

Translating Louisiana's Vaccine Landscape for State-level Advocacy



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Mission:

We are a grassroots network of Louisianans dedicated to advocating for public health and fact-based public policy and promoting immunizations for healthier kids and communities.

AGENDA



- Federal Vaccine Policy Overview
- State Vaccine Policy Overview
- Louisiana Vaccine Policy
- Advocacy with Lawmakers
- Pertussis in Louisiana
- Resources

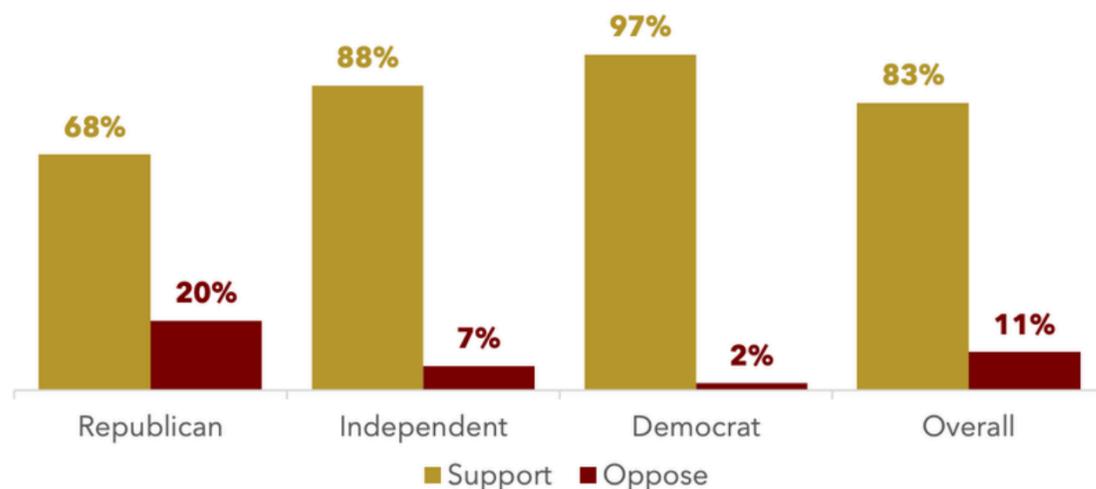
NATIONAL VACCINE ATTITUDES



Just One Part of MAHA Movement Doesn't Resonate With Voters

More than 7 in 10 voters in these districts from across the political spectrum say the benefits of common vaccines, like MMR (83%), TDAP (77%), Hepatitis B (73%), and shingles (73%), outweigh the risks. For each vaccine, this includes more than 6 in 10 MAHA voters.

“In the districts that will decide the control of the House of Representatives next year, Republican and Democratic candidates who support eliminating long standing vaccine requirements will pay a price in the elections,” says a Nov. 3 memo obtained by The Daily Signal.



Red State Voters Overwhelmingly Oppose Eliminating Vaccine Requirements

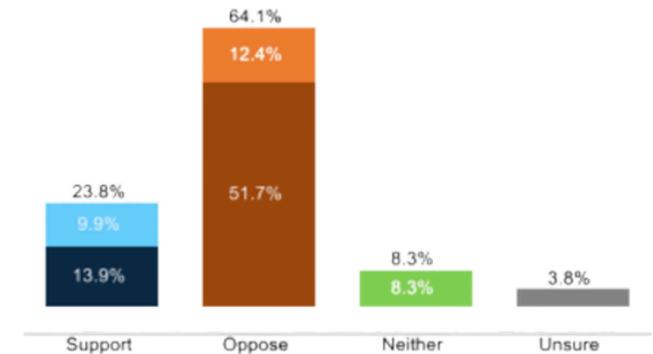


DATE: Monday, October 13, 2025
 TO: Center for Individual Freedom
 FROM: Chris Lane, Senior Partner & Pollster; Cygnal
 RE: Survey of Likely General Election Voters in Selected States

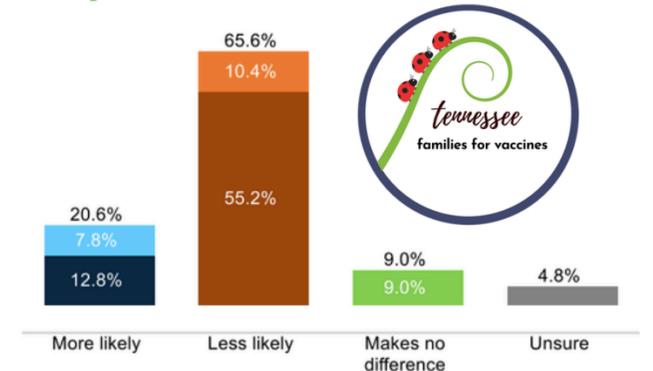
Recent polling conducted by Cygnal for the Center for Individual Freedom (CFIF) reveals a clear and consistent message from voters in four red states—Arkansas, Kansas, Louisiana, and Oklahoma: Voters strongly oppose efforts to eliminate vaccine requirements statewide.

