

3147

Form Letter -D

1-3

Kathy Cooper

RECEIVED
IRRC

From: Kristen Anne Yoder <kayoder@gmail.com>
Sent: Monday, May 09, 2016 8:58 PM
To: ra-stateboardofed@pa.gov; IRRC
Subject: comments regarding IRRC 3146 & 3147

2016 MAY 10 AM 9:13

Hello,

As a parent, I have some concerns about the proposed changes to the vaccination policies for school students in PA.

Thank you for your efforts to keep Pennsylvania's school students safe. Please respect the values of parents who are also trying to keep their children safe & healthy!

Kristen

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

5 days is extremely short and would provide undue stress for parents. A 60 day provisional period would 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.

#2 - Change reporting deadline from October 15 to December 31.

The later reporting date will give the DOH additional time to prepare more accurate records. I fully support this change.

#3 - 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.

This is objectionable for several reasons. First of all, it is irresponsible of the DOH to force a child with a highly contagious disease to visit a medical facility where other children, including those who are medically fragile, will likely be present and thus at high risk to contract the disease. Not all families have existing relationships with the list of specified medical workers, and this provision could force a family to enter into a new contractual relationship with unknown medical staff. Most families will also have the financial burden of all charges, or co-pays as well as laboratory fees. Lastly, I feel that this creates an environment of distrust between the school staff and the parents as the parents' word is questioned.

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

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.

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 and irresponsible to add a vaccine that is currently under scrutiny from the medical community to the requirements.

#6 - The DOH proposes to edit the current regulations by eliminating separate listings for measles, mumps, rubella, tetanus, diphtheria, and pertussis vaccines that are currently most commonly consumed as combination shots. Instead, they will only be listed in the regulations in their combination forms - MMR and Tdap.

All antigens should be listed individually. This will simplify the amendment process should these combinations change in the future. We also want to ensure accuracy in data collection and publication. Some of these vaccines are still available singularly, and so listing each antigen individually is best and should not be changed.

#7 - There is no requirement for standardized language in communications regarding vaccine requirements.

Currently, each school district creates its own language in communicating with parents regarding vaccine requirements, provisional periods, and reporting. We 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.

Kathy Cooper

RECEIVED
IRRC

From: Dave Tonal <tonal401@gmail.com>
Sent: Monday, May 09, 2016 9:00 PM
To: IRRC; ra-stateboardofed@pa.gov
Subject: comments on IRRC 3147 & 3147

2016 MAY 10 AM 9:10

Hello,

As a parent, I have some concerns about the proposed changes to the vaccination policies for school students in PA.

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Dave

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Forum Letter D

Kathy Cooper

RECEIVED
IRRC

From: Sherry Wack <shefish222@yahoo.com>
Sent: Monday, May 09, 2016 8:41 PM
To: IRRC
Subject: Vaccination Policy Changes

2016 MAY 10 AM 9:19

Greetings,

I am writing to give my opinion on the changes to the vaccination policy proposed by the PA Departments of Health and Education in IRRC#3146 & 3147. The comments below were composed by PCIC, Pennsylvania Coalition for Informed Consent. I fully support the content; it saved me a lot of time to just copy them.

I urge you to take the time to carefully read and consider these recommendations. I believe that the pharmaceutical industry is stirring up hysteria so they can continue this revenue stream, whether it is necessary, beneficial or not. There are too many uncertainties about the safety and effectiveness of so many vaccines to just bulldoze ahead because of media hype. And the inclusion of heavy metals like mercury in some of these vaccines is horrible! How can pumping mercury into my grandchild improve their health?

Thank you for your attention,

#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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Thank you for your attention,
Sharon Lee Wack
259 Pinetown Rd
Norristown, PA 19403