

## **IMB VACCINE RATIONALE**

### **Introduction**

The International Mission Board (also referred to as the “Company”), the international missions sending body of the Southern Baptist Convention, considers physical presence to be essential to achieving the vision described in Revelation 7:9. In an ever-changing, increasingly complex operating environment, such considerations require the Company to maintain policies, practices, and guidelines that are both fair and consistent while recognizing the uniqueness of each individual circumstance. The health, safety and security of each missionary are key drivers in many decisions, particularly as it relates to the deployment and sustaining of missionaries around the world. The Company engages experts in all of its key operating areas; these experts are believers in the Lord Jesus Christ, have a passion for seeing the Revelation 7:9 vision fulfilled, and most have international service experience. Robust support for the physical presence of missionaries in a variety of contexts requires such expertise.

The Company has developed standards and practices for administering appropriate vaccinations to each missionary and their children as part of its commitment to their health, safety, and security. The Company welcomes the opportunity to explain its position on vaccinations and consider individual circumstances, understanding that such discussions are balanced with the Company’s stewardship obligations and its commitment to the Revelation 7:9 vision being fulfilled through physical presence.

The purpose of this paper is to articulate the rationale underlying the IMB’s vaccine policies, practices, and guidelines and to provide greater clarity, transparency, and understanding regarding their development and implementation.

The Company respects individual and parental rights, including the choice not to receive a vaccine for themselves or their children. No one is required to receive a vaccine if they object. All service with the Company is inherently voluntary and at-will. However, the Company reserves the right to determine appropriate and necessary conditions of service with the Company and deployment overseas. Further, the Company may adjust its policies

- including its policies on vaccines - as needed, and each person can decide whether to meet those requirements in order to begin or continue serving with the Company.

Throughout the various sections of this paper, including the introduction, the following common areas of discussion about vaccines are addressed:

1. Administering multiple vaccines simultaneously
2. Vaccine ingredients
3. Use of fetal cells in vaccine development
4. The perspective that vaccines cause more harm than good
5. Use of third parties to inform our position
6. Parental rights in the vaccine discussion

### **Rationale Regarding Vaccines**

The Company is committed to supporting the work and well-being of its global missionary personnel. A critical component of this support involves promoting and maintaining the health of field workers so they may remain fully engaged in the Core Missionary Task. As the organization continues to operate within an increasingly interconnected global environment—one still shaped by the long-term impacts of a major pandemic and complicated by the rapid spread of both accurate and inaccurate medical information—it is essential to base institutional policies, practices and guidelines on current, evidence-informed medical knowledge that meets the needs of personnel living throughout the globe.

Among the health-related issues requiring particular clarity and consistency is the area of immunization. Vaccines have, in recent years, become a topic of heightened public debate and scrutiny, and this trend has also influenced conversations within the Company.

Company vaccine policies, practices, and guidelines are based on an ongoing, extensive review by the medical department, which includes a variety of medical professionals including nurses, nurse practitioners, and physicians. This involves examining peer-reviewed medical literature, current standard of care practices, and recommendations from multiple professional and research organizations. New studies or expert consensus are

carefully evaluated to see if anything within Company processes should change. The Medical Department frames these considerations within the context of how they would apply to the travel history and high-risk exposures that overseas personnel face. As such, the Company tailors specific travel vaccine plans based on factors like the location of assignment, anticipated areas of travel or transit, and visa requirements.

Our core vaccine schedule is informed by recommendations from a range of respected medical associations, listed in the Appendix. Although we rely on their clinical expertise, our use of their guidance should not be interpreted as agreement with or adoption of every position or policy those organizations may espouse. The Company has reviewed recent changes to the CDC schedule (as of January 2026) and determined this does not affect what the Company has in place since its personnel would be considered high risk. It is important to note that the environment in the United States is very different from the environments in which Company personnel live. Therefore, the core vaccines must be such that they allow Company personnel to operate in any environment, including those where the risks to disease and infections are much higher than those of the United States.

Vaccines are mandated within the Company for many reasons. The most important one is to protect the health of our workers who are faced with unique environments and exposures that increase their risk for illness. Such risks, including the consequent individual or family impacts, could negatively impact long-term physical presence for the individual or family. Many preventable diseases can lead to long-term health problems which can affect an individual's quality of life and work capacity. The complications from such preventable diseases lead to higher medical costs, diverting financial and human resources to address these issues. This leaves less funding to address the world's greatest problem: lostness. Therefore, we must be good stewards of the generous support we continue to receive to fund and maintain our work.

