

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Landwehr at 1:30 p.m. on February 9, 2011 in Room 784 of the Docking State Office Building.

All members were present except:

Representative J. Steven Alford - excused  
Representative Phil Hermanson – excused  
Representative Jim Denning - excused

Committee staff present:

Norm Furse, Office of the Revisor of Statutes  
Katherine McBride, Office of the Revisor of Statutes  
Martha Dorsey, Kansas Legislative Research Department  
Dorothy Noblit, Kansas Legislative Research Department  
Jay Hall, Kansas Legislative Research Department  
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Carol Meyer, Wichita, KS ([Attachment 1](#))  
Erika Higgins, Wichita, KS ([Attachment 2](#))

Others attending:

See attached list.

**HB 2094 – Vaccinations; exemption from getting based on reasons of conscience or personal belief.**

Chairperson Landwehr opened the hearing on **HB 2094**.

Carol Meyer, parent from Wichita, Kansas, presented testimony in support of the bill. ([Attachment 1](#)) In 1993 through 1996, Mrs. Meyer served on the Federal Advisory Commission on Childhood Vaccines as the member at large representing parents. She asked members to remember that immunizations, like any medicine, are not 100% effective, 100% safe or 100% necessary. Immunizations are not without risk. Over \$2 billion has been paid by the Federal government to those injured by vaccines through the National Vaccine Injury Compensation Program. One of those children was her daughter, Laura, who was born in 1983. When she was 6 weeks old, she went for her first well baby check-up and she received her first DPT immunization. Within 12 hours of receiving this, she had 3 seizures and a period of high-pitched crying. Our family doctor diagnosed this as an adverse reaction to the DPT immunization she received that day. From that day on, Laura continued to suffer from frequent seizures. She had seizures almost daily and on a bad day she would have many. Due to that first reaction, Laura's immune system was severely compromised and she was often in and out of the hospital for seizures that required emergency medical care to be stopped. At times in her life, she was hospitalized monthly for days at a time. Because of her reaction to the DPT immunization, Laura had severe brain damage. She never walked....never talked...and, as her doctors noted, was profoundly developmentally disabled. There was no doubt in our minds or that of her doctors that this was all a result of that first DPT immunization she received.

When Laura was 11 years old, she received her MMR booster. The doctor convinced me that her compromised immune system would put her at risk for these illnesses. Again, the doctor felt the risk of the illness outweighed the risk of the vaccination. One week after the MMR booster injection, she suffered a status seizure...the worst seizure she had ever had and it would not stop. We called the ambulance as we had done many times before...within 1 hour, Laura was pronounced dead from cardiac and respiratory arrest. Her death certificate reads that her death was a result of a status seizure, the DPT reaction, and the MMR vaccine she had received just 1 week earlier. Our daughter Laura was gone. This is the legacy of my daughter – to tell her story so that you know that vaccine reactions do happen. Please support this bill and give parents the right to vaccinate their children according to their own conscience.

Erika Higgins presented testimony in support of the bill. ([Attachment 2](#)) She explained all 50 states have medical and/or religious exemptions and 19 states also have conscientious exemptions. In these states, there is no relationship between reported exemptions and reported incidences of disease. These

## CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 9, 2011 in Room 784 of the Docking State Office Building.

states continue to maintain a high vaccination participation rate. Three other states are also in the process of adding a conscientious exemption to their state vaccination laws this year (New Jersey, New Hampshire, New York).

In Kansas, a child has to be either medically ill or belong to a state-defined religion to get an exemption. As a Catholic in the Diocese of Wichita, her husband and she are unable to use the Kansas religious exemption since it restricts them to be adherents of a religious denomination whose teachings are opposed to such tests or inoculations. At this time, the Catholic Church has no teachings that mandate or oppose the use of vaccinations for disease prevention. However, Monsignor Ignacio Barreiro, Executive Director of the la Vita Humana in Rome "...attests personally that this issue is presently under consideration by various offices of the Vatican concerned with the doctrinal and moral aspects of this complex issue. Pending a final judgment on this issue the parental right of conscience is to be considered the binding authority in this matter..." Since the current Kansas law does not allow for a conscience objection, her Bishop Jackels of Wichita recommended they ask their legislators for this conscientious exemption.

Disease prevention is an individual responsibility and an individual decision for each unique child. It is a decision reserved to the parents who should work with their doctors to make the decision. Admission to school should never be used to force children to receive vaccinations. When you support this bill, you are standing up for life, for individual liberty, for freedom of conscience, for parental rights, and for true and unrestricted consent.

Mrs. Higgins also presented the committee with a petition with over 200 signatures of other Kansans supporting the bill.

The following two documents were provided to the committee at the meeting:

- 1) A brochure entitled "The Conscientious Exemption to State-Mandated Vaccinations HB 2094". ([Attachment 3](#))
- 2) A booklet entitled "A Conscientious Exemption to the Kansas Mandatory Immunizations". ([Attachment 4](#))

Due to poor weather conditions, written testimony only was presented by the following conferees:

- Lori Leonard, Colwich, KS ([Attachment 5](#))
- Monica R. DeGraffenreid, Wichita, KS ([Attachment 6](#))
- Erik B. Leon, Pharm.D., R.Ph., Topeka, KS ([Attachment 7](#))
- Bianca Kamnitzer, Wichita, KS ([Attachment 8](#))
- Nathan Patry, Wichita, KS ([Attachment 9](#))
- Julie Patry, Wichita, KS ([Attachment 10](#))
- Angela Mans, Mount Hope, KS ([Attachment 11](#))
- Tim and Mary Woodburn, Goddard, KS ([Attachment 12](#))
- Blair Bailey, Valley Center, KS ([Attachment 13](#))
- Connie Arnold, Goddard, KS ([Attachment 14](#))
- Danielle Powell Clupny, Mount Hope, KS ([Attachment 15](#))
- Dr. Jamie J. Arnold, BBA, DC, Kingman, KS ([Attachment 16](#))
- M. Angelica Stieben, Colby, KS ([Attachment 17](#))
- Wes & Shelly Harden, Kingman, KS ([Attachment 18](#))
- Roberta C. Lambert, Colby, KS ([Attachment 19](#))

## CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 9, 2011 in Room 784 of the Docking State Office Building.

- Jennifer Granger, MA, Olathe, KS ([Attachment 20](#))
- Janine Heincker, Wichita, KS ([Attachment 21](#))
- Jackie Arnold, Kingman, KS ([Attachment 22](#))
- Mr. & Mrs. Don Rohr, Wichita, KS ([Attachment 23](#))
- Mark & Julie Simpson, Colwich, KS ([Attachment 24](#))
- Mr. & Mrs. Lloyd Powell, Pretty Prairie, KS ([Attachment 25](#))
- David & Theresa Walker, KS ([Attachment 26](#))
- Melissa Riopel, Kingman, KS ([Attachment 27](#))
- Dr. Robert W. Sears, MD, FAAP, Pediatrician and author of The Vaccine Book and The Baby Book ([Attachment 28](#))
- Dr. Ronald Hunninghake, MD, Wichita, KS ([Attachment 29](#))

There was no neutral testimony submitted.

Due to poor weather conditions, there was no verbal testimony in opposition to the bill. The following written testimony was submitted in opposition to the bill.

- William Keough, MD, Dennis Cooley, MD, FAAP – President of the Kansas Chapter of the American Academy of Pediatrics, Chris Steege – Executive Director of the Kansas Chapter of the American Academy of Pediatrics ([Attachment 30](#))
- Robert Moser, MD, Secretary, Kansas Department of Health & Environment ([Attachment 31](#))
- Jenn Brull, MD, President – Kansas Academy of Family Physicians ([Attachment 32](#))
- Dan Morin, Kansas Medical Society ([Attachment 33](#))
- Nancy Tausz, RN, BSN, Johnson County Health Department ([Attachment 34](#))
- Claudia Blackburn, MPH, RNC, CPN, Health Director, Sedgwick County Health Department ([Attachment 35](#))

The Chair gave the committee members the opportunity to ask questions and when all had been answered, the hearing was closed on the bill.

The next meeting is scheduled for February 14, 2011.

The meeting adjourned at 1:56 p.m.

# HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 2-9-11

NAME	REPRESENTING
Carol Meyer	Kansans for Vaccine Rights
Crিকা Higgins	Kansans for Vaccine Rights
Debi Rohr	Kansans for Vaccine Rights
Emily Bergman	Kansans for Vaccine Rights
Steven Higgins	Kansans for Vaccine Rights
Michelle Butler	Cap. Grady
Charles Hunt	KDHE
Melissa Roper	Kansans 4 Vaccine Rights
Blenda Baker	KDHE
Dodie Wellstear	KAFP
Sue Brown	KDHE
Edward Carson	KS Catholic Conference.

Please use black ink

Carol Meyer  
7632 Oneil  
Wichita, KS 67212  
(316) 721-2957

**Testimony in support of HB 2094 for the Conscientious Exemption to State-Mandated  
Vaccines**

My name is Carol Meyer from Wichita. I have been active in politics in Kansas for many years and I am a voter. My husband and I are the parents of 4 children and grandparents to 2 children. In 1993 through 1996 I served on the Federal Advisory Commission on Childhood Vaccines as the member at large representing parents.

While I am talking, I would like you to remember that immunizations, like any medicine, are not 100% effective, 100% safe or 100% necessary. Immunizations are not without risk. Over \$2 billion has been paid by the Federal government to those injured by vaccines through the National Vaccine Injury Compensation Program. One of those compensated children was mine.

In 1983, my 3<sup>rd</sup> daughter, Laura, was born. When she was 6 weeks old, we went for her first well baby check-up and she received her first DPT (Diphtheria, Pertussis and Tetanus) immunization. Within 12 hours of receiving this, she had 3 seizures and a period of high-pitched crying. Our family doctor diagnosed this as an adverse reaction to the DPT immunization she received that day. From that day on, Laura continued to suffer from frequent seizures. She had seizures almost daily and on a bad day she would have many. Due to that first reaction, Laura's immune system was severely compromised and she was often in and out of the hospital for seizures that required emergency medical care to be stopped. At times in her life, she was hospitalized monthly for days at a time. Because of her reaction to the DPT immunization, Laura had severe brain damage. She never walked....never talked...and, as her doctors noted, was profoundly developmentally disabled. There was no doubt in our minds or that of her doctors that this was all a result of that first DPT immunization she received.

Because of the overwhelming evidence in her case, we submitted a claim and qualified for compensation from the Federal Trust Fund for the National Vaccine Injury Compensation Program and we received compensation to help pay for her care. I know of 2 other families in Wichita who also received compensation for their children's vaccine injuries around this time and both of the children eventually died of their injuries.

Caring for a profoundly developmentally disabled child was often very difficult, but Laura also brought our family so much joy and taught us many important lessons. Laura was a happy,

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smiling, beautiful child, who didn't know enough to have a care in the world. Despite her disabilities, she was loved by many for her easy going nature and bright smile.

When Laura was 11 years old, she received her MMR booster. The doctor convinced me that her compromised immune system would put her at risk for these illnesses. Again, the doctor felt the risk of the illness outweighed the risk of the vaccination. One week after the MMR booster injection, she suffered a status seizure...the worst seizure she had ever had and it would not stop. We called the ambulance as we had done many times before...within 1 hour, Laura was pronounced dead from cardiac and respiratory arrest. Her death certificate reads that her death was a result of a status seizure, the DPT reaction, and the MMR vaccine she had received just 1 week earlier. Our daughter Laura was gone.

This experience tested the strength of our family beyond all measure. It taught us lessons that we will never forget. After everything that has happened to our family, I am not against immunizations. But I do have to support each parent's right to immunize their child according to their own conscience. The reality is that most parents will still choose to vaccinate their children, but those who would like to selectively immunize should have that right without fear of their children being denied an education. I have two beautiful grandchildren. After hearing my story, what would you tell your daughter about vaccinating her children? Would you want to take the risk? But she has to worry, will they get into school?

This is the legacy of my daughter...To tell her story so that you know that vaccine reactions do happen...Even if they are rare, they do exist... Parents are told they must vaccinate their children for the greater good or because the benefits will outweigh the risks. For my daughter Laura, the risk became the reality... there was no benefit. For Laura, the benefit was zero and the risk was 100%.

I ask you to please support HB2094 and the right of parents to vaccinate their children according to their own conscience.

**Remember Laura...Support the Conscientious Exemption Bill**

(over)

Erika Higgins and Steve Higgins  
10528 W. Meribeu Ct.  
Wichita, KS 67212  
316-729-8391

**Testimony in support of HB 2094 for the Conscientious Exemption to State-Mandated  
Vaccines**

Good afternoon, my name is Erika Higgins, a voter from Wichita. My husband and I have three beautiful children, Alaina (7), Nicholas (4) and our baby James is 16 months. (show family picture)

All 50 states have medical and or religious exemptions and 19 states also have conscientious exemptions. In these states, there is no relationship between reported exemptions and reported incidences of disease. These states continue to maintain a high vaccination participation rate. Three other states are also in the process of adding a conscientious exemption to their state vaccination laws this year. (New Jersey, New Hampshire, New York).

As a parent of three and a Kansas citizen hopeful in a government that protects parental rights and freedom of conscience, this bill for a conscientious exemption to state-mandated vaccinations is very important to me and many Kansans.

In Kansas now, a child has to be either medically ill or belong to a state-defined religion to get an exemption. As a Catholic in the Diocese of Wichita, my husband and I are unable to use the Kansas religious exemption since it restricts us to be adherents of a religious denomination whose teachings are opposed to such tests or inoculations. At this time, the Catholic Church has no teachings that mandate or oppose the use of vaccinations for disease prevention. However, Monsignor. Ignacio Barreiro, Executive Director of the la Vita Humana in Rome "...attest[s] personally that this issue is presently under consideration by various offices of the Vatican concerned with the doctrinal and moral aspects of this complex issue. Pending a final judgment on this issue the parental right of conscience is to be considered the binding authority in this matter..."

Since the current Kansas law does not allow for a conscience objection, my Bishop Jackels of Wichita recommended that I ask my legislatures for this conscientious exemption.

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My husband and I love our children more than anyone could ever know and so naturally we want to keep them healthy. Their health and their education and their happiness is what is most important to us. While we are also concerned about the wellbeing and health of everybody else's children, the health and safety of our children has to come first. Disease prevention is an individual responsibility and an individual decision for each unique child.

This decision belongs to me and my husband. It does not belong to the state or to Merck or Sanofi Pasteur or the American Academy of Pediatrics and not even to our doctor. It is a decision reserved to the parents. We should work *with* our doctors to make that decision but when a parent is in their Doctor's office discussing when and what vaccines their child will receive, the pressure of a requirement should have no part in that discussion. Admission to school should never be used to force children to vaccination.

