Johns Hopkins Bloomberg School of Public Health | IVAC International Vaccine Access Center

STATUS OF CHILDHOOD IMMUNIZATION IN CONNECTICUT

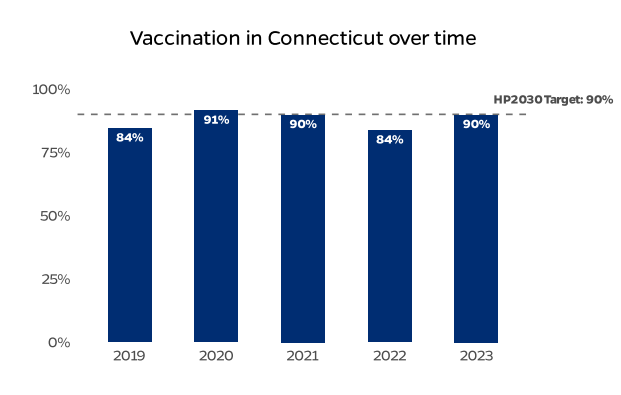
This brief illustrates the current status of childhood immunization in Connecticut and is intended to inform state-level policy decisions and priorities. Takeaways include:

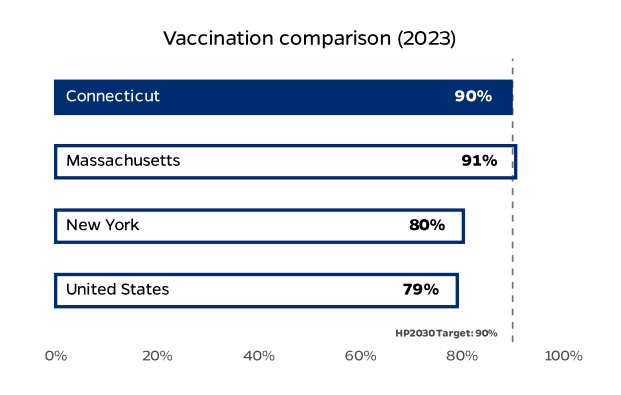
- State-level immunization coverage in Connecticut for MMR vaccination is above national levels.
- Connecticut does not allow personal or religious exemptions.
- State-level per capita public health spending is lower than the national rate.
- Connecticut has reported 0 cases of measles since January 1, 2025.

VACCINATION COVERAGE

Maintaining sufficient vaccination coverage is critical for establishing community protection. The charts below demonstrate how coverage for two critical vaccines has changed over time in Connecticut and how it compares to neighboring states, national rates, and Healthy People 2030 (HP2030) targets.

Proportion of 2-year-olds fully protected with DTaP vaccines

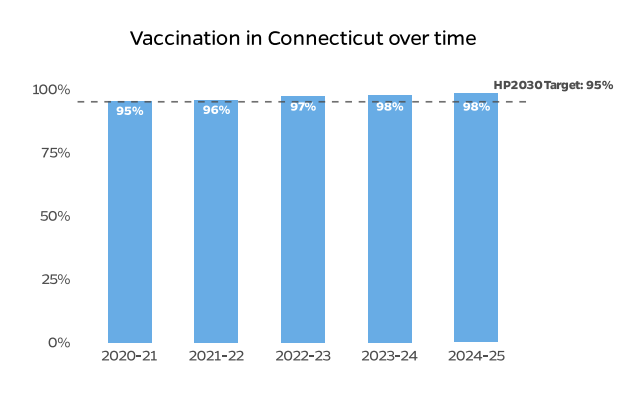


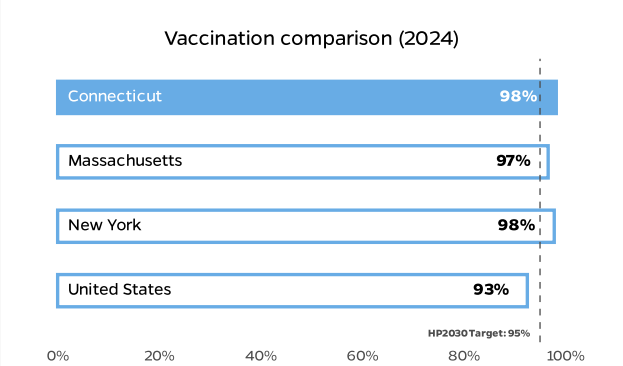


In 2023, more 2-year-olds were fully vaccinated against diphtheria, tetanus, and pertussis (received all four doses of DTaP) in Connecticut compared to the previous year. Coverage in Connecticut is above the HP2030 target of 90%.

Source: ChildVaxView

Proportion of kindergartners protected with MMR vaccines





In 2024, approximately the same proportion of kindergarteners completed the measles, mumps, and rubella (MMR) vaccine series in Connecticut compared to the previous year. Coverage in Connecticut exceeds the HP2030 target of 95%.

Source: SchoolVaxView

VACCINATION EXEMPTIONS

Many states allow children attending public school to receive vaccination exemptions for religious reasons or for personal reasons, sometimes referred to as "philosophical exemptions." Higher rates of non-medical exemptions have been linked with increased disease transmission.

Allows personal exemptions?	Allows religious exemptions?	Non-medical exemptions — state	Non-medical exemptions — US median
NO	NO	NA	4%

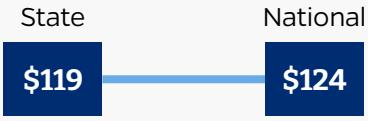
Additional details on exemption requirements:
Religious exemption removed in 2021; those granted before April 28, 2021 honored through 12th grade.