TN Families For Vaccines Polling Results

Initial End Requirements



State Legislator Impact



VACCINE MISINFORMATION NETWORK



- Long established, highly networked
- Well funded and active in every state
- Emboldened by wins at the highest levels of government

INFORMED CONSENT ACTION NETWORK

- \$15.3 million in 2024

CHILDREN'S HEALTH DEFENSE

- \$15.2 million in 2024

STAND FOR HEALTH FREEDOM

- \$205k in 2024

NATIONAL VACCINE INFORMATION CENTER

- \$1.87 million in 2024

YOUNG AMERICANS FOR LIBERTY

- \$11 million in 2024

FRONT LINE COVID 19 CRITICAL CARE ALLIANCE

- \$4.4 million in 2024

HEALTH FREEDOM DEFENSE FUND

- \$822k in 2024

TOTAL: OVER \$48.7 MILLION IN 2024

VACCINE MISINFORMATION NETWORK



Louisiana Medical Freedom Act



HealthFreedomLA.org

Purpose: To End Vaccine Mandates

Summary

- No discrimination or denial of entry or services based on vaccination status.
- A business entity shall not require a medical intervention as a condition of employment.
- No school, daycare, or institution of learning shall mandate a medical intervention for any person to attend, enter campus or buildings, or be employed, or to participate in any extracurricular activities, including but not limited to clubs, performances, arts or athletics.
- No government entity or official shall require a medical intervention for any purpose.

FEDERAL VACCINE POLICY



Trump Administration Changes to U.S. Pediatric Vaccine Recommendations, as of January 5, 2026

Disease(s)/Vaccine	Pre-2025	As of Jan 2026	Change (Y/N)
Human papillomavirus (HPV)	Routine	Routine; # recommended doses reduced from 2 or 3 to 1	Y
Rotavirus (RV)	Routine	SCDM	Y
COVID-19**	Routine	SCDM	Y
Influenza***	Routine	SCDM	Y
Hepatitis A (HepA)	Routine & Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations & SCDM for others	Y
Hepatitis B (HepB)	Routine	Certain High-Risk Groups or Populations & SCDM for others	Y
Meningococcal ACWY (MenACWY)	Routine & Certain High-Risk Groups or Populations	Certain High-Risk Groups or Populations & SCDM for others	Y

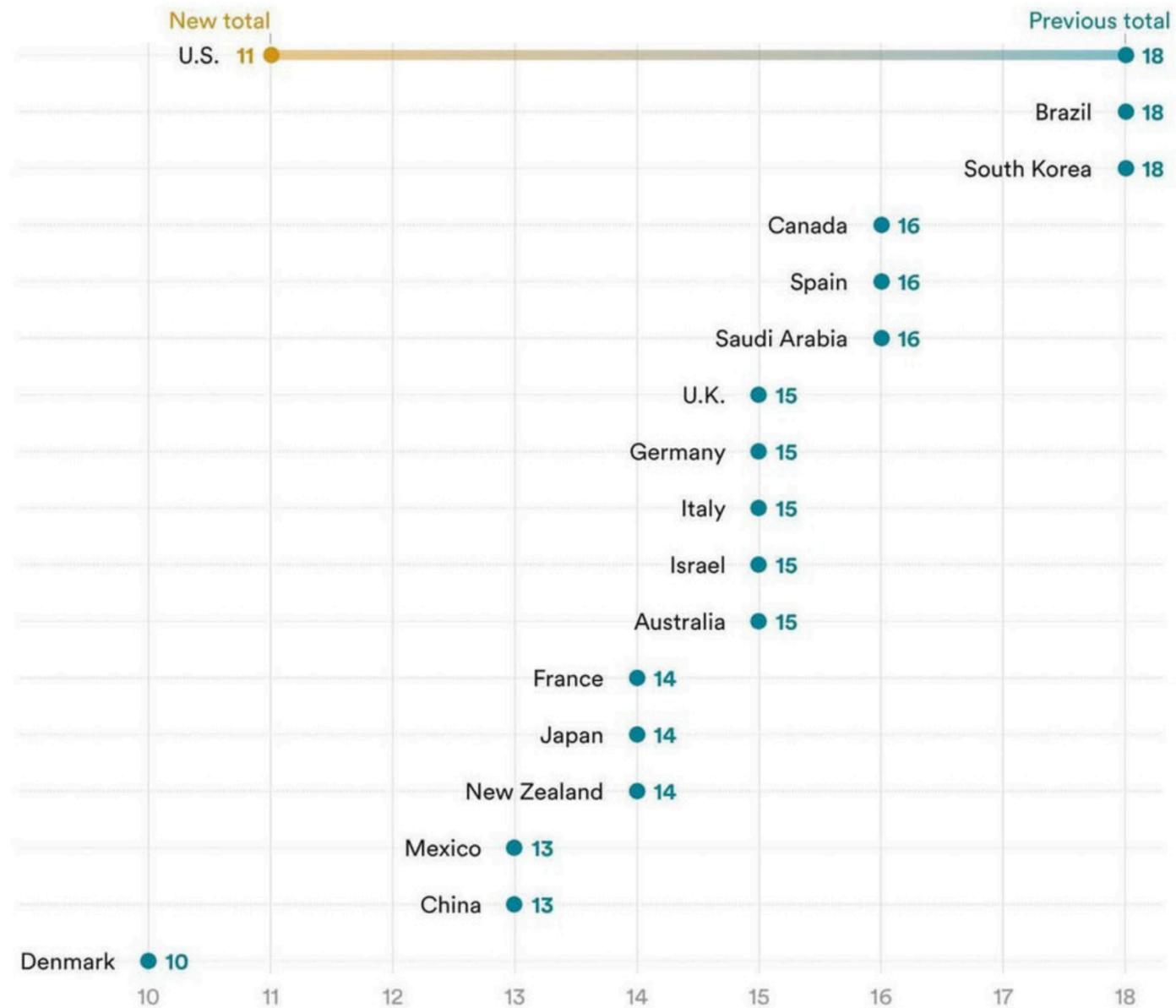
<https://www.kff.org/other-health/the-new-federal-vaccine-schedule-what-changed/>