This conscientious exemption bill is for my children. It is for Laura Meyer and it is for all children and their parents. When you support this bill, you are standing up for life, for individual liberty, for freedom of conscience, for parental rights, and for true and unrestricted informed consent.

(over)



## KANSANS FOR VACCINE RIGHTS

se vaccines are produced using cell lines derived from aborted fetal tissue:

Chickenpox	Hepatitis-A
MMR	Polio
	Rabies
Shingles/Zostavax	

**MRC-5, WI-38 and PER.C6** are aborted fetal cell lines known as "residual DNA and proteins" or "human diploid cell lines". "The abortions involved in both existing vaccines and those currently under development were done in the 1960's, 70's and 80's - and beyond."

(<http://www.fda.gov/ohrms/dockets/dockets/06d0383/06D-0383-EC3521.htm>)

### MRC-5 FETAL CELL LINE

- Developed in September 1966
- Taken from the lung tissue of a 14 week male fetus aborted from a 27 year old physically healthy woman.

### WI-38 FETAL CELL LINE

- Developed in 1966
- Taken from the lung tissue of an aborted female fetus of about 3 months gestational age. \*\*

### PER.C6 FETAL CELL LINE

- Made from the retina of a healthy 18 week-old fetus.
- Originally developed for antibodies against cancer or for gene therapy.
- In 2002, Crucell began experimenting and using PER.C6 for new viral vaccines and adenovirus vaccines.

[http://ccr.coriell.org/Sections/Search/Sample\\_Detail.aspx?ref=AG05965-F&PgId=166](http://ccr.coriell.org/Sections/Search/Sample_Detail.aspx?ref=AG05965-F&PgId=166)

[http://ccr.coriell.org/Sections/Search/Sample\\_Detail.aspx?ref=AG06814-J&PgId=166](http://ccr.coriell.org/Sections/Search/Sample_Detail.aspx?ref=AG06814-J&PgId=166)

<http://www.crucell.com/Technology%20-%20Cell%20Technology>

## KANSANS FOR VACCINE RIGHTS

Kansans for Vaccine Rights (KVR) is a group of volunteers in Kansas working together to promote and protect the right of every person to make informed independent vaccination decisions for themselves and their families without the risk of penalty or discrimination.

KVR shares this vision: passage of a bill to provide parents and individuals with a conscientious exemption to mandatory immunizations in Kansas. KVR is a non-partisan, issue-oriented group and does not endorse any one candidate or political party.

This group neither accepts nor pays any individual or group for any KVR activities or efforts. KVR seeks neither to promote or oppose vaccinations nor provide any medical advice pertaining to vaccinations, but does encourage making informed vaccination decisions.



"Let your conscience be your guide"  
Support the Conscientious Exemption

[www.kansansforvaccinerights.com](http://www.kansansforvaccinerights.com)  
[kvr@kansansforvaccinerights.com](mailto:kvr@kansansforvaccinerights.com)  
(352) KVR-CEB4.



## KANSANS FOR VACCINE RIGHTS

# The Conscientious Exemption to State-Mandated Vaccination.. HB 2094

**...PROTECTS PARENTAL RIGHTS, INFORMED  
CONSENT, AND FREEDOM OF CONSCIENCE**

Joins 19 other states to legally provide a conscientious exemption to state-required immunizations.

- Gives parents back their right to make informed and conscientious decisions about their children's health and vaccinations without the pressure of a requirement.
- Allows parents and individuals to decline one, some, or all state-required immunizations for reasons of conscience or other personal beliefs.



## 19 States Allow Conscientious Exemptions with no negative impact to their state's public health.

Every state has exemptions to their state-mandated immunizations. **Arizona\***, Arkansas, **California\***, Colorado, Idaho, Louisiana, Maine, Michigan, Minnesota, **New Mexico\***, North Dakota, Ohio, Oklahoma, Pennsylvania, **Texas\*** and Utah, Vermont, Washington, Wisconsin allow conscientious exemptions. (\*border states)

- In these 19 states, there is no direct correlation between the reported exemption rates and the reported disease rates.
- In some states the reported disease rates declined despite an increase in the number of exemptions.
- These states continue to maintain a high vaccination participation rate.

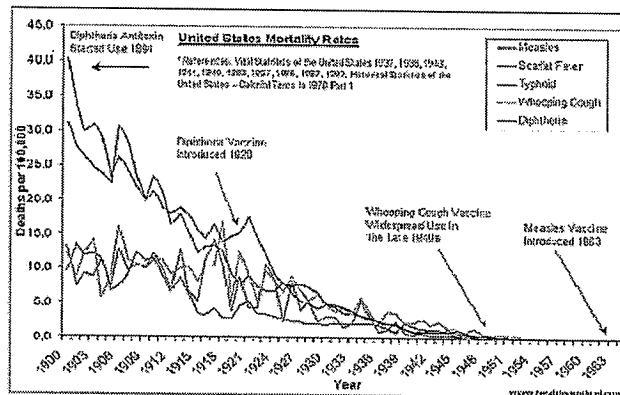
(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

### Vaccine Safety

- **\$2,101,011,004.74** has been paid out for Vaccine Injuries by the US National Vaccine Injury Compensation Program since 1989.
- **252,130** vaccine adverse reactions, including deaths, were reported by doctors and individuals between Jan 1990 and August 2008. (<http://vaers.hhs.gov>)
- VAERS admits that vaccine injuries and reactions are underreported.
- Vaccine manufacturers & physicians bear **NO** liability for vaccine injuries and deaths.

## Mandatory Vaccines are NOT Solely Responsible for the Decline in Disease Mortality Rates in the US

Mortality rates for the diseases below occurred before the widespread use of their respective vaccines. (<http://www.healthsentinel.com>)



KANSANS FOR VACCINE RIGHTS

# **A Conscientious Exemption to the Kansas Mandatory Immunizations**

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***SUPPORT THE RIGHT TO MAKE INFORMED VOLUNTARY VACCINE CHOICES.***

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## **A Conscientious Exemption to the Mandatory Immunizations in Kansas Bill**

Requested by: Kansans for Vaccination Rights

- A conscientious exemption to the required immunizations in Kansas, as defined in K.A.R. 28-1-20 and K.S.A. 72- 5209 and K.S.A. 65-508, allows parents and individuals to decline one, some, or all of these immunizations for reasons of conscience or other personal beliefs without undue penalties or discrimination or impediments for enrollment and participation in any Kansas school or daycare program.
- The current medical exemption in KS is difficult to obtain and is often challenged.
- Use of the current religious exemption in Kansas requires individuals and parents to belong to a religious denomination as defined by the state of Kansas. Such a requirement has been found unconstitutional in other states.
- The conscientious exemption is needed --in addition to the current medical and religious exemptions-- to fully protect the right to refuse medical treatments and products currently mandated for enrollment and participation in Kansas schools and daycare.
- Currently nineteen other states provide their citizens with the right to informed consent for vaccinations by providing them with a conscientious/philosophical exemption to mandatory vaccinations.
- In these 19 states, there is no direct correlation between the reported exemption rates and the reported disease rates.
- In some states the reported disease rates declined despite an increase in the number of exemptions.
- These states continue to maintain a high vaccination participation rate.
- The conscientious exemption is not a risk to the public health.
- In 2003, Jane Orient MD, FACP, executive director of the Association of American Physicians and Surgeons stated, "Parents should be offered vaccines for their children, with full disclosure, and without the pressure of a "requirement."

## **Kansans for Vaccine Rights (KVR)**

Kansans for Vaccine Rights is a group of volunteers in Kansas working together to promote and protect the right of every person to make informed independent vaccination decisions for themselves and their families without the risk of penalty or discrimination.

KVR believes the vaccinations required by the State of Kansas are not 100% effective, not 100% necessary and not 100% safe. Vaccinations are the only mandated medical procedure. Additionally, the possible adverse reactions from vaccinations pose significant health risks, therefore it is important to protect the right to decline one, some, or all vaccinations without giving up rights to education, work, daycare, or healthcare.

KVR members share this vision: passage of a bill to provide parents and individuals with a Conscientious Exemption to Mandatory Vaccinations. KVR is a non-partisan, issue-oriented group; we do not endorse any candidate or political party. We will work together with all elected KS officials to pass this legislation. We believe it is medically, ethically and scientifically irresponsible to mandate vaccinations without also providing unrestricted exemptions for medical reasons, religious reasons, and reasons of conscience or personal beliefs.

This group is an organization of volunteers and neither receives nor pays any individual or group for any of our activities or efforts. This group seeks neither to promote or oppose vaccinations or provide any medical advice pertaining to vaccinations, but does seek to encourage others to make informed decisions and be informed of their vaccination rights in Kansas.

## Current Kansas Statutes for Immunizations

KSA 72-5209:

"...(a) In each school year, every pupil enrolling or enrolled in any school for the first time in this state, and each child enrolled for the first time in a preschool or day care program operated by a school, and such other pupils as may be designated by the secretary, prior to admission to and attendance at school, shall present to the appropriate school board certification from a physician or local health department that the pupil has received such tests and inoculations as are deemed necessary by the secretary by such means as are approved by the secretary. Pupils who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the pupil has received the most recent appropriate inoculations in all required series. Failure to timely complete all required series shall be deemed non-compliance.

(b) As an alternative to the certification required under subsection (a), a pupil shall present:

(1) An annual written statement signed by a licensed physician stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child, or

(2) a written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations..."

KSA 65-508; Chapter 65.--PUBLIC HEALTH Article 5.--MATERNITY CENTERS AND CHILD CARE FACILITIES

(d) Each child cared for in a child care facility, including children of the person maintaining the facility, shall be required to have current such immunizations as the secretary of health and environment considers necessary. The person maintaining a child care facility shall maintain a record of each child's immunizations and shall provide to the secretary of health and environment such information relating thereto, in accordance with rules and regulations of the secretary, but the person maintaining a child care facility shall not have such person's license revoked solely for the failure to have or to maintain the immunization records required by this subsection.

(e) The immunization requirement of subsection (d) shall not apply if one of the following is obtained:

(1) Certification from a licensed physician stating that the physical condition of the child is such that immunization would endanger the child's life or health; or

(2) a written statement signed by a parent or guardian that the parent or guardian is an adherent of a religious denomination whose teachings are opposed to immunizations.

### **Current Exemptions to the Required Immunizations Allowed**

- (1) Certification from a licensed physician stating that the physical condition of the child is such that immunization would endanger the child's life or health; or
- (2) a written statement signed by a parent or guardian that the parent or guardian is an adherent of a religious denomination whose teachings are opposed to immunizations

The current wording of the religious exemption *unconstitutionally* restricts persons to belong to an organized religion and further restricts persons according to a specific state-defined religious denomination.

### **Additional Conscientious Exemption to be added**

***(3) a written statement signed by one parent or guardian of said pupil that the parent or guardian of said pupil, declines for reasons of conscience or personal beliefs.***



## **The current Kansas Religious Exemption is Unconstitutional**

"a written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations..."

In recent decades, state and federal courts have scrutinized the Constitutionality of vaccine religious exemption statutes requiring membership in an organized religion with tenets opposed to the immunization requirements in Arkansas, Maryland, Massachusetts, Mississippi, and New York. In each instance, the court held that the statute in question violated the Constitution. Still other states have made changes in law or procedure without being prompted by litigation, in seeming response to the more recent federal court rulings. Each of these is discussed in the attached Mr. Alan Phillips Memorandum.

In a letter to Debi Vinnedge of the Children of God for Life organization, Francis Manion, Senior Counsel of the American Center for Law and Justice (ACLJ), said:

"...regarding the legality of state laws that condition religious exemptions from compulsory immunization requirements on whether or not "the parent or guardian is an adherent of a religious denomination whose teachings are opposed to immunization." Without question, such laws violate the U.S. Constitution on several grounds.

The case law is clear that limiting religious exemptions based on membership in specific religious denominations with specific tenets violates the Establishment Clause and Free Exercise Clause of the First Amendment. Other cases also find such statutes to run afoul of the Fourteenth Amendment's Equal Protection Clause. *See, e.g., Boone v. Boozman*, 217 F. Supp. 2d 938 (E. D. Ark. 2002); *Sherr v. Northport-East Northport Union Free School District*, 672 F. Supp. 81 (E. D. N. Y. 1987); *Dalli v. Board of Education*, 267 N. E. 2d 219 (Mass. 1971); *Bowden v. Iona Grammar School*, 726 NYS 2d 685 (App. Ct. 2001); and, *Berg v. Glen Cove CitySch. Dist.*, 853 F. Supp. 651 (E. D. N. Y. 1994).

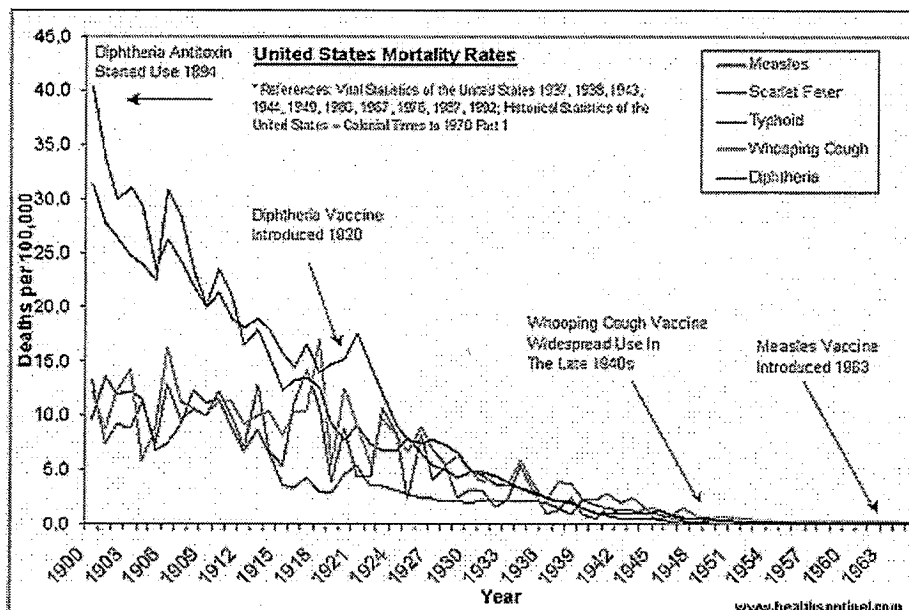
Any law that purports to apply such a limitation in a religious exemption would be successfully challenged and enjoined in federal court."

