3147

Kathy Cooper

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From: Jen Miller <jenjeneer@aol.com>
Sent: Wednesday, May 04, 2016 1:53 PM
To: IRRC; cfindley@pa.gov; ra-stateboardofed@pa.gov
Subject: IRRC #3146 & 3147

Ms. Findley, Ms. Molchanow,

I am urgently writing today as an educated scientist and as a concerned mother regarding proposed changes to PA school immunization regulations.

Following is a listing of my concerns and my well-researched justifications. I implore you to hear me as an informed mother; I wish all parents had the same opportunity and time to devote to this issue.

Regards,

Jennifer Miller

#1 – I support the change in reporting deadline from October 15 to December 31 to provide DOH additional time to prepare more accurate records..

#2 – I **oppose** the stark decrease of provisional period for student enrollment from 240 days to 5 days. While I support shortening the provisional period in an effort to correct reporting failures and ascertain accurate data, 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.**

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#3 – Having recently cared for a child with chickenpox, I strongly oppose any proposal requiring proof of natural immunity for chickenpox to be provided by a medical professional.

Chickenpox misdiagnoses occur frequently as the symptoms can be vague and similar to diseases such as the common cold or flu. Chickenpox can also be confused with other infectious diseases that cause a rash such as strep, measles, and roseola. Also, a diagnosis of chickenpox may be overlooked because people who have undergone chickenpox vaccination believe that they will not get chickenpox.

What is the purpose of an in-person visit for a diagnosis that is often inaccurate?? An accurate diagnosis requires more than merely a visit—it requires a laboratory test.

Further, It is altogether *irresponsible* for the DOH to insist that a highly contagious child visit a medical facility where other people, including the medically fragile, will likely be present for the sole purpose of receiving an official diagnosis. This move could increase the spread of any and all diseases.

#4 - I <u>strongly oppose</u> the addition of 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. 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.

According to vaccine manufacturer package inserts, 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-Barré syndrome, paraesthesia, vasovagal syncope, dizziness, convulsion, facial palsy, acute disseminated encephalomyelitis, transverse myelitis, and myalgia.

#5 - I <u>strongly oppose</u> the inclusion of Pertussis vaccine for kindergarten admission.

With outbreaks of pertussis 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. In February 2016, The American Academy of Pediatrics published that Tdap provided moderate defense against whooping cough during the first year after vaccination but not much longer. Immunity waned during the second year, and little protection remained 2-3 years after vaccination.

Meningitis and Tdap vaccines are pharmaceutical products that carry a risk of injury or death, a fact that was acknowledged by the U.S. Congress in 1986 when it passed the National Childhood Vaccine Injury Act. And yet, there is absolutely no product liability or accountability for pharmaceutical companies marketing federally recommended and state mandated vaccines that injure Americans or cause their death, which makes flexible medical and non-medical vaccine exemptions in vaccine policies and laws the only way Americans can protect themselves and their children from vaccine risks and failures.

#6 - I **oppose** the change whereby the current regulations would eliminate 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.

All antigens should be listed individually to simplify the amendment process should these combinations change in the future. Also, listing antigens individually ensure accuracy in data collection and publication. Many of these vaccines are still available singularly.

#7 - Currently, each school district creates its own language in communicating with parents regarding vaccine requirements, provisional periods, and reporting. The regulations **should 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.

#8 – Annex A lists enhanced "activated" polio vaccine. **This is incorrect and should be changed** to enhanced "inactivated" polio vaccine.

#9 –The DOH 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. Use of the phrase "Herd Immunity" should be altogether **discontinued** as it is not scientifically verified to justify vaccination mandates.