

Jones, Stephanie

3146

From: Jennifer Long <jenlong01@gmail.com>
Sent: Wednesday, May 04, 2016 1:02 AM
To: ED, State Board of Ed
Subject: Comments concerning proposed regulations to 28 PA Code Ch.23: #3147 from the PA Department of Health, #3146 from the PA Department of Education

Re: Comments concerning proposed regulations to 28 PA Code Ch.23:
#3147 from the PA Department of Health
#3146 from the PA Department of Education

2016 MAY - 6 PM 3:01

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IRRC

Dear Ms. Findley and Ms. Molchanow:

Thank you for taking the time to read my comments regarding the proposed vaccination regulations. I have concerns regarding the proposed changes highlighted below.

1. Decreasing the provisional period for students.

I do not disagree with shortening the provisional period. However I strongly believe that 5 days is not enough time for students to "catch up" with the required vaccinations. A sixty-day period is a reasonable amount of time for parents to schedule appointments for any vaccines they may have missed. Also if a student is sick this allows time to recover from illness so that they can receive the proper vaccinations. Shortening the Provisional Period to 5 days may also cause a delay in a child's education because parents may not be able to take time off of work immediately to file an extension.

2. Proof of natural immunity for chicken pox must now be provided by a doctor, physician's assistant, or nurse practitioner.

I disagree with this proposed regulation. For the record, when I was a child in the 1980's having the chicken pox was a right of passage. I am not aware of anyone in my community, school, or family seriously injured from the chicken pox virus. In addition, children whose mothers have had chickenpox are not very likely to catch it before they are 1 year old. If they do catch the chicken pox virus, they often have mild cases. This is because antibodies from their mothers' blood help protect them. Before the Varicella Vaccine the chicken pox virus effected approximately 4 million children per year, with only 100 deaths annually. Unlike the vaccine, lifelong immunity is obtained upon contracting the virus naturally.

I know many children that have naturally acquired the chicken pox virus and none of those cases were verified by a doctor, physicians assistant or nurse practitioner. In addition, is the DOH proposing that parents parade their "contagious" children into a medical office to receive a confirmation? Asking to prove immunity for a non deadly virus is an unnecessary provision.

3. Meningococcal vaccine for students entering 12th grade.

I strongly disagree with this provision. In the spring of 2015 Senate Bill SB797 was introduced to mandate this vaccine for students entering 12th grade. The bill stalled because our elected officials listened to their

constituents and did not see the necessity of such a mandate. Meningococcal meningitis is exceedingly rare. There were only about 390 cases in the U.S. last year. 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 incidence rate for meningococcal disease, according to the CDC, is 0.3-0.5/100,000 <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt08-mening.html>. According to the CDC Pink Book, the meningococcal bacteria become invasive only rarely. "In a small proportion (less than 1%) of colonized persons, the organism penetrates the mucosal cells and enters the bloodstream." (See reference below.) The CDC states that all serogroups of the disease are on the decline. Serogroup B, not included in the vaccine, declined along with the serogroups included in the vaccine "for reasons that are not known." Also, "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.**

4. Eliminating separate listings for combination vaccines, such as the MMR, TDAP and DTAP

I strongly disagree with this provision. It is very misleading to list vaccinations in their combination form. Many parents are NOT aware that combination vaccinations are actually multiple vaccinations in one dosage. They should remain listed individually. It is still optional to receive some combination vaccines separately and this will ensure accuracy in reporting.

5. Inclusion of Pertussis vaccine for kindergarten admission.

I strongly disagree with this provision. We are currently seeing 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.

6. There is no requirement for standardized language in communications regarding vaccine requirements.

Currently, each school district creates it's own language in communicating with parents regarding vaccine requirements, provisional periods, and reporting. I request that the regulations 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.

Lastly, I recommend inclusion of 028 Pa.Code 23.84, to be included in the required student vaccination information distributed to parents and students.

Thank you for thanking the time to read my comments and concerns.

Sincerely,

Jennifer Long