## Objections to Required Immunizations in Kansas

- Immunizations are the only state- mandated medical procedure.
- Immunizations are not 100% effective, 100% necessary or 100% safe.
- Immunizations are not without risk.
- The long-term effects of vaccinating in a one size fits all approach over generations are not known or studied.
- Adverse reactions from immunizations pose significant health risks, including death.
- Vaccination is the only medical procedure that does **NOT** require industry-standard, double-blind, placebo-controlled safety studies.
- MOST vaccine studies are actually performed by the vaccine manufacturers themselves.
- Vaccines are **NOT** evaluated for carcinogenic or mutagenic potential, or potential to impair fertility.
- Vaccine ingredients/mediums include neurotoxins, carcinogens, foreign denatured viruses and antibiotics.
- Some vaccines are produced using cell lines derived from aborted fetal tissue.
- Vaccine manufacturers and physicians bear NO liability for vaccine injuries and deaths as stipulated in the U.S. National Vaccine Injury Compensation Act of 1986.
  - Doctors take no liability for vaccine injuries. In fact at time of vaccination, the parent/guardian signs a waiver that says they understand the risks the vaccines may impose, therefore placing the risk and responsibility on the parent/guardian. AND when a parent/guardian declines the vaccinations at a well-child visit, some doctors have parents/guardians sign a waiver that says they decline and that they understand their child may contract a vaccine preventable disease and one side effect of these diseases is death. Parents take responsibility for their child's health.
  - This act also established VAERS (Vaccine Adverse Events Reporting System), a government tracking system for vaccine injuries and deaths. Through VAERS, 252,130 vaccine adverse reactions, including deaths, were reported between Jan 1990 and August 2008, by doctors and individuals.

## Vaccination exemptions, particularly conscientious exemptions, are not a public health risk.

Mandated vaccinations are not the reason for a decline in mortality rates from certain diseases. Notice in the graph below the decline of mortality rates for the specific diseases occurring before the introduction and widespread use of their respective vaccines.



(<http://www.healthsentinel.com>)

Please note, there was no vaccine for scarlet fever, bubonic plague, and very little vaccination for typhoid fever, and yet they all subsided at the same rate as those for which there was widespread vaccination. These declines occurred BEFORE mass vaccination. There were many other factors. Better sewage disposal, refrigeration, antibiotics, more sanitary work and living conditions.

## Vaccination exemptions, including conscientious exemptions, will not cause a resurgence of polio.

The last imported case caused by wild poliovirus into the United States was reported in 1993. The remaining 144 cases were vaccine-associated paralytic polio (VAPP) caused by live oral polio vaccine (OPV). (<http://www.cdc.gov/vaccines/vpd-vac/polio/dis-faqs.htm>)

Up to 95% of persons infected with polio will have no symptoms and less than one percent of polio cases result in permanent paralysis of the limbs (usually the legs). (<http://www.cdc.gov/vaccines/vpd-vac/polio/in-short-both.htm>)

## Nineteen states in the United States allow Conscientious/Philosophical Exemptions

These conscientious exemptions in these states have made no significantly detrimental impact to these states' public health.  
Reported Disease Cases and Reported Exemptions for a selection of these states follows this table:

State	Philosophical exemption wording	Source/State Law
Arizona	<p>A. Documentary proof is not required for a pupil to be admitted to school if one of the following occurs:</p> <ol style="list-style-type: none"> <li>1. The parent or guardian of the pupil submits a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of nonimmunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the pupil.</li> </ol>	Title 15; Chapter 8; Article 6
Arkansas	<p>(A) This section shall not apply if the parents or legal guardian of that child object thereto on the grounds that immunization conflicts with the religious or philosophical beliefs of the parent or guardian.</p> <p>(B) The parents or legal guardian of the child shall complete an annual application process developed in the rules and regulations of the department for medical, religious, and philosophical exemptions.</p> <p>(C) The rules and regulations developed by the department for medical, religious, and philosophical exemptions shall include, but not be limited to:</p> <ol style="list-style-type: none"> <li>(i) A notarized statement requesting a religious, philosophical, or medical exemption from the department by the parents or legal guardian of the child regarding the objection;</li> <li>(ii) Completion of an educational component developed by the department that includes information on the risks and benefits of vaccination;</li> <li>(iii) An informed consent from the parents or guardian that shall include a signed statement of refusal to vaccinate based on the department's refusal-to-vaccinate form; and</li> <li>(iv) A signed statement of understanding that: <ol style="list-style-type: none"> <li>(a) At the discretion of the department, the unimmunized child or individual may be removed from day care or school during an outbreak if the child or individual is not fully vaccinated; and</li> <li>(b) The child or individual shall not return to school until the outbreak has been resolved and the department approves the return to school.</li> </ol> </li> </ol> <p>(D) No exemptions may be granted under this subdivision (d)(4) until the application process has been implemented by</p>	Arkansas Code Section 6-18-702(d)

## Nineteen states in the United States allow Conscientious/Philosophical Exemptions

California	Immunization of a person shall not be required for admission to a school or other institution listed in Section 120335 if the parent or guardian or adult who has assumed responsibility for his or her care and custody in the case of a minor, or the person seeking admission if an emancipated minor, files with the governing authority a letter or affidavit stating that the immunization is contrary to his or her beliefs. However, whenever there is good cause to believe that the person has been exposed to one of the communicable diseases listed in subdivision (a) of Section 120325, that person may be temporarily excluded from the school or institution until the local health officer is satisfied that the person is no longer at risk of developing the disease.	HEALTH AND SAFETY CODE DIVISION 105. Communicable Disease Prevention And Control PART 2. Immunizations CHAPTER 1. Educational and Child Care Facility Immunization Requirements Cal Health & Saf Code § 120365 (2006)
Colorado	It is the responsibility of the parent or legal guardian to have his or her child immunized unless the child is exempted pursuant to this section. A student shall be exempted from receiving the required immunizations in the following manner: By submitting to the student's school a statement of exemption signed by one parent or guardian or the emancipated student or student eighteen years of age or older that the parent, guardian, or student is an adherent to a religious belief whose teachings are opposed to immunizations or that the parent or guardian or the emancipated student or student eighteen years of age or older has a personal belief that is opposed to immunizations.	TITLE 25. HEALTH DISEASE CONTROL ARTICLE 4. DISEASE CONTROL PART 9. SCHOOL ENTRY IMMUNIZATION 25-4-903. Exemptions from immunization (1977)
Idaho	(2) Any minor child whose parent or guardian has submitted a signed statement to school officials stating their objections on religious or other grounds shall be exempt from the provisions of this chapter.	GENERAL LAWS TITLE 39. HEALTH AND SAFETY CHAPTER 48. IMMUNIZATION § 39-4802. Exemptions
Louisiana	E. No person seeking to enter any school or facility enumerated in Subsection A of this Section shall be required to comply with the provisions of this Section if the student or his parent or guardian submits either a written statement from a physician stating that the procedure is contraindicated for medical reasons, or a written dissent from the student or his parent or guardian is presented.	REVISED STATUTES TITLE 17. EDUCATION CHAPTER 1. GENERAL SCHOOL LAW PART III. PUBLIC SCHOOLS AND SCHOOL CHILDREN SUBPART A. GENERAL PROVISIONS  La. R.S. 17:170 (1991, 2006)
Maine	A superintendent may not permit any child to be enrolled in or to attend school without a certificate of immunization for each disease or other acceptable evidence of required immunization or immunity against the disease, except as follows. 3. PHILOSOPHICAL OR RELIGIOUS EXEMPTION. The parent states in writing a sincere religious belief that is contrary to the immunization requirement of this subchapter or an opposition to the immunization for philosophical reasons.	TITLE 20-A: EDUCATION PART 3. ELEMENTARY AND SECONDARY EDUCATION CHAPTER 223. HEALTH, NUTRITION AND SAFETY SUBCHAPTER II. IMMUNIZATION 20-A M.R.S. § 6355 (2001, 2006)

## Nineteen states in the United States allow Conscientious/Philosophical Exemptions

Michigan	(2) A child is exempt from this part if a parent, guardian, or person in loco parentis of the child presents a written statement to the administrator of the child's school or operator of the group program to the effect that the requirements of this part cannot be met because of religious convictions or other objection to immunization.	CHAPTER 333 HEALTH PUBLIC HEALTH CODE ARTICLE 9. SUPPORTIVE PERSONAL HEALTH SERVICES PART 92. IMMUNIZATION MCL § 333.9215 (2007)
Minnesota	If a notarized statement signed by the minor child's parent or guardian or by the emancipated person is submitted to the administrator or other person having general control and supervision of the school or child care facility stating that the person has not been immunized as prescribed in subdivision 1 because of the conscientiously held beliefs of the parent or guardian of the minor child or of the emancipated person, the immunizations specified in the statement shall not be required. This statement must also be forwarded to the commissioner of the Department of Health.	Minnesota Statutes, 121A.15, subd. 3 of health standards, immunizations, school children.
New Mexico	A. Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws: (3) affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.  B. Upon filing and approval of such certificate, affidavits or affirmation, the child is exempt from the legal requirement of immunization for a period not to exceed nine months on the basis of any one certificate, affidavits or affirmation.	CHAPTER 24. HEALTH AND SAFETY ARTICLE 5. IMMUNIZATION N.M. Stat. Ann. § 24-5-3 (2007)
North Dakota	3. Any minor child, through the child's parent or guardian, may submit to the institution authorities either a certificate from a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child or a certificate signed by the child's parent or guardian whose religious, philosophical, or moral beliefs are opposed to such immunization. The minor child is then exempt from the provisions of this section.	TITLE 23. HEALTH AND SAFETY CHAPTER 23-07. REPORTABLE DISEASES N.D. Cent. Code, § 23-07-17.1 (2006)
Ohio	(B) (4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.	TITLE XXXIII [33] EDUCATION CHAPTER 3313: BOARDS OF EDUCATION [SCHOOL YEAR] ORC Ann. 3313.671 (Anderson 2007)
Oklahoma	Any minor child, through the parent, guardian, or legal custodian of the child, may submit to the health authority charged with the enforcement of the immunization laws of this state: 2. A written statement by the parent, guardian or legal custodian of the child objecting to immunization of the child; whereupon the child shall be exempt from the immunization laws of this state.	TITLE 70. SCHOOLS CHAPTER 15 - HEALTH AND SAFETY IMMUNIZATIONS 70 Okl. St. § 1210.192 (2007)
Pennsylvania	(b) Religious exemption. Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of a strong moral or ethical conviction similar to a religious belief.	TITLE 28. HEALTH AND SAFETY CHAPTER 23. SCHOOL HEALTH SUBCHAPTER C. IMMUNIZATION 28 Pa. Code. § 23.84 (2007)

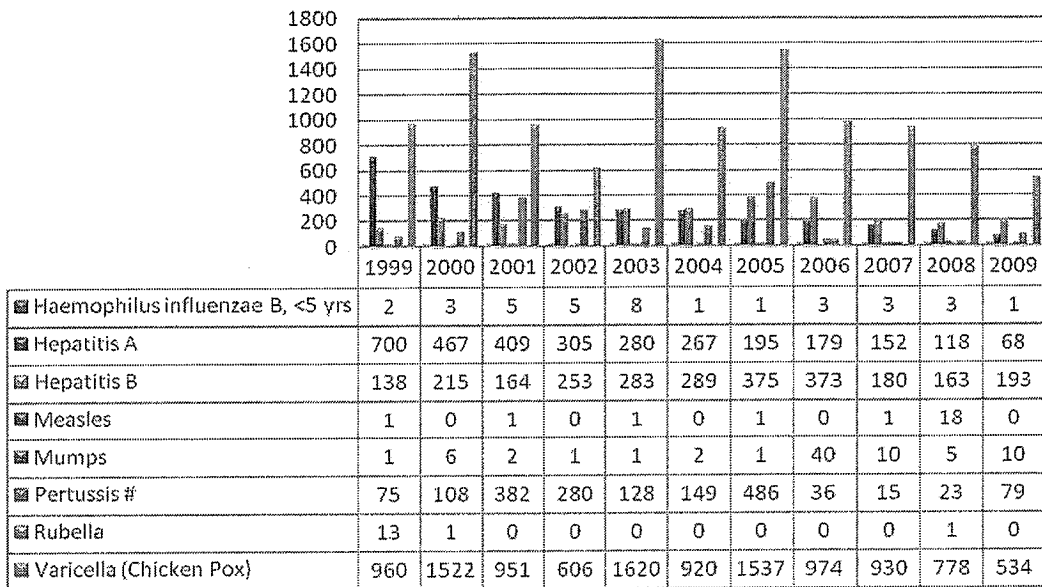
## Nineteen states in the United States allow Conscientious/Philosophical Exemptions

Texas	(c) Immunization is not required for a person's admission to any elementary or secondary school if the person applying for admission: (1) submits to the admitting official: (B) an affidavit signed by the applicant or, if a minor, by the applicant's parent or guardian stating that the applicant declines immunization for reasons of conscience, including a religious belief; or (2) is a member of the armed forces of the United States and is on active duty.	EDUCATION CODE § 38.001 (2007) TITLE 2. PUBLIC EDUCATION CHAPTER 38. HEALTH AND SAFETY
Utah	(3) A student is exempt from receiving the required immunizations if there is presented to the appropriate official of the school one or more of the following: (b) A completed form obtained at the local health department where the student resides, providing:  (i) the information required under Subsection 53A-11-302.5(1); and (ii) a statement that the person has a personal belief opposed to immunizations, which is signed by one of the individuals listed in Subsection 53A-11-302(3)(c) and witnessed by the local health officer or his designee;	Code Ann. § 53A-11-302 (2007)
Vermont	(a) A person may remain in school without a required immunization (3) If the person, or in the case of a minor the person's parent or guardian states in writing that the person, parent or guardian has religious beliefs or moral convictions opposed to immunization.	TITLE EIGHTEEN. HEALTH PART 2. PUBLIC HEALTH REGULATIONS CHAPTER 21. COMMUNICABLE DISEASES SUBCHAPTER 4. IMMUNIZATION 18 V.S.A. § 1122 (2006) § 1122. Exemptions
Washington	Any child shall be exempt in whole or in part from the immunization measures required by RCW 28A.210.060 through 28A.210.170 upon the presentation of any one or more of the following, on a form prescribed by the department of health: (3) A written certification signed by any parent or legal guardian of the child or any adult in loco parentis to the child that the signator has either a philosophical or personal objection to the immunization of the child.	TITLE 28A. COMMON SCHOOL PROVISIONS CHAPTER 28A.210. HEALTH -- SCREENING AND REQUIREMENTS Rev. Code Wash. (ARCW) § 28A.210.090 (2007)
Wisconsin	(3) The immunization requirement is waived if the student, if an adult, or the student's parent, guardian or legal custodian submits a written statement to the school, day care center or nursery school objecting to the immunization for reasons of health, religion or personal conviction. At the time any school, day care center or nursery school notifies a student, parent, guardian or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.	WISCONSIN HEALTH CHAPTER 252. COMMUNICABLE DISEASES  Wis. Stat. § 252.04 (2007)

**These conscientious exemptions in these states have made no significantly detrimental impact to these states' public health.**

