Kathy Cooper

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IRRC

From:	Artemis Morris <artemisndlac@gmail.co< th=""><th>om></th></artemisndlac@gmail.co<>	om>
Sent: To: Subject:	Tuesday, May 03, 2016 1:48 PM IRRC support the right of citizens	2016 MAY -3 PM 3: 26

IRRC #3146 & 3147 Thank you for supporting citizens freedom and doing what it right for our children rather than giving into pharmaceutical company bullying.

Please

#1 - Change reporting deadline from October 15 to December 31. Support this change. 2 - Oppose this change to decrease the provisional period for student enrollment from 240 days to 5 days 3- Oppose the change to provide 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. 4-Oppose the change to require Addition of Meningococcal vaccine for students entering 12th grade. 5- Oppose the change to include Pertussis vaccine for kindergarten admission 6- Oppose the change: 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. Instead, they will only be listed in the regulations in their combination forms - MMR and TDaP. Evidence of Immunity is different for some of the vaccines and the proposed regulations are unclear #7 - Please change this. There is no requirement for standardized language in communications regarding vaccine requirements. Change Requested. #8 - Annex A lists enhanced "activated" polio vaccine. Change Requested.

Comment: This is incorrect and should be changed to enhanced "inactivated" polio vaccine.

#9 - Herd Immunity claims are given without clarification or verification. Change Requested.

Comment: 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, rendering this theory unreliable for massive vaccination requirements.