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I am writing to you to express my deep concern for the recent proposed Department of Health changes to the immunization regulations. I am asking that you **not approve** these regulations as they read.

The Department failed to honor the concerns of the majority of commenters, including myself. They also failed to address the high costs of these mandates. Concerns include the unreasonable change of the provisional period from 240 days to 5 days, the addition of the Meningitis mandate and the addition of the Pertussis Vaccine. My reasons for concern are listed below.

Proposing a five-day provisional period is unreasonably short. Unvaccinated children could be required to receive an overload of vaccinations in five days which could compromise their immune system. Shortening the provisional period to 60 days will allow parents time to schedule additional vaccines for their children over a longer period of time. Schools would still have time to complete records before the end of December.

Meningitis is a rare disease. In 2014, only 16 cases of meningitis were diagnosed in the state. Vaccinating 147,040 twelfth graders adds \$16 million dollars of expense to parents, insurance companies and tax payers. The product inserts for meningococcal vaccine lists adverse events recorded during the clinical trials or post licensure. These include abnormal crying, fever, fatigue, sudden loss of consciousness, diarrhea, headache, joint pain, brain inflammation, convulsions and facial palsy. The CDC Pink Book lists results of clinical trials of Menactra (MenACWY-D). Of all reported MenACWY-D events, 6.6% were coded as serious (i.e., resulted in death, life-threatening illness, hospitalization, or permanent disability). Serious events included headache, fever, vomiting, and nausea. A total of 24 deaths (0.3%) were reported. (<http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>)

I also oppose the adding of a Tdap for 7<sup>th</sup> graders. Despite mass pertussis vaccination campaigns beginning in the 1950s, the B. pertussis microbe has evolved to evade both pertussis vaccines (whole cell and acellular), creating new strains which produce more toxin to suppress immune function and cause more serious disease. Vaccine-induced pertussis immunity wanes in 2-5 years and *millions of fully vaccinated children and adults are silently infected with pertussis in the U.S. every year.* (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2151776/>) *They show few or no symptoms but spread whooping cough to vaccinated and unvaccinated children - without doctors identifying or reporting cases to the government.* ([http://www.nvic.org/NVIC-Vaccine-News/March-2016/pertussis-microbe-outsmarts-the-vaccines.aspx#\\_edn35](http://www.nvic.org/NVIC-Vaccine-News/March-2016/pertussis-microbe-outsmarts-the-vaccines.aspx#_edn35))

*Additionally, the bundling of diphtheria and tetanus with the pertussis vaccine gives children unneeded doses of vaccines for diseases they are not likely to catch, especially as diphtheria cases are extremely rare in the US and recent studies indicate tetanus vaccines are good for up*

to 30 years. ([https://www.ohsu.edu/xd/about/news\\_events/news/2016/03-22-ohsu-study-tetanus-shot.cfm](https://www.ohsu.edu/xd/about/news_events/news/2016/03-22-ohsu-study-tetanus-shot.cfm)) Parents who want the 7<sup>th</sup> grade Tdap are able to have it administered to their children, but there is no guarantee that another vaccine will solve the growing pertussis outbreaks.

Herd immunity to support increased vaccination regulations cannot be accepted. A Pubmed study found 18 reports of measles where 71% to 99.8% of students were immunized against measles. Despite these high rates of immunization, 30% to 100% of all measles cases in these outbreaks occurred in previously immunized students. The study authors concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."

(<http://www.ncbi.nlm.nih.gov/pubmed/8053748>)

Since the 1986 federal law gave vaccine manufacturers liability protection from damage caused by their products, the vaccine schedule has *more than tripled* for children up to 18 years, from 23 to over 70. Over \$3.2 billion has been paid in compensation to vaccine injured victims through the Vaccine Injury Compensation Program. Public health officials claim "success" because there are fewer cases of "vaccine preventable" diseases, but chronic illnesses are skyrocketing. The CDC states that one in six children have learning disabilities. Conditions such as asthma, allergies, autism, ADHD, and auto-immune disorders in our school-age children and young adults continue to increase. There are furious debates ongoing over the link between vaccines and declining health, but no one can deny that there are risks to vaccination and some children suffer adverse events. To further the discussion, can the Departments of Education and Health provide statistics over the last 30 years (when the federal law was passed) that compares the number of vaccines mandated with the number of Pennsylvania children who have learning disabilities, asthma, autism, allergies, etc.? Surely, this information could be useful before making medical decisions for all Pennsylvania children.

Respectfully,

Mary Beth Dongas  
PA resident