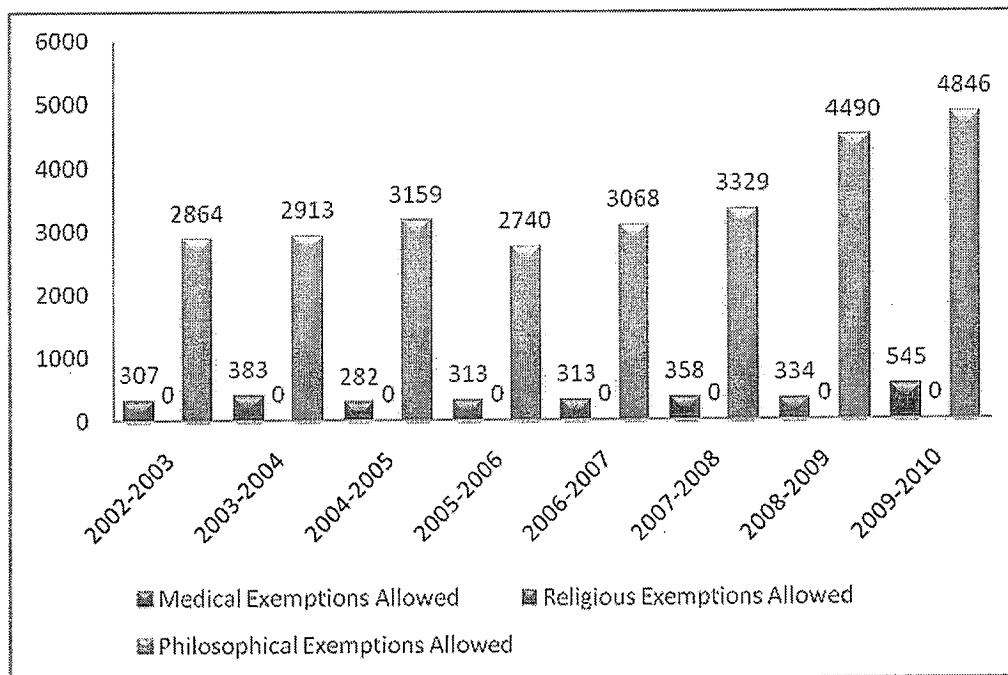
**Reported Disease Cases and Reported Exemptions for a selection of these states follows this table:**

### ARIZONA - NUMBER OF REPORTED CASES OF SELECTED NOTIFIABLE DISEASES BY CATEGORY, 1999-2009



(<http://www.azdhs.gov/>)

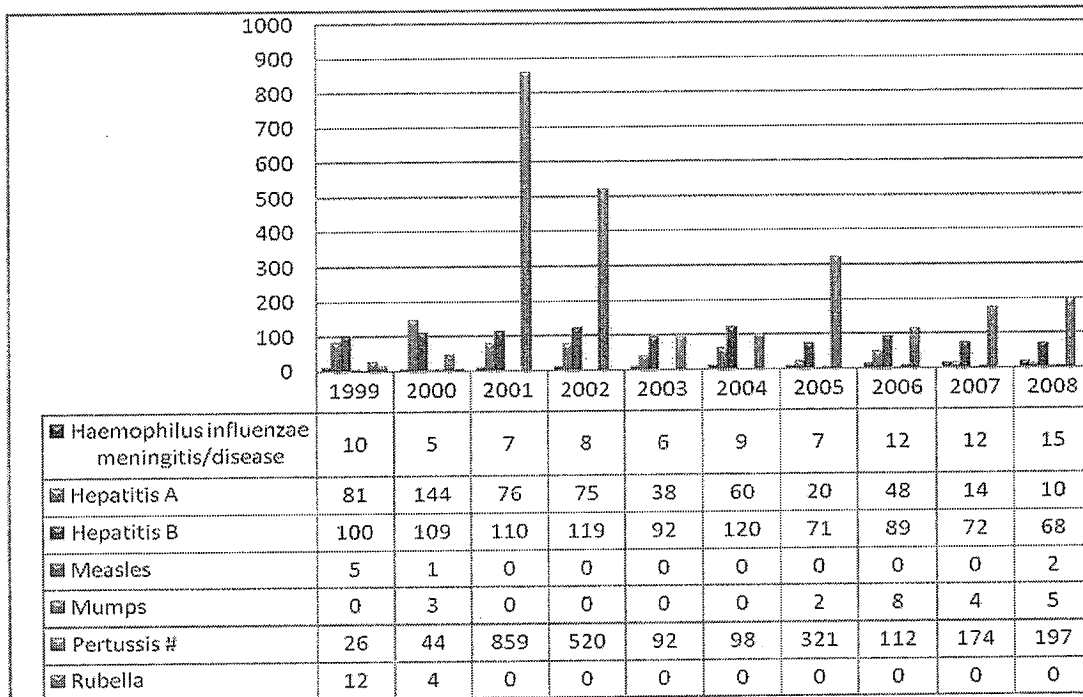
### Arizona Exemption Statistics for the 2002-2009 School Year



(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

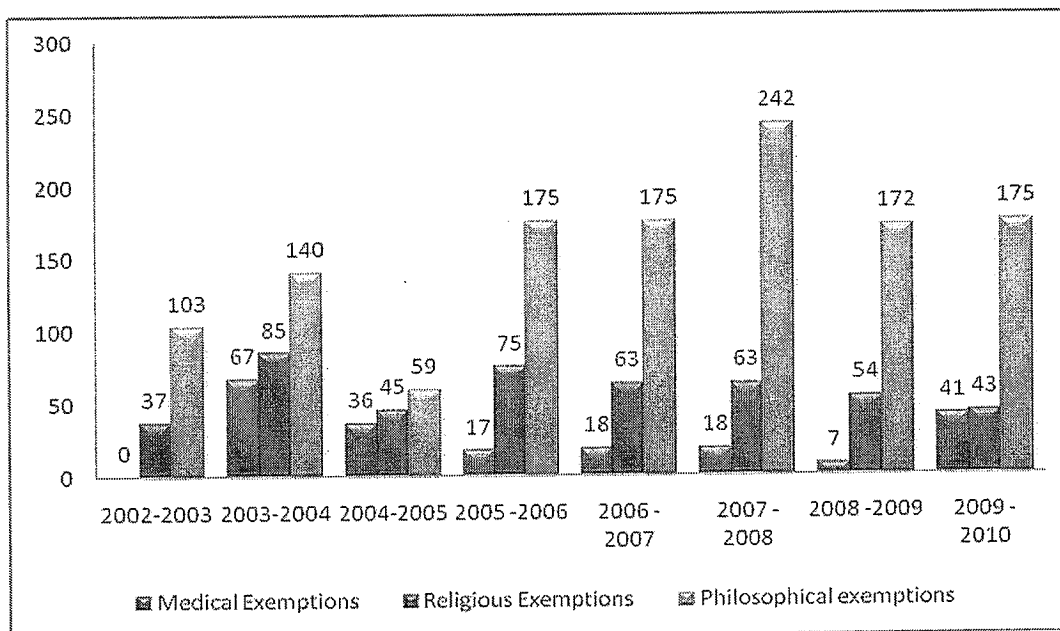


## Arkansas Selected Reportable Disease Cases 1999 - 2008



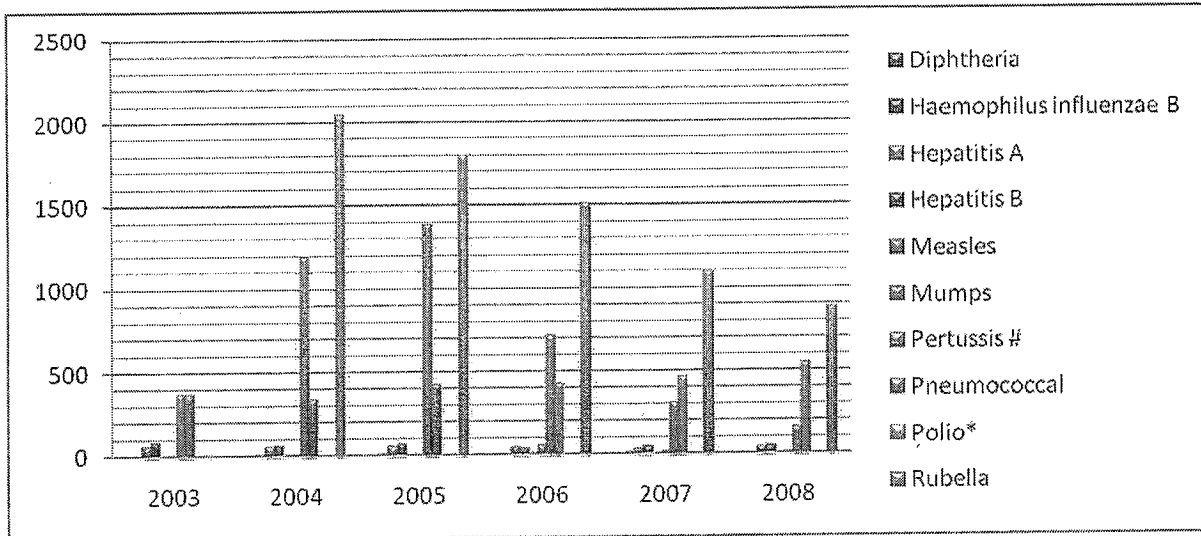
(<http://www.healthy.arkansas.gov/Pages/default.aspx>)

## Arkansas Exemption Stats 2002-2009 School Years



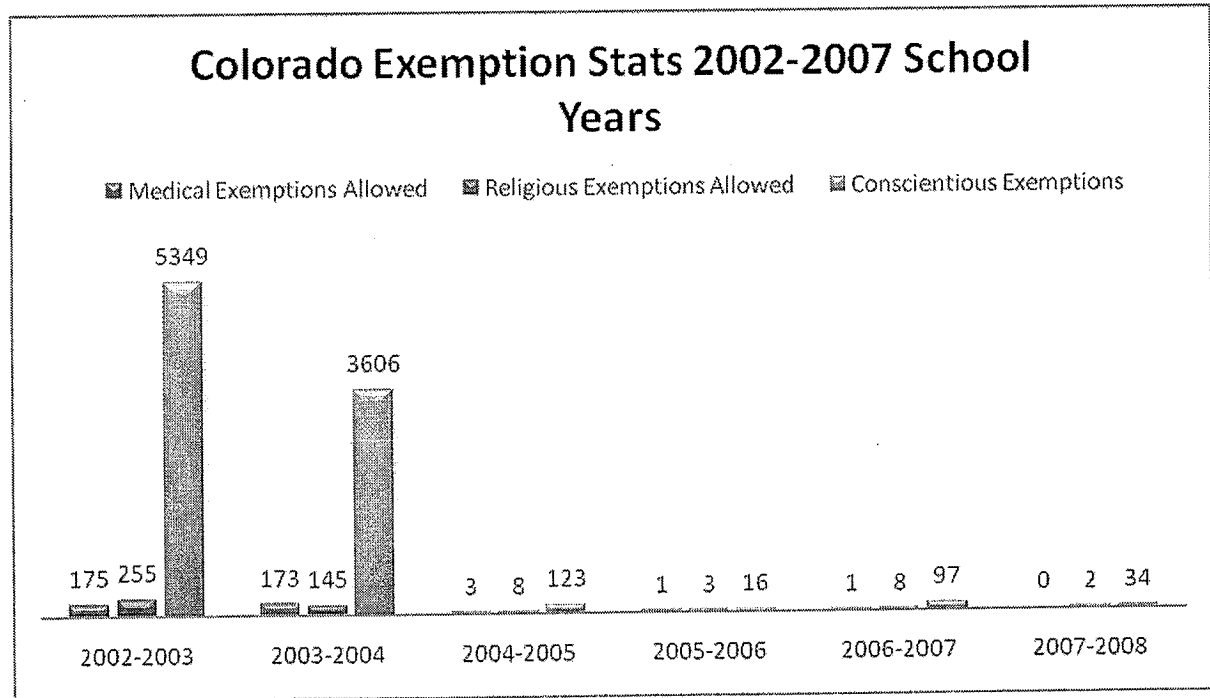
(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

## COLORADO Reported Cases of Vaccine Preventable Diseases 2003 – 2008



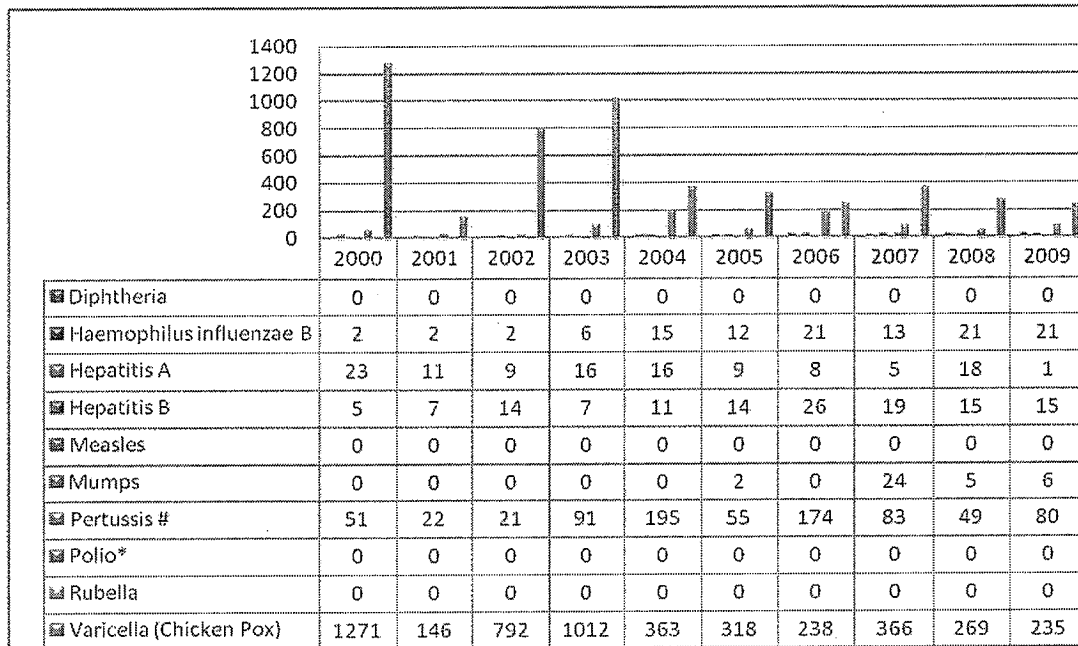
(<http://www.cdphe.state.co.us/>)

