Report to the General Assembly

Public Health Committee

Advisory Committee on Medically Contraindicated Vaccinations

State of Connecticut Department of Public Health
Report to the Public Health Committee
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Executive Summary

Public Act 21-6 "An Act Concerning Immunizations" was passed by the Connecticut General Assembly and signed into law by Governor Lamont on April 27, 2021. The Public Act removed non-medical exemptions for immunizations, except in certain situations. Section 8 of Public Act 21-6, codified as CGS 19a-7r, required the Department of Public Health (DPH) to establish an Advisory Committee on Medically Contraindicated Vaccinations to meet at least twice per year and submit an annual report on its activities and findings to the joint standing committee of the General Assembly having cognizance on matters of public health.

Committee Membership

Member	**Designee (*chairperson)**	**Organization/Role**
Department of Public Health Commissioner Juthani	Deepa Mavani MPH	Department of Public Health Immunization Program Manager
State Department of Education Commissioner Russell-Tucker	Chlo-Anne Bobrowski MSN, RN	Department of Education Division of School Health
Office of Early Childhood Commissioner Trueworthy	Keisha Hewitt MSN, RN	Office of Early Childhood Nurse Consultant
Speaker of House Matt Ritter	Richard (Ricky) Baltimore	Chief Legal Counsel State Democrats
	Dr. Inci Yildirim MD, PhD, MSc*	Professor of Pediatrics, Yale Schools of Medicine and Public Health
House Majority Leader Jason Rojas	Lori Flaherty	Supervisor of Non-Public School Nurses West Hartford
House Minority Leader Vincent Candelora	*No appointment*	
Senate President Pro Tempore Martin Looney	Ada Fenick MD	Professor of Pediatrics, Yale School of Medicine
Senate Majority Leader Bob Duff	Susan Amster PA	Retired, formerly Clinical PA and Practice Administrator at Willow Pediatrics
Senate Minority Leader Kevin Kelly	Robert Dudley MD	Pediatrician CHC of New Britain

Key Terms

Providers – this term specifically refers to physicians, physician assistants, and advanced practice registered nurses for the purposes of this document.

Introduction

In accordance with CGS 19a-7r, the Advisory Committee on Medically Contraindicated Vaccinations met twice this year to advise the Commissioner of Public Health on issues concerning exemptions from state or federal vaccination requirements.

DPH developed and maintains a medical exemption portal to capture information from medical exemption forms submitted by providers. Providers are required to enter this information for all medical exemptions submitted on behalf of their patients.

Discussion

The committee met twice during 2025, on January 15th and October 22nd.

1. The committee reviewed Connecticut school immunization data for the 2023–2024 and the 2024-2025 school year.
2. The committee reviewed data submitted to the medical exemption portal.

Dr. Ada Fenick joined the committee as our newest member, designated by Senate President Pro Tempore Martin Looney.

Connecticut School Immunization Data Trends

For both the 2023-2024 and 2024-2025 school years, immunization rates for Connecticut kindergarten students increased for all required immunizations, including coverage against measles, mumps, and rubella (MMR). This increase defies the national trend, which shows that MMR vaccine coverage is decreasing in 35 of 50 states. Connecticut was also an exception to the national trend for vaccine exemptions. Nationally, 41 states reported an increase in exemptions to school-mandated vaccinations, with a particular focus on non-medical exemption increases. Below are additional findings from the two years of school immunization survey data:

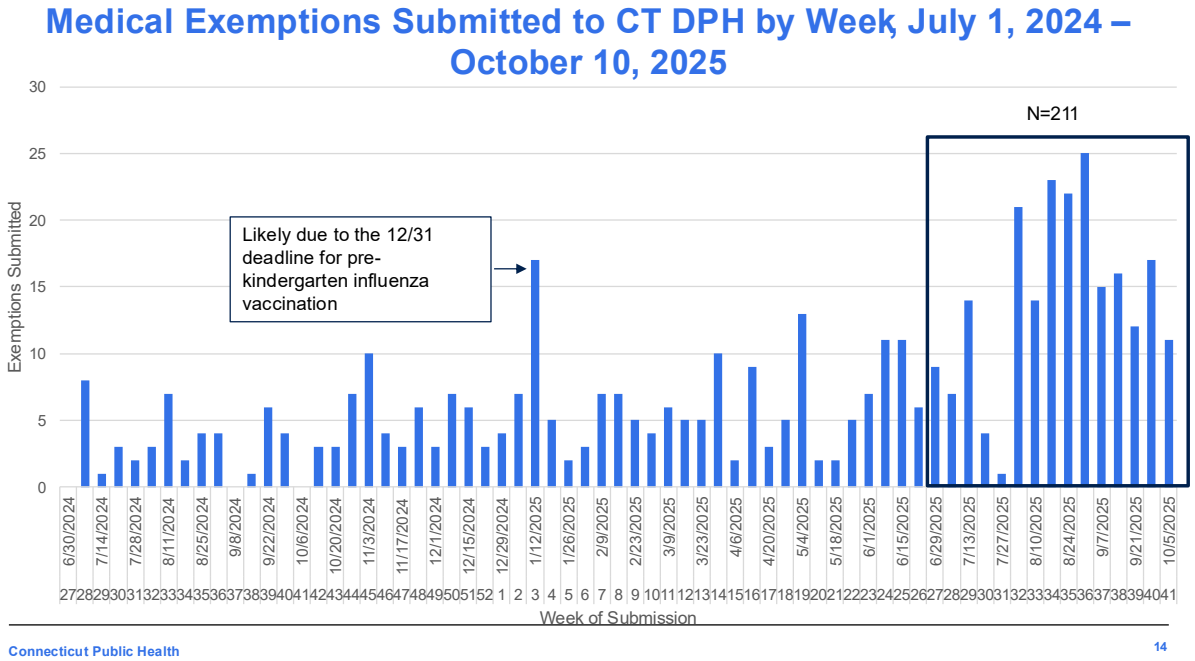
- The number of schools with MMR vaccine coverage above the herd immunity threshold of 95% increased in the 2023-24 school year and then increased further in the 2024-25 school year.
- Medical exemptions increased marginally by 0.04% in 2023 and 0.046% in 2024. The reported rates were rounded to 0.4% in both years (0.35% and 0.396%, respectively).
- Connecticut achieved the highest national MMR vaccination rates for the 2024-25 school year at 98.2%.

- Of note, there was a decrease in the overall kindergarten population that is primarily attributed to the change in legislation mandating students be 5 years of age before the start of the kindergarten school year to enroll.
- Current survey data is published on the open data portal: https://data.ct.gov/stories/s/n5kk-6ext

Medical Exemption Portal Data

Since the portal's inception in February 2023, 120 unique providers have enrolled to submit data. Those 120 providers have submitted exemptions for 471 unique patients. A single provider has submitted a total of 193 exemptions to the portal. This number far exceeds the next highest amount submitted by a single provider and is considered an outlier.

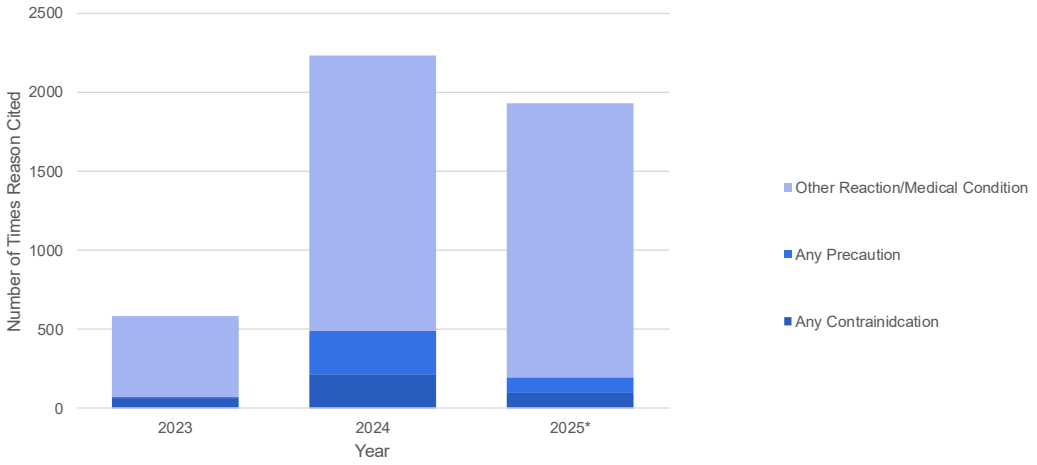
The graph below shows weekly exemption data for the 2024 fiscal year and preliminary data for the 2025 fiscal year through October 10, 2025. There has been a notable increase in the number of exemptions submitted during the 2025 fiscal year compared to the same period in the previous fiscal year. This is highlighted in the box on the right side of the graph.