FEDERAL VACCINE POLICY



United States drastically reduces number of recommended vaccines

Total number of vaccines recommended to all children by nation



Note: For the purposes of this analysis, STAT has counted RSV antibody products towards a country's vaccine total, if it recommends the shot for all babies.

Chart: J. Emory Parker and Helen Branswell • Source: STAT analysis of national vaccine schedules

STAT

FEDERAL VACCINE POLICY



AAP's historic victory in vaccine lawsuit a 'critical step' in restoring science to federal policy

STATE VACCINE POLICY



NATIONAL LEGISLATIVE TRENDS



ANTI-VACCINE

School requirements

- Exemptions

Limiting vaccine access

- Parental rights
- School-based health centers

Misinformation

- Limitations on vaccinated blood
- Vaccine safety & effectiveness
- mRNA & new technology
- Fetal tissues & ingredients

Limiting authority

- Rejection of WHO/CDC/ACIP/AAP expertise
- Prohibition of critical data collection

Vaccination status as a protected class

- Health freedom & bodily autonomy
- Discrimination claims

PRO-VACCINE

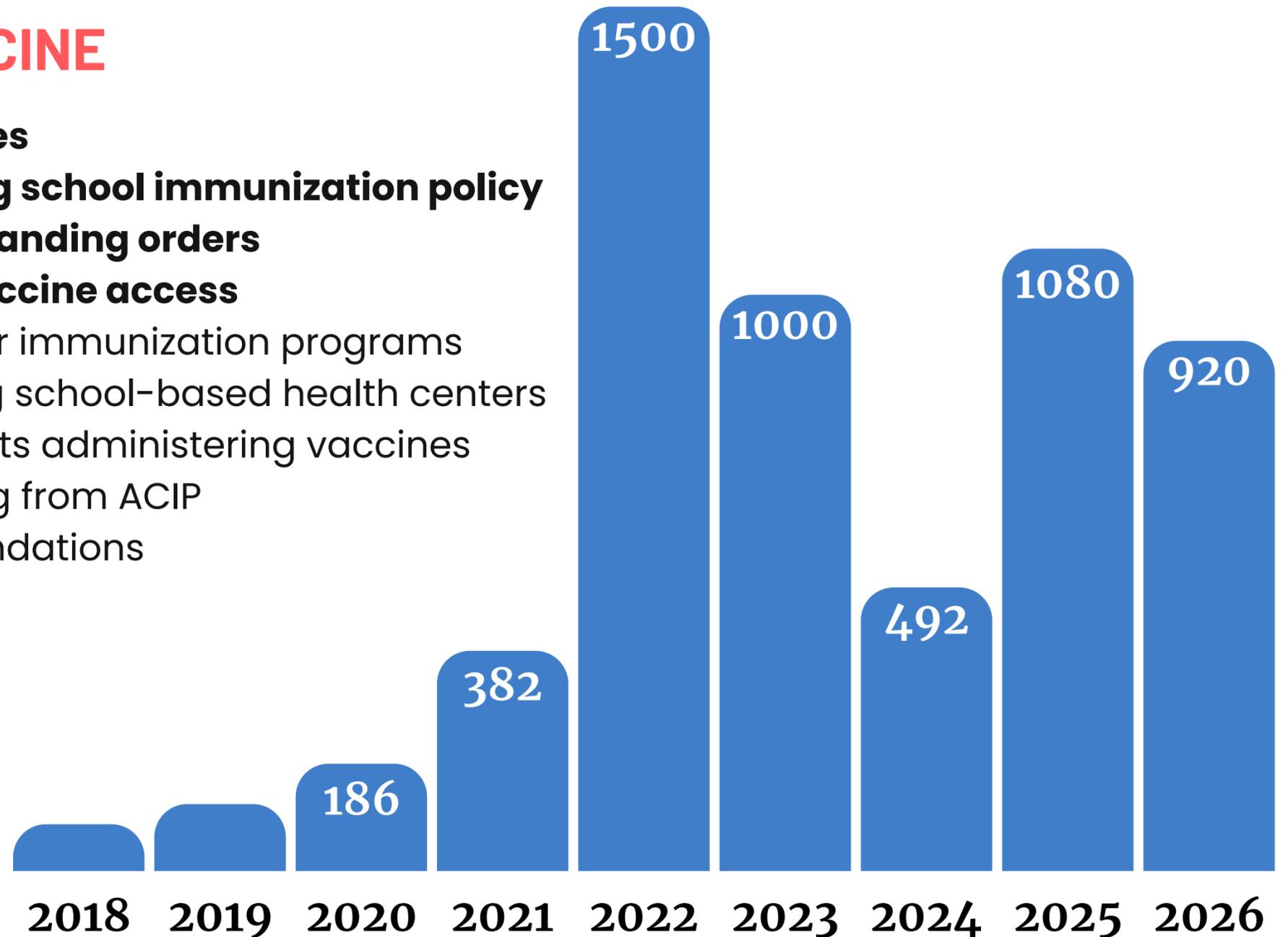