The Company also wants to protect the health of others whom its personnel encounter, including colleagues, national partners, and the lost. Without herd immunity or basic prevention, Company personnel could put vulnerable populations at risk, including those with limited access to medical resources.

The Company's intent is to protect the health of workers and maximize opportunities to engage in the work that Southern Baptists have been called to do. The Company takes this responsibility seriously when considering all aspects of its policies and procedures. Current vaccine policies, practices, and guidelines have been established after careful and repeated reviews of available medical literature and recommendation from peer-reviewed sources and organizations. This is not meant to discourage critical thinking or free will, but it is necessary to understand the importance of vaccination and its benefits with information based on robust research and vetted expert consensus.

### **Vaccine Ingredients**

The Company is aware of specific concerns regarding the safety and efficacy of vaccines, including its components. While it is likely impossible to respond to every critique in this document, here are some common concerns and how the Company thinks about them:

**MERCURY** in vaccines refers to **thimerosal**, a mercury-based preservative used since the 1930s to prevent bacterial and fungal growth in multi-dose vials.

- **Type of Mercury:** Thimerosal contains **ethylmercury**, which is fundamentally different from methylmercury (found in fish). Ethylmercury is broken down and cleared from the body much faster (half-life of about 4-10 days) and does not accumulate to harmful levels.
- **No Link to Autism:** Extensive global research involving hundreds of thousands of children has consistently shown **no link** between thimerosal and autism or other neurodevelopmental disorders.
- **Precautionary Removal:** The initial decision to reduce thimerosal in 1999 was a precautionary measure to minimize overall mercury exposure during early development, not due to proven harm.

## Why It Was Used

- **Contamination Prevention:** Thimerosal prevents germs from growing in multi-dose vials when a needle enters the vial multiple times.
- **Public Health Access:** Historically, multi-dose vials were critical for large-scale vaccination campaigns and were more cost-effective for global health.

**All vaccines routinely recommended for children age 6 and younger in the U.S. are available in formulations that do not contain thimerosal. Vaccines that do not contain thimerosal as a preservative are also available for adolescents and adults.**

**ALUMINUM** is a common, naturally occurring element used in some vaccines as an **adjuvant**, an ingredient that enhances the immune response to make the vaccine more effective. Decades of extensive research and monitoring by global health authorities like the CDC and the FDA have shown that the small amounts used in vaccines are safe for both children and adults.

## Why Aluminum Is Used in Vaccines

- **Boosts Immunity:** Aluminum salts (such as aluminum hydroxide, aluminum phosphate, or potassium aluminum sulfate) help the body build a stronger and longer-lasting immunity with fewer doses of the vaccine.
- **Reduces Antigen Quantity:** By enhancing the immune response, adjuvants allow for lower quantities of the main active ingredient (antigen) in the vaccine.

## Safety and Exposure Levels

The amount of aluminum in vaccines is very small compared to the amount encountered daily through normal life.

- **Daily Exposure:** Infants receive between 4 and 120 milligrams of aluminum from breast milk or formula during their first six months of life. In the same period, they might receive about 4 milligrams of aluminum from all vaccines combined.
- **Body Processing:** Once in the bloodstream, aluminum from both food/water and vaccines is processed the same way and efficiently eliminated by the kidneys.
- **Safety Record:** Aluminum-containing adjuvants have been used safely in vaccines for over 70 years. Major studies, including a 24-year Danish study of over 1.2 million children, have found no link between aluminum in vaccines and chronic conditions such as autism, asthma, or autoimmune diseases.

**FORMALDEHYDE** is used in the manufacturing of several vaccines to **inactivate** viruses (so they cannot cause disease) or **detoxify** bacterial toxins. While trace amounts may remain in the final product, these levels are extremely low and considered safe for human health.

### Key Facts About Formaldehyde in Vaccines

- **Purpose:** It is essential for producing "killed" or "inactivated" vaccines, such as those for Polio, Hepatitis A, and Influenza.
- **Natural Occurrence:** The human body produces formaldehyde naturally as part of healthy metabolism (e.g., DNA and protein synthesis).
- **Dosage Context:** A newborn baby naturally has about **50 to 70 times more** formaldehyde circulating in their body than the amount found in any single vaccine dose.

- **Environmental Exposure:** Everyday foods contain significantly higher levels of formaldehyde. For example, a single pear contains approximately **60 times more** formaldehyde than a vaccine.
- **Safety Processing:** The body processes and eliminates the tiny amount of formaldehyde from a vaccine within approximately **30 minutes** of injection.

