

# Childhood Immunizations in South Carolina



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Despite the availability of routine childhood vaccinations in South Carolina and efforts to increase adherence, more work is needed to reduce barriers to coverage in the state. Barriers to routine childhood vaccinations may include limited access to primary care providers, lack of transportation, scheduling limitations and the complexity of the health care system.<sup>1</sup>

Accessing pediatric care can be a challenge in many areas of the state. In 2020, 11 rural South Carolina counties reported a rate of zero pediatricians per 10,000 children.<sup>2</sup> Those 11 counties represent 23.9% of South Carolina's 46 counties with an inadequate number of practicing pediatricians.<sup>3</sup>

Increasing access to routine childhood immunizations in the Palmetto State has implications for the state's economy. A 2016 Johns Hopkins University study exploring the economic consequences of vaccine nonadherence found that for every dollar the United States spends on immunization, the country saves \$16 by preventing health care costs, lost wages and lost productivity due to illness.<sup>4</sup> Similarly, a Harvard University study found that "vaccines don't just save lives, they also have a huge economic impact on families, communities and economies" by helping families avoid both medical bankruptcy and educational disruptions due to illness.<sup>5,6</sup>

Existing vaccine exemptions in South Carolina include medical exemptions, religious exemptions and special exemptions.<sup>7</sup> Increasing rates of exemptions from school entry requirements in the state, leading to decreased levels of immunity, have been shown to create pockets of populations that are susceptible to outbreaks of vaccine-preventable diseases.<sup>8</sup>

## Other Report Highlights:

- In South Carolina, over 72,670 children under the age of six lived in poverty as of 2019.<sup>9</sup> Children who live above the poverty line are more likely to receive appropriate vaccinations versus those living below the poverty line.<sup>10,11,12,13</sup>
- Institutional barriers can impact vaccine availability and delivery. Specifically, logistical limitations, medical racism, language barriers, skepticism and difficulty accessing providers because of lack of transportation or inconvenient clinic hours.<sup>14</sup>
- Provider-specific barriers to immunization include supply-chain issues, proper vaccine storage requirements, the absence of comprehensive electronic health records and the absence of a reminder system for missed vaccinations.<sup>15</sup>
- Each state has the authority to determine accepted vaccine exemptions for school-aged children.<sup>16</sup>
- In Western North Carolina, rising numbers of religious exemptions contributed to an increasing burden of varicella and pertussis in March 2021.<sup>17</sup>
- In 2019, 1,249 measles cases were reported in the U.S., the highest annual number since 1992. Eighty-nine percent of measles patients were unvaccinated or had an unknown vaccination status. Eighty-six percent of cases were associated with outbreaks in underimmunized, close-knit communities.<sup>18</sup>



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