Adult registries

Strengthening school immunization policy

Supporting standing orders

Promoting vaccine access

- Funding for immunization programs
- Supporting school-based health centers
- Pharmacists administering vaccines
- Decoupling from ACIP recommendations



VACCINE BILLS INTRODUCED

STATE VACCINE POLICY



STATE-SPECIFIC POLICIES

IOWA HF 2171
FEB. 4, '26

The House File would make Iowa the first state to eliminate all vaccine requirements for school entry.

NEW HAMPSHIRE HB 1811
FEB. 4, '26

Lawmakers held a public hearing on a bill that would remove all mandatory vaccine requirements for schools and daycares. Companion bills would also restrict school-based clinics and ban state spending on vaccine outreach.

IDAHO SB 1210
APRIL 2, '25

Taking effect 1 July 2025, it prohibits employers, schools and government entities from requiring vaccines.

TEXAS JAN. 26, '26

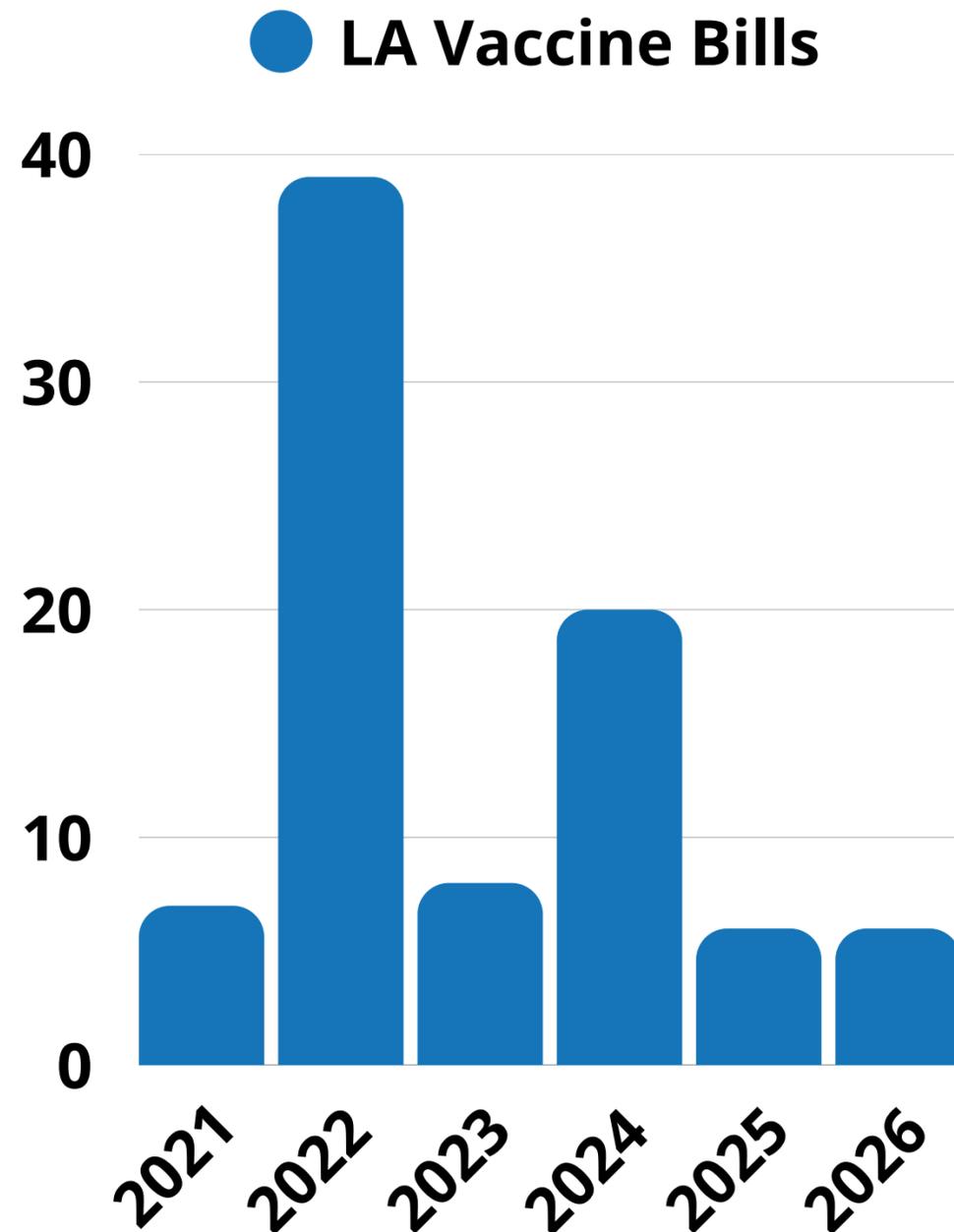
Attorney General Ken Paxton launches an investigation into pediatricians after claiming that childhood vaccines are an illegal financial incentive scheme.