### **Use of Fetal Cells in Vaccine Development**

A white paper outlining the Company's perspective on this has been published and is available upon request.

### **Administration of Multiple Vaccines Simultaneously**

Administering multiple vaccines simultaneously is safe, effective, and can produce a robust immune response, often allowing the body to build immunity against multiple diseases at once without overloading the immune system. Research suggests this approach can enhance overall antibody production and simplify immunization schedules.

### **Key Findings on Simultaneous/Combination Vaccination:**

- **Enhanced Immune Response:** Getting multiple vaccines at the same time is not only safe, but also can make them more effective, as the immune system can handle multiple antigens at once.
- **Increased Antibody Production:** Studies have shown that combining vaccines can trigger stronger, more robust immune responses compared to single, spaced-out doses.

Claims that the cumulative number of vaccines on the childhood immunization schedule can overwhelm a child's immune system or cause other issues are not supported by scientific evidence. There are also risks associated with not following vaccine schedules.

The pacing and combination of vaccines is based on the times when vaccines will work best with children's immune systems and when they are most vulnerable to the diseases that vaccines protect from. Sometimes this means children receive multiple shots in a short period of time. Following the recommended childhood immunization schedule helps babies, children and teens stay healthy by teaching their immune systems to identify and resist serious, preventable diseases.

### **Key Facts**

- Extensive testing is required for every vaccine, and research shows that getting multiple vaccines at the same time is safe. There is no medical reason to delay or space out childhood immunizations.
- The current recommended childhood and adolescent immunization schedule helps protect children against approximately 20 different infections. Most of these infections historically were common and are now rarely seen. Combination vaccines, like MMR or DTaP, combine multiple vaccines into a single shot. Most vaccines require multiple shots (doses) over the course of months or years to ensure a strong immune response.
- Extensive research and testing to identify the ideal dose level, number of doses, and timing of doses is required for every vaccine.
- All vaccines contain antigens, which are small molecules that trigger an immune response in the body. These substances are found on bacteria and viruses and help teach the body to create an immune response to protect against infections and diseases.
- Babies and young children are exposed to about 2,000 to 6,000 immune-triggering substances, also called antigens, every day. The current entire pediatric immunization schedule exposes a child to about 165 antigens.
- Children's bodies can handle multiple vaccines at once because their immune systems are in constant learning mode. Multiple vaccines in one shot don't overwhelm a child's immune system—they give it helpful practice.

- In childhood, the immune system develops by learning to “read” germs like books. Vaccines are like beginner books that help the immune system get ready to read.
- Most children following the recommended schedule will receive about 30 shots protecting against about 20 diseases by the time they turn 18, excluding annual vaccines like the flu shot.

## **Conclusion**

In summary, the Company’s vaccine policies, practices and guidelines reflect a careful, evidence-informed commitment to safeguarding the health, longevity, and missional effectiveness of its global personnel. These guidelines are not shaped by convenience or cultural trends, but by rigorous review of peer-reviewed research, established research, established- research, established medical standards, and the unique health risks inherent to international mission work.

As an organization entrusted with stewarding both the well-being of its workers and the resources invested in gospel advance, the Company maintains vaccination requirements to protect individuals, preserve the capacity of teams, and reduce preventable interruptions to ministry. Ultimately, these practices, guidelines and policies reflect the organization’s broader calling: to remove unnecessary barriers to missionary engagement, to enable personnel to serve faithfully, sustainably, and safely among the nations, and to address the world’s greatest problem—lostness—with the gospel of Jesus Christ.

## APPENDIX

ACNM American College of Nurse Midwives

ACOG American College of Obstetricians and Gynecologists

AMA American Medical Association

APhA American Pharmacists Association

CMSS Council of Medical Specialty Societies

IDSA Infectious Disease Society of America

NAPNAP Pediatric Nurse Practitioner Association

NMA National Medical Association

PIDS Pediatric Infectious Disease Society

PPA Pediatric Pharmacy Association

SAHM Society for Adolescent Health and Medicine

### Core (non-travel) Vaccines:

#### *Minor Dependents (Ages 0-18 Years)*

The following vaccines are considered core and must be up to date for age, regardless of Field Classification:

- **Diphtheria, Tetanus, Pertussis** (DTaP/DTP/DT, Tdap, Td) [DTaP \(5 dose series starting at 2 months\)](#), [Tdap \(1 dose at 11-12 yrs\)](#)
- **MMR** (Measles, Mumps, Rubella): [2 dose series starting at age 12 months](#)
- **Polio** (OPV/IPV): [4 dose series starting at 2 months](#). Not required after age 18 unless for travel; OPV accepted if given before April 1, 2016.

