

H029176-072125 - FOIA Request

Message History (8)

✉ On 9/8/2025 6:17:30 PM, MDHHS FOIA Records Center wrote:

Subject: MDHHS FOIA Request :: H029176-072125

Body:

RE: Public Records Request, Reference # H029176-072125.

Dear Medical Director Remington Nevin,

This notice is issued in response to your request, legally received by the Michigan Department of Health and Human Services (Department) on July 22, 2025, requesting information under the Freedom of Information Act (FOIA), MCL 15.231 *et seq.*

Your request is denied.

To the best of the Department's knowledge, information, and belief, this Department does not possess or maintain records under the description you provided or by other names reasonably known to the Department.

As to the denial, the Department is obligated to inform you that under MCL 15.240 the following remedies are available:

1. Appeal this decision in writing to the Legal Affairs Administration, Department of Health and Human Services, Suite 207, PO Box 30037, Lansing, MI 48909. The writing must specifically state the word "appeal" and must identify the reason or reasons you believe the denial should be reversed. The Department must respond to your appeal within ten days of receipt. Under unusual circumstances, the time for response to your appeal may be extended by ten business days.
2. File an action in the appropriate court within 180 days after the date of the final determination to deny the request. If you prevail in such an action, the court is to award reasonable attorney fees, costs, disbursements, and possible damages.

The Department's FOIA policies and procedures are available at [Policies and Procedures](#).

Sincerely,

Bureau of Legal Affairs

✉ On 9/8/2025 6:17:30 PM, MDHHS FOIA Records Center wrote:

Subject: MDHHS FOIA Request :: H029176-072125

Body: This request was granted. As there was no denial, there is nothing to appeal. I will issue a new notice.

Dr. Remington Nevin
St. Clair County Health Department
220 Fort Street
Port Huron, MI 48060

August 21, 2025

Legal Affairs Administration
Department of Health and Human Services
Suite 207
PO Box 30037
Lansing, MI 48909

Subject: Appeal of FOIA Request Denial – H029176-072125

I appeal the constructive denial of my Freedom of Information Act (FOIA) request, reference H029176-072125, received July 22, 2025. The agency's response dated August 12, 2025 claimed to grant the request but failed to provide any responsive documents (details enclosed). This failure to disclose responsive records constitutes a denial that must be reversed.

My request sought any and all copies of the form or forms produced or provided by the Michigan Department of Health and Human Services (MDHHS) or any predecessor agencies, consistent with the requirement of MCL 333.9206(2), which states: "(2) Before administering an immunizing agent to a child, a health care provider shall notify the parent, guardian, or person in loco parentis of the child, on a form provided by the department, of the right to object to the reporting requirement described in subsection (3) [emphasis added]."

The Oxford Dictionary of English defines "form", in the relevant meaning, as "a printed document with blank spaces for information to be inserted: [e.g.] an application form [emphasis added]."

As noted in my request, the request was only for documents that so qualify as forms by containing interactive elements [i.e., "blank spaces for information to be inserted"] such as fields for user input, checkboxes, selection options, or signature lines. Yet, in response to this request, MDHHS provided only modified Vaccine Information Statements (VISs) lacking any such form fields or any such blank spaces consistent with this accepted definition. As such, VISs cannot qualify as forms, and the agency denial is therefore incorrect.

Furthermore, responsive records exist for the following reasons:

1. **Acknowledgment in Other Requests:** In response to a separate related FOIA request, H029192-072225, received July 23, 2025, the agency provided documents seemingly responsive to the present request. This separate request was for any and all copies of the form or forms



Elizabeth King, RN, BSN
Director/Health Officer

Greg Brown, BS
Administrator

Remington Nevin, MD, MPH, DrPH
Medical Director

produced or provided by MDHHS or any predecessor agencies, consistent with the requirement of R 325.163 (5), which states, in relevant part:

"(5) A health care provider who receives written notification from a person requesting that his or her (or his or her child's) immunization data not be reported to the registry shall forward the request to the department in a form provided by the department [emphasis added]."

In particular, the documents produced in response to this separate request were correctly labeled as forms, and included blank spaces for information to be inserted, including checkboxes, signature lines, and other form fields, such as name, date of birth, and date.

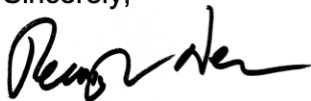
2. Legislative Intent: The agency providing only modified VISs in response to a request for any and all copies of the "form provided by the department", which per the requirement of MCL 333.9206(2), must be provided to a parent, guardian, or person in loco parentis of a child before administration of an immunizing agent, notifying them "of the right to object to the reporting requirement", implies that MDHHS interprets MCL 333.9206(2) as not requiring distribution of an actual form. A failure to distribute such a form would hinder provision of the written notice of objection as subsequently defined in MCL 333.9206(3), which reads:

"(3) Unless the parent, guardian, or person in loco parentis of the child who received the immunizing agent objects by written notice received by the health care provider prior to reporting, a health care provider shall report to the department each immunization administered by the health care provider, pursuant to rules promulgated under section 9227. If the parent, guardian, or person in loco parentis of the child who was immunized objects to the reporting requirement of this subsection by written notice received by the health care provider prior to notification, the health care provider shall not report the immunization."