FLORIDA SB 1756
JAN. 26, '26

Passing the Senate, it expands vaccine exemptions for children, making it easier for parents to opt out of vaccine requirements.

LOUISIANA VACCINE POLICY



Vaccine-Limiting Legislation in Louisiana

- “No mandate” / “health freedom” legislation
- Vaccine status “discrimination” / civil rights
- Liability bills around vaccines and infectious disease
- “Informed consent” bills
- Prohibiting vaccination at schools
- Limits on public health
- Anti-CDC legislation
- Bans on mRNA tech
- Limits or bans on vaccines that haven’t undergone placebo controlled trials
- Make LINKS opt-in and limit data availability to the public

LOUISIANA VACCINE POLICY

REQUIRED IMMUNIZATIONS FOR ENTRY

Daycares/Early Learning Centers		Grade K-12 Schools			Post-Secondary Schools	
Immunizations	Doses	Grades	Immunizations	Doses	Immunizations	Doses
Child must be up to date on immunizations for their age according to the Centers for Disease Control and Prevention's Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger		Starting at Kindergarten ^[1] and all subsequent grades thereafter	DTaP ^[2]	5	MMR	2
			HepA	2	Tdap	1
			HepB	3	MenACWY	2 doses, or 1 dose if 1 st dose administered on or after age 16
			IPV ^[3]	4		
			MMR	2		
			VAR	2		
		Starting at 6 th grade and all subsequent grades thereafter	Tdap	1		
			MenACWY	1		
		Starting at 11 th grade and all subsequent grades thereafter	MenACWY	Second Dose		

2026 LEGISLATION



HB 737 (Amedee)

Summary: Removes the requirement for students to provide proof of meningococcal immunization for school and college entry in Louisiana, while still requiring educational institutions to inform students about the disease and vaccine.

Talking Points:

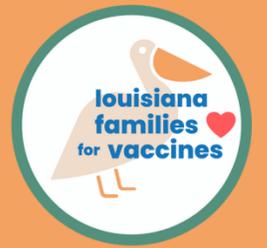
- College students living in dormitories are at increased risk for meningococcal disease outbreaks.¹
- Meningococcal disease progresses rapidly and can cause death within hours; vaccination is the primary prevention strategy.²
- States with school-entry requirements have higher coverage rates, which helps prevent campus outbreaks.³

¹ Centers for Disease Control and Prevention (CDC). Meningococcal Disease: Risk Factors.

² Centers for Disease Control and Prevention (CDC). Meningococcal Vaccination: What Everyone Should Know.

³ Immunization Action Coalition (Immunize.org). State Meningococcal Vaccination Requirements for College Entry.

2026 LEGISLATION



HB 737 (Amedee)

Summary: Prohibits insurers from providing incentives beyond “contracted reimbursement” to providers for administering vaccines or penalties intended to coerce providers to administer vaccines

Talking Points:

- Insurer quality incentives are commonly tied to preventive care metrics (e.g., immunization rates) that improve population health and reduce downstream costs.¹
- Vaccination is one of the most cost-effective public health interventions; weakening incentive structures risks lower uptake and higher preventable disease costs.²
- Most pediatricians do not make money on vaccines.³
- Provider incentives not only increase immunization rates, but also increase provider documentation and reduces errors leading to unnecessary vaccination due to lack of documentation.^{4 5}
- Small business angle - **this bill slims down margins for pediatricians.**

¹ Centers for Medicare & Medicaid Services (CMS). Quality Payment Program Overview.

² Ozawa, S., Clark, S., Portnoy, A., Grewal, S., Stack, M. L., & Walker, D. G. (2016). Return on investment from childhood immunization in low- and middle-income countries, 2011–20. *Health Affairs*, 35(2), 199–207.

³ Ben-Joseph, E. P., Higgins, D., Bordenick, J., & Steier, J. (2026). The Real Economics of Pediatric Vaccination. Retrieved from <https://www.unbiasedscience.org/academy-reports>.

⁴ G Fairbrother, K L Hanson, S Friedman, and G C Butts: The impact of physician bonuses, enhanced fees, and feedback on childhood immunization coverage rates.