- **Hib** (Haemophilus influenzae type b): Required if under 5 years of age
- **Meningococcal** (MCV4): Required for ages 11-18
- **Pneumococcal**: Required if under 5 years of age
- **Rotavirus**: Required if under 8 months of age
- **Varicella** (Chickenpox): 2 dose series—one after 12 months & one after 4 years, Parent-reported illness accepted if no physician diagnosis is available
- **Hepatitis A**: 2-dose series beginning at 12 months
- **Hepatitis B**: 3-dose series beginning at birth

\*Virginia State Department of Education requires that children are up to date prior to CERC attendance on campus during parent conferences.

### *Adults*

All adults, regardless of Field Classification, must have documentation of the following core immunizations:

- **Diphtheria, tetanus, acellular pertussis** (DTaP/DTP/DT,Tdap, Td): 3 doses are given at intervals of 0, 1, and 6 months
- **Hepatitis A**: 2 dose series at least 6 months apart
- **Hepatitis B**: 2 or 3 dose series, depending on brand used
- **MMR** (if born in or after 1957): 2 doses at least 4 weeks apart
- **Polio** (OPV/IPV): 3 doses given at 0, 1, and 6 months, with one dose needed for international travel, if childhood series completed; OPV accepted if administered before April 1, 2016
- **Varicella** (Chickenpox)(if born in or after 1980): 2 doses at least 4 weeks apart, unless personal history of disease

### *Country-Specific Vaccines*

In addition to our core vaccine requirements, certain countries may mandate additional vaccinations as part of their visa or entry regulations. Our Medical Department may also recommend, but not require, supplementary vaccines based on regional health

risks to help personnel avoid serious or preventable diseases in their specific areas of service.

Sources:

US Food and Drug Administration: <https://www.fda.gov/vaccines-blood-biologics/vaccines>

Center for Disease Control: <https://www.cdc.gov/vaccine-safety/about/index.html>

American Academy of Pediatrics: <https://www.aap.org/en/news-room/fact-checked/?srsltid=AfmBOoebWzhoF9nU2CNATPiVe Cl6SBA iLEE-d 82UqmPx F3Ra1ULQ>

Children's Hospital of Philadelphia: <https://www.chop.edu/vaccine-education-center/vaccine-safety>

University of Minnesota CIDRAP (*Center for Infectious Disease Research and Policy*)  
<https://vaxintegrity.cidrap.umn.edu/>

Johns Hopkins Institute for Vaccine Safety: <https://www.vaccinesafety.edu/jiit>

American Academy of Family Physicians:  
<https://www.aafp.org/pubs/afp/issues/2017/0615/p786-s1.pdf>

Texas Children's Hospital: <https://www.texaschildrens.org/vaccine-education-resource-center>

Champions for Vaccine Education, Equity and Progress: <https://cveep.org/resources/>

## **FREQUENTLY ASKED QUESTIONS ABOUT VACCINES AT THE IMB**

### **1. Why does the IMB have vaccine requirements for its personnel?**

The IMB requires vaccines to protect the health and well-being of its global workforce so they can remain fully engaged in the Core Missionary Task. Missionaries frequently encounter environments with higher disease exposure, limited medical infrastructure, and increased travel-related risks. Preventable diseases can cause significant illness, long-term complications, and interruptions to ministry—all of which the IMB seeks to prevent through evidence-based immunization policies, practices and guidelines. We also take seriously the precaution against introducing illness to a population which may not have natural immunities similar to our personnel.

### **2. How are IMB vaccine policies, practices and guidelines developed?**

Core vaccines are required for medical clearance and vaccine guidelines are reviewed by the Core Team. IMB vaccine practices are guided by extensive review by the IMB Medical Department in partnership with other departments, resulting in Core Team approval of the core vaccines. This includes:

- Peer-reviewed medical literature
  - U.S. and international standard of care practices
  - Recommendations from major professional and research organizations
  - Evaluation of new studies and expert consensus
- Practices and guidelines are also shaped by the specific travel histories, exposures, and risks unique to IMB personnel serving around the world.

### **3. Which vaccine schedule does the IMB follow?**

IMB core vaccine expectations are aligned with schedules from a range of respected medical associations.