The two graphs below show data regarding the reasons for exemption. Providers can select multiple vaccines a student may be exempted from and, for each vaccine chosen, they are also able to choose multiple reasons why the student qualifies for the exemption. This is important to note because the number of times a reason is cited will not equal the number of exemptions. The available reasons include the established contraindications and precautions established by CDC, as well as a category for other medical reasons or conditions. Within the other reason category are subcategories that can be selected based on the requirements set forth upon the adoption of Public Act 21-6.

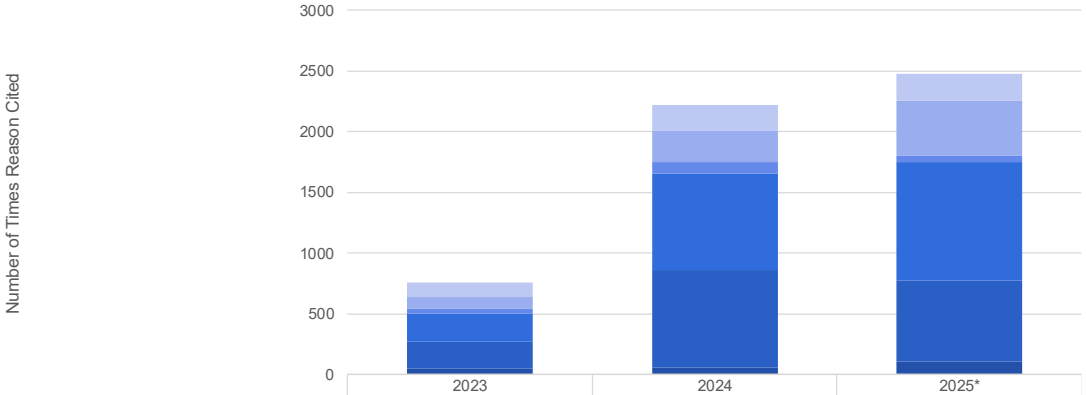
Very few exemptions include an established contraindication or precaution to vaccination as the cited reason. The most often cited reason for a medical exemption for all vaccine types is “Other Reaction/Medical Condition.” This is depicted in the first graph. The second graph is a further breakdown of the subcategories under “Other Reaction/Medical Condition.” Within that other category, family history of a vaccine reaction, and family history of autoimmune disorder are the most often cited subcategories.

Summary of Reason for Medical Exemption by Fiscal Year



* Data from the 2025 fiscal year are preliminary and include exemptions submitted from 7/1/2025–10/10/2025

Summary of "Other Reaction/Medical Condition" Reason for Medical Exemption by Fiscal Year