American Journal of Public Health 89, 171_175, <https://doi.org/10.2105/AJPH.89.2.171>.

⁵ Gerry Fairbrother, Michele J. Siegel, Stephen Friedman, Pierre D. Kory, Gary C. Butts, (2001). Impact of Financial Incentives on Documented Immunization Rates in the Inner City: Results of a Randomized Controlled Trial, *Ambulatory Pediatrics*, Volume 1, Issue 4, 206-212, [https://doi.org/10.1367/1539-4409\(2001\)001<0206:IOFIOD>2.0.CO;2](https://doi.org/10.1367/1539-4409(2001)001<0206:IOFIOD>2.0.CO;2).

2026 LEGISLATION



HB 926 (Bayham)

Summary: Prohibits public and private entities in Louisiana from using vaccination or medical intervention status to restrict access to public buildings, services, employment, or events, thereby reinforcing individual autonomy in medical decisions. **Effectively removes immunization requirements in schools.**

Talking Points:

- Eliminates a longstanding public health safeguard: HB 926 would bar schools from requiring immunization for attendance—effectively dismantling school vaccine requirements upheld by the U.S. Supreme Court (e.g., *Jacobson v. Massachusetts*¹; *Zucht v. King*²).
- Increases outbreak risk and system strain: School immunization requirements are proven to prevent outbreaks; states with broader exemptions have higher rates of measles and other vaccine-preventable diseases, leading to avoidable clinical and public health burdens.³
- Raises costs and limits access for vulnerable children: Prevention is far less costly than outbreak response, and high vaccination coverage protects children who are immunocompromised or cannot be vaccinated—without it, both healthcare costs and barriers to safe school attendance rise.^{4 5 6 7 8}

¹ *Jacobson v. Massachusetts*, 197 U.S. 11 (1905).

² *Zucht v. King*, 260 U.S. 174 (1922).

³ Phadke VK et al. (2016). Association Between Vaccine Refusal and Vaccine-Preventable Diseases in the United States. *JAMA*, 315(11), 1149–1158.

⁴ Ozawa S et al. (2016). Return on Investment From Childhood Immunization in Low- and Middle-Income Countries. *Health Affairs*, 35(2), 199–207; CDC. Measles Outbreak Cost Estimates.

⁵ Zhou F, Jatlaoui TC, Leidner AJ, et al. Health and Economic Benefits of Routine Childhood Immunizations in the Era of the Vaccines for Children Program — United States, 1994–2023. *MMWR Morb Mortal Wkly Rep* 2024;73:682–685.

⁶ Sriudomporn S et al. (2025) Quantifying the Cost of Measles Outbreak in the U.S. and How Costs Scale with Outbreak Size; medRxiv <https://doi.org/10.1101/2025.10.24.25338724>

⁷ NIH. Herd Immunity: How Vaccines Protect Us All (2011).

⁸ CDC. Altered Immune Competence (2024)

2026 LEGISLATION



SB 36 (Fesi)

Summary: Prohibits the use of food as a delivery mechanism for mRNA vaccines. Establishes detailed informed consent requirements for vaccinations. Healthcare providers must supply patients with both the federally required Vaccine Information Statement and a state-specific written consent form created by the Surgeon General. This form must include information about the specific vaccine, the diseases it targets, the technology used, potential benefits, and short- and long-term risks. The legislation also specifies situations in which individuals are not considered capable of providing informed consent for vaccination, such as within 48 hours of anesthesia, within 12 hours of child birth, or within 24 hours after receiving narcotic medication.

Talking Points:

- The federally required Vaccine Information Statement (VIS) already provides standardized, evidence-based risk/benefit information.¹
- Additional state-specific consent requirements risk creating barriers and confusion without improving safety – “unfunded mandate”²
- There is no evidence that routine postpartum or perioperative vaccination increases harm when clinically appropriate.³

¹ Centers for Disease Control and Prevention (CDC). Vaccine Information Statements (VIS).

² National Vaccine Advisory Committee (NVAC). Standards for Adult Immunization Practice.

³ American College of Obstetricians and Gynecologists (ACOG). Maternal Immunization Recommendations

PAST LA VACCINE LEGISLATION



- Vaccine Information Dissemination: **PASSED**
- “Medical Freedom” Bills: **FAILED**
- School COVID Vaccine Requirement Ban: **PASSED**
- Opt-Out Information Requirement: **PASSED**
- COVID Response Report: **PASSED**
 - Report criticized LDH, John Bel Edwards admin, K-12 systems, Louisiana hospitals, Louisiana business leaders

ADVOCACY WITH LAWMAKERS



- How you can advocate:
 - Emails to lawmakers
 - LFV Day of Action (April 21)
- What to tell them
 - Stories and experiences as small business owners
 - Stories and anecdotes from patients and their families
 - Values: family, freedom
 - Data from:
 - Clinics
 - Schools
 - Parishes
- LFV website: www.lafamiliesforvaccines.org/data

ADVOCACY WITH LAWMAKERS



Senate District 10



Is your district protected from measles?

Measles spreads fast—and hits hardest where communities aren't protected.

