

3147

Kathy Cooper

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**From:** Mullin1279 <mullin1279@aol.com>  
**Sent:** Wednesday, May 04, 2016 6:04 PM  
**To:** IRRC; ra-stateboardofed@pa.gov  
**Subject:** Comments - Proposed Immunization Regulations # 3146 & 3147

2016 MAY -5 AM 9:12

C. J. Mullins  
3805 Leyland Drive  
Mechanicsburg, PA 17050  
May 4, 2016

Karen Molchanow  
Executive Director  
Department of Education

Dear Ms. Molchanow,

This letter should be submitted into the official comments for the proposed regulations to 28 PA Code Ch. 23:  
#3147 Pennsylvania PA Department of Health  
#3146 Pennsylvania Department of Education

I appreciate the opportunity to comment on the proposed immunization regulations. Please contact me when the final regulations are issued.

I fully support postponing the reporting date to December 31. The extra time will allow for more complete data collection and analysis. With delayed reporting, it seems unreasonable to limit the provisional period from 240 to only 5 days. Extending the provisional period to 90 days, the same as Virginia, will give plenty of time for students to catch up on their vaccines and for schools to complete their reports. Five days would be problematic for parents, doctor's offices, school administrators, and nurses. Extending the time for transfer students from 30 to 90 days will eliminate any problems they may have with completing their paperwork. Paperwork snafus in the 30 day window could result in them getting vaccines they have previously received in order to attend school.

Your regulations barely mentioned that vaccines can cause adverse events for those who receive them. The government's compensation program, set up by the 1986 federal law that gave vaccine manufacturers liability protection, has paid over \$3.3 billion to those who have been injured or killed by vaccines, and this with the majority of claims being denied in the closed, government-run process. The vaccine schedule has increased over threefold from the mid-1980s, when only 23 vaccines were on the schedule. There are over half a million reports in the VAERS database,

which include deaths and disabilities. Government officials now admit that, in the past decade, developmental disabilities among American children have increased by a 17% and this is led by a rise in autism and ADHD. Though public health officials claim the two are not linked, no credible reason is given for this increase. However, parents of disabled children frequently cite recent vaccinations as the catalyst for their children's decline.

There is plenty of evidence to indicate that extreme caution should be exercised before any new vaccine mandates are added for children in public, private, cyber or home schools. Statistics from the Department of Education need to be provided to evaluate the increase in special education teachers, aides, and funding over the last fifty years. Additional studies that compare the health of vaccinated vs. unvaccinated children should be done. This information would enable more informed decisions about the overall health of PA children, rather than focusing so single-mindedly on vaccination rates.

Meningitis is a rare disease and the vaccine package inserts list numerous side effects, including convulsions, brain inflammation, permanent disability and death from it. The vaccine is expensive and according to the CDC, the majority of America's 320 million citizens will experience asymptomatic infection as children or young adults without complications and develop antibodies against meningococcal disease that will protect them. Legislators failed to act on bills that sought to mandate this vaccine; the Department of Health should not try to circumvent their decision. Additional information based on the statistical likelihood of adverse events experienced by those in safety trials should be provided. In summary, the meningitis vaccine should not be mandated for 12<sup>th</sup> graders; anyone who wants it can get it now.

The Tdap vaccine should not be added for 7<sup>th</sup> graders. Despite mass pertussis vaccination campaigns beginning in the 1950s, the B. pertussis microbe has evolved to evade both the whole cell and acellular pertussis vaccines 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. The June 2015 edition of Pediatrics concluded, "Lack of long-term protection after vaccination is likely contributing to increases in pertussis among adolescents." Parents who want the 7<sup>th</sup> grade Tdap are able to have it administered to their children, but higher rates of vaccination may do little to stop pertussis outbreaks.

Recent outbreaks of mumps are one more example of problems with vaccine-induced immunity. Harvard University students who recently caught the mumps were all vaccinated. This is not surprising when it is known that two Merck virologists filed a lawsuit, claiming that the mumps efficacy data was manipulated to retain Merck's monopoly on the MMR vaccine. They claim that the addition of rabbit blood boosted immunity markers and the lawsuit is currently ongoing in a Pennsylvania court. Measles outbreaks have occurred when up to 99.8% of students were immunized against

measles. According to a Pubmed study researchers concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons." The Health Department can no longer use the phrase "herd immunity" as justification for more vaccine mandates without addressing these shortfalls in the theory.

All school-related Pennsylvania immunization forms should list the medical and religious exemptions that are guaranteed in state law. To provide more clarity, Annex A should list each disease, vaccine, and evidence of immunity individually, instead of in combination. Parents, instead of medical personnel should be able to provide evidence of immunity for the chicken pox. Laboratory testing is unnecessarily expensive and taking sick children to get an official diagnosis serves no reasonable purpose. When I was a child, I had the chicken pox and recovered without complications or a trip to the doctor's office.

Sincerely,

C. J. Mullins

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<http://pediatrics.aappublications.org/content/early/2011/05/19/peds.2010-2989.abstract?sid=dba8e07c-3385-4657-a31b-0c2cle8cbeb4>

<http://www.bloomberg.com/news/articles/2011-05-23/autism-leads-rise-of-developmental-disabilities-in-u-s-kids>

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<http://dx.doi.org/10.1542/peds.2014-3358>

<http://www.cnn.com/2016/04/27/health/harvard-university-mumps-outbreak/>

<http://articles.mercola.com/sites/articles/archive/2012/07/23/merck-vaccine-fraud-story-buried.aspx>

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