaccine informed consent recommendations endorsed by the Advisory Board of Health at its January 21, 2026 meeting. Specifically, this memorandum recommends that the department's annual VFC inspection and quality improvement (QI) processes be updated to promote provider compliance with three measures consistent with the Board-endorsed recommendations.

The federal VFC program provides vaccines at no cost to children who are uninsured, underinsured, Medicaid-eligible, or American Indian or Alaska Native, and is administered locally through enrolled providers.<sup>i</sup> According to state enrollment records, St. Clair County currently has approximately a dozen VFC-enrolled providers, including the Health Department's own clinics and several private practices and community health centers.<sup>ii</sup>

The Health Department oversees annual inspection and QI activities for county health clinics and organizations that participate in the federal VFC program. These activities include VFC compliance visits and Immunization Quality Improvement for Providers (IQIP) reviews. The Centers for Disease Control and Prevention (CDC) VFC Operations Guide permits local immunization programs to supplement standard compliance activities with locally developed training materials, follow-up actions, and operational policies.<sup>iii</sup> The department also possesses broad authority under the Michigan Public Health Code to take actions necessary or appropriate to carry out its functions and protect the public health.<sup>iv</sup>

At its January 21, 2026 meeting, the Advisory Board of Health unanimously endorsed a memorandum of the Medical Director recommending, among other measures, the formal adoption of the revised CDC immunization schedule,<sup>v</sup> the promotion of Michigan Care Improvement Registry (MCIR) opt-out rights, and the encouragement of alternatives to state vaccine data tracking.<sup>vi</sup> The present memorandum proposes concrete steps to advance these recommendations through the department's existing VFC oversight authority.

To advance these recommendations, I propose incorporating the following three measures into the department's VFC inspection and QI processes:



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Director/Health Officer

Greg Brown, BS  
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**1. Distribution of the CDC-Approved Vaccine Information Statement.** Ensuring that parents receive complete and accurate vaccine information is fundamental to informed consent. Federal law requires that all vaccine providers distribute the current edition of the Vaccine Information Statement (VIS) produced by the CDC prior to each vaccine dose.<sup>vii</sup> The Michigan Department of Health and Human Services (MDHHS) has historically encouraged providers to distribute Michigan-modified versions of the VIS, which include additional language regarding the MCIR.<sup>viii</sup> However, MDHHS's own policy document frames the use of the Michigan-modified VIS as "important" rather than legally required, and cites no statute or regulation mandating its use in lieu of the CDC edition.<sup>ix</sup> The CDC has stated that "[t]he Federal requirement to provide the vaccine information materials supplements any applicable State laws."<sup>x</sup> Because the Michigan-modified VIS is not required by law, and because the CDC edition is the only version whose distribution is mandated by federal statute, VFC providers should be encouraged to distribute the CDC-approved VIS rather than the Michigan-modified version. During VFC inspections, the department should determine whether VFC providers have access to and are distributing the current CDC-approved VIS.

**2. Distribution of the MCIR Opt-Out Form.** Michigan law requires that, before administering an immunizing agent to a child, the health care provider 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 reporting the immunization to the MCIR.<sup>xi</sup> This is a statutory obligation, not a discretionary recommendation. The required form is the MDHHS MCIR Opt-Out Form.<sup>xii</sup> During VFC inspections, the department should verify whether providers are routinely presenting this form to parents before vaccination and maintaining documentation of its distribution.

**3. Promotion of Alternative Vaccine Tracking.** Consistent with the Board-endorsed recommendation to promote alternatives to the state MCIR system,<sup>xiii</sup> VFC providers should be encouraged to offer and promote other means of tracking immunizations—such as paper immunization records, personal health record cards, or secure patient-portal-based records—for parents who exercise their statutory right to opt out of MCIR. Because families who opt out will no longer have a registry-based immunization record, it is important that providers offer practical alternatives to ensure that these families can maintain an accurate and complete record of their child's immunizations.<sup>xiv</sup> During VFC inspections, the department should assess whether providers are offering and informing parents of alternative tracking options, and should provide guidance and educational materials to support this effort.

These measures should be incorporated into the department's locally developed training materials and follow-up protocols for VFC and IQIP visits, which supplement the standard CDC and MDHHS compliance forms. Inspectors should document provider compliance with these measures during routine visits and, where deficiencies are identified, work with providers to promote corrective action. The department should develop brief educational materials or guidance documents for distribution to VFC providers in advance of the next inspection cycle.

Successful implementation of these measures among VFC providers would serve as a practical template for later expansion of the department's vaccine informed consent recommendations to other county vaccine providers not currently enrolled in the VFC program.