These schedules are also endorsed by numerous additional medical organizations, including ACNM, ACOG, AMA, APhA, CMSS, IDSA, NAPNAP, NMA, CDC, PIDS, PPA, and SAHM. Changes within some of these schedules are monitored, though IMB personnel are often considered higher risk than the general U.S. population; therefore, core vaccines will generally remain appropriate and unchanged.

#### **4. Why are vaccines required for protecting others, not just the worker?**

Missionaries often interact with vulnerable populations—including colleagues, national partners, and people with limited access to medical care. Without vaccination and herd immunity, these groups face increased risk from preventable diseases. Illness not only harms individuals but also can hinder opportunities for gospel witness if vulnerable people become severely ill or die before hearing the message missionaries are called to share.

#### **5. Do vaccine ingredients like mercury (thimerosal) pose risks?**

No. The form of mercury used in some historical vaccines—**thimerosal**—contains **ethylmercury**, which is processed and cleared quickly from the body. Research involving hundreds of thousands of children has shown:

- No link between thimerosal and autism
- No evidence of neurodevelopmental harm

Thimerosal has been removed from all routine childhood vaccines in the U.S., and thimerosal-free formulations exist for adults as well.

#### **6. Is aluminum in vaccines safe?**

Yes. Aluminum salts are used as **adjuvants**, substances that enhance immune response. Extensive monitoring by the CDC, FDA, and international health bodies confirms their safety.

Key facts:

- Infants consume far more aluminum from food (4–120 mg in 6 months) than from vaccines (~4 mg total).
- The kidneys efficiently filter aluminum from both dietary and vaccine sources.
- Over 70 years of global vaccine use show no link between aluminum adjuvants and chronic conditions such as autism or autoimmune diseases.

## **7. Why is formaldehyde used in some vaccines, and is it safe?**

Formaldehyde is used to inactivate viruses and detoxify toxins during vaccine production. Only trace amounts remain in the final product—and these amounts are far lower than what naturally occurs in the human body.

Important context:

- The body produces far more formaldehyde through normal metabolism than any vaccine contains.
- Common foods (e.g., pears) contain much higher levels of natural formaldehyde.
- The body eliminates vaccine-derived formaldehyde within about 30 minutes.

## **8. Is it safe to receive multiple vaccines at the same time?**

Yes. Research consistently demonstrates that:

- Receiving multiple vaccines simultaneously is safe and effective.
- This approach can create a stronger immune response.
- It prevents delays in protection and simplifies immunization schedules.

Claims that multiple vaccines “overwhelm” a child’s immune system are not supported by evidence.

### **9. How do vaccines relate to the IMB’s stewardship of resources?**

Preventable diseases can lead to:

- Costly medical treatment
- Lost time in ministry
- Reallocation of personnel and financial resources

By reducing disease incidence, vaccines help ensure that organizational resources remain focused on the IMB’s primary mission—addressing spiritual lostness around the world.

- Exposure of vulnerable populations to new diseases

### **10. Are IMB vaccine requirements meant to restrict autonomy or discourage questions?**

No. The IMB values thoughtful engagement and acknowledges the importance of asking questions about personal health. Vaccine requirements are not intended to limit autonomy but to protect personnel and the communities they serve, based on robust scientific evidence and expert consensus. The organization takes seriously its responsibility to create safe, sustainable conditions for ministry.

### **11. Is there any option to forego the required vaccine regimen and still serve with the IMB?**

Long-term and mid-term personnel may not forego the required vaccine regimen. Team Associates and volunteers may receive vaccination recommendations, but it is the responsibility of the volunteer to ensure they have received the appropriate vaccinations for their ministry destination.

### **12. Why can’t I follow the vaccine schedule of the country to which I am assigned?**

IMB uses a global baseline of core vaccines for all personnel. While some countries have their own schedules, they may not align with the higherrisk environments or global standards our medical team uses. For that reason, all personnel must meet IMB's core requirements regardless of their country of residence.

**13. Are Covid-19 and HPV vaccines required?**

No

**14. If my doctor gives me a note, will that excuse my child or me from the IMB's vaccination requirements?**

We take all medical notes, documentation, and recommendations from your doctor seriously, and every submission is reviewed carefully. While a doctor's note is an important part of the review, it is potentially one of many considerations in the request process and does not automatically exempt an individual from the vaccination requirements. Our medical team thoroughly assesses submitted information to determine whether it meets the criteria for an exemption under IMB's established medical guidelines. Our goal is to make decisions with care, consistency, and the health and safety of both personnel and the communities where we live and serve.