Performance Task

Balancing Individual and Community Claims: Establishing State Vaccination Policies

Modeled after Smarter Balanced ELA Performance Tasks
Balancing Individual and Community Claims: Establishing State Vaccination Policies

Introductory Classroom Activity (25 minutes)

- Present on a projector (or distribute a handout) of images of children with measles, (see attached example).
- After giving students a moment to look at the images, ask, “Have you heard in the news about the measles outbreaks that have been occurring across the United States?” “Do you know of someone that has contracted the measles before?”
- Let students know that they are going to watch two short video clips that address the measles outbreaks. Inform the students that the first video is a news clip from Koin 6 news (here in Oregon) and the second video consists of Dr. Adannia Enyloha (Rush University’s Medical Center) and Dr. Melanie Brown (Comer Children’s Hospital), they are both doctors from Chicago, Illinois. The use of the two video clips gives a more global perspective to the measles epidemic. Encourage students to take notes during the two videos as they might be helpful for the performance task they will be taking later.
- Present on a projector the two video clips:

- Following the two videos, engages students in a brief classroom discussion using some of the following as discussion questions:

  - What information was provided about how vaccinations prevent the spread of diseases, such as measles?
  - What are the risks and benefits of vaccination for individuals?
  - What are the risks and benefits of vaccination for the larger community?
  - Is it ever fair to allow some individuals not to be vaccinated, recognizing that they will receive protection from a disease because others take on the burden of getting the vaccine?
  - Are some reasons for opting out of vaccinations more acceptable than others?
  - What responsibilities do individuals have to their community in regard to vaccinations?

- Say to the students, “In the performance task that you are going to participate in this week, you will learn more about vaccinations and the debate over their pros and cons. Eventually, you will need to take a position on whether we should encourage or discourage their use to reduce diseases from spreading, and you will defend your position in an argumentative letter to the Oregon Healthy Authority. It is important to know that, as some of the resources you will be using point out, some people support the use of vaccinations while others are adamantly opposed to mandating them.”
Student Directions

Balancing Individual and Community Claims:
Establishing State Vaccination Policies

Task:

In your biology and health classes, you have been discussing the potential risks and benefits of state mandated vaccinations. You have learned about how vaccinations are used in order to prevent the spread of diseases such as Measles, Mumps, Chicken Pox, Hepatitis B and Polio throughout the world, but there has been some resistance to their use in Oregon for a variety of different reasons. As part of your research on this issue, you have found four sources giving additional information about vaccinations and the diseases they prevent.

After you have reviewed these sources, you will answer some questions about them. Briefly review these resources and the three questions that follow. Then, go back and read the sources carefully so you will have the information you need to answer the questions and complete your research. You may take notes in the margin as you find information in the sources to capture your thoughts, reactions and any questions you might have, as you read.

In Part 2, you will write an argumentative letter on a topic related to the sources.

Directions for Beginning:
You will now examine several sources. You can re-examine the sources as often as you like.

Initial Questions:
After examining the research sources, use the rest of the time in Part 1 to answer the three questions about them. Your answers to these questions will be part of your score for the reading portion of this assessment. Also, your answers will help you think about the information you have read and viewed, which should help you write your argumentative letter. Both your margin notes and your answers to the questions will be available to you as you work on your letter.
This article, from the November 14, 2007 issue of The Washington Post, discusses how parents in Maryland that did not vaccinate their children could face potential fines or jail time if they do not meet the state’s mandatory immunization requirements.

The parents of more than 2,300 Maryland students who failed to get needed vaccinations could face fines of $50 a day and up to 10 days in jail if their children do not meet the state’s immunization requirements, county official said yesterday.

The threat of legal action is a last resort after months in which a Maryland school system has struggled to get its 131,000 students immunized for chicken pox, and hepatitis B, as mandated by the state. More than 2,300 students have not been immunized and have been barred from attending schools, almost two months after a Sept. 20 deadline for meeting the requirement. “We can do this the easy way or the hard way, but it’s got to get done,” State’s Attorney Glenn F. Ivey (D) said at a news conference. “I’m willing to move forward with legal action.”

School officials have made calls, sent letters and conducted home visits to make arrangements for free appointments for the needed shots. But often the students’ addresses and phone numbers have been outdated, making contacting them difficult. Other students have received the vaccines but failed to get the necessary booster shots.

The school system turned to the justice system as a final option and received the backing of Circuit Judge William D. Missouri, the county’s administrative judge, and Circuit Judge C. Philip Nichols Jr., who handles juvenile matters.

