May 6, 2016

2016 MAY -6 PM 3: 04

RECEIVED

3146

Cynthia Findley, Director, Division of Immunization Department of Health 625 Forster Street Health and Welfare Building, Room 1026, Harrisburg, PA 17120

Karen Molchanow, Executive Director Department of Education ra-stateboardofed@pa.gov

I am submitting these comments concerning proposed regulations to 28 PA Code Ch.23: # 3147 from the PA Department of Health #3146 from the PA Department of Education (an identical submission of 3147 but submitted through the Dept of Ed.)

The Theory of Herd Immunity

First of all, the theory of "herd immunity" was based on Natural immunity, with 55% of a community having contracted the disease the other 45% would be protected. It has been shown that immunity through inoculation does not provide that immunity. The CDC has said the efficacy of the vaccinations wears off in as little as 2-3 years. So, trying to get more and more children vaccinated does not produce "herd immunity".

Inclusion of Pertussis vaccine for kindergarten admission.

Currently there have been outbreaks of pertussis among fully vaccinated populations. The CDC and top doctors are verifying the lack of efficacy and the early waning of any immunity provided by this vaccine. It seems hasty to add a vaccine that is currently under scrutiny from the medical community to the requirements.

Proof of natural immunity for chicken pox through having contracted the disease must now be provided by a doctor, physician's assistant, or nurse practitioner.

I find this to be highly objectionable for several reasons. First of all, it is irresponsible of the DOH to force a child with a highly contagious disease to visit a medical facility where other children, including those who are medically at risk will likely be present and thus at high risk to contract the disease. Most families will also have the financial burden of all charges, or co-pays as well as laboratory fees. Lastly, this creates an environment of distrust between the school staff and the parents as the parents' word is questioned.

Inclusion of Pertussis vaccine for kindergarten admission.

There are currently outbreaks of pertussis among fully vaccinated populations. The CDC and top doctors are verifying the lack of efficacy and the early waning of any immunity provided by this vaccine. I do not see the why you would add a vaccine that is currently under scrutiny from the medical community to the requirements.

Addition of Meningococcal vaccine for students entering 12th grade.

I feel that the addition of this vaccine is not only unnecessary but would significantly raise costs and risks that far outweigh any possible benefit. The disease is extremely rare. The incidence rate for meningococcal disease, according to the CDC, is 0.3-0.5/100,000

According to the CDC Pink Book "The communicability of N. meningitidis is generally limited. In studies of households in which a case of meningococcal disease has occurred, only 3%-4% of households had secondary cases." Furthermore, "In the United States, meningococcal outbreaks account for less than 2% of reported cases (98% of cases are sporadic)." Therefore, transmission in the school setting is very unlikely.

The risk outweighs the reward in this case and the legislature voted down the idea to mandate this vaccine earlier in this session. <u>I see this as an attempt to circumvent the legislative process in enforcing mandates that are not supported by lawmakers.</u>

No Standard Language used by schools.

Currently each school district uses it's own language to inform parents of immunization requirements. I would request that all schools be required to use language that includes the text of 28 PA CODE CH.23 that includes the **accepted exemptions** for all PA students.

Respectfully,

Janet Cook 1508 King David Drive Pittsburgh, PA 15237