Source: NCSL, SchoolVaxView

PUBLIC HEALTH SPENDING

Low levels of public health spending are thought to contribute to suboptimal immunization rates. Nationally, Connecticut ranks 27th in public health spending.

State dollars dedicated to public health per capita (2022-23)



Source: America's Health Rankings

UNIVERSAL VACCINE PURCHASING

In states with Universal Purchase programs, the state government purchases all recommended vaccines for all children, regardless of insurance status. These initiatives can help to address disparities in vaccine coverage and support equitable vaccine access.

Universal Purchaser?
YES

Source: AIM

SUPPORT FOR IMMUNIZATION

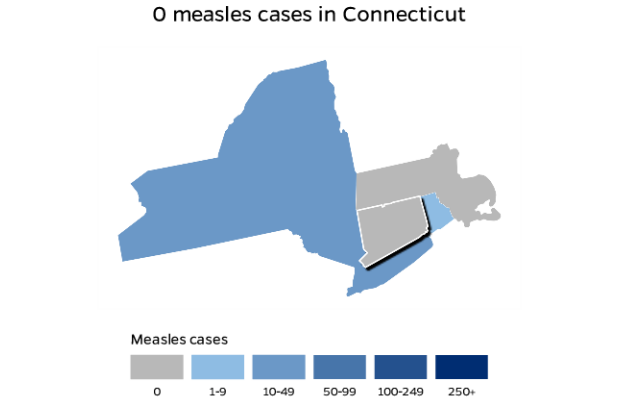
Strong policy commitment to immunization is critical for effective vaccination programs. The state legislature has recently introduced several bills that would affect state-wide childhood vaccination, a selection of which are described below. The arrows below indicate whether these bills would strengthen (↑) or weaken (↓) vaccine safety nets.

- CT SB 526 (Not enacted) – Would expand exemptions to state-mandated vaccination laws for school-aged children to allow philosophical exemptions based on personal, moral, or other beliefs
- CT HB 6174 (Not enacted) – Would allow students to recover actual and punitive damages for injuries or illnesses caused by a vaccination program if the state required the student to receive the vaccine as a condition of school admission
- CT HB 6581 (Not enacted) – Would authorize pharmacists to administer vaccines to children, regardless of age
- CT HB 6614 (Not enacted) – Would reestablish religious exemptions for school vaccination requirements
- CT HB 6550 (Not enacted) – Would establish an annual public education campaign to inform residents about free and low-cost vaccines

Source: AIM, LegiScan, NCSL

DISEASE STATUS

Measles outbreaks can indicate insufficient vaccination coverage within a population. Disease may spread across state borders when vaccine coverage is low. The map below visualizes the number of measles cases reported in Connecticut and neighboring states between January 1, 2025 and September 15, 2025.



Source: U.S. Measles Tracker, IVAC.

Vaccines can help prevent expensive disease outbreaks. A 2018–19 measles outbreak in Washington was estimated to cost US$47,479 per case for both direct medical and public health response expenses.

Source: Pike, 2022

DATA SOURCES

Vaccination coverage:

- DTaP: CDC, ChildVaxView Interactive! https://www.cdc.gov/childvaxview/about/interactive-reports.html. DTaP, ≥ 4 Doses, States/Local Areas, Birth Years/Cohorts 2017–2021, Age 24 months. Updated Aug 2024.
- MMR: CDC, SchoolVaxView Interactive! https://www.cdc.gov/schoolvaxview/data/index.html. MMR, States, School Years 2021-22, 2022-23, 2023-24, 2024-25. Updated July 2025.

Vaccination exemptions:

- Status: NCSL, State Non-Medical Exemptions From School Immunization Requirements. https://www.ncsl.org/health/state-non-medical-exemptions-from-school-immunization-requirements. Updated July 2025. Rates: CDC, SchoolVaxView Interactive! https://www.cdc.gov/schoolvaxview/data/index.html. Exemption – Non-Medical Exemption, States, School Years 2023-24 and 2024-25. Updated July 2025.

Public health spending:

- Public Health Funding in United States, America's Health Rankings, United Health Foundation. https://www.americashealthrankings.org/explore/measures/PH_funding. Accessed July 2025.

Universal vaccine purchasing:

- Association of Immunization Managers, Policy Maps – Universal Vaccine Purchase Program. https://www.immunizationmanagers.org/resources/aim-policy-maps/. Updated April 2025.

Support for immunization:

- Association of Immunization Managers, Legislative Round-ups. https://www.immunizationmanagers.org/resources-toolkits/immunization-program-policy-toolkit/legislative-round-ups/. LegiScan. https://legiscan.com/. Accessed July 2025.
- NCSL State Public Health Legislation Database. https://www.ncsl.org/health/state-public-health-legislation-database. Accessed Sept 2025.

Disease status:

- International Vaccine Access Center, U.S. Measles Tracker. https://publichealth.jhu.edu/ivac/resources/us-measles-tracker. Accessed July 22, 2025.

Measles outbreak cost:

- Pike J, Melnick A, Gastañaduy PA, et al. Societal Costs of a Measles Outbreak. Pediatrics. 2021;147(4):e2020027037. doi:10.1542/peds.2020-027037

Note: The high-level data included in this report do not reflect statewide variation in vaccination coverage or disease status. Further, state reporting policies may limit data completeness. For any data-related questions, please contact ivac@jh.edu.