Health Equity Forward

Idaho Vaccination Policy Memo

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TO: Rep. John Vander Woude
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RE: Too few K-12 students are vaccinated against preventative diseases in Idaho

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Background

Too few children enter kindergarten vaccinated against contagious, preventable diseases in Idaho. Idaho frequently ranks lowest in the nation for vaccination rates among kindergarteners. Low reported rates in the following routine immunizations: measles, mumps, rubella, DTaP, polio, and chickenpox. NBC data show that more than a quarter of kindergarteners attended school without verified vaccine completion. When kindergartners are not immunized against major diseases, there are several medical and social implications. These implications range from exclusion in schools to severe health risks, and even death. We further expand on the problem's symptoms, root causes, and stakeholders to help you create practical, actionable state policies.

Symptoms

In Idaho, a negative trend in vaccination rates among K-12 students has been observed. The proportion of students with MMR (Measles, Mumps, and Rubella) has fallen to 78% in the 2024-25 school year, compared to 86% in 2020-21. Additionally, these vaccination rates are over 10% lower than states like Washington (91%), Oregon (91%), and the USA (93%) as a whole. Similar trends have been observed in DTaP (Diphtheria, Tetanus, and Pertussis) vaccines, with 75% of students receiving the vaccine in 2023 compared to 82% in 2019. HP2030 is an initiative that aims to prevent infectious diseases by increasing the vaccination rate, with a goal of 95% of students vaccinated against preventable diseases (1). Idaho falls well under that goal.

Many states, like Idaho, allow children to receive vaccination exemptions for religious and personal reasons. Idaho's reported Kindergarten exemption rate was 15.4%, with the nation's average only a mere 3.6% for the 2024-25 school year (2).15.1% out of 15.4% of exemptions are non-medical, meaning that families are purposefully deciding to opt their children out of vaccinations. This number has been steadily increasing over the past 7 years.

CDC data show that in 2025, 94% of total measles cases were found in unvaccinated individuals. 61% of those individuals range from ages 5-19, students in K-12 education (3). In Idaho specifically, 7 measles cases were reported in 2025, indicating a link between lower vaccination rates and a higher risk of contracting preventable diseases.

Root Cause Analysis

This issue can be separated into three stages. Working backwards from the impacts to the root causes, the outermost impacts are increases in disease, as represented in the aforementioned measles case, as well as a notable mumps outbreak in Idaho in 2014 on the Moscow campus of the University of Idaho (4). Disease outbreaks have clear negative public health outcomes, especially in academic situations where students are in high contact with one another for extended periods of time. The second step in this situation is reduced vaccination rates, as demonstrated in the previous section on the symptoms of the issue. The third (and initial) step, then, is determining the causes for the reduction in vaccination rates. While vaccination rates in Idaho schools have dropped dramatically since the COVID-19 pandemic, with the 2019 vaccine exemption rate being 7.6%, a dramatic drop from 2023's 14.3%, it is also notable that in 2019, Idaho's exemption rate was still well above the national average of 2.5% (5). Clearly, then, the roots of this issue existed well before the COVID-19 pandemic, but were deeply exacerbated by the pandemic. CDC data show a long-running issue with Idaho's vaccination rates, even going back to before Bob Sears published his "alternative vaccine schedule" in 2007, with the vaccination rate for the MMR vaccine rising from 88.5% in 2006 (6) to 89.2% in 2011 (7). Specific misinformation about the dangers of vaccines cannot be confidently stated to be solely responsible, then, for the underlying issue, as the significant boost in misinformation in 2007 should have produced a similar drop in vaccination rates (8). The reduction in rates after 2019 is more attributable to misinformation, with the Idaho Department of Health and Welfare specifically having to act to counter widespread misinformation on their Facebook page (9).

Furthermore, access to vaccines is not a significant issue in Idaho, with the state government purchasing all recommended vaccines for children, regardless of insurance status. While the broader public health spending per capita in Idaho is below the national average at $119 as opposed to $124, it still ranks 24th in the nation and is not significantly below the average (10). Barriers to access in Idaho do not appear to be a significant cause for the state's chronic low kindergarten vaccination rate.

The root cause of the issue, then, is not related to access and, while exacerbated by misinformation, is not fundamentally rooted in it. The drop after the 2018-2019 school year, furthermore, can be attributed not solely to COVID-19-era misinformation, but also to the significant reduction in vaccination standards passed in the state in 2018 (11). Idaho's vaccine standards for Kindergarten allow for extensive exemptions compared to the rest of the US. With access and misinformation clearly not the root causes of the issue, the state policy of not requiring vaccinations and even allowing for the exemptions seems to be responsible.