To prevent outbreaks, **at least 95% of children in every community must be vaccinated** with the MMR (measles, mumps, rubella) vaccine. Louisiana's measles vaccination rate for kindergartners dropped nearly 10%, from 98.1% in 2011-2012 to 91.65% during the most recent school year.

2024-2025 Statewide MMR Average: 91.65%

Safe Threshold: 95%

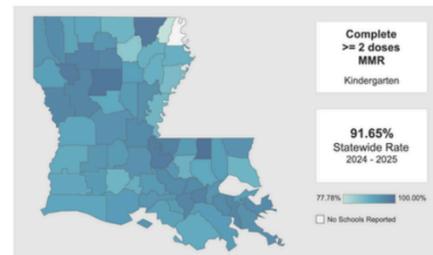
Key

- Protected
- At risk for outbreak

School	MMR Rate
KENNER DISCOVERY HEALTH SCIENCES ACADEMY	97.92%
ISLAMIC SCHOOL OF GREATER NEW ORLEANS	81.48%
MEMORIAL BAPTIST SCHOOL	82.00%
ST. MATTHEW THE APOSTLE SCHOOL	91.18%
JOHN CURTIS CHRISTIAN SCHOOL	93.02%
HAZEL PARK/HILDA KNOFF SCHOOL	93.10%
ST. PHILIP NERI SCHOOL	93.75%
AIRLINE ACADEMY FOR ADVANCED STUDIES	94.23%
KEHOE-FRANCE SCHOOL	94.59%
HAROLD KELLER ELEMENTARY SCHOOL	94.67%
BISSONET PLAZA ELEMENTARY SCHOOL	96.43%
HARAHAN ELEMENTARY SCHOOL	97.44%
GREENLAWN TERRACE ELEMENTARY SCHOOL	97.59%
WALTER G. SCHNECKENBURGER ELEM SCHOOL	97.83%

ST. ELIZABETH ANN SETON SCHOOL	97.92%
RUDOLPH MATAS SCHOOL	98.00%
CHATEAU ESTATES ELEMENTARY SCHOOL	98.33%
PHOEBE HEARST SCHOOL	98.36%
TOM BENSON ELEMENTARY	98.55%
A.C. ALEXANDER ELEMENTARY SCHOOL	100.00%
GREEN PARK ELEMENTARY SCHOOL	100.00%
ATONEMENT LUTHERAN SCHOOL	No Report
CRESCENT CITY CHRISTIAN SCHOOL	No Report
ST. RITA SCHOOL	No Report
ST. THERESE ACADEMY	No Report
FAITH LUTHERAN SCHOOL	Suppressed

Measles is surging nationwide, with more than 1,000 cases reported so far this year—and Louisiana is not immune. Our state has already lost two children to whooping cough in recent months. These tragedies are preventable. We urge you to support strong vaccine laws this session to protect Louisiana families from needless illness, hospitalization, and death. Your leadership can help stop the spread of dangerous diseases and keep our communities safe.

