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Jones, Stephanie

From: Vicki Rowe <vicrowe@gmail.com>
Sent: Saturday, April 30, 2016 8:40 PM
To: ED, State Board of Ed
Subject: comment on proposed changes to School Immunizations, 28 PA CODE CH. 23
Attachments: School Immunizations, 28 PA CODE CH. 23.docx

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IRRC

Karen Molchanow, Executive Director
State Board of Education
333 Market Street
Harrisburg, PA 17126

April 30, 2016

Dear Ms. Molchanow,

Thank you for the opportunity to comment on the proposed changes to the School Immunizations, 28 PA CODE CH. 23. As a concerned and educated Pennsylvanian, I am taking this opportunity to comment. This letter is my official comment for the newly proposed immunization regulations; please include it in the IRRC review. I have also copied my legislators regarding my concerns as well.

The changed reporting date from October to December is a good move for schools and administrators and I see no potential problems for parents or students. I fully support this proposed change.

I agree that the provisional period of 240-days is too long. However, the vaccination rate information shown in section (10) is deceiving. Yes, the 2013-14 PA kindergarten MMR rate is 86%; however, by 7th grade which is the next grade there is data available on, the rate is 95.8%. We know that PA's exception rate is just under 3% so exemptions are not the reason for a low kindergarten rate. Department of Health statistics stated that 17.59% students enrolled provisionally in 2013-14. That information should have been shared in this section as it gives light to the low kindergarten rate. Given that the median rate around the country is 30-days, wouldn't a 30- to 60-day provisional period make more sense? It would increase the overall kindergarten vaccination rates and allow parents to plan accordingly.

Since Pennsylvania law provides for medical and religious exemptions to vaccines, school districts who do not share this information are misrepresenting the truth when they inform parents that vaccines are required for school admission. The Department of Health and the Department of Education can help to rectify this situation by preparing and administering a standard form for each district to use that clearly states the exemptions available to PA students.

Section (18) fails to discuss that vaccines are drugs and therefore carry an inherent risk of injury and/or death. When medical procedures and children are in play, every detail must be considered. Vaccination does not equal immunization and even in highly vaccination populations outbreaks of disease still occur. For example, even after six doses of Tdap (Tetanus, Diphtheria, Pertussis), vaccine effectiveness declined to 34% after 2-4 years, likely contributing to increases in Pertussis among adolescents^[1]. For these reasons and many others, I do not support the proposed additional Tdap vaccine requirement for all 7th graders. Additionally, bundling the diphtheria and tetanus with the pertussis vaccine gives students unnecessary doses of vaccines for diseases they are unlikely to catch. Tetanus is not a communicable disease and diphtheria is extremely rare in the US.

The additional 12th grade Meningococcal vaccine requirement that is proposed is also disconcerting and I oppose it. During the legislative season, proposed SB 797 sought to add this exact vaccine to the list for school aged children

and it failed in the legislature. The legislature had their chance to add it and they did NOT. It is inappropriate for the DOH to try to circumvent the legislative process by adding it in this way. Additionally, meningococcal is extremely rare[2], is difficult to contract[3], and the CDC recommended vaccine does not contain strain B[4], which is the strain associated with more than 50% of the meningococcal cases and deaths[5]. Only 16 cases of meningitis were diagnosed in the entire state of PA in 2014. Using the Department's numbers, vaccinating 147,040 twelfth graders adds up to over \$16 million dollars in expenses to parents, tax payers, and insurance companies. In the unlikely scenario that each new diagnosis was a 12th grader and if the vaccine prevented all the meningitis cases, this mandate would cost PA citizens over \$1,000,000 for each theoretically prevented case of meningitis. Given that the CDC has recognized that the majority of the US's 320 million citizens will experience asymptomatic infection without complications and naturally develop antibodies against the disease, this price seems ridiculously unnecessary. Both Tdap and Meningococcal vaccines are already readily available for any parent or student want them. Those who do not want them should not be forced.

I am concerned about the changes in section (22) that take away the parent's right to provide a child's history of the measles, mumps, rubella, and chicken pox. A written statement by the parent should be enough. If there are no complications to a disease then there is no need to bring the child to a doctor's office; doing so just for the sake of "medical compliance" places other children at risk of being infected since the child is no longer safely quarantined at home. This requirement of a medial document also places financial burdens of another office visit, copay, possible laboratory fees, travel time and transportation costs on the family, as well as moving a recovering child from his/her home space. All of which is medically unnecessary if there are no medical complications to what are generally mild childhood diseases. Does the Department of Health have data to show that parents are no longer capable of identifying childhood diseases such as the chicken pox?

As noted in section (15), all PA students are affected by these changes, including those who homeschool and cyber school. Most other states do not require home educated students to abide by these regulations. Students who do not attend a traditional public school should be exempt from following the immunization regulations as they will not be contributing to the schools' herd immunity. This would also help to increase the vaccination rate in the schools.

I agree that we need to continue to take steps to protect our children. However, mandating more vaccines and continuing to limit parental and medical rights is not an effective avenue to do so. Please refrain from placing any more limits on families but rather allow them to make best choices on an individual basis. Do add my name to the list of those who will be contacted when the regulations are complete.

Sincerely,

Victoria J. Rowe

[1] <http://dx.doi.org/10.1542/peds.2014-3358>

[2] AAP Committee on Infectious Diseases. Prevention and Control of Meningococcal Disease: Recommendations for Use of Meningococcal Vaccines in Pediatric Patients. Pediatrics August 1, 2005; 116(2): 495-505.

[3] CDC. [Meningitis Questions & Answers.](#)