

3146

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Jones, Stephanie

From: Abby Call <abbcadab@gmail.com>
Sent: Monday, May 09, 2016 5:19 PM
To: ED, State Board of Ed
Subject: 28PA Code Ch.23: #3147 from the PA Department of Health; #3146 from the PA Department of Education

2016 MAY 10 AM 11:55

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

Dear Ms. Findley,

Below are my concerns and requests regarding the proposed immunizations regulations for 28PA Code Ch.23:
#3147 from the PA Department of Health
#3146 from the PA Department of Education

I am requesting the following of the Department of Health:

- Lengthen the proposed provisional period from the proposed 5 days. To force what could be many vaccinations on a child in a 5-day period could have long lasting adverse effects. Shortening this provisional period to 60 days is a more reasonable request for children and parents.
- Chicken pox verification by a medical professional should not be required. This putting an unnecessary expense on the parents and the healthcare system...not to mention the risk to individuals with whom they will come in contact at the Physician's office. If there is proof that the current system is being abused, the Department should produce proof of such abuse. There is no basis presented for this request.
- The Health department should not add new pertussis and meningitis vaccines for school admission. The pertussis vaccine has shown many failures and the meningitis vaccine has risks that are certainly not offset by the cost to the system (many millions) or by the risks to the children receiving the vaccine. Meningitis is a rare disease. According the CDC, there were 16 confirmed cases of Neisseria Meningitis is invasive disease in Pennsylvania in 2014, which they state "usually manifests as meningitis". In 2015, there were 12 cases. Vaccine side effects of disability and death are stated in the CDC Pink Book. This is a very large price to pay, not only in dollars but in lives affected, to protect from a disease which *may* only affect 15 people each year. Recently, legislators refuse to mandate the meningitis vaccine, I feel the Department of Health is seeking to circumvent the legislative process.
- Eliminating separate listings for measles, mumps, rubella, tetanus, diphtheria and pertussis vaccines that are currently most commonly consumed as combination shots could present issues with accuracy in data collection and publication. It is proposed to be listed in their combination forms – MMR and Tdap. Some of these vaccines are still available singularly, therefore listing each antigen individually should not be changed.

-Specific costs were requested in questions 19-21. No specific costs are outlined except to quote the numbers from a measles outbreak in CA. This seems excessive since other outbreaks have been documented, and could have been cited, all with much lower costs to the state. More accurate numbers (reliable data and total dollar cost to the commonwealth) need to be presented before any further action should be taken. The Department should also be addressing the cost to the commonwealth and the cost to the families who will experience adverse effects from the proposed vaccines.

-Herd Immunity is cited as the reason for recommending the new vaccines. Herd Immunity was originally based on *Natural Immunity*, not *Vaccine Induced Response*. Communities with 99% vaccine compliance still experience outbreaks further proving that Vaccine Induced Herd Immunity is unattainable.

I request that you reconsider these regulations and consider the seriousness of mandating the additional vaccines for all Pennsylvania students.

Sincerely,

Abigail Call

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