“This is an educational crisis,” said R. Owen Johnson Jr., chairman of the school board. “This is a public health and a children’s rights issue.”

Nichols and Ivey sent another round of letters to the families still out of compliance. Nichol’s letter ordered the parents to show up at Prince George’s Circuit Court for a court hearing and a free vaccine; Ivey’s letter warned that “unexcused absences by your child may subject you to a criminal charge.” They expect almost 1,700 children to show up Saturday with their parents for the first in a series of Circuit Court hearings on the matter. School officials said the parents would receive a verbal reprimand from the judge and be ordered to have their children immunized in the courthouse. The students would then be allowed to return to school.
Parents who do not appear could face faces of $50 for each day they fail to get their children immunized after being charged. They also could serve up to 10 days in jail. Ivey said he hoped chagrining parents would not be necessary.

“The goal is to get kids in school, not to put parents in jail,” Ivey said.

Missouri said he looked forward to talking to the parents who had not gotten their children immunized to understand why. “I’d like to know exactly what the reasons are because the reasons may be able to be addressed without ratcheting it up to this point, he said.

Schools officials said they were sorry the crisis had gone this far, but that it needed to be solved immediately. “This has really, really been a difficult time for us,” said Betty Despenza-Green, the school system’s chief of student services. “It hurts us when any child is out of school because he/she needs to be immunized, and so we felt we needed to be creative. We need those students immunized. We need them in schools.”

Source #2: “Misinformed vaccine holdouts are inviting a measles epidemic: Guest opinion”

The following is an article from THE OREGONIAN published April 1, 2014. As you will discover, Dr. Dino William Ramzi, M.D., M.P.H., discusses how Oregon has the highest vaccination exemption rate in the nation.

Measles is near. Last Aug.18, 2013, Texas health officials announced 12 cases of measles in that state. By Aug. 20, 2013, the number of officially reported cases was 16. The majority belonged to a single church whose pastor had been recommending that parents avoid vaccines. It wasn't even the biggest outbreak last year. There were 58 cases in New York. So far this year, we've had five cases near San Francisco, 20 in Orange County and over 320 cases in Canada's Fraser Valley to our north, which has spread to at least one resident of Whatcom County Washington. We've also had an outbreak of mumps at Ohio State.

It is only a matter of time before the most vulnerable start suffering the consequences of an American epidemic. Oregon is the state with highest exemption rate in the US. This makes our local area particularly vulnerable to an explosive epidemic. Just for perspective, only 3 percent of children are exempted in California, and they have had the biggest outbreak so far this year. As the ring gets tighter, it is only a matter of time before officials in the Portland metro area have to scramble to respond to a disease we thought we had eliminated from our shores in 2000.

Measles is not the flu. It is much worse. Influenza has an attack rate of about 50 percent, measles 90 percent. That means that 90 percent of non-immune people who come in contact with the measles virus will actually acquire the disease. Complications
range from the trivial, like ear infections and diarrhea, to dehydration, to pneumonia, dehydration and encephalitis, a serious type of brain infection.

Traditional epidemiology reports that 20 percent of children can expect to be hospitalized, and three out of a 1,000 will die. Most recent data from Europe would suggest that the numbers are closer to 30 percent hospitalized and a 1-2 percent fatality rate.

In the 1950s and 1960s, an average of 450 American deaths were annually attributed to measles or its complications. Following the introduction of the measles vaccine, the number of cases steadily declined until 2000, when there were no cases at all. In 2013, the latest year for which the CDC has reported statistics, there were 189 cases of measles. Many were imported from countries with inadequate vaccine coverage, but we are seeing more cases in vaccine refusers. There have been no recent deaths, but in a large epidemic, the odds are not promising.

After 15 years of misinformation, complacency due to the lack of domestic deaths and a series of paranoid and ignorant conspiracy theories, we are starting to see outbreaks. This is misinformation with a body count.

When the percentage of people immune to measles drops significantly, massive and sudden increases in the number of measles cases follow. In France, where the anti-vaccine movement caught fire in the middle of the last decade, cases of measles went from about 30 in 2005 to 15,000 in 2011. There were six deaths. Last year, the United Kingdom suffered 1,219 cases with one death.

Some of the cases are occurring among children who have received the vaccine. Since vaccines are never 100 percent effective in preventing any disease, the risk of failure rises proportionately to the cumulative weight of exposure. The more cases are in your neighborhood, the greater the chance that your vaccinated child may get the disease.