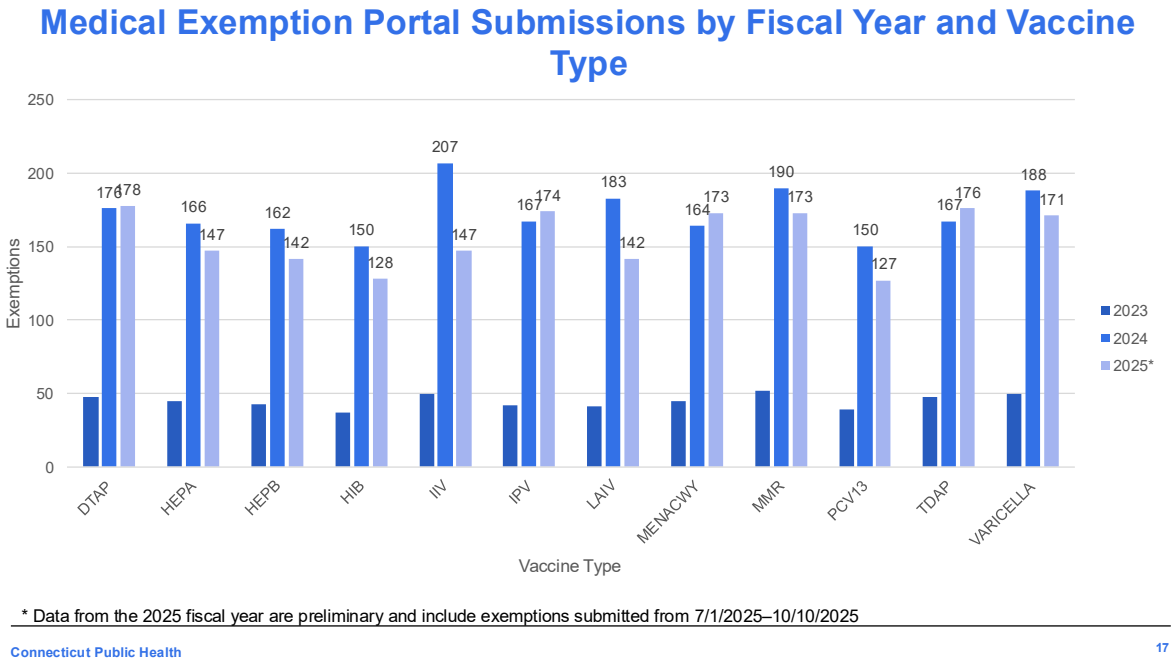


	2023	2024	2025*
Other Condition or Reaction Not Listed	119	212	224
Previous Reaction Correlated to Vaccination	99	251	446
Genetic Predisposition Based on Testing	38	96	58
Family History of Vaccine Reaction	232	796	976
Family History of Autoimmune Disorder	223	805	662
Autoimmune Disorder	48	56	109

 * Data from the 2025 fiscal year are preliminary and include exemptions submitted from 7/1/2025–10/10/2025

The next graph shows the exemptions by vaccine type. Students may be exempt from some or all vaccines, so these will not equal the total number of exempt students, and the numbers will vary by vaccine series. In 2024, the inactive influenza vaccine (IIV) had the highest number of exempt students. Live attenuated influenza vaccine (LAIV) also has high exemption numbers. This is noteworthy because influenza vaccination is only required for students in pre-kindergarten who are under the age of 5.

Other vaccines required for all grades that have high historic exemption numbers include MMR and varicella.

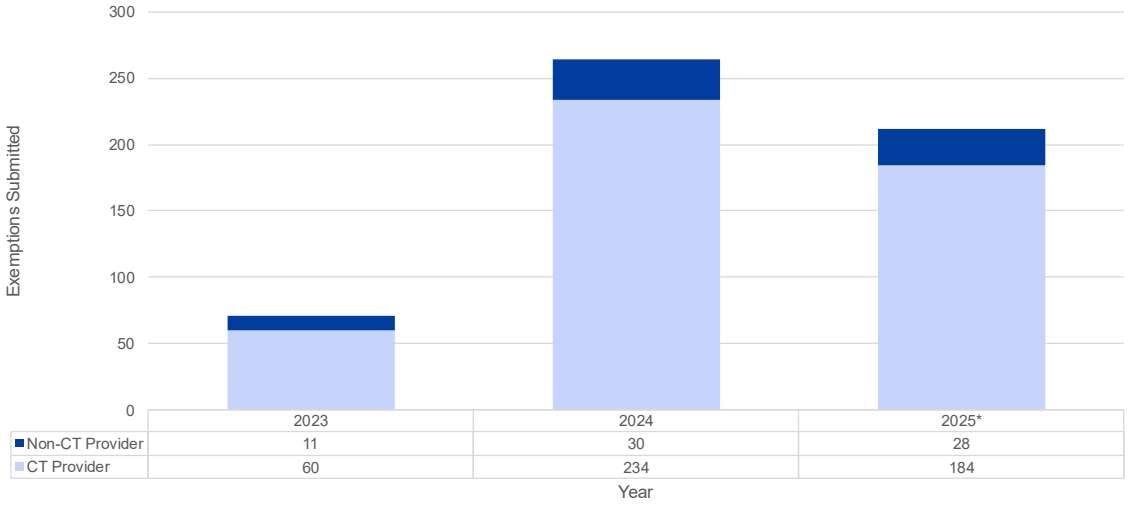


There has been an increase in the number of exemptions submitted by providers licensed outside of Connecticut. While Connecticut residents do seek care in surrounding states, a notable number of exemptions have been submitted by non-Connecticut providers licensed in Florida, Texas, and Ohio.