**I would welcome a motion recommending that the Health Officer promote (1) distribution of the CDC-approved Vaccine Information Statement, (2) distribution of the MCIR Opt-Out Form, and (3) promotion of alternative vaccine tracking within the department's VFC inspection and QI processes.**



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<sup>ii</sup> Meridian Health Plan, “Michigan VFC Providers by County,”

<https://www.mimeridian.com/content/dam/centene/meridian/mi/pdf/medicaid/Michigan-VFC-Providers-by-County.pdf>

<sup>iii</sup> CDC, VFC Operations Guide (July 2024–June 2025), Module 4 (“Ensuring Provider Compliance”) and Module 6 (“Program Operations”), [https://www.cdc.gov/vaccines-for-children/media/pdfs/2024/08/vfc-ops-guide\\_version-4.0\\_july-2024\\_low-res-508-rev-2.pdf](https://www.cdc.gov/vaccines-for-children/media/pdfs/2024/08/vfc-ops-guide_version-4.0_july-2024_low-res-508-rev-2.pdf) (providing that awardees may develop their own training materials, operational policies, and follow-up actions to supplement standard CDC compliance activities).

<sup>iv</sup> MCL 333.2433(2)(f) (local health department shall “[h]ave powers necessary or appropriate to perform the duties and exercise the powers given by law to the local health officer”); MCL 333.2428(2) (local health officer “may take actions and make determinations necessary or appropriate to carry out the local health department’s functions . . . and to protect the public health and prevent disease”). See also Mich. Att’y Gen. Op. No. 7205 (Sept. 14, 2007) (recognizing “broad discretionary authority” of local health departments in the immunization context).

<sup>v</sup> The revised CDC immunization schedule issued on January 5, 2026 is currently subject to a preliminary injunction. See *Am. Acad. of Pediatrics v. Kennedy*, No. 1:25-cv-11916 (D. Mass. Mar. 16, 2026). The government has indicated that it anticipates the ruling will be overturned. See PBS, “Judge blocks RFK Jr. from scaling back childhood vaccine recommendations” (Mar. 16, 2026), <https://www.pbs.org/newshour/health/judge-blocks-rfk-jr-from-scaling-back-childhood-vaccine-recommendations> (quoting HHS spokesperson: “HHS anticipates this judge’s ruling being overturned”).

<sup>vi</sup> Memorandum of the Medical Director (Jan. 14, 2026), endorsed unanimously by the Advisory Board of Health (Jan. 21, 2026). See also WGRT, “Health Department Backs Personal Choice in Vaccinations” (Jan. 29, 2026), <https://wgrt.com/health-department-backs-personal-choice-in-vaccinations/>.

<sup>vii</sup> National Childhood Vaccine Injury Act, 42 U.S.C. § 300aa-26. See also CDC, “Vaccine Information Statement: Facts About VISs,” <https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html> (“All vaccine providers, public or private, are required by the National Vaccine Childhood Injury Act . . . to give the appropriate VIS to the patient (or parent or legal representative) prior to every dose of specific vaccines.”).

<sup>viii</sup> MDHHS, “Michigan’s Vaccine Information Statement (VIS) Policy” (eff. June 4, 2013), [https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder9/Folder1/Folder109/VIS\\_Policy.pdf?rev=9876605f0fb64006bd4dde3370c3f35b](https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder2/Folder9/Folder1/Folder109/VIS_Policy.pdf?rev=9876605f0fb64006bd4dde3370c3f35b).

<sup>ix</sup> *Id.* (stating that “it is important that” Michigan VIS versions be used, but citing no statutory or regulatory mandate for providers to use the Michigan-modified VIS in lieu of the federally required CDC edition).

<sup>x</sup> CDC, “Instructions for Using VISs,” <https://www.cdc.gov/vaccines/hcp/about-vis/instructions.html> (“The Federal requirement to provide the vaccine information materials supplements any applicable State laws.”).

<sup>xi</sup> MCL 333.9206(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 of subsection (3).”).

<sup>xii</sup> MDHHS, MCIR Participation in the Reporting of Immunizations (Opt-Out Form), <https://mcir.org/wp-content/uploads/2014/09/OptOutForm.pdf>.

<sup>xiii</sup> See note *vi, supra* (Memorandum of the Medical Director, Recommendation 3 (“Alternatives to State Vaccine Data Tracking”)).

<sup>xiv</sup> See MCL 333.9206(2) (establishing parental right to object to MCIR reporting). See also note *vi, supra* (Memorandum of the Medical Director, Recommendation 3 (“Alternatives to State Vaccine Data Tracking”)).