

Stephen Hoffman

RECEIVED 3146
IRRC

From: Ian Thomas <ian.phillynvc@gmail.com>
Sent: Friday, May 06, 2016 11:50 AM
To: IRRC
Subject: Ian Thomas - Comment for proposed changes to the IRRC #3146 & 3147 regarding vaccinations

2016 MAY -6 PM 1:32

To whom it may regard,

I am writing in solidarity with my friend, whose life has been affected by a routine vaccination. I wish to amplify her words. I support the work of the Pennsylvania Coalition for Informed Consent (PCIC).

The PA Depts of Health and Education currently have released the text for proposed changes to the IRRC #3146 & 3147 regarding vaccinations. There are a number of changes that should not be made. Please do not pass the proposed changes.

It is proposed that the provisional period for student enrollment be decreased from 240 to 5 days. 5 days is FAR too little time for students to catch up with vaccinations. If they are sick, then their already overtaxed and weakened immune systems will have to fight off additional toxins or pathogens introduced through the vaccine. Also, if a child needs to catch up on more than one vaccine, you are asking that multiple vaccines are injected within a 5 day period. Vaccines have not been scientifically studied regarding the safety of taking multiple vaccines at the same time. There are many deaths and injuries related to multiple vaccine dosing which can be read in the scientific literature and in VAERS.

Asking for proof of immunity of chicken pox to be provided by a doctor, physician's assistant or nurse practitioner is impractical, costly, and potentially dangerous. If a child is sick with chicken pox, they should stay home in quarantine. Taking them to a doctor simply for verification, not treatment, puts other individuals in the office at risk of contracting a contagious disease. If the child is over the chicken pox, then making a trip to a medical professional and getting testing done to verify antigens is a huge cost to parents (paying for the visit, and laboratory testing). Even if the State payed for every child to be tested, we the people would still paying for it through our taxes.

Requiring 12th graders to get a meningococcal vaccine is superfluous. Meningococcal disease, according to the CDC, is extremely rare and the communicability is extremely limited. There are about 3000 cases each year in the US. Requiring the vaccine for 12th graders also costs money through many additional staff hours for paperwork and follow-ups.

Earlier this session, a bill was introduced to mandate the meningococcal vaccine for students entering 12th grade. The legislature did not see the necessity of such a mandate and thus chose not to act. I think this insertion as an attempt to circumvent the legislative process in enforcing mandates that are not supported by lawmakers.

I oppose the pertussis vaccine for kindergarten admissions. The pertussis vaccine is admittedly problematic. The CDC and top doctors are verifying the lack of efficacy and the early waning of any immunity provided by this vaccine. Until the vaccine can be fixed such that it is truly effective, requiring vaccination could cause more harm than good. FDA studies have shown that although the vaccine may prevent symptoms of pertussis, those who have been vaccinated may become carriers of pertussis. In other words, vaccinated individuals can become asymptomatic carriers, unknowingly spreading the disease to at risk individuals. This asymptomatic carrier phenomena may actually explain why there has been a rise in pertussis.

The measles, mumps, rubella, tetanus, diphtheria, and pertussis vaccines should continue to be separately listed. There are still separate vaccines for each disease available, and it may be a health risk for some individuals to receive the combo vaccines.

Standardized language in communications regarding vaccine requirements should be mandated. The regulations should be amended to require all schools to use uniform language provided by the DOH which will include the text of 28 PA CODE CH.23 stating the accepted exemptions for PA students.

Sincerely,

Ian Thomas

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