The legislative intent of MCL 333.9206(2) was clearly for a parent, guardian, or person in loco parentis of a child to be provided with a form prior to administration of the immunizing agent, which could, on objection, be immediately completed and returned to the health care provider, in order to facilitate receipt of the written notice required by MCL 333.9206(3). The agency's failure to return any such forms in response to the present request suggests an undermining of legislative intent, with potential implications under MCL 24.306(1).

For these and other reasons, MDHHS must conduct a thorough search for responsive records, including the forms previously referenced. If MDHHS maintains that no responsive records exist, the right to pursue further legal action is reserved.

Sincerely,



Dr. Remington Nevin
Medical Director
St. Clair County Health Department

Enclosure as described

H029176-072125 - FOIA Request

Message History (6)

✉ On 8/12/2025 12:59:14 PM, MDHHS FOIA Records Center wrote:

Subject: MDHHS FOIA Request :: H029176-072125

Body:

RE: Public Records Request, Reference # H029176-072125

Dear Medical Director Remington Nevin,

This notice is issued in response to your request, legally received by the Michigan Department of Health and Human Services (Department) on July 22, 2025, requesting information under the Freedom of Information Act (FOIA), MCL 15.231 *et seq.*

Your request is granted. Please login to the [FOIA Records Center](#) to access the responsive records.

The Department has identified and included the responsive information falling within the scope of your request. To the best of the Department's knowledge, information, and belief, these are all the records in the possession of the Department falling within the scope of your request. There is no fee for the request as search and retrieval were minimal, falling below the Department's threshold for processing fees.

The Department's FOIA policies and procedures are available at [Policies and Procedures](#).

Sincerely,

Bureau of Legal Affairs

✉ On 8/12/2025 12:59:14 PM, MDHHS FOIA Records Center wrote:

Subject: MDHHS FOIA Request :: H029176-072125

Body: VIS forms are the forms the Department has with the information you requested.

✉ On 8/12/2025 12:59:14 PM, MDHHS FOIA Records Center wrote:

Subject: MDHHS FOIA Request :: H029176-072125

Body: I've attached two VIS, and here is a link where all the VIS may be accessed: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunizations/michiganvis>

✉ On 7/29/2025 3:50:02 PM, MDHHS FOIA Records Center wrote:

Subject: Extension :: H029176-072125

Body:



RE: PUBLIC RECORDS REQUEST , Reference # H029176-072125

Dear Medical Director Remington Nevin,

This notice is issued in response to your request, legally received by the Michigan Department of Health and Human Services (Department) on July 22, 2025, requesting information under the Freedom of Information Act (FOIA), MCL 15.231 *et seq.*

In order to determine what responsive records the Department might have, it is necessary to extend the time for response permitted by MCL 15.235 §5(2)(d) until August 12, 2025.

The Department's FOIA policies and procedures are available at [Policies and Procedures](#).

Sincerely,

Bureau of Legal Affairs,

Michigan Department of Health and Human Services

✉ On 7/22/2025 8:05:45 AM, MDHHS FOIA Records Center wrote:

Subject: Confirmation of FOIA Request:: H029176-072125

Body:



Dear Medical Director Nevin,

Thank you for your interest in public records of the Michigan Department of Health and Human Services (hereinafter "Department").

Records Requested: Any and all copies of the form or forms produced or provided by the Michigan Department of Health and Human Services (MDHHS) or any predecessor agencies, consistent with the requirement of MCL 333.9206(2), which states: "(2) Before administering an immunizing agent to a child, a health care provider shall notify the parent, guardian, or person in loco parentis of the child, on a form provided by the department, of the right to object to the reporting requirement described in subsection (3)." This includes only documents that qualify as forms by containing interactive elements such as fields for user input, checkboxes, selection options, or signature lines, and excludes any informational documents, sheets, or modified Vaccine Information Statements (VIS) lacking such form fields. This encompasses all versions, revisions, drafts, and final forms issued pursuant to this statutory provision.

Your request has been assigned the following tracking number: H029176-072125. Your request has a legally received date of July 22, 2025. You will receive a response by the Department by July 29, 2025. Unfortunately, we are unable to expedite requests and the time permitted for response by the Department may be extended beyond July 29, 2025 by ten (10) business days.