## Colorado Exemption Stats 2002-2007 School Years



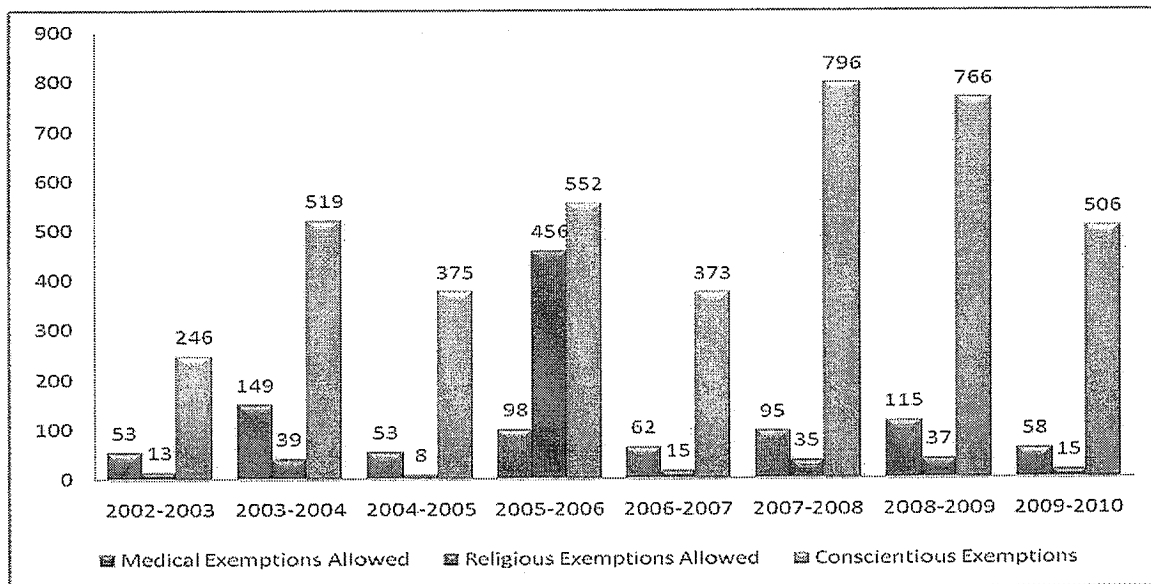
(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

## Maine Select Vaccine-Preventable Disease Reported Cases



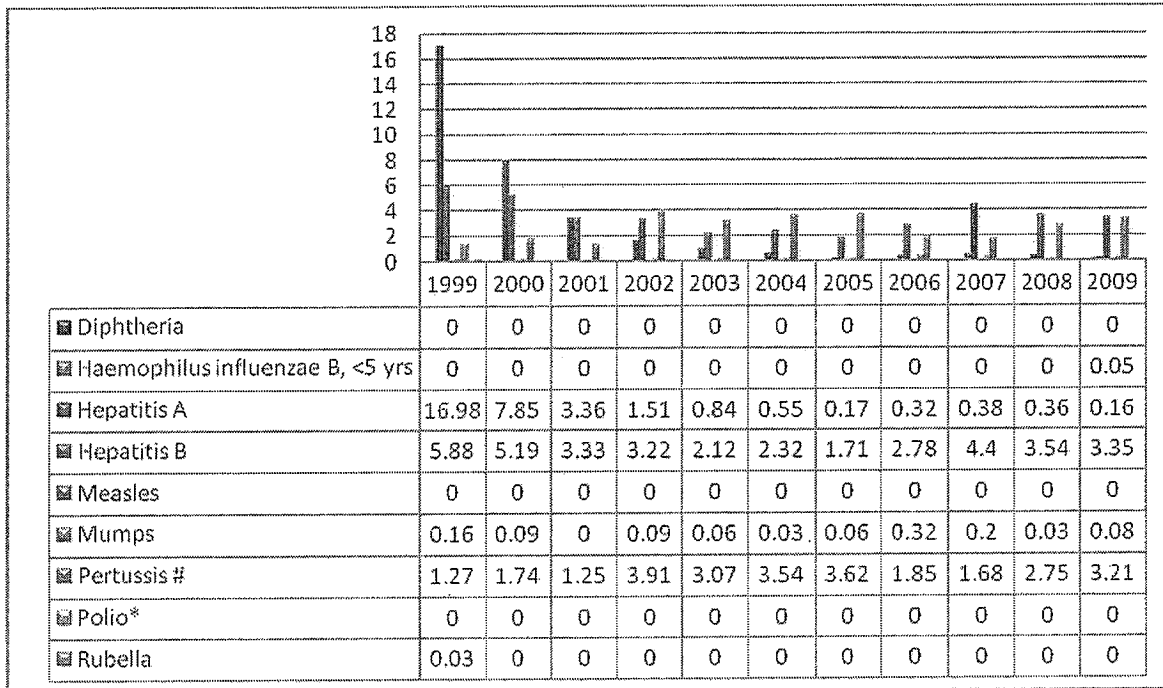
(<http://www.maine.gov/dhhs/>)

## Maine Exemption 2002-2009 School Years



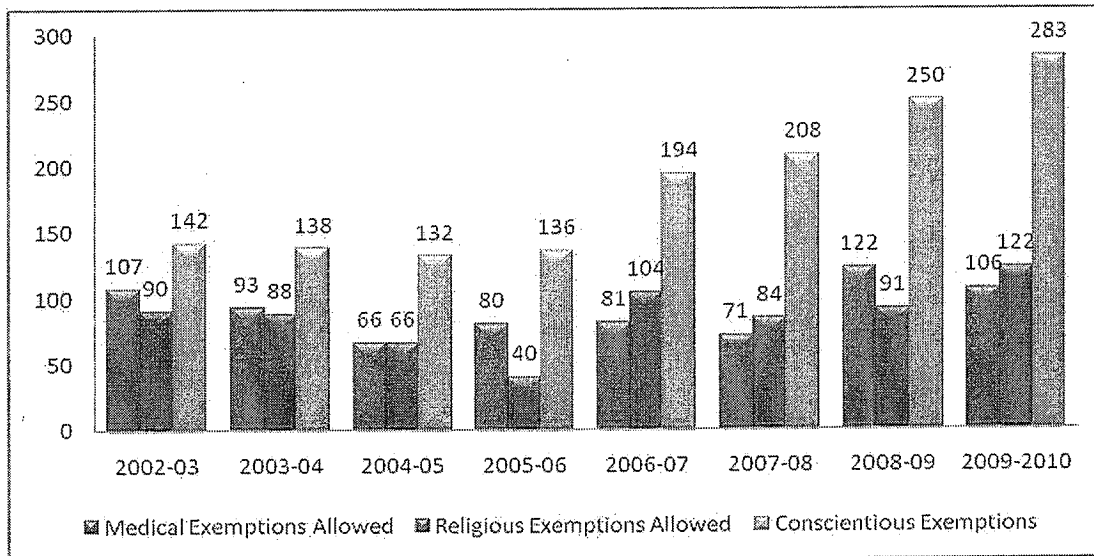
(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

## OKLAHOMA Incidence Rate per 100,000 Oklahoma Population of Reported Communicable Diseases, 1995-2009



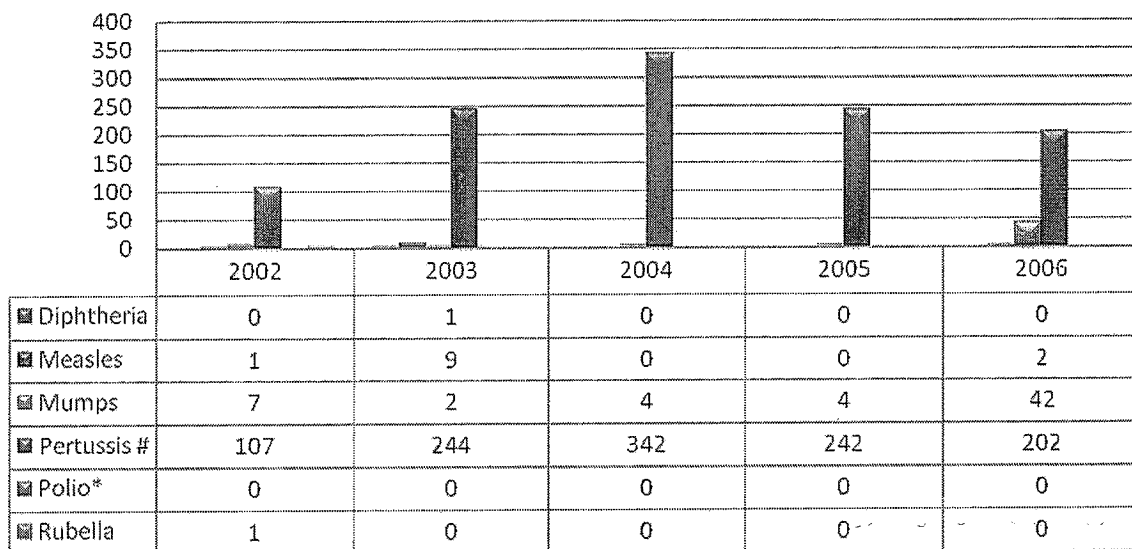
(<http://www.ok.gov/health/>)

## Oklahoma Exemption Stats 2009-2012 School Years



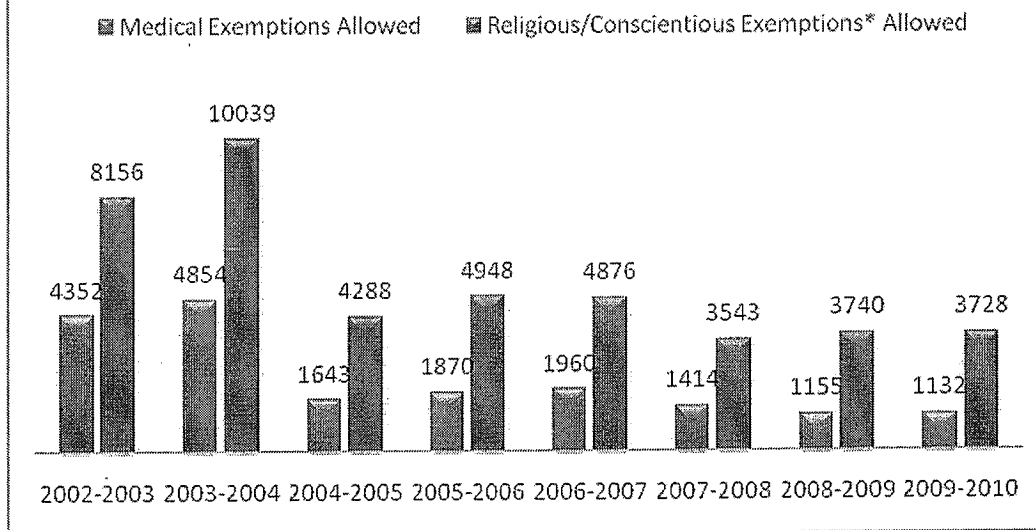
(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

### Pennsylvania Confirmed Cases of Selected Vaccine-Preventable Diseases



([http://www.portal.health.state.pa.us/portal/server.pt/community/departement\\_of\\_health\\_home/17457](http://www.portal.health.state.pa.us/portal/server.pt/community/departement_of_health_home/17457))

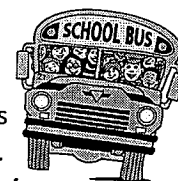
### Pennsylvania Exemption Stats



(<http://www.cdc.gov/vaccines/stats-surv/schoolsurv/default.htm>)

# Immunization Requirements for the 2010 - 2011 School Year

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or a childcare program operated by a school. There are changes in requirements for immunizations for the upcoming school year. Please carefully review the requirements below. The usual number of doses required are listed; however there are exceptional circumstances that could alter the number of doses a child needs. If you have questions about your child's immunization status, contact your child's primary care provider or local health department.



**Proof of receiving the immunizations must be provided to the school prior to attending the first day of school.**

Early Childhood Program Operated by a School Ages 4 years and Under	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	4 doses
IPV (polio)	3 doses
MMR (measles, mumps, rubella)	1 dose
Varicella (chickenpox)	1 dose*
Hepatitis A	2 doses
Hepatitis B	3 doses
Hib (haemophilus influenza type B)	3 doses
Prevnar (pneumococcal conjugate)	4 doses

Kindergarten and Grade 1	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis B	3 doses

Grades 2 - 6	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grade 7	
Vaccine	Requirement
Tdap	1 dose***
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grades 8 - 10	
Vaccine	Requirement
Tdap	1 dose****
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grades 11 - 12	
Vaccine	Requirement
Tdap	1 dose****
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses

Recommended Immunization	
Meningococcal vaccine: One dose of vaccine is recommended at 11 years of age. Older adolescents who have not been vaccinated are encouraged to receive this vaccine. This is not a school requirement.	

- \* Varicella (chickenpox) vaccine is not required if child has had chickenpox disease and disease is documented by a physician signature. Without physician signature, vaccine is required even if you believe your child has had chickenpox disease.
- \*\* Although 1 dose of varicella is required for school attendance, 2 doses are recommended by the ACIP (Advisory Committee on Immunization Practices).
- \*\*\* All 7th graders are required to have one dose of Tdap if it has been more than 2 years since their previous dose of Td (tetanus/diphtheria). This change is to improve pertussis (whooping cough) immunity, due to pertussis outbreaks.
- \*\*\*\* All 8th - 12th graders are required to have one dose of Tdap when it is time for a Td booster, usually at 12-15 years of age or 10 years after the previous dose of Td (tetanus/diphtheria). This change is to improve pertussis (whooping cough) immunity, due to increasing outbreaks.

