

3147

Kathy Cooper

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IRRC

From: Teresa <teresa555@gmail.com>
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To: IRRC
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Hello,

I am writing to you because I oppose the proposed changes to PA's current vaccine laws. There should not be any revisions made to our current vaccine laws.

I am particularly against the following:

#4 - Addition of Meningococcal vaccine for students entering 12th grade.

Our Comment: We 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>. 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." (See reference below.) 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.

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. We see this insertion as an attempt to circumvent the legislative process in enforcing mandates that are not supported by lawmakers.

#5 - Inclusion of Pertussis vaccine for kindergarten admission.

Our Comment: 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.

#1 - Decreasing the provisional period for student enrollment from 240 days to 5 days.

Our Comment: While we do support shortening the provisional period in an effort to correct reporting failures and ascertain accurate data, we find this change to be extreme. This very short provisional period does not allow enough time for students who may be sick to wait until they are healthy to catch up with their vaccines. It will cause parents stress and unnecessary expense as they will have to file extensions and take their sick child to the doctor for a waiver. It will substantially increase paperwork as numerous waivers are filed requiring individual follow ups. We believe that a 60 day provisional period will meet the need of ensuring timely filing without causing undue stress on parents or endangering sick children by leading parents to seek out vaccines under duress. There are NO surrounding states with such short provisional periods. Given the later reporting date, a 60 day provisional period would not interfere with data collection and analysis.

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