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IRRC

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

2016 MAY 11 PM 1:46

Dear Ms. Findley,

Please include this letter in the comments for the proposed regulations to 28 PA Code Ch. 23:
3147 from the PA Department of Health
#3146 from the PA Department of Education

Changing the reporting date to December from October is an excellent idea. For too long, Pennsylvania has been criticized for having low vaccination rates when the kindergarten reporting date is in October, half a year before the provisional period ends. Extending the reporting date to December 31 will give schools sufficient time to review records and submit more accurate reports

While I agree that the eight month provisional period is too long, shortening it to only five days is unreasonable. The chaos that would ensue upon school nurses, administrators, parents and students in the first week of school can easily be avoided by making the provisional period 90 days. This will enable families to schedule vaccinations over time, not having to rush to get vaccinations when a child may be sick. It is not wise to require students with no previous vaccines to get 9-10 vaccines in a five day period. Transfer students should be given 60 days to complete their paperwork as 30 days may not give them enough time to complete the process. The extended reporting time will allow sufficient time for school nurses and administrators to review records before the December 31 reporting date.

Known problems with vaccines are rarely acknowledged by public health officials. Chronic conditions in children including allergies, asthma, and autism have skyrocketed in recent decades and the CDC says that one in six children currently have learning disabilities. In 2011, the National Vaccine Information Center published a referenced commentary on the decline in health in American children.¹ Public health officials cannot explain why today that an estimated 43 to 54 percent of all American children suffer with at least one chronic illness requiring health insurance reimbursement, including a staggering 26 percent of children under age six years at high risk for developmental, social or behavioral delays.² Government officials now admit that,

¹ <http://www.nvic.org/NVIC-Vaccine-News/May-2011/In-Memoriam--Infant-Deaths---Vaccination.aspx> MAY 09 2016 AM 11:27

² [http://www.academicpedsjnl.net/article/S1876-2859\(10\)00250-0/abstract](http://www.academicpedsjnl.net/article/S1876-2859(10)00250-0/abstract)

in the past decade, developmental disabilities among American children have increased by a whopping 17% and is led by a rise in autism and ADHD.^{3 4}

Numerous parents attribute the decline in their children's health to vaccination, yet they are too often told that the events are only coincidental. However, the vaccine schedule has more than tripled for school age children, from 23 to over 72, since federal law granted vaccine manufacturers immunity from civil liability in 1986. The Vaccine Injury Compensation Program has paid more than \$3.3 billion to those who have been injured or killed by vaccines, though the great majority of claims are denied. There is enough evidence regarding the potential dangers of vaccination that extreme caution should be exercised before mandating additional vaccines for all Pennsylvania school children, including those who are homeschooled.

Because vaccines are medical procedures that can cause serious injury and death, additional information should be provided before mandating all Pennsylvania children receive more vaccines to attend school. As a part of that discussion, can the Departments of Health and Education provide annual statistics to the IRRC and the public that compare the number of vaccines suggested by ACIP and mandated by the State along with the number of Pennsylvania children who have autism, learning disabilities or require additional support in school? Additionally, it would be informative to have the educational costs associated with special education, learning support, etc. over the past thirty to forty years.

I am opposed to the addition of a meningitis vaccine for 12th graders. This disease is rare and the vaccine is expensive. The CDC has recognized that the majority of America's 320 million citizens will experience asymptomatic infection as children or young adults without complications and develop antibodies against meningococcal disease that will protect them. This vaccine is already available to anyone who wants it.

The product inserts for meningococcal vaccine lists adverse events recorded during the clinical trials or post licensure. These include abnormal crying, fever, fatigue, sudden loss of consciousness, diarrhea, headache, joint pain, brain inflammation, convulsions and facial palsy. The CDC Pink Book lists results of clinical trials of Menactra (MenACWY-D). Of all reported MenACWY-D events, 6.6% were coded as serious (i.e., resulted in death, life-threatening illness, hospitalization, or permanent disability). Serious events included headache, fever, vomiting, and nausea. A total of 24 deaths (0.3%) were reported.⁵ The Department of Health needs to factor these possible complications into their analysis.

I also oppose the adding of a Tdap for 7th graders. Despite mass pertussis vaccination campaigns beginning in the 1950s, the B. pertussis microbe has evolved to evade both the whole cell and acellular pertussis vaccines creating new strains which produce more toxin to suppress immune function and cause more serious disease. Vaccine-induced pertussis immunity wanes in

³ <http://pediatrics.aappublications.org/content/early/2011/05/19/peds.2010-2989.abstract?sid=dba8e07c-3385-4657-a31b-0c2c1e8cbeb4>

⁴ <http://www.bloomberg.com/news/articles/2011-05-23/autism-leads-rise-of-developmental-disabilities-in-u-s-kids>

⁵ <http://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>

2-5 years and millions of fully vaccinated children and adults are silently infected with pertussis in the U.S. every year.⁶ They show few or no symptoms but spread whooping cough to vaccinated and unvaccinated children - without doctors identifying or reporting cases to the government.⁷ The June 2015 edition of Pediatrics concluded, "Lack of long-term protection after vaccination is likely contributing to increases in pertussis among adolescents."⁸ Parents who want the 7th grade Tdap are able to have it administered to their children, but higher rates of vaccination may do little to stop pertussis outbreaks.

Without any statistics or studies, the Department of Health used the argument of herd immunity as their justification for additional vaccines. No longer can this theory which was based on the assumption that natural immunity is the same as vaccine-induced immunity be used. The current mumps outbreak at Harvard University is among students who are all vaccinated.⁹ There has been little media coverage of a current whistleblower lawsuit filed by two Pennsylvania Merck immunologists who claimed that mumps efficacy data was manipulated by the addition of rabbit blood to boost immunity markers. Merck could lose its MMR monopoly in the US if the effective rate dropped too low.¹⁰ A Pubmed study found 18 reports of measles where 71% to 99.8% of students were immunized against measles. Despite these high rates of immunization, 30% to 100% of all measles cases in these outbreaks occurred in previously immunized students. The study authors concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."¹¹

Problems with the polio vaccine have resulted in a massive effort to destroy all existing vials of it.¹² Of course, the public was told that the polio vaccine, when administered, was safe and effective. Presumably, the Department meant enhanced "inactivated" polio instead of "enhanced **activated** polio vaccine." This is another example of why extreme caution should be exercised before mandating additional vaccines.

All Pennsylvania immunization forms should clearly indicate that state law provides medical and religious exemptions for vaccinations. Annex A should be rewritten to list each vaccine individually, instead of in combination. Along with each vaccine, evidence of immunity should be listed for each disease. Parents should be able to verify that their children contracted the chicken pox. Requiring a doctor visit to prove this diagnosis is expensive to parents and burdensome to sick children. Such a requirement could easily spread chicken pox to other children at the doctor's office.

I would like to be notified when the final regulations are issued.

⁶ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2151776/>

⁷ http://www.nvic.org/NVIC-Vaccine-News/March-2016/pertussis-microbe-outsmarts-the-vaccines.aspx#_edn35

⁸ <http://dx.doi.org/10.1542/peds.2014-3358>

⁹ <http://www.cnn.com/2016/04/27/health/harvard-university-mumps-outbreak/>

¹⁰ <http://articles.mercola.com/sites/articles/archive/2012/07/23/merck-vaccine-fraud-story-buried.aspx>

¹¹ <http://www.ncbi.nlm.nih.gov/pubmed/8053748>

¹² <http://www.npr.org/2016/04/18/474725579/new-polio-vaccine-rollout-comes-with-a-big-risk>

Sincerely,



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