School Entry Physicals
Any new early childhood program or kindergarten student will need a school entry physical completed by a Kansas physician within 12 months prior to the first day of school. New students under the age of 9 years who are attending a Kansas school for the first time, also require a physical as described above.
<b>Documentation of the physical must be provided to the school prior to attending the first day of school.</b>

## Survey of School Exemptions in Kansas 2002-2010

Year	Medical Exemptions		Religious		Medical		Religious	
	Allowed in Public Schools	%	Exemptions Allowed in Public Schools	%	Exemptions allowed in Private Schools	%	Exemptions allowed in Private Schools	%
2009-2010	22	0.20%	98	0.80%	13	0.50%	21	0.90%
2008-2009	6	0.10%	38	0.30%	n/a	n/a	6	n/a
2007-2008	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2006-2007	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Year	Public/Private		Public/Private	
	Schools Medical Exemptions Allowed	%	Schools Religious Exemption Allowed	%
2005-2006	2	0.00%	3	0.00%
2004-2005	11	0.40%	17	0.60%
2003-2004	7	0.20%	12	0.40%
2002-2003	2	0.00%	13	0.30%

Source: Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases  
<http://www2.cdc.gov/nip/schoolsurv/schoolrpt1.asp?st1=722509>

**TABLE 1. Reportable disease cases by year, Kansas, 1999-2008**

<b>DISEASE</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Amebiasis	9	5	2	4	4	0	7	4	3	4
Anthrax	0	0	0	0	0	0	0	0	0	0
Arboviral Disease										
Saint Louis Encephalitis	0	0	0	0	1	1 <sup>§</sup>	0	0	0	0
Western Equine Encephalitis	0	0	0	0	0	0 <sup>§</sup>	0	0	0	0
West Nile Virus <sup>†</sup>	0	0	0	22	90	9 <sup>§</sup>	9	12	5	5
Botulism										
Foodborne	0	0	0	0	0	0	0	0	0	0
Infant	0	0	0	1	0	1	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Brucellosis	0	1	1	0	0	1	1	3	0	0
Campylobacteriosis	290	355	286	284	339	348	335	316	416	399
Chancroid	0	0	0	0	0	0	0	0	0	0
Chlamydia	6093	6057	6172	6758	7150	7495	7419	7832	8210	9187
Cholera	0	0	0	0	0	0	0	0	0	0
Cryptosporidiosis	2	9	4	16	174	31	40	82	144	84
Cyclospora infections	*	*	*	*	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0	0	0	0	0
Diarrhea-causing <i>E. coli</i>	31	31	28	32	47	48	49 <sup>§</sup>	25	52	52
Ehrlichiosis	*	0	5	3	2	1	0	0	1	0 <sup>§</sup>
Giardiasis	220	205	178	193	233	221	214	198	184	162
Gonorrhea	2665	2795	2761	2701	2595	2544	2605	2208	2289	2268
<i>H. influenzae</i>										
Invasive Disease	8	5	2	5	15	8	18	20	12	20
Serotype B Meningitis	2	0	0	1	0	0	0	1	0	0
Hansen's Disease	1	0	0	0	0	0	0	0	0	0

\*Not reportable during this year.

<sup>§</sup>Case definition altered during this year.

<sup>†</sup>Not endemic to North America until 1999.



TABLE 1. Reportable disease cases by year, Kansas, 1999-2008

DISEASE	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Hantavirus Pulmonary Syndrome	2	1	0	1	2	1	1	0	0	0
Hemolytic Uremic Syndrome	*	1	0	1	0	2	2	1	0	3
Hepatitis, Viral, Acute										
A	66	111 <sup>§</sup>	181	70	26	22	16	27	11	15
B	17	27 <sup>§</sup>	14	24	18	18	32	10	9	9
C	1	9	8	5	0	0	3	0	0 <sup>§</sup>	1
HIV / AIDS	127	289	158	137	126	138	166	189	223	221 <sup>§</sup>
Influenza-associated Pediatric Mortality	*	*	*	*	*	*	*	2	1	0
Legionellosis	0	4	1	1	10	6	4 <sup>§</sup>	10	10	2
Listeriosis	*	0	5	1	3	0	7	4	4	6
Lyme Disease	16	17	2	7	4	3	3	4	7	16 <sup>§</sup>
Malaria	5	7	6	13	12	9	7	8	4	9
Measles	0	2	0	0	0	0	0	1	0 <sup>§</sup>	0
Meningitis, non-HiB, non- <i>Neisseria</i>	28	22	22	14	27	8	12	2	4	3
Meningococcal Disease	23	11	15	15	15	14	11 <sup>§</sup>	5	10	8
Mumps	3	0	2	2	1	4	0	207	7	2
Pertussis	49	18	11	38	23	98	239	141	39	57
Plague	0	0	0	0	0	0	0	0	0	0
Poliomyelitis	0	0	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0	0	0
Q Fever	*	*	0	2	1	0	0	1	2	1
Rabies										
Animal	107	97	100	153	165	99	80	83	111	68
Human	0	0	0	0	0	0	0	0	0	0
Rocky Mountain Spotted Fever	2	3	0	0	1	0	4	1	1	0 <sup>§</sup>

\*Not reportable during this year.

<sup>§</sup>Case definition altered during this year.<sup>†</sup>Not endemic to North America until 1999.

**TABLE 1. Reportable disease cases by year, Kansas, 1999-2008**

<b>DISEASE</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Rubella										
Congenital	0	0	0	0	0	0	0	0	0 <sup>\$</sup>	0
Non-congenital	0	0	1	0	0	0	0	1	0 <sup>\$</sup>	0
Salmonellosis	333	378	314	354	291	394	369 <sup>\$</sup>	369	402	467
Severe Acute Respiratory Syndrome	*	*	*	*	0	0	0	0	0	0
Shigellosis	89	255	76	92	124	81	272 <sup>\$</sup>	138	26	67
Smallpox	*	0	0	0	0	0	0	0	0	0
Streptococcal Invasive Disease										
Group A <i>Streptococcus</i>	6	17 <sup>\$</sup>	51	41	31	40	40	53	32	41
Drug-resistant <i>S. pneumoniae</i>	9	13	*	*	*	*	*	69	89 <sup>\$</sup>	79
Syphilis										
Congenital	0	1	2	0	0	0	0	0	0	0
Primary and Secondary	14	6	26	24	20	24	19	27	28	30
Early Latent	19	9	18	15	17	13	18	18	25	56
Tetanus	1	1	2	0	0	0	0	0	1	0
Toxic Shock Syndrome	5	6	4	1	1	0	1	2	0	0
TSE / Prion Disease	*	*	*	*	*	*	*	*	2	4
Trichinosis	1	0	0	0	0	0	0	0	0	0
Tuberculosis										
Active Disease	69	77	80	89	75	63	61	82	59	57
Latent Infection	*	*	*	*	*	2611	2561	3074	2742	2812
Tularemia	2	11	7	2	3	9	5	7	4	2
Typhoid Fever	1	1	0	1	0	1	1	1	1	3
Varicella	*	*	*	*	*	259	478	372	586	481
Viral Hemorrhagic Fever	*	*	0	0	0	0	0	0	0	0
Yellow Fever	0	0	0	0	0	0	0	0	0	0

\*Not reportable during this year.

<sup>\$</sup>Case definition altered during this year.

<sup>1</sup>Not endemic to North America until 1999.

**Common Ingredients in Required and Recommended Vaccines for children in school and day care programs in Kansas.**

Vaccine	Contains
DTaP (Daptacel)	Aluminum Phosphate, Ammonium Sulfate, Casamino Acid, Dimethyl-beta-cyclodextrin, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol
DTaP (Infanrix)	Aluminum Hydroxide, Bovine Extract, Formaldehyde or Formalin, Glutaraldehyde, 2-Phenoxyethanol, Polysorbate 80
DTaP (Tripedia)	Aluminum Potassium Sulfate, Ammonium Sulfate, Bovine Extract, Formaldehyde or Formalin, Gelatin, Polysorbate 80, Sodium Phosphate, Thimerosal*
DTaP/Hib (TriHIBit)	Aluminum Potassium Sulfate, Ammonium Sulfate, Bovine Extract, Formaldehyde or Formalin, Gelatin, Polysorbate 80, Sucrose, Thimerosal*
DTaP-IPV (Kinrix)	Aluminum Hydroxide, Bovine Extract, Formaldehyde, Lactalbumin Hydrolysate, Monkey Kidney Tissue, Neomycin Sulfate, Polymyxin B, Polysorbate 80
DTaP-HepB-IPV (Pediarix)	Aluminum Hydroxide, Aluminum Phosphate, Bovine Protein, Lactalbumin Hydrolysate, Formaldehyde or Formalin, Glutaraldehyde, Monkey Kidney Tissue, Neomycin, 2-Phenoxyethanol, Polymyxin B, Polysorbate 80, Yeast Protein
DTaP-IPV/Hib (Pentacel)	Aluminum Phosphate, Bovine Serum Albumin, Formaldehyde, Glutaraldehyde, MRC-5* DNA and Cellular Protein, Neomycin, Polymyxin B Sulfate, Polysorbate 80, 2-Phenoxyethanol,
Hib (ACTHib)	Ammonium Sulfate, Formaldehyde or Formalin, Sucrose
Hib (Hiberix)	Formaldehyde or Formalin, Lactose
Hib (PedvaxHib)	Aluminum Hydroxyphosphate Sulfate
Hib/Hep B (Comvax)	Amino Acids, Aluminum Hydroxyphosphate Sulfate, Dextrose, Formaldehyde or Formalin, Mineral Salts, Sodium Borate, Soy Peptone, Yeast Protein
Hep A (Havrix)	Aluminum Hydroxide, Amino Acids, Formaldehyde or Formalin, MRC-5* Cellular Protein, Neomycin Sulfate, 2-Phenoxyethanol, Phosphate Buffers, Polysorbate
Hep A (Vaqta)	Aluminum Hydroxyphosphate Sulfate, Bovine Albumin or Serum, DNA, Formaldehyde or Formalin, MRC-5* Cellular Protein, Sodium Borate
Hep B (Engerix-B)	Aluminum Hydroxide, Phosphate Buffers, Thimerosal*, Yeast Protein
Hep B (Recombivax)	Aluminum Hydroxyphosphate Sulfate, Amino Acids, Dextrose, Formaldehyde or Formalin, Mineral Salts, Potassium Aluminum Sulfate, Soy Peptone, Yeast Protein
HepA/HepB (Twinrix)	Aluminum Hydroxide, Aluminum Phosphate, Amino Acids, Dextrose, Formaldehyde or Formalin, Inorganic Salts, MRC-5* Cellular Protein, Neomycin Sulfate, 2-Phenoxyethanol, Phosphate Buffers, Polysorbate 20, Thimerosal*, Vitamins, Yeast Protein
IPV (Ipol)	Calf Serum Protein, Formaldehyde or Formalin, Monkey Kidney Tissue, Neomycin, 2-Phenoxyethanol, Polymyxin B, Streptomycin,
MMR (MMR-II)	Amino Acid, Bovine Albumin or Serum, Chick Embryo Fibroblasts, Human Serum Albumin, Gelatin, Glutamate, Neomycin, Phosphate Buffers, Sorbitol, Sucrose, Vitamins **
MMRV (ProQuad)	Bovine Albumin or Serum, Gelatin, Human Serum Albumin, Monosodium L-glutamate, MRC-5* Cellular Protein, Neomycin, Sodium Phosphate Dibasic, Sodium Bicarbonate, Sorbitol, Sucrose, Potassium Phosphate Monobasic, Potassium Chloride, Potassium Phosphate Dibasic
Pneumococcal (Pneumovax)	Bovine Protein, Phenol

Pneumococcal (Prenar)	Aluminum Phosphate, Amino Acid, Soy Peptone, Yeast Extract
Pneumococcal (Prenar 13)	Aluminum Phosphate, Amino Acid, Polysorbate 80, Soy Peptone, Succinate Buffer, Yeast Extract
Varicella (Varivax)	Bovine Albumin or Serum, Ethylenediamine-Tetraacetic Acid Sodium (EDTA), Gelatin, Monosodium L-Glutamate, MRC-5* DNA and Cellular Protein, Neomycin, Potassium Chloride, Potassium Phosphate Monobasic, Sodium Phosphate Monobasic, Sucrose
Meningococcal (Menactra)	Formaldehyde or Formalin, Phosphate Buffers
Meningococcal (Menomune)	Lactose, Thimerosal (10-dose vials only)
Meningococcal (Menveo)	Amino Acid, Formaldehyde or Formalin, Yeast
Human Papillomavirus (HPV) (Cervarix)	3-O-desacyl-4'-monophosphoryl lipid A (MPL), Aluminum Hydroxide, Amino Acids, Insect Cell Protein, Mineral Salts, Sodium Dihydrogen Phosphate Dihydrate, Vitamins
Human Papillomavirus (HPV) (Gardasil)	Amino Acids, Amorphous Aluminum Hydroxyphosphate Sulfate, Carbohydrates, L-histidine, Mineral Salts, Polysorbate 80, Sodium Borate, Vitamins
Influenza (Afluria)	Beta-Propiolactone, Calcium Chloride, Neomycin, Ovalbumin, Polymyxin B, Potassium Chloride, Potassium Phosphate, Sodium Phosphate, Sodium Taurodeoxycholate
Influenza (Agriflu)	Cetyltrimethylammonium Bromide (CTAB), Egg Protein, Formaldehyde or Formalin, Kanamycin, Neomycin Sulfate, Polysorbate 80
Influenza (Fluarix)	Egg Albumin (Ovalbumin), Egg Protein, Formaldehyde or Formalin, Gentamicin, Hydrocortisone, Octoxynol-10, $\alpha$ -Tocopheryl Hydrogen Succinate, Polysorbate 80, Sodium Deoxycholate, Sodium Phosphate, Thimerosal*
Influenza (Flulaval)	Egg Albumin (Ovalbumin), Egg Protein, Formaldehyde or Formalin, Sodium Deoxycholate, Phosphate Buffers, Thimerosal
Influenza (Fluvirin)	Beta-Propiolactone, Egg Protein, Neomycin, Polymyxin B, Polyoxyethylene 9-10-Nonyl Phenol (Triton N-101, Octoxynol 9), Thimerosal (multidose containers), Thimerosal* (single-dose syringes)
Influenza (Fluzone)	Egg Protein, Formaldehyde or Formalin, Gelatin, Octoxinol-9 (Triton X-100), Thimerosal (multidose containers)
Influenza (FluMist)	Chick Kidney Cells, Egg Protein, Gentamicin Sulfate, Monosodium Glutamate, Sucrose Phosphate Glutamate Buffer
Rotavirus (RotaTeq)	Cell Culture Media, Fetal Bovine Serum, Sodium Citrate, Sodium Phosphate Monobasic Monohydrate, Sodium Hydroxide Sucrose, Polysorbate 80
Rotavirus (Rotarix)	Amino Acids, Calcium Carbonate, Calcium Chloride, D-glucose, Dextran, Ferric (III) Nitrate, L-cystine, L-tyrosine, Magnesium Sulfate, Phenol Red, Potassium Chloride, Sodium Hydrogenocarbonate, Sodium Phosphate, Sodium L-glutamine, Sodium Pyruvate, Sorbitol, Sucrose, Vitamins, Xanthan

\*The MRC-5 cell line was developed in September 1966 from lung tissue taken from a 14 week male fetus aborted for psychiatric reason from a 27 year old physically healthy woman. The cell morphology is fibroblast-like. The karyotype is 46,XY; normal diploid male. Cumulative population doublings to senescence is 42-48. G6PD isoenzyme is type B.  
[http://ccr.coriell.org/Sections/Search/Sample\\_Detail.aspx?Ref=AG05965-F&PgId=166](http://ccr.coriell.org/Sections/Search/Sample_Detail.aspx?Ref=AG05965-F&PgId=166)