Stakeholders

This is an issue that affects most people within the Idaho public, though more specifically those who have or work with children. As fewer children are getting vaccinated before starting school in Idaho, a health risk is posed to those same children, who are not responsible for their own medical decisions. Not only are they living with an increased risk of carrying preventable diseases, but the risk of transmission increases, affecting immunocompromised children, those with other underlying health conditions, the faculty and staff of these schools, and, of course, other unvaccinated children, not to mention the families that these diseases can be brought home to. When it comes to who can create change for this issue, the answer is rooted in layers

of different bureaucracy, as well as public opinion. As of right now, the state legislature/executive has final say on policy decisions regarding this issue, with the most recent piece of vaccine-focused legislation being proposed at the start of 2025, which would have banned the requirement of medical intervention by private or government entities regarding opportunities of employment/education, but this bill was vetoed by Governor Brad Little and was unable to meet the required override votes. There also exists a public agency, the Idaho Department of Health and Welfare, that has some say over health regulations within the state, but the legislative body maintains the most power in this situation. This issue can also be solved by the average voter, as issues of public health like this are open to public testimony within committee meetings and are often put up for public referendum votes. Ultimately, the decision to vaccinate a child is up to the parents, but strong legislation and support from the government can set a precedent for how to address this issue of vaccination rates.

Your Role

As a member of the Idaho State Legislature and the body in charge of vaccine regulation, you have the power to enact more policy change than anyone. Your legislative body seems to follow suit with the powerful support of certain lobbying groups that provide large financial backing within the Idaho legislature, while the Executive seems to be following health and safety research and guidelines. This could also be addressed to the Idaho Department of Health and Welfare (IDHW), though they have significantly less power to enact change in policy. By conducting legislative oversight, you can support IDHW's important mission for vaccine coverage against major diseases that could jeopardize the health of Idaho's youth population. Your leadership will help reduce the possibility of a public health crisis and strengthen the health and stability of our economy.

Acknowledgements

Thank you to students of Public Policy 201 for contributions and edits.

Resources

1. "Status of Childhood Immunization in Idaho" Johns Hopkins Public Health, published September 2025, https://publichealth.jhu.edu/sites/default/files/2025-09/idaho.pdf
2. "Analysis: Like a lingering malaise, Idaho's bad immunization numbers just get worse" IdahoEd News, published May 2025, https://www.idahoednews.org/top-news/analysis-like-a-lingering-malaise-idahos-bad-immunization-numbers-just-get-worse/
3. "Vaccination Coverage Among Children in Kindergarten — United States, 2024–25 School Year," CDC, July 2025, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5632a3.htm
4. "Public health alert: measles and mumps," Mountain Home Air Force Base, February 2013, https://www.mountainhome.af.mil/News-Photos-Videos/Article-Display/Article/665711/public-health-alert-measles-and-mumps/.
5. Kevin Richert, "Analysis: Like a lingering malaise, Idaho's bad immunization numbers just get worse," IDED News, May 2025,

https://www.idahoednews.org/top-news/analysis-like-a-lingering-malaise-idahos-bad-immunization-numbers-just-get-worse/.

6. "Vaccination Coverage Among Children in Kindergarten — United States, 2006–07 School Year," CDC, August 2007, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5632a3.htm.
7. "Vaccination Coverage Among Children in Kindergarten — United States, 2011-12 School Year," CDC, August 2012, https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6133a2.htm.
8. Paul A. Offit, MD and Charlotte A. Moser, BS, "The Problem with Dr Bob's Alternative Vaccine Schedule," *Pediatrics* 123, no. 1 (2009): e164-e169, https://doi.org/10.1542/peds.2008-2189
9. Frankie Barnhill, "Why Idaho is fertile ground for vaccine misinformation, and what to do about it," Boise State Public Radio, September 2021, https://www.boisestatepublicradio.org/show/idaho-matters/2021-09-27/why-idaho-is-fertile-ground-for-vaccine-misinformation-and-what-to-do-about-it.
10. *Status of Childhood Immunization in Idaho* (Johns Hopkins Bloomberg School of Public Health, 2025), https://publichealth.jhu.edu/sites/default/files/2025-09/idaho.pdf.
11. Richert, "Analysis: Like a lingering malaise."