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

STATUS OF CHILDHOOD IMMUNIZATION IN WEST VIRGINIA

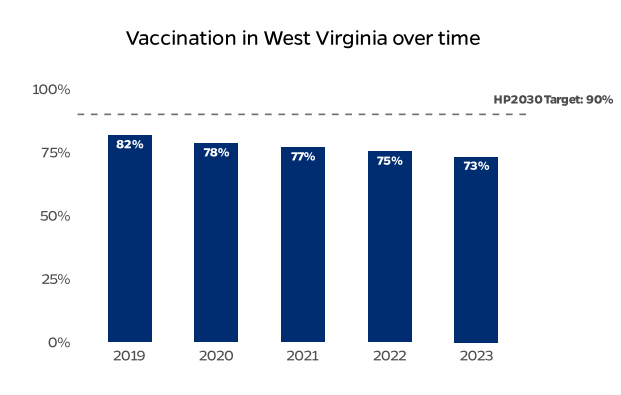
This brief illustrates the current status of childhood immunization in West Virginia and is intended to inform state-level policy decisions and priorities. Takeaways include:

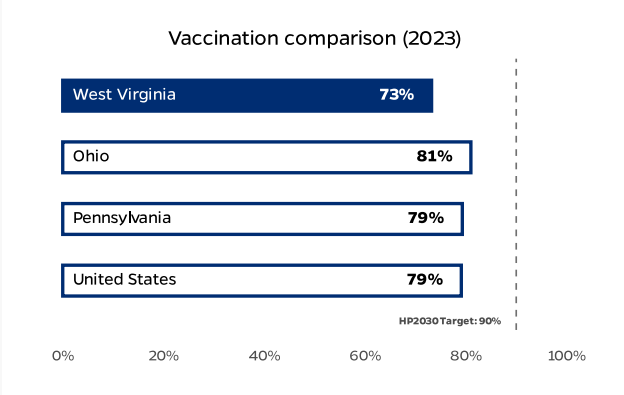
- State-level immunization coverage in West Virginia for MMR vaccination is above national levels.
- West Virginia does not allow personal or religious exemptions.
- State-level per capita public health spending is higher than the national rate.
- West Virginia has reported 0 cases of measles since January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

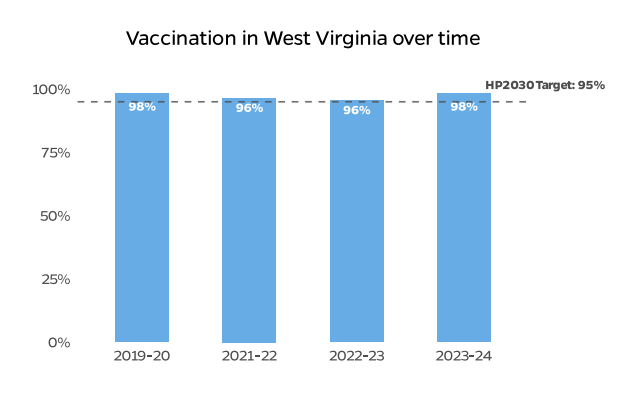


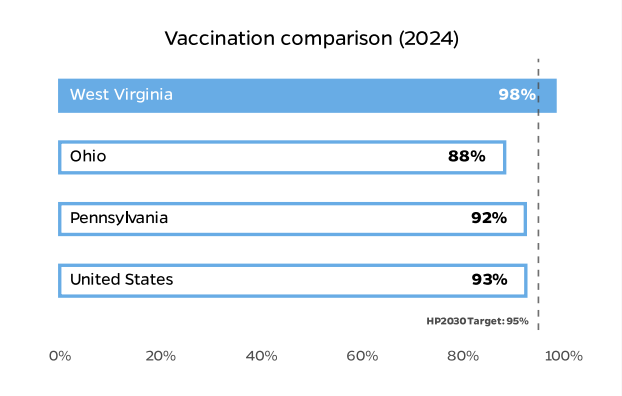


In 2023, fewer 2-year-olds were fully vaccinated against diphtheria, tetanus, and pertussis (received all four doses of DTaP) in West Virginia compared to the previous year. Coverage in West Virginia is below the HP2030 target of 90%.

Source: ChildVaxView

Proportion of kindergartners protected with MMR vaccines





West Virginia does not have complete data for all school years, which prevents us from showcasing them here.

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.

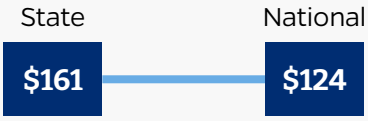
Allows personal exemptions?	Allows religious exemptions?	Non-medical exemptions — state	Non-medical exemptions — US median
NO	NO	NA	4%

Source: NCSL, SchoolVaxView

PUBLIC HEALTH SPENDING

Low levels of public health spending are thought to contribute to suboptimal immunization rates. Nationally, West Virginia ranks 11th 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?
NO

Source: AIM

SUPPORT FOR IMMUNIZATION

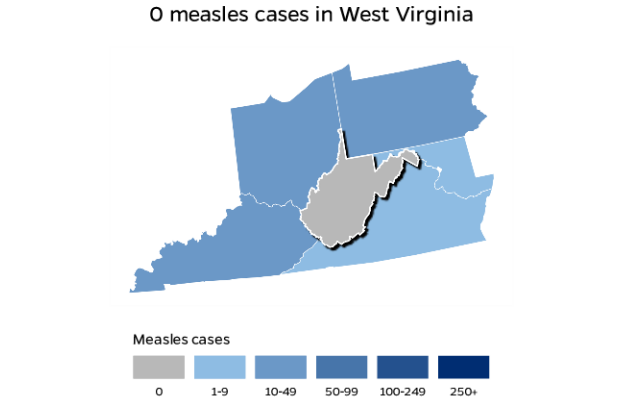
Strong policy commitment to immunization is critical for effective vaccination programs. The state legislature has recently introduced several bills that would affect state-wide childhood vaccination, a selection of which are described below. The arrows below indicate whether these bills would strengthen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

- ↓ WV HB 2729 (Not enacted) – Would prohibit vaccine mandates for private, parochial, charter, virtual charter, and remote public schools
- ↓ WV SB 289 (Not enacted) – Would allow for religious and philosophical exemptions to mandatory vaccination requirements and would revise the existing process to obtain a medical exemption
- ↓ WV SB 108 (Not enacted) – Would make immunization completely voluntary for students attending private schools
- ↓ WV HB 2517 (Not enacted) – Would eliminate all vaccine mandates for school enrollment
- ↓ WV HB 2372 (Not enacted) – Would establish a "Parents' Bill of Rights" that reaffirms the rights of parents to make vaccination decisions

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 West Virginia 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.