

3147  
**Kathy Cooper**

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IRRC

**From:** Dianna R. Troyer <dessertrose03@gmail.com>  
**Sent:** Thursday, May 05, 2016 2:32 PM  
**To:** IRRC  
**Subject:** IRRC #3146 & 3147

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I am writing today in regards to IRRC #3146 & 3147 the proposed changes to immunization requirements in Pennsylvania.

I find most of these proposed changes to be extremely concerning.

First of all, to require that students be up to date on all new required vaccines in 5 days is way too short a time period. This does not take into account the child who is sick or the parent who has to make arrangements with work etc. It also would not allow the spacing out of vaccines for those who feel more comfortable giving time to recover from a vaccine before injecting more. Furthermore, most doctors offices book appointments at least a month to two months in advance so five days is unreasonable a deadline.

Secondly, requiring that a contagious child be seen by a physician to document the common childhood disease of chicken pox is a dangerous requirement. The distrust this creates between school staff and parents is unnecessary and dangerous. Also, the extra added costs of bringing a child to an approved provider is a burden that should not be mandated.

Additionally, students entering 12 grade should NOT be required to receive the Meningococcal vaccine because for one thing it is very rare. Only 16 new cases were seen in PA in 2014. So why would we mandate vaccinating all 147,000 seniors which will cost \$16,000,000? This session the legislature found that a bill to mandate this vaccine was unnecessary, the Department of Health should not be trying to circumvent this system. Also, the many adverse reactions that have been reported for this vaccine make it even less acceptable to inject so many children when so few cases are seen.

Requiring that children entering Kindergarten be given the Pertussis (Tdap) vaccine is not acceptable as the medical community is finding out that the vaccine is not effective. Recent outbreaks of pertussis have been among communities and institutions with 100% vaccinated populations and instead of requiring more vaccines perhaps we should go back to the vaccine manufacturers and find out why it is not giving the immunity it promises.

In 1986 the U.S. Congress granted all manufacturers of vaccines immunity from any liability due to damage caused by a vaccine. However, since 1988 there has been \$3.2 billion dollars given to families of vaccine injured people. And this is even though only 1 out of every 3 people who report a vaccine related injury actually see any type of monetary relief. Until vaccine manufacturers can be held accountable for the vaccines they produce, just like they are for any other drugs they produce, we should not be continuing to add vaccines to the schedule. There are over 300 vaccines in the works right now and children already receive over 30 vaccines by the time they are 6.

All antigens should be listed out in the MMR and Tdap vaccines as some are available separately. We need to be as accurate as possible not generalizing the information.

Allowing each school district to formulate their own language on information given to parents regarding vaccinations can be confusing. Having one standard will help avoid the confusion and also citing 28 PA code Ch. 23 will allow parents the information on exemptions that they are typically denied.

Also, Annex A lists the polio vaccine as "activated" when it should say "inactivated."

Lastly, 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.

I urge you to take seriously my concerns as well as the concerns of many other parents who have children in the PA school system.

Sincerely,

Dianna Troyer