

Stephen Hoffman

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From: Karen <learkar@verizon.net>
Sent: Thursday, May 05, 2016 7:29 PM
To: IRRC
Subject: Proposed Vaccination Regulations

2016 MAY -6 AM 8:49

To Whom it May Concern;

I am writing to you as a concerned parent of a child in the PA public school system. I have reviewed many proposed changes to the current vaccination policy and would hope that you would consider my opinion on these changes. I understand that we live in America and based on that I would say that as citizens of this country, our freedoms and rights should be respected.

I do agree with the change in the reporting deadline from October 15 to December 31. The later reporting date will give the DOH time to prepare more accurate records.

While I do support shortening the provisional period in an effort to correct reporting failures, I do NOT support the decrease in the provisional period for student enrollment from 240 days to 5 days! I find this change to be extreme. No nearby states have such short provisional periods; their average is 58 days. Five days is not enough time to schedule appointments or for students who may be sick to recover before getting vaccinated. Parents will face stress and unnecessary expense as they make appointments and submit paperwork. A 60 day provisional period will give parents and sick children time to meet the requirements without undue stress. Given the later reporting date, a 60 day provisional period would not interfere with school data collection and analysis.

I oppose the requirement that 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. It is irresponsible for the DOH to insist that a highly contagious child visit a medical facility where other children, including the medically fragile, will likely be present for the sole purpose of receiving an official chicken pox diagnosis! This move could increase the spread of the disease. Not all families have existing relationships with the list of specified medical workers, and this provision could force a family to enter into a new contractual relationship with unknown medical staff during a stressful time. Most families will also have the financial burden of all charges, or do-pays as well as laboratory fees. Additionally, this requirement creates an environment of distrust between the school staff and the parents as the parents' word is questioned.

I oppose the addition of the Meningococcal vaccine for students entering 12th grade. The addition of this vaccine is not only unnecessary but would significantly raise costs and risks that far outweigh any possible benefit. This disease is extremely rare! According to the CDC, the incidence rate for the meningococcal disease is .3-.5/100,000! According to the vaccine manufacturer package insert, post marketing surveillance for the meningitis vaccine has shown the following: hypersensitivity reactions such as anaphylaxis/anaphylactic reaction, wheezing, difficulty breathing, upper airway swelling, urticaria, erythema, pruritus, hypotension, Guillain-Barre syndrome, paraesthesia, vasovagal syncope, dizziness, convulsion, facial palsy, acute disseminated encephalomyelitis, transverse myelitis and myalgia. The vaccine is available to anyone who wants it and it should not be mandatory!

I do NOT support the inclusion of Pertussis vaccine for kindergarten admission. 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 immunity provided by this vaccine. The American Academy of Pediatrics published that the Tdap provided moderate defense against the illness during the first year after vaccination but not much longer. It seems hasty to me to add a vaccine that is currently under scrutiny from the medical community to the requirements. In 1986 Congress passed the National Childhood Vaccine Injury Act and since then has awarded more than \$3.2 billion dollars to children and adults injured by vaccines or to families whose loved ones died from vaccine reaction. This law partially shielded

drug manufacturers from liability for FDA licensed and CDC recommended vaccines. In 2011 the US Supreme Court COMPLETELY shielded these manufacturers from liability and accountability! Just take a moment to think about that! All compensation awarded to vaccine injured people comes from my and your tax dollars! Flexible medical and non-medical vaccine exemptions in vaccine policies and laws are the only way Americans can protect themselves and their children from potential vaccine harm or death. It is the only way we can protect our freedoms and rights!

I oppose the change in the current regulations by eliminating separate listings for measles, mumps, rubella tetanus, diphtheria and pertussis vaccines that are currently most commonly given as combination shots. They will only be listed in the regulations in their combination forms according to this proposal. I feel that the antigens should be listed individually. This will simplify the amendment process should the combinations change in the future. I also would like to ensure accuracy in data collection and publication. Some of these vaccines are still available singularly and so listing each antigen individually is best and should not be changed.

Currently this is no requirement for standardized language in communications regarding vaccine requirement. I am requesting that this be changed. 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.

The Annex A lists enhanced "activated" polio vaccine. This is incorrect and should be changed to enhanced "inactivated" polio vaccine.

Herd immunity claims are given without clarification or verification. The Department of Health bases their reasoning for increasing vaccination mandates on the theory of herd immunity which was first developed when studying individuals who had the WILD diseases, NOT those who had been vaccinated! Disease outbreaks continue to occur in populations that have reached 100% vaccination rates! This renders the theory of herd immunity unreliable for massive vaccination requirements.

Thank you for taking the time to consider my request. As a voting citizen in this state, I hope you choose to represent me and my views as opposed to being guided by the money of Big Pharma.

Sincerely,

Karen Lear