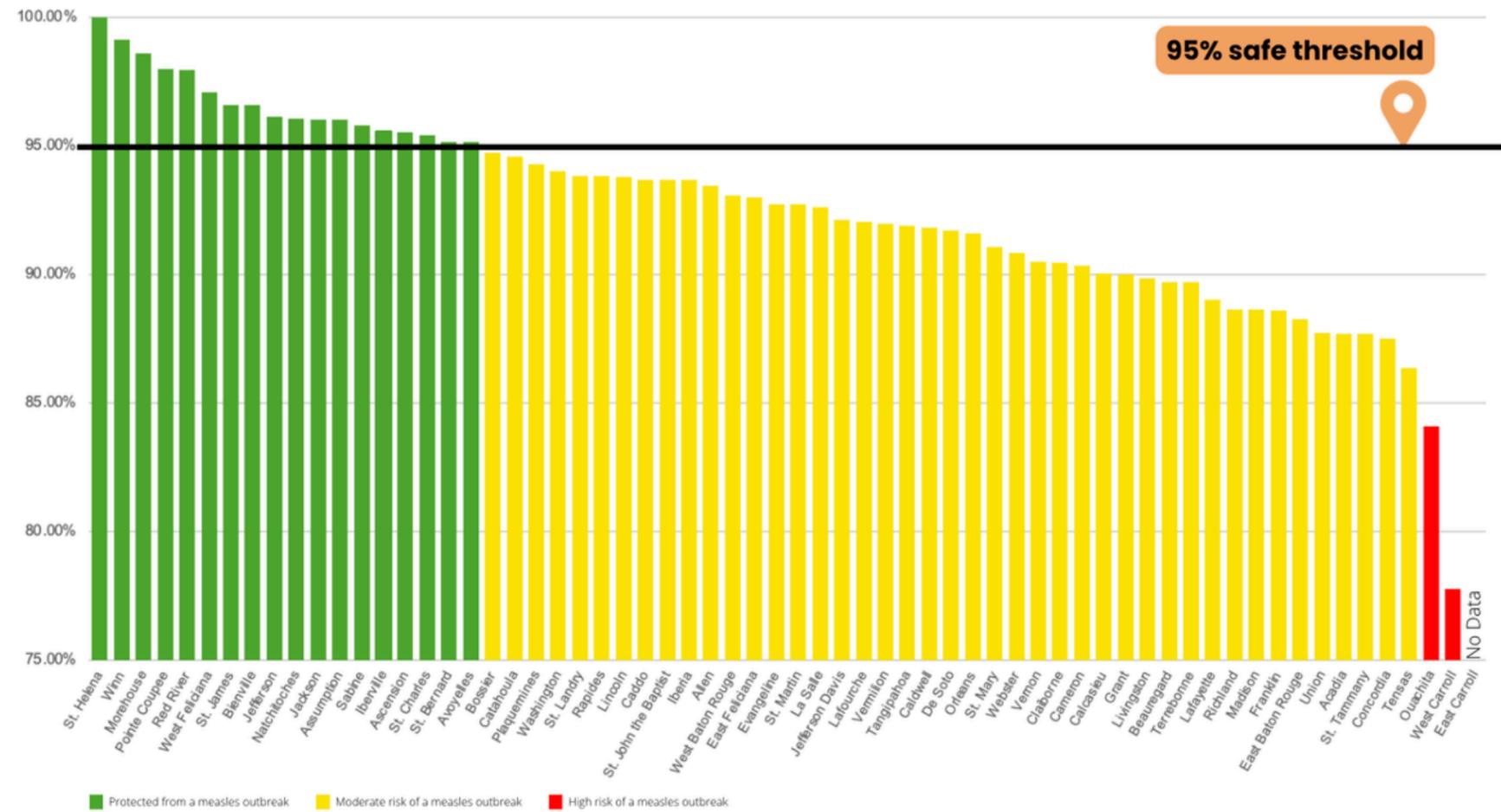


LDH. School Reported Immunizations. analytics.la.gov/t/LDH/views/SchoolImmunizationDashboard/Kindergarten
 CDC. Kindergarten Immunizations. cdc.gov/schoolvaxview/data/index.html



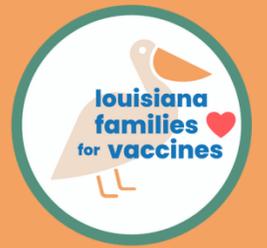
Are the kids in your Parish protected against an outbreak of preventable disease?

Percent of Kindergartners up to date on measles, mumps, rubella (MMR) vaccination 2024-2025



Data from: Louisiana Department of Health

PERTUSSIS



- The problem: By August 2025, Louisiana recorded >368 cases, the worst pertussis outbreak in 35 years.
 - Two infants have died, the first infant deaths in Louisiana since 2018.
 - A majority of hospitalizations involve infants too young to complete the vaccine series.

PERTUSSIS



Statewide DTaP / Tdap Performance

Vaccine Dose	ACIP Recommended Age	LA Coverage (2024)
DTaP-1	2 months	~84%
DTaP-2	4 months	~71%
DTaP-3 (critical infant dose)	6 months	~60%
DTaP-4	15–18 months	~72%
DTaP-5	4–6 years	~73%
Tdap (Adolescent booster)	11–12 years	~67%

PERTUSSIS



Lowest 5 Performing Parishes (2024)

Parish	DTaP-1 (2 mo)	DTaP-2 (4 mo)	DTaP-3 (6 mo)	DTaP-4 (15–18 mo)	DTaP-5 (4–6 yrs)	Tdap (11–12 yrs)
East Carroll	0.65	0.47	0.34	0.56	0.70	0.67
Concordia	0.64	0.53	0.44	0.53	0.72	0.72
Beauregard	0.69	0.51	0.40	0.58	0.69	0.61
Caldwell	0.71	0.53	0.41	0.67	0.71	0.75
Cameron	0.71	0.42	0.43	0.58	0.50	0.49

LET'S PRACTICE



THANK YOU!



HOW TO CONNECT WITH US:



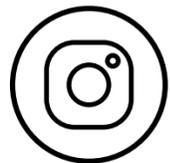
www.LAFamiliesForVaccines.org



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[@LAFamilies4Vax](https://twitter.com/LAFamilies4Vax)



[@LA_Families4Vax](https://www.instagram.com/LA_Families4Vax)

RESOURCES



- [American Families for Vaccines Vaccine Policy Atlas](#)
- [Children's Hospital of Philadelphia Vaccine Education Center](#)
- [epiENGAGE Measles Outbreak Simulator](#)
- [Louisiana Families for Vaccines Resource Page](#)
- [Louisiana Families for Vaccines Health Care Worker Toolkit](#)
- [Immunization Action Coalition: Talk about vaccines](#)
- [Monitoring Childhood Immunization at the State Level \(2026\)](#). International Vaccine Access Center. John Hopkins Bloomberg School of Public Health.
- National Conference of State Legislators [State Immunization Policy Overview](#)
- [Vaccinate Your Family's 2026 State of the Immunization Briefing](#)
- [Voices for Vaccines - Vaccine Hesitancy Toolkit](#)