

3146

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IRRC

Jones, Stephanie

**From:** Jane Scott <janescott106@yahoo.com>  
**Sent:** Monday, May 09, 2016 3:19 PM  
**To:** ED, State Board of Ed  
**Subject:** Public Commentary regarding IRRC #3146 & 3147

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I am writing regarding proposed changes to vaccination policy for Pennsylvania students in grades Kindergarten through 12.

Specifically, I am opposed to the following proposed changes:

**1. Decreasing the provisional period for student enrollment from 240 days to 5 days.** 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.

**2. Requiring proof from by a doctor, physician's assistant, or nurse practitioner of natural immunity for chicken pox through having contracted the disease.** 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 could increase the spread of the disease.

**3. Addition of Meningococcal vaccine for students entering 12th grade.** 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 PA Department of Health EDDIE database, in 2014, there were only 16 new cases of meningitis. Vaccinating the estimated 147,040 seniors in 2014, would have cost parents and taxpayers over \$16,000,000. The CDC states that all serogroups of the disease are on the decline, including serogroup B, which is not even included in the vaccine.

Earlier this legislative session, a bill was introduced to mandate this vaccine for students entering 12th grade. The legislature **did not see the necessity** of such a mandate and thus chose not to act. The Department of Health is seeking to circumvent the legislative process in enforcing mandates that are not supported by lawmakers. This vaccine is already available to anyone who wants it.

**4. Inclusion of Pertussis vaccine for kindergarten admission.** Outbreaks of pertussis are occurring 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's not right to require a vaccine that is currently under scrutiny from the medical community.

**5. The DOH proposes to edit the current regulations by eliminating separate listings for measles, mumps, rubella, tetanus, diphtheria, and pertussis vaccines that are currently most commonly consumed as combination shots.** Evidence of Immunity is different for some of the vaccines and the proposed regulations are unclear. All antigens should be listed individually.

Additionally, I would suggest:

1. Amend regulations 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.  
2. Desist from using the "Herd Immunity" claims, which are given without clarification or verification. Disease outbreaks continue to occur in populations that have reached 100% vaccination rates, rendering this theory unreliable for massive vaccination requirements.

3. Change the incorrect reference of enhanced "activated" polio vaccine in Annex A to enhanced "inactivated" polio vaccine.

Thank you for your attention,

Jane Scott

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