

3147

Kathy Cooper

RECEIVED
IRRC

From: Jessie Fitzgerald <jessfitz4yl@cs.com>
Sent: Monday, May 09, 2016 3:42 PM
To: IRRC
Subject: Re: School Immunization Regulations IRRC #3146 & 3147

2016 MAY -9 PM 3: 52

Hello,

I am writing in regard to the proposed regulation changes on school immunization in Pennsylvania. Where there are medical procedures involved, much consideration must be given. I feel that the proposed regulation changes are not based on significant data and may cause more harm than good for our children and for our community. Although every point of this proposal is important and must be considered, I will only go over my main concerns for now.

Concern: Decreasing the provisional period for student enrollment from 240 days to 5 days.

I am in support of shortening the provisional period in an effort to correct reporting failures and acquire accurate data, but this change is extreme. If children are in any way ill or immunocompromised, 5 days would be irresponsible time to demand the administration of multiple vaccines. 5 days is not enough time to get well. Plus, many of the most severe vaccine reactions and permanent damages occur when multiple vaccines are given in a short period of time. It will also cause parents stress and unnecessary expense as they will have to file extensions and take their sick child to the doctor for a waiver. I ask that a more reasonable provisional period of at least 60 days be considered.

Concern: 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.

It is irresponsible of the Department of Health to force a child with a highly contagious disease to visit a medical facility where other (sick) children are, who will then be at high risk to contract the disease. And most families will have the financial burden of all charges, or co-pays as well as laboratory fees. Also, if said documentation cannot be provided, but the child did in fact have chicken pox, then they will be forced to receive the vaccine. This would be a waste of time and money, and would be unethical because they would potentially be giving a medical procedure for no reason!

Concern: Addition of Meningococcal vaccine for students entering 12th grade.

I feel that 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

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

And according to the CDC Pink Book, the meningococcal bacteria become invasive only rarely. "In a small proportion (less than 1%) of colonized persons, the organism penetrates the mucosal cells and enters the bloodstream." <http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>

The CDC states that all serogroups of the disease 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." Also, "The communicability of N. meningitidis is generally limited. In studies of households in which a case of meningococcal disease has occurred, only 3%-4% of households had secondary cases." Furthermore, "In the United States, meningococcal outbreaks account for less than 2% of reported cases (98% of cases are sporadic)." Therefore, transmission in the school setting is very unlikely.

The most frequently reported adverse events for MenACWY-D include fever (16.8%), headache (16.0%) injection site erythema (14.6%), and dizziness (13.4%). Syncope was reported in 10.0% of reports involving MenACWY-D. Of all reported MenACWY-D events, 6.6% were coded as serious (i.e., resulted in death, life-threatening illness, hospitalization, prolongation of hospitalization, or permanent disability). Serious events included headache, fever, vomiting, and nausea. A total of 24 deaths (0.3%) were reported.

So, if 147,040 twelfth graders are given this vaccine, we could expect 6.6% (9,704) to have serious side effects and 0.3% of that number (29) to die. (Side note: This proposal did not include the expenses that would occur due to these serious side effects).

Currently, 7th grade is the last reporting point for student vaccinations. Adding this vaccine to 12th graders will create a third reporting burden, consuming more staff hours and requiring more paperwork associated with the provisional timeline, filing of waivers, and individual follow-ups.

Earlier this 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. This insertion is an attempt to circumvent the legislative process in enforcing mandates that are not supported by lawmakers.

Concern: Inclusion of Pertussis vaccine for kindergarten admission.

We are currently seeing 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. It seems hasty to add a vaccine that is currently under scrutiny from the medical community to the requirements.

It's disturbing the use of "herd immunity" as a reason for these vaccinations. This theory has been disproved many times through scientific research. Here's just one article:

<http://circleofdocs.com/harvard-trained-immunologist-demolishes-california-legislation-that-terminates-vaccine-exemptions/#>

We have seen in school outbreaks of pertussis that they are occurring in fully-up-to-date, vaccinated individuals. And the recent outbreak of mumps among Harvard University students who were in full compliance with MMR vaccination requirements also reveals the myth of "herd immunity".

These vaccines, like all medical procedures, 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. The federal vaccine injury compensation program created under that law has awarded more than 3 billion to children and adults injured by vaccines or to families who have had loved ones die from vaccine reactions. <http://www.hrsa.gov/vaccinecompensation/data/index.html>

Administering vaccines is a medical procedure that involves risk. And where there is risk, there must be much consideration.

Also this proposal speaks of the amount of money that would be lost due to said illnesses, but nowhere does it state the expenses of those injured by these medical procedures. The time off work, the medical bills, etc. These realities are not even mentioned, even though they do occur. (see above link)

(I support Senator Posey's request that Dr. William Thompson be subpoenaed based on the claims of CDC fraud in the MMR research. We must look into these very important matters for the safety of our children.

<http://www.c-span.org/video/?c4546421/rep-bill-posey-calling-investigation-cdcs-mmr-reasearch-fraud>)

Lastly, each school district creates it's own language in communicating with parents regarding vaccine requirements, provisional periods and reporting. Schools regularly misinform parents by not advising them that medical and religious exemptions are available. These rights are important because of the dangerous potential side effects to those with allergies to certain vaccine ingredients, and to those that have a religious exemption (against abortion, being that some vaccines contain fetal cells from aborted babies: WI-38 human diploid lung fibroblasts and MRC-5 cells).

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf>

I request that the regulations 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.

Thank you for reading my concerns,
Jessica Fitzgerald
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