In accordance with the Michigan Freedom of Information Act (FOIA), MCL 15.231 *et seq*, the Department provides copies of existing non-exempt records. Records which are exempt from disclosure under state or federal law will not be provided, or records may be redacted to separate exempt information. The FOIA does not require the Department to create new records or answer queries.

You can monitor the progress of your request at the [MDHHS Public Records Center](#) and you will receive an email when your request has been completed.

Regards,

Bureau of Legal Affairs,

Michigan Department of Health and Human Services

 On 7/21/2025 2:35:54 PM, Remington Nevin wrote:

Request Created on Public Portal

VACCINE INFORMATION STATEMENT

DTaP (Diphtheria, Tetanus, Pertussis) Vaccine: *What You Need to Know*

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

DTaP vaccine can prevent **diphtheria, tetanus, and pertussis**.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing that makes it hard to breathe, eat, or drink. Pertussis can be extremely serious especially in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2. DTaP vaccine

DTaP is only for children younger than 7 years old. Different vaccines against tetanus, diphtheria, and pertussis (Tdap and Td) are available for older children, adolescents, and adults.

It is recommended that children receive 5 doses of DTaP, usually at the following ages:

- 2 months
- 4 months
- 6 months
- 15–18 months
- 4–6 years

DTaP may be given as a stand-alone vaccine, or as part of a combination vaccine (a type of vaccine that combines more than one vaccine together into one shot).

DTaP may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any **severe, life-threatening allergies**
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP or DTaP)**
- Has **seizures or another nervous system problem**
- Has ever had **Guillain-Barré Syndrome** (also called “GBS”)
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**

In some cases, your child’s health care provider may decide to postpone DTaP vaccination until a future visit.

Children with minor illnesses, such as a cold, may be vaccinated. Children who are moderately or severely ill should usually wait until they recover before getting DTaP vaccine.

Your child’s health care provider can give you more information.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

4. Risks of a vaccine reaction

- Soreness or swelling where the shot was given, fever, fussiness, feeling tired, loss of appetite, and vomiting sometimes happen after DTaP vaccination.
- More serious reactions, such as seizures, non-stop crying for 3 hours or more, or high fever (over 105°F) after DTaP vaccination happen much less often. Rarely, vaccination is followed by swelling of the entire arm or leg, especially in older children when they receive their fourth or fifth dose.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

To allow medical care provider(s) accurate immunization status information, an immunization assessment, and a recommended schedule for future immunizations, information will be sent to the Michigan Care Improvement Registry. Individuals have the right to request that their medical care provider not forward immunization information to the Registry.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim.

7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.



Pneumococcal Conjugate Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

Pneumococcal conjugate vaccine can prevent pneumococcal disease.

Pneumococcal disease refers to any illness caused by pneumococcal bacteria. These bacteria can cause many types of illnesses, including:

- Pneumonia (infection of the lungs)
- Ear infections
- Sinus infections
- Meningitis (infection of the tissue covering the brain and spinal cord)
- Bacteremia (bloodstream infection)

Anyone can get pneumococcal disease, but young children, older adults, and people with certain risk factors are at the highest risk.

Most pneumococcal infections are mild. However, some can result in long-term problems, such as brain damage or hearing loss. Meningitis, bacteremia, and pneumonia caused by pneumococcal disease can lead to death.

2. Pneumococcal conjugate vaccine

Pneumococcal conjugate vaccine helps protect against bacteria that cause pneumococcal disease. There are several pneumococcal conjugate vaccines (PCVs). The specific PCV and number of doses recommended are based on a person's age, vaccination history, and medical status. Your health care provider can help you determine which type of PCV, and how many doses, should be received.

- **Infants and young children** usually need 4 doses of PCV. These doses are recommended at 2, 4, 6, and 12–15 months of age.
- Certain **older children and adolescents** who did not receive the recommended doses as infants or young children need PCV. This depends on age and medical conditions, or other risk factors.

- **Adults 19 through 49 years old** who have not received PCV and have certain medical conditions or other risk factors should receive PCV. Some adults in this group who have already received PCV might be recommended to receive another dose.
- **Adults 50 years or older** who have not previously received PCV should receive a PCV vaccine. Some adults in this group who have already received PCV might be recommended to receive another dose.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any type of PCV, or to any vaccine containing diphtheria toxoid** (for example, DTaP), or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone PCV until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover.

Your health care provider can give you more information.



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

4. Risks of a vaccine reaction

- Redness, swelling, pain, or tenderness where the shot is given; fever; loss of appetite; fussiness (irritability); tiredness; headache; muscle aches; joint pain; or chills can happen after pneumococcal conjugate vaccination.

Young children may be at increased risk for seizures caused by fever after a PCV if it is administered at the same time as inactivated influenza vaccine. Ask your health care provider for more information.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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7. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.

