

New SOG Bulletin: “Childhood Immunizations and the Role of a County Department of Social Services”

Although I work for Carolina, where basketball reigns supreme, it is not unheard of to meet a hockey fan. That’s me... a major hockey fan. And, if you’re like me and follow the NHL, you know that this hockey season has been marked by an [outbreak of the mumps](#). But it’s not just hockey. If you’ve watched the news lately, you know there has also been a [measles outbreak at Disneyland](#). These events remind us that communicable diseases spread quickly and can have devastating effects. Thankfully, we have vaccines for many of these highly contagious communicable diseases.

N.C. Immunization Requirements

Medical professionals tell us that vaccines need to be universally administered to effectively manage communicable diseases. North Carolina has a strong public policy favoring the immunization of all children in the state. With two limited exceptions, [G.S. 130A-152\(a\)](#) mandates that every child present in North Carolina be immunized against diphtheria, tetanus, whooping cough, poliomyelitis, red measles, rubella, and any other disease determined by the North Carolina Commission for Public Health to be in the interest of public health.

The two statutory exceptions include: (1) a medical exception as verified by a NC licensed physician that a medical contraindication for a particular child exists with a specific immunization ([G.S. 130A-156](#)), or (2) a statement that a parent’s bona fide religious belief is contrary to the state’s immunization requirements ([G.S. 130A-157](#)). North Carolina does not have a philosophical exemption. [10A NCAC 41A.0403](#).

Consent

The responsibility to ensure that every child is immunized at the required age rests with every parent, guardian, person in loco parentis, or person or agency with legal custody of a child. [G.S. 130A-152](#). But, a child cannot be vaccinated without the consent of an appropriate adult. [G.S. 130A-153\(d\)](#) states that consent may be provided by a parent, guardian, person who is standing in loco parentis, or an adult who has signed a statement that the parent, guardian or person standing in loco parentis authorized the adult to consent for the child.

What about DSS?

That is the question. While [G.S. 130A-152](#) makes a county department of social services that has an order of legal custody of a child responsible for obtaining that child’s required immunizations, [G.S. 130A-153\(d\)](#) does not include agencies with legal custody (e.g. DSS) in the list of individuals that providers may accept consent from. What does this mean? What about the

disposition statute in the Juvenile Code, [G.S. 7B-903\(a\)\(2\)c.](#), that authorizes a DSS director (or authorized representative) to arrange for, provide, or consent to needed *routine* medical care or treatment for a child in the custody of a county DSS. Other questions include:

- Are immunizations routine care?
- Is failure to immunize a child neglect?
- What about a parent's constitutional rights to care, custody, and control of their children?
- When may a state interfere with those constitutionally protected parental rights?
- Have the NC courts addressed this issue?

I address these and other issues relating to DSS and the immunization of children in my bulletin, ["Childhood Immunizations and the Role of a County Department of Social Services,"](#) just published by the School of Government. Read it to learn more about this important topic.