No vaccine is entirely safe. Balancing the risks of preventing disease with the risks of the actual vaccine is not an easy task. Informed consent is a cornerstone of any medical practice, and every parent has the responsibility of weighing the evidence for themselves. But how do parents decide when the information about vaccines is more about conspiracies and wrong data? How do responsible and critical thinking parents who chose the vaccine react when a significant proportion of their neighbors undermine collective efforts to keep a deadly disease out of their home?

Some goals, like eliminating measles, can only be accomplished by group action, taken with full knowledge that a few will suffer, but the majority will gain something significant. This is what it means to live in a community. This is what it means to be responsible.

*Dino William Ramzi is a physician in Camas, Washington. He is the president of the Clark County Medical Society and the southwest Washington chapter of the Washington Academy of Family Physicians*
Source #3: “Jenny McCarthy’s dangerous anti-vaccine crusade”

The following is an article from the NEW YORK POST published March 18, 2014, in regard to the fact that actress and co-host of “The View”, Jenny McCarthy is leading an anti-vaccine movement. She has a boy with autism-like symptoms that she is convinced were caused by the vaccine for measles, mumps and rubella (MMR).

In a feat that would have been unimaginable a few decades ago, the anti-vaccine movement has managed to breathe life into nearly vanquished childhood diseases.

It took all the ingenuity and know-how we are capable of to find safe, effective ways to dramatically diminish diseases like measles, and whooping cough in the developed world; it took all the hysteria and willful ignorance we were capable of to give them a boost. A developer of the measles vaccine, Dr. Samuel Katz, says the question “is not whether we shall see a world without measles, but when.”

Not if Jenny McCarthy has anything to say about it. The former model and current co-host of “The View” is leading light of the anti-vaccine movement. She has a boy with autism-like symptoms that she is convinced were caused by the vaccine for measles, mumps, and rubella (MMR). You can credit her passion for her child, sympathize with her heartbreak—and still cringe at her wholly irrational cause.

It’s only natural that parents who see their young autistic children slip away at about the same time they receive vaccinations make the mistake of confusing correlation and causation. And it’s only human to want to believe that a tragedy is a morality tale with readily identifiable villains, in this case the drug industry and the medical establishment. None of this makes the so-called anti-vaxxers any less wrong, or doggedly impervious to evidence.

No amount of discrediting makes a difference. One theory was that a preservative in children’s vaccines called thimerosal was causing autism. But the United States removed thimerosal from most childhood vaccines in 2001. If the theory had been sound, this should have reduced cases of autism. It didn’t. Cases have continued to rise, and the same held true in Canada and Denmark after eliminating thimerosal in the 1990s.

Another theory, latched onto by Jenny McCarthy, is that the MMR vaccine in particular causes autism. Dr. Andrew Wakefield publicized this supposed link in a famous article in the British medical journal The Lancet. It has since been thoroughly debunked. The Lancet retracted Wakefield’s paper, and the British Medical Journal reported that he “falsified data.” He had his medical license revoked. All of which should have been enough to give the anti-vaxxers pause.
Nonetheless, they fight on. In an interview with the Fox Business Network the other day, former MTV star Kristin Cavallari plugged the anti-vaccination cause, citing “books” and “studies.”

Most parents don’t listen. Only 1.8 percent of kindergartners get exempted from vaccinations, according to NBC News. But the number is higher in some states. In Oregon the rate is 6.4 percent, with some counties hitting double digits. In California, Marin County has an exemption rate of nearly 8 percent. The more kids go unvaccinated, the greater the chances that diseases can get a foothold.

They usually are imported from abroad, but the absence of vaccinations is a boon to their spread. A study in the journal *Pediatrics* found that the 2010 whooping-cough outbreak in California—when the state had the highest number of cases since 1947—hit hardest in areas with high levels of nonvaccination. In 2013, measles cases tripled nationwide. Outbreaks were centered in religious communities in Brooklyn, Texas and North Carolina that had resisted vaccination. New York City has another small outbreak right now.

In the panic created by the Wakefield article, England saw MMR vaccination rates fall to 80 percent in 2004 and Wales to 78 percent. In 2012, England and Wales had the highest number of measles cases in 18 years.

These are dangerous illnesses, and the victims of an outbreak are often infants too small to have yet received vaccinations. Jenny McCarthy styles herself a “mother warrior.” If so, the kids sickened in the fallout from reduced vaccinations are the victims of friendly fire. Nothing good can come from undoing one of the miracles of medical progress.