The figures below summarize the exemptions submitted by Connecticut and non-Connecticut providers. In the first few months of the 2025 fiscal year, 28 exemptions have been submitted by non-Connecticut providers. This is compared to 30 for the entire 2024 fiscal year.

The second figure presents the same data for non-Connecticut providers, excluding the previously identified outlier provider. This provides a more accurate picture of the overall proportion of exemptions submitted by non-Connecticut physicians, because the outlier data inflates the number submitted by Connecticut providers.

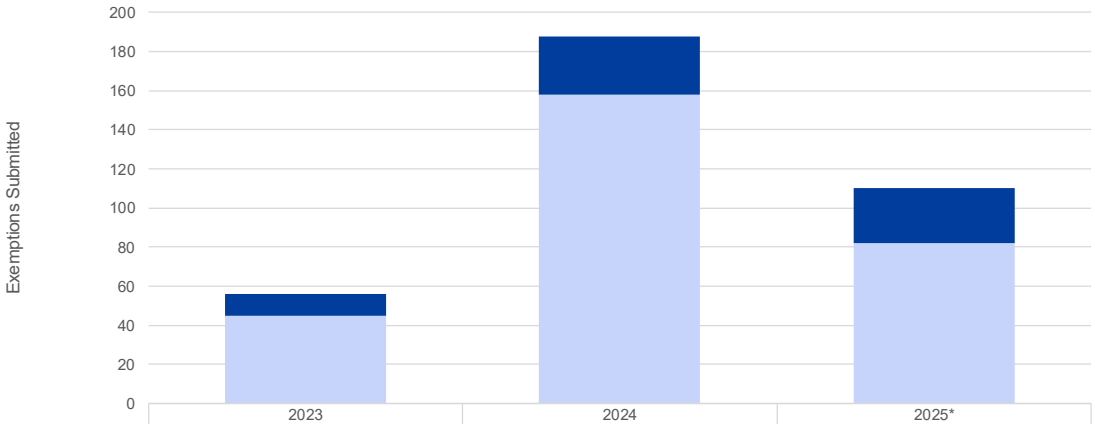
Medical Exemptions Submitted by Connecticut and Non-Connecticut Providers



	2023	2024	2025*
Non-CT Provider	11	30	28
CT Provider	60	234	184

* Data from the 2025 fiscal year are preliminary and include exemptions submitted from 7/1/2025–10/10/2025

Medical Exemptions Submitted by Connecticut and Non-Connecticut Providers Excluding Outlier Provider



	2023	2024	2025*
Non-CT Provider	11	30	28
CT Provider	45	158	82

* Data from the 2025 fiscal year are preliminary and include exemptions submitted from 7/1/2025–10/10/2025

Conclusion

The committee had a robust discussion based on the review of the medical exemption portal data. It concluded that the following actions and recommendations should be made to the Commissioner of Public Health.

Actions and Recommendations

Formal Action:

- The committee voted to submit a formal complaint to DPH Practitioner Licensing & Investigations Section (PLIS) regarding the submission practices of a specific provider who has submitted over 193 medical exemptions in the system as of 10/10/2025.
    - Link to file a PLIS complaint: https://portal.ct.gov/dph/practitioner-licensing--investigations/plis/reporting-a-complaint?language=en_US

Recommendations:

- Statutory and Regulatory Review – Duration of Medical Exemptions:
    - The committee recommends that the Department conduct a review of existing statutes and regulations governing medical exemptions to determine whether current statutory language allows for the requirement of annual renewal of medical exemptions. The current interpretation is that permanent exemptions, that is, exemptions that are not submitted with a temporary date of duration, are not required to be renewed; exemptions not submitted with a temporary duration do not require renewal due to a lack of specificity in the legislation regarding a renewal schedule.
    - The goal is to establish annual renewal requirements to ensure ongoing medical justification and oversight.
- Statutory and Regulatory Review – Authorized Submitters:
    - The committee further recommends a review of statutes and regulations to determine whether existing language could be interpreted in a manner to limit access to the medical exemption portal to Providers licensed in Connecticut or to include only Providers licensed in Connecticut and select neighboring states. The current interpretation is that any licensed Providers may submit data to the portal, regardless of the state in which they are licensed.
    - The goal is to enhance accountability and ensure proper jurisdictional oversight.

Respectfully submitted,

Inci Yildirim, MD, PhD
Chair, Advisory Committee on Medical Exemptions