\*\* Other ingredients not listed: RA273 virus, WI-38 human diploid cell components, proteins and DNA are also found in these vaccines. RA273: Live rubella virus extracted from an electively aborted baby. R=Rubella, A=Abortus, 27=27th baby aborted, 3=Third Tissue explanted where they found the live virus in the baby's kidney. That virus was subsequently cultivated on WI-38, a cell line derived from the lung tissue of an electively aborted 3 months gestation baby. ([http://ccr.coriell.org/Sections/Search/Sample\\_Detail.aspx?Ref=AG06814-J&PgId=166](http://ccr.coriell.org/Sections/Search/Sample_Detail.aspx?Ref=AG06814-J&PgId=166))

\*\*\*"Explant cultures were made of the dissected organs of a particular fetus aborted because of rubella, the 27th in our series [emphasis added] of fetuses aborted. This fetus was from a 25-year-old mother exposed to rubella 8 days after last menstrual period. 16 days later she developed rubella. The fetus was surgically aborted 17 days after maternal illness and dissected immediately. Explants from several organs were cultured and successful cell growth was achieved from lung, skin, and kidney. It was then grown on WI-38. This new vaccine was tested on orphans in Philadelphia".  
 American Journal Diseases of Children; Virus Production and Biological Control of Live Attenuated Rubella Virus Vaccines, Vol. 118 Aug 1969; Attenuation Of RA273 Rubella Virus; Studies of Immunization With Living Rubella Virus; Arch J Dis Child vol 110 Oct 1965

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

## U.S. AND CANADA - ABORTED FETAL CELL LINE PRODUCTS AND ETHICAL ALTERNATIVES

Disease	Product Name	Manufacturer	Fetal Cell Line	Ethical Version	Manufacturer	Cell Line
Chickenpox	Varivax, Varilrix	Merck, GSK	WI-38, MRC-5	None	N/A	N/A
Cystic Fibrosis	Pulmozyme	Genentech	HEK-293	None	N/A	N/A
Hepatitis A	Vaqta, Havrix Avaxim, Epaxal	Merck, GSK Sanofi, Berna	MRC-5 MRC-5	Aimmungen <b>Not available in US</b>	Kaketsuken (Japan & Europe)	Vero (monkey)
Hepatitis A & B	Twinrix	GSK	MRC-5	Engerix Hep-B Only	GSK	Yeast
Hepatitis A & Typhoid	Vivaxim	Sanofi	MRC-5	Recombivax Hep-B Only	Merck	Yeast
Measles/Mumps/Rubella	MMR, Priorix	Merck, GSK	RA273, WI-38	None	N/A	N/A
Measles-Rubella	MR Vax, Eolarix	Merck, GSK	RA273, WI-38, MRC-5	Attenuvax (Measles Only)*	Merck	Chick embryo
Mumps-Rubella	Biavax II	Merck	RA273, WI-38	Mumpsavax (Mumps Only)*	Merck	Chick embryo
Rubella	Meruvax II	Merck	RA273, WI-38	Takahashi ( <b>Not in US</b> )	Kitasato Institute	Rabbit
MMR + Chickenpox	ProQuad/MMR-V	Merck	RA273, WI-38, MRC-5	None	N/A	N/A
Polio	Poliovax DT Polio Adsorb	Sanofi Pasteur	MRC-5	IPOL	Sanofi Pasteur	Vero (monkey)
Polio Combination (DTaP + polio+ HiB)	Pentacel, Quadracel	Sanofi Pasteur	MRC-5	Pediacel; Pediarix + HiB Infanrix Hexa + HiB IPOL + any DTaP + HiB	Sanofi, GSK	Vero (monkey)
Rabies	Imovax	Sanofi Pasteur	MRC-5	RabAvert	Chiron	Chick embryo
Rheumatoid Arthritis	Enbrel	Amgen	WI-26 VA4	Humira	Abbott Labs	CH Hamster
Sepsis	Xigris	Eli Lilly	HEK-293	Ask your doctor	N/A	N/A
Shingles	Zostavax	Merck	WI-38, MRC-5	None	N/A	N/A
Smallpox	Acambis 1000	Acambis	MRC-5	ACAM2000, MVA3000	Acambis/Baxter	Vero (monkey)
In Development: Flu, Avian Flu, Swine Flu Flu Symptom Drug	Un-named Un-named MAB CR6261	Vaxin, Sanofi Crucell	PER C6 Cell Culture -In Development	All Flu/ Swine Flu use chick embryo: Moral cell cultures are: →	Medimmune, Novartis, CSL, IDBio, Novavax, Prot Sci., Baxter	MDCK Insect, MDCK, Insect, Vero
In Development: HIV	MRKAd5 HIV-1	Merck	PER C6	None	N/A	N/A

**Note: Immune-Globulin shots will provide temporary immunity (4-6 months) for Hepatitis-A and Rubella (3-4 months)**

**Physician Order:** Merck: 800-422-9675 GSK: 866-475-8222 Sanofi Pasteur: 800-822-2463 Chiron: (800) 244-7668 (PST)

**\*Please Note:** Separate Measles and Mumps vaccines are currently unavailable as of January 2010. See our website for Merck information.  
**NOTE: IF THE PRODUCT YOU ARE QUESTIONING IS NOT LISTED ABOVE, IT DOES NOT USE ABORTED FETAL CELL LINES**

## Aborted-Fetal Tissue Cell Lines in Vaccines

These vaccines are produced using MRC-5 & WI-38 cell lines derived from aborted fetal tissue:  
*Chickenpox Hepatitis-A MMR Polio Rabies Shingles/Zostavax*

MRC-5 and WI-38 are aborted fetal cell lines known as "residual DNA and proteins" or "human diploid cell lines". These same aborted fetal cell lines are used today for the production of current vaccinations, other medicines and personal care products.

### MRC-5 CELL LINE

- Developed in September 1966
- Taken from the lung tissue of a 14 week male fetus aborted from a 27 year old physically healthy woman. \*

### WI-38 CELL LINE

- Developed in 1966
- Taken from the lung tissue of an aborted female fetus of about 3 months gestational age. \*\*

### History

During the 1964 rubella epidemic some US doctors advised rubella-infected pregnant women to abort their children, in fear their child might be born with birth defects. Working with the doctors, Wistar researchers (Philadelphia) collected the live fetal tissue. Ultimately, they extracted the virus from the 27th aborted baby's kidney, labeling it (R=Rubella, A=Abortus, 27=27th abortion, 3=3rd tissue explanted) This virus was then cultivated on WI-38 cell line and produced in their labs from the lung tissue of a 3 month months gestation female baby, electively aborted in Sweden, then exported to Wistar. There would be over 70 elective abortions before perfecting the rubella vaccine. Ten years later the UK developed MRC-5, from the lung tissue of a male baby aborted at 14 weeks gestation. These two fetal cell lines and others are used today to cultivate weakened virus strains of several diseases to produce vaccines. Because the pharmaceutical industry perceives public acceptance of the current vaccines, they continue to utilize both existing and new aborted fetal sources. The latest is a new fetal cell line, PER C6, by Dutch pharmaceutical, Crucell, using the retinal tissue of an 18-week gestation baby, made specifically for vaccine development.

### Vatican's Statement from the Pontifical Academy for Life's Moral Reflections on Vaccines Prepared from Cells derived from Aborted Human Foetuses

"Doctors and fathers of families have a duty to take recourse to alternative vaccines...putting pressure on the political authorities and health systems so that other vaccines without moral problems become available. They should take recourse when necessary, to the use of conscientious objection with regard to the use of vaccines produced by means of cell lines of aborted human foetal origin. Equally, they should oppose by all means in writing, through the various associations, mass media, etc., the vaccines which do not yet have morally acceptable alternatives, creating pressure so that alternative vaccines are prepared, which are not connected with the abortion of a human foetus, and requesting rigorous legal control of the pharmaceutical industry producers." (PAFL, June 2005)\*\*\*

\*[http://ccr.coriell.org/Sections/Search/Sample\\_Detail.aspx?Ref=AG05965-F&PgId=166](http://ccr.coriell.org/Sections/Search/Sample_Detail.aspx?Ref=AG05965-F&PgId=166)

\*\* [http://ccr.coriell.org/Sections/Search/Sample\\_Detail.aspx?Ref=AG06814-J&PgId=166](http://ccr.coriell.org/Sections/Search/Sample_Detail.aspx?Ref=AG06814-J&PgId=166)

\*\*\*<http://www.academiavita.org/template.jsp?sez=Documenti&pag=testo/vacc/vacc&lang=English>

## Vaccine preventable disease symptoms compared with possible vaccine side-effects

Disease	Disease symptoms as per the Centers for Disease Control <a href="http://www.cdc.gov/DiseasesConditions/">http://www.cdc.gov/DiseasesConditions/</a>	Potential vaccine side-effects/symptoms as per vaccine package inserts
<b>Diphtheria</b>	Respiratory diphtheria presents as a sore throat with low-grade fever and an adherent membrane of the tonsils, pharynx, or nose. Neck swelling is usually present in severe disease	Tenderness, redness, swelling, fever, fretfulness, anorexia, drowsiness, crying, vomiting, seizures, Guillain Barre syndrome, apnea <a href="http://www.daptacel.com/support_files/protect/pertussis/LE4757DAPTACELVS.pdf">http://www.daptacel.com/support_files/protect/pertussis/LE4757DAPTACELVS.pdf</a> , <a href="http://us.gsk.com/products/assets/us_infanrix.pdf">http://us.gsk.com/products/assets/us_infanrix.pdf</a> , <a href="https://www.vaccineshoppe.com/image.cfm?doc_id=11169&amp;image_type=product_pdf">https://www.vaccineshoppe.com/image.cfm?doc_id=11169&amp;image_type=product_pdf</a>
<b>Haemophilus influenzae B</b>	Invasive disease caused by <i>Haemophilus influenzae</i> type b can affect many organ systems. The most common types of invasive disease are pneumonia, occult febrile bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, otitis media, purulent pericarditis, and other less common infections such as endocarditis, and osteomyelitis.	Pain, redness, fever, fussiness, loss of appetite, restlessness, Guillain Barre syndrome, allergic reactions, local erythema, <a href="https://www.vaccineshoppe.com/image.cfm?doc_id=11169&amp;image_type=product_pdf">https://www.vaccineshoppe.com/image.cfm?doc_id=11169&amp;image_type=product_pdf</a> , <a href="http://us.gsk.com/products/assets/us_hiberix.pdf">http://us.gsk.com/products/assets/us_hiberix.pdf</a> , <a href="http://www.pfizerpro.com/content/showlabeling.asp?id=105">http://www.pfizerpro.com/content/showlabeling.asp?id=105</a>
<b>Hepatitis A</b>	Some persons, particularly young children, are asymptomatic. When symptoms are present, they usually occur abruptly and can include the following:  <ul style="list-style-type: none"> <li>* Fever</li> <li>* Fatigue</li> <li>* Loss of appetite</li> <li>* Nausea</li> <li>* Vomiting</li> <li>* Abdominal pain</li> <li>* Dark urine</li> <li>* Clay-colored bowel movements</li> <li>* Joint pain</li> <li>* Jaundice</li> </ul> In children aged <6 years, 70% of infections are asymptomatic; if illness does occur, it is typically not accompanied by jaundice. Among older children and adults, infection is typically symptomatic, with jaundice occurring in >70% of patients.	Injection site soreness, headache, febrile seizures, drowsiness, loss of appetite, fever, <a href="http://us.gsk.com/products/assets/us_havrix.pdf">http://us.gsk.com/products/assets/us_havrix.pdf</a>

## Vaccine preventable disease symptoms compared with possible vaccine side-effects

<b>Hepatitis B</b>	<p>Symptoms of acute Hepatitis B, if they appear, can include:</p> <ul style="list-style-type: none"> <li>* Fever</li> <li>* Fatigue</li> <li>* Loss of appetite</li> <li>* Nausea</li> <li>* Vomiting</li> <li>* Abdominal pain</li> <li>* Dark urine</li> <li>* Clay-colored bowel movements</li> <li>* Joint pain</li> <li>* Jaundice (yellow color in the skin or the eyes)</li> </ul>	<p>Injection site soreness and erythema, fatigue, dizziness, headache, fever, upper respiratory tract illness, lymphadenopathy, anorexia, agitation, insomnia, somnolence, tingling, flushing, hypertension, abdominal pain/cramps, constipation, diarrhea, vomiting, nausea, pruritus, rash, sweating, urticaria, Arthralgia, back pain, myalgia, pain/stiffness in arm, neck or shoulder, chills, influenza-like symptoms, malaise, weakness,</p> <p><a href="http://us.gsk.com/products/assets/us_engerixb.pdf">http://us.gsk.com/products/assets/us_engerixb.pdf</a></p>
<b>Measles</b>	<ul style="list-style-type: none"> <li>* Blotchy rash</li> <li>* Fever</li> <li>* Cough</li> <li>* Runny nose</li> <li>* Red, watery eyes (conjunctivitis)</li> <li>* Feeling run down, achy (malaise)</li> <li>* Tiny white spots with bluish-white centers found inside the mouth (Koplik's spots)</li> </ul> <p>A typical case of measles begins with mild to moderate fever, cough, runny nose, red eyes, and sore throat. Two or three days after symptoms begin, tiny white spots (Koplik's spots) may appear inside the mouth.</p> <p>Three to five days after the start of symptoms, a red or reddish-brown rash appears. The rash usually begins on a person's face at the hairline and spreads downward to the neck, trunk, arms, legs, and feet. When the rash appears, a person's fever may spike to more than 104 degrees Fahrenheit.</p> <p>After a few days, the fever subsides and the rash fades.</p>	<p>Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability, Vasculitis, Pancreatitis; diarrhea; vomiting; parotitis; nausea, Diabetes mellitus, Thrombocytopenia, purpura; regional lymphadenopathy; leukocytosis, Anaphylaxis and anaphylactoid reactions, angioneurotic edema, bronchial spasm, Arthritis; arthralgia; myalgia, Arthralgia and/or arthritis (usually transient and rarely chronic), polyneuritis, myalgia, paresthesia, chronic joint symptoms, Encephalitis; encephalopathy; measles inclusion body encephalitis, subacute sclerosing panencephalitis, aseptic meningitis, Pneumonia; pneumonitis, sore throat; cough; rhinitis, Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis, Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site, Nerve deafness; otitis media, Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis, Epididymitis; orchitis, Death, <a href="http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf">http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf</a></p>



