

3146

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Kathy Cooper

From: Kathleen Tanenbaum <kathleengt1@gmail.com>
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To: IRRC
Subject: IRRC#3146 & 3147 Changes To PA Vaccination Policy

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I am writing to express my concern regarding proposed changes to PA immunization law.

I am opposed to the following changes:

Decrease the provisional period for student enrollment from 240 to 5 days.

Proof of natural immunity to chicken pox (due to actively having chicken pox) must be verified by nurse, doctor or PA.

Both of these changes serve to increase pressure on families, and the second, in particular, suggests distrust. Also, Is public health best served in taking an actively ill child out in public for the sole purpose of a diagnosis?

The following changes add additional vaccine requirements into an already crowded schedule:

Addition of Meningococcal vaccine for all 12 graders

Addition of pertussis vaccine for Kindergarten admission

The state legislature did not act to mandate the Meningococcal vaccine this year. Perhaps this is because the disease remains extremely rare, the cost would be high (est. more than \$16,000,000), and potential side effects are extremely serious.

Pertussis outbreaks continue to be seen in fully vaccinated populations, and the CDC itself warned recently that the TDap lacks efficacy. Immunity, if achieved, is short lived. Meanwhile, there always remains the possibility of vaccine injury, and it is currently impossible to know who is susceptible.

The changes include claims of herd immunity without clarification of what that means.

Herd immunity theory is based on the study of individuals who have achieved immunity through having the wild forms of these diseases. Vaccine immunity is clearly not the same. Evidence of this was seen recently in the large mumps outbreak at Harvard University. All 40 affected individuals were fully vaccinated.

Elimination of individual listing of of listing of individual vaccines including: measles, mumps, rubella, tetanus, diphtheria, and pertussis.

Antigens should be listed separately. Each disease should list what can be given as evidence of immunity. Some of these vaccines are still available singularly, and combinations may change in the future.

Changes are requested for the following provisions:

No requirement for standardized language regarding vaccine requirements, provisional periods, and reporting.

All schools should use uniform language which includes text of 28 PA CODE CH.23 stating the accepted exemptions for PA students.

Annex A lists "activated" polio vaccine.

This should be changed to "inactivated" polio vaccine.

Thank you.

Kathleen G Tanenbaum OTR