**Source 4: “Why Immunize”**

*This final resource comes from the Centers of Disease Control and Prevention (CDC) from their website ([http://www.cdc.gov/vaccines/vac-gen/why.htm](http://www.cdc.gov/vaccines/vac-gen/why.htm)). Included is a table that lists all of the recommended vaccinations from birth through adulthood.*

Why immunize our children? Sometimes we are confused by the messages in the media. First we are assured that, thanks to vaccines, some diseases are almost gone from the U.S. But we are also warned to immunize our children, ourselves as adults, and the elderly.

**Diseases are becoming rare due to vaccinations.**

It’s true, some diseases (like polio and diphtheria) are becoming very rare in the U.S. Of course, they are becoming rare largely because we have been vaccinating against them. But it is still reasonable to ask whether it’s really worthwhile to keep vaccinating.
It's much like bailing out a boat with a slow leak. When we started bailing, the boat was filled with water. But we have been bailing fast and hard, and now it is almost dry. We could say, "Good. The boat is dry now, so we can throw away the bucket and relax." But the leak hasn't stopped. Before long we'd notice a little water seeping in, and soon it might be back up to the same level as when we started.

**Keep immunizing until disease is eliminated.**

Unless we can "stop the leak" (eliminate the disease), it is important to keep immunizing. Even if there are only a few cases of disease today, if we take away the protection given by vaccination, more and more people will become infected and will spread disease to others. Soon we will undo the progress we have made over the years.

**Japan reduced pertussis vaccinations, and an epidemic occurred.**

In 1974, Japan had a successful pertussis (whooping cough) vaccination program, with nearly 80% of Japanese children vaccinated. That year only 393 cases of pertussis were reported in the entire country, and there were no deaths from pertussis. But then rumors began to spread that pertussis vaccination was no longer needed and that the vaccine was not safe, and by 1976 only 10% of infants were getting vaccinated. In 1979 Japan suffered a major pertussis epidemic, with more than 13,000 cases of whooping cough and 41 deaths. In 1981 the government began vaccinating with acellular pertussis vaccine, and the number of pertussis cases dropped again.

**What if we stopped vaccinating?**

So what would happen if we stopped vaccinating here? Diseases that are almost unknown would stage a comeback. Before long we would see epidemics of diseases that are nearly under control today. More children would get sick and more would die.

**We vaccinate to protect our future.**

We don't vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their grandchildren. With one disease, smallpox, we "stopped the leak" in the boat by eradicating the disease. Our children don't have to get smallpox shots anymore because the disease no longer exists. If we keep vaccinating now, parents in the future may be able to trust that diseases like polio and meningitis won't infect, cripple, or kill children. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.
**Question #1:** Based on the information in these sources, complete the chart below. To the right of each argument, indicate the source #(s) where you found the argument.

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<thead>
<tr>
<th>Arguments in Support of Vaccines</th>
<th>Source#(s)</th>
<th>Arguments in Opposition of Vaccines</th>
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**Question #2:** In the space below, describe the difference in purpose between Source #4 (including the recommended immunization chart) and the other articles and how this leads to differences in the writers’ style and structure. Be sure to include specific examples from the various texts. Continue on to the back of this page, if needed.
**Question #3:** Researchers and reporters have a purpose when they quote sources in their articles, whether these sources are experts on a topic or ordinary citizens. Sometimes the credibility of these sources could be questioned because of their occupation or how a decision might affect them personally. Choose at least four sources that were quoted or cited in these articles, and complete the chart below to analyze how they are used. (If you would like to choose more than four, add them by creating more lines on the bottom of the chart).

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<th>Possible bias or motivation that might affect credibility of this source</th>
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Part 2

You will now have the opportunity to review your notes and sources, plan, draft and revise your letter to the Oregon Health Authority. You may use your notes, and refer to the sources during this part of the task. You may also refer to the answers you wrote to the questions in part 1. Now read your assignment and begin your work.

Your Assignment

In 2013, Oregon passed legislation that changes the process for claiming a nonmedical exemption to school and childcare immunization requirements. This law went into effect on March 1, 2014. The new law requires parents or guardians who want to claim a nonmedical exemption to receive online or in-person education from a doctor about the benefits and risks of vaccinations before claiming the exemption.

As a student intern at the Oregon Health Authority's office, you have been asked to draft a letter to the citizens of Oregon that addresses the pros and cons of childhood vaccinations being hypothetically mandated (no non-medical exemptions being allowed) in our state beginning in 2016. Be sure your recommendation acknowledges both sides of the issue so that people know that you have considered this recommendation carefully. You do not need to use all of the sources, only the ones that most effectively and credibly support your position and your consideration of the opposing view.