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27 Homestead Lane
Enola, PA
April 29, 2016

Cynthia Findley, Director, Division of Immunization
Department of Health
625 Forster Street
Health and Welfare Building, Room 1026,
Harrisburg, PA 17120

Dear Ms. Findley,

In reference to the proposed immunization requirements #3147 to 28 PA Code Ch. 23

I oppose your attempt to mandate additional the 7th grade Tdap and 12th grade meningitis vaccines for school children. These vaccines have known complications including fever, diarrhea, brain inflammation, and death, as evidenced by their package inserts.^{1 2 3} The CDC states that all serogroups of meningitis are on the decline. Serogroup B, not included in the vaccine, declined along with the serogroups included in the vaccine "for reasons that are not known."⁴ The meningitis vaccines contain neurotoxins such as formaldehyde, aluminum hydroxide, polysorbate 80, and thimerosal in the multi-dose vials. At any given time, up to 20 to 40% of the population is asymptotically colonizing meningococcal organisms in our nasal passages and throats, which boosts our innate immunity to invasive bacterial infection. By the time American children enter adolescence, the vast majority have asymptotically developed immunity to meningitis. Pennsylvania legislators refused to mandate this vaccine during this legislative session and the Department of Health should not override their decision to let parents decide.

The National Vaccine Information Center recently compiled a referenced article detailing the problems with the pertussis vaccine program.⁵ The pertussis vaccine has an effectiveness of 2-4 years and both natural and vaccine acquired immunity is temporary. While vaccination may prevent clinical symptoms, it does not block infection, carriage or transmission. People who have had 4-6 vaccines can get silently infected and transmit infection without any symptoms, showing the illusory nature of vaccine acquired "herd immunity."

Over \$3.3 billion has been paid to those killed or injured by vaccines through the Vaccine Injury Compensation Program. The records are sealed and there is no discovery in this government

¹ https://www.vaccineshoppe.com/image.cfm?doc_id=10437&image_type=product_pdf

² https://gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Boostrix/pdf/BOOSTRIX.PDF

³ http://www.immunize.org/packageinserts/pi_meningococcal.asp

⁴ <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt08-mening.html>

⁵ <http://www.nvic.org/nvic-vaccine-news/march-2016/pertussis-microbe-outsmarts-the-vaccines.aspx>

administered program, so the true extent of acknowledged vaccine injuries is hidden from the public. Since vaccine manufacturers and those who administer vaccines are protected by a federal law from civil liability, parents should be able to decide, without coercion or the loss of public education, whether or not they are willing administer vaccines to their children.

The regulations do not clearly explain just how “herd immunity” from vaccines prevents the spread of diseases. In recent measles and mumps cases, where 99-100% of students were vaccinated, the disease spread widely. Researchers have shown that waning immunity is a problem with vaccines and diseases that previously occurred in children, where they were generally mild, have been pushed to older individuals, where they can be much more serious. Since 1986, the CDC recommended schedule has more than tripled, while chronic childhood illnesses have skyrocketed. Perhaps, the Department of Health should investigate ways to increase a healthy immune response instead of promoting more and more vaccines.

In closing, changing the provisional period from 240 days to 5 days is unreasonable. Virginia gives students 90 days; this amount of time would enable those who want vaccines time to get them without pressure or panic. Vaccine exemption information should be listed on all school immunization forms as this is the current status of the law. The list of vaccines required for school admission should be listed individually instead of in combination doses. Parents should be able to diagnose their children’s chicken pox without being required to take them to the doctor.

I support changing the reporting date from October 15 to December. All other proposals should be withdrawn. Please contact me when the final regulations are issued.

Sincerely,

Josiah Lowe