## Vaccine preventable disease symptoms compared with possible vaccine side-effects

<p><b>Mumps</b></p>	<p>Up to half of people who get mumps have very mild or no symptoms, and therefore do not know they were infected with mumps.</p> <p>The most common symptoms include:</p> <ul style="list-style-type: none"> <li>* Fever</li> <li>* Headache</li> <li>* Muscle aches</li> <li>* Tiredness</li> <li>* Loss of appetite</li> <li>* Swollen and tender salivary glands under the ears on one or both sides (parotitis)</li> </ul> <p>Symptoms typically appear 16-18 days after infection, but this period can range from 12-25 days after infection.</p>	<p>Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability, Vasculitis, Pancreatitis; diarrhea; vomiting; parotitis; nausea, Diabetes mellitus, Thrombocytopenia, purpura; regional lymphadenopathy; leukocytosis, Anaphylaxis and anaphylactoid reactions, angioneurotic edema, bronchial spasm, Arthritis; arthralgia; myalgia, Arthralgia and/or arthritis (usually transient and rarely chronic), polyneuritis, myalgia, paresthesia, chronic joint symptoms, Encephalitis; encephalopathy; measles inclusion body encephalitis, subacute sclerosing panencephalitis, aseptic meningitis, Pneumonia; pneumonitis, sore throat; cough; rhinitis, Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis, Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site, Nerve deafness; otitis media, Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis, Epididymitis; orchitis, Death, <a href="http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf">http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf</a></p>
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## Vaccine preventable disease symptoms compared with possible vaccine side-effects

<p><b>Pertussis</b></p>	<p>Pertussis (whooping cough) can cause serious illness in infants, children and adults. The disease usually starts with cold-like symptoms and maybe a mild cough or fever. After 1 to 2 weeks, severe coughing can begin. Unlike the common cold, pertussis can become a series of coughing fits that continues for weeks.</p> <p>In infants, the cough can be minimal or not even there. Infants may have a symptom known as "apnea." Apnea is a pause in the child's breathing pattern. Pertussis is most dangerous for babies. More than half of infants younger than 1 year of age who get the disease must be hospitalized.</p> <p>Pertussis can cause violent and rapid coughing, over and over, until the air is gone from the lungs and you are forced to inhale with a loud "whooping" sound. This extreme coughing can cause you to throw up and be very tired. The "whoop" is often not there and the infection is generally milder (less severe) in teens and adults, especially those who have been vaccinated.</p> <p>Early symptoms can last for 1 to 2 weeks and usually include:</p> <ul style="list-style-type: none"> <li>* Runny nose</li> <li>* Low-grade fever (generally minimal throughout the course of the disease)</li> <li>* Mild, occasional cough</li> <li>* Apnea – a pause in breathing (in infants)</li> </ul> <p>Pertussis (whooping cough) can cause serious illness in infants, children and adults. The disease usually</p>	<p>Tenderness, redness, swelling, fever, fretfulness, anorexia, drowsiness, crying, vomiting, seizures, Guillain Barre syndrome, apnea</p> <p><a href="http://www.daptacel.com/support_files/protect/pertussis/LE4757DAPTACELVS.pdf">http://www.daptacel.com/support_files/protect/pertussis/LE4757DAPTACELVS.pdf</a>,  <a href="http://us.gsk.com/products/assets/us_infanrix.pdf">http://us.gsk.com/products/assets/us_infanrix.pdf</a>,  <a href="https://www.vaccineshoppe.com/image.cfm?doc_id=11169&amp;image_type=product_pdf">https://www.vaccineshoppe.com/image.cfm?doc_id=11169&amp;image_type=product_pdf</a></p>
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## Vaccine preventable disease symptoms compared with possible vaccine side-effects

Pneumococcal	<p>The symptoms of pneumococcal pneumonia include fever, cough, shortness of breath, and chest pain. The symptoms of pneumococcal meningitis include stiff neck, fever, mental confusion and disorientation, and visual sensitivity to light (photophobia). The symptoms of pneumococcal bacteremia (a bloodstream infection) may be similar to some of the symptoms of pneumonia and meningitis, along with joint pain and chills. The symptoms of otitis media (middle ear infection) typically include a painful ear, a red or swollen eardrum, and sometimes sleeplessness, fever and irritability.</p>	<p>fever, irritability, drowsiness, erythema, decreased appetite, cellulitis, asthenia, malaise, chills, pain, decreased limb mobility, nausea, vomiting, peripheral edema, Lymphadenitis  Lymphadenopathy  Thrombocytopenia in patients with stabilized idiopathic thrombocytopenic purpura38  Hemolytic anemia in patients who have had other hematologic disorders  Leukocytosis, Anaphylactoid reactions  Serum Sickness  Angioneurotic edema, Arthralgia  Arthritis  Myalgia, Headache  Paresthesia  Radiculoneuropathy  Guillain-Barré syndrome  Febrile convulsion, Rash  Urticaria,  <a href="http://www.merck.com/product/usa/pi_circulars/p/pneumovax_23/pneumovax_pi.pdf">http://www.merck.com/product/usa/pi_circulars/p/pneumovax_23/pneumovax_pi.pdf</a>,  <a href="http://www.pfizerpro.com/content/showlabeling.asp?id=134">http://www.pfizerpro.com/content/showlabeling.asp?id=134</a></p>
Polio	<p>Up to 95% of persons infected with polio will have no symptoms. About four to eight percent of infected persons have minor symptoms such as fever, fatigue, nausea, headache, flu-like symptoms, stiffness in the neck and back, and pain in the limbs which often resolves completely. Fewer than one percent of polio cases result in permanent paralysis of the limbs (usually the legs). Of those paralyzed, 5-10% die when the paralysis strikes the respiratory muscles.</p>	<p>erythema, swelling, tenderness, fever, irritability, tiredness, anorexia, vomiting, persistent crying, <a href="https://www.vaccineshoppe.com/image.cfm?doc_id=5984&amp;image_type=product_pdf">https://www.vaccineshoppe.com/image.cfm?doc_id=5984&amp;image_type=product_pdf</a></p>

## Vaccine preventable disease symptoms compared with possible vaccine side-effects

<b>Rubella</b>	<p>An acute viral disease that causes fever and rash. Rash and fever for two to three days (mild disease in children and young adults). Birth defects if acquired by a pregnant woman: deafness, cataracts, heart defects, mental retardation, and liver and spleen damage (at least a 20% chance of damage to the fetus if a woman is infected early in pregnancy).</p>	<p>Panniculitis; atypical measles; fever; syncope; headache; dizziness; malaise; irritability, Vasculitis, Pancreatitis; diarrhea; vomiting; parotitis; nausea, Diabetes mellitus, Thrombocytopenia, purpura; regional lymphadenopathy; leukocytosis, Anaphylaxis and anaphylactoid reactions, angioneurotic edema, bronchial spasm, Arthritis; arthralgia; myalgia, Arthralgia and/or arthritis (usually transient and rarely chronic), polyneuritis, myalgia, paresthesia, chronic joint symptoms, Encephalitis; encephalopathy; measles inclusion body encephalitis, subacute sclerosing panencephalitis, aseptic meningitis, Pneumonia; pneumonitis, sore throat; cough; rhinitis, Stevens-Johnson syndrome; erythema multiforme; urticaria; rash; measles-like rash; pruritis, Local reactions including burning/stinging at injection site; wheal and flare; redness (erythema); swelling; induration; tenderness; vesiculation at injection site, Nerve deafness; otitis media, Retinitis; optic neuritis; papillitis; retrobulbar neuritis; conjunctivitis, Epididymitis; orchitis, Death, <a href="http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf">http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf</a></p>
<b>Varicella (Chicken Pox)</b>	<p>A skin rash of blister-like lesions, covering the body but usually more concentrated on the face, scalp, and trunk. Most, but not all, infected individuals have fever, which develops just before or when the rash appears.</p>	<p>pain, tenderness, soreness, erythema, swelling, injection-site bruising, fever, irritability, measles-like rash, rubella-like rash, varicella-like rash, diarrhea, upper respiratory infection, rash, rhinorrhea, viral exanthema, ecchymosis, fever, febrile seizures, anaphylactic or allergic reaction, Post-licensing experience with VARIVAX suggests that transmission of varicella vaccine virus may occur between healthy vaccine recipients (who develop or do not develop a varicella-like rash) and contacts susceptible to varicella, as well as high-risk individuals susceptible to varicella. High-risk individuals susceptible to varicella include:</p> <ul style="list-style-type: none"> <li>• Immunocompromised individuals;</li> <li>• Pregnant women without documented positive history of varicella (chickenpox) or laboratory evidence of prior infection;</li> <li>• Newborn infants of mothers without documented positive history of varicella or laboratory evidence of prior infection and all newborn infants born at &lt;28 weeks gestation regardless of maternal varicella immunity.</li> </ul> <p>Vaccine recipients should attempt to avoid, to the extent possible, close association with high-risk individuals susceptible to varicella for up to 6 weeks following vaccination. In circumstances where contact with high-risk individuals susceptible to varicella is unavoidable, the potential risk of transmission of the varicella vaccine virus should be weighed against the risk of acquiring and transmitting wild-type varicella virus.</p> <p>Excretion of small amounts of the live, attenuated rubella virus from the nose or throat has occurred in the majority of susceptible individuals 7 to 28 days after vaccination. There is no confirmed evidence to indicate that such virus is transmitted to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission through close personal contact, while accepted as a theoretical possibility, is not regarded as a significant risk. However, transmission of the rubella vaccine virus to infants via breast milk has been documented</p> <p><a href="http://www.merck.com/product/usa/pi_circulars/p/proquad/proquad_pi.pdf">http://www.merck.com/product/usa/pi_circulars/p/proquad/proquad_pi.pdf</a>,  <a href="http://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf">http://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf</a></p>

# National Vaccine Injury Compensation Program

[http://www.hrsa.gov/vaccinecompensation/statistics\\_report.htm#statistics\\_report](http://www.hrsa.gov/vaccinecompensation/statistics_report.htm#statistics_report)

## Claims Filed and Compensated or Dismissed by Vaccine<sup>1</sup> October 12, 2010

Vaccines Listed in Claims as Reported by Petitioners

Vaccine(s)	Filed			Compensated	Dismissed
	Injury	Death	Total		
DT (diphtheria-tetanus)	63	9	72	22	48
DTP (diphtheria-tetanus-whole cell pertussis)	3,283	696	3,979	1,265	2,678
DTP-HIB	16	8	24	3	19
DTaP (diphtheria-tetanus-acellular pertussis)	300	74	374	106	124
DTaP-Hep B-IPV	43	19	62	13	15
DTaP-HIB	6	1	7	4	0
DTaP-IPV-HIB	3	1	4	0	0
Td (tetanus-diphtheria)	155	3	158	68	58
Tdap	38	0	38	7	1
Tetanus	67	2	69	27	34
Hepatitis A (Hep A)	28	1	29	5	10
Hepatitis B (Hep B)	558	48	606	176	284
Hep A- Hep B	7	0	7	5	1
Hep B-HIB	8	0	8	2	2
HIB ( <i>Haemophilus influenzae</i> type b)	19	3	22	7	5
HPV (human papillomavirus)	88	8	96	2	4
Influenza (Trivalent)	506	31	537	189	49
IPV (Inactivated Polio)	262	14	276	7	266
OPV (Oral Polio)	280	27	307	157	149
Measles	143	19	162	55	107
Meningococcal	15	1	16	2	0
MMR (measles-mumps-rubella)	817	52	869	307	347
MMR-Varicella	20	1	21	6	1
MR	15	0	15	6	9
Mumps	10	0	10	1	9
Pertussis	5	3	8	2	6
Pneumococcal Conjugate	25	3	28	6	16
Rotavirus	45	1	46	22	13
Rubella	189	4	193	70	123
Varicella	60	3	63	28	15
Nonqualified <sup>2</sup>	70	9	79	0	78
Unspecified <sup>3</sup>	5,401	5	5,407	4	833
<b>TOTAL</b>	<b>12,545</b>	<b>1,047</b>	<b>13,592</b>	<b>2,574</b>	<b>5,304</b>

<sup>1</sup>The number of claims filed by vaccine as reported by petitioners in claims since the VICP began on October 1, 1988, which have been compensated or dismissed by the U.S. Court of Federal Claims (Court). Claims can be compensated by a settlement between parties or a decision by the Court.

<sup>2</sup> Claims filed for vaccines which are not covered under the VICP.

<sup>3</sup> Insufficient information submitted to make a determination. The majority of these claims are part of the Omnibus Autism Proceedings.

## National Vaccine Injury Compensation Program

[http://www.hrsa.gov/vaccinecompensation/statistics\\_report.htm#fy2010Compensableautism](http://www.hrsa.gov/vaccinecompensation/statistics_report.htm#fy2010Compensableautism)

### III. Awards Paid <sup>2</sup>

Fiscal Year	Compensated <sup>3</sup>			Dismissed		Total Outlays
	Number of Awards	Petitioners' Award Amount	Attorneys' Fees/Costs Payments	Number of Payments to Attorneys	Attorneys' Fees/Costs Payments	
FY 1989	6	\$1,317,654.78	\$54,107.14			\$1,371,761.92
FY 1990	88	\$53,252,510.46	\$1,379,005.79	4	\$57,699.48	\$54,689,215.73
FY 1991	114	\$95,980,493.16	\$2,364,758.51	30	\$496,809.21	\$98,842,060.88
FY 1992	130	\$94,538,071.30	\$2,945,890.40	120	\$1,268,714.71	\$98,752,676.41
FY 1993	162	\$119,693,267.87	\$3,262,453.06	272	\$2,447,272.41	\$125,402,993.34
FY 1994	158	\$98,151,900.08	\$3,571,179.67	335	\$3,166,527.33	\$104,889,607.08
FY 1995	169	\$103,539,265.72	\$3,609,341.66	223	\$2,304,405.35	\$109,453,012.73
FY 1996	163	\$100,425,325.22	\$3,096,231.96	216	\$2,364,122.71	\$105,885,679.89
FY 1997	179	\$113,620,171.68	\$3,898,284.77	144	\$1,893,560.99	\$119,412,017.44
FY 1998	165	\$127,546,009.19	\$3,957,278.55	121	\$1,936,065.50	\$133,439,353.24
FY 1999	96	\$95,917,680.51	\$2,799,910.85	117	\$2,306,957.40	\$101,024,548.76
FY 2000	136	\$125,945,195.64	\$4,112,369.02	82	\$1,769,450.30	\$131,827,014.96
FY 2001	97	\$105,878,632.57	\$3,373,865.88	57	\$2,066,224.67	\$111,318,723.12
FY 2002	80	\$59,799,604.39	\$2,653,598.89	38	\$592,523.00	\$63,045,726.28
FY 2003	65	\$82,816,240.07	\$3,147,755.12	69	\$1,545,654.87	\$87,509,650.06
FY 2004	57	\$61,933,764.20	\$2,939,328.55	70	\$1,338,615.96	\$66,211,708.71
FY 2005	64	\$55,065,797.01	\$2,694,664.03	71	\$1,790,587.29	\$59,551,048.33
FY 2006	68	\$48,746,162.74	\$2,441,199.02	54	\$1,353,632.61	\$52,540,994.37
FY 2007	82	\$91,449,433.89	\$4,026,782.78	62	\$1,699,391.84	\$97,175,608.51
FY 2008	141	\$75,716,552.06	\$5,160,306.11	76	\$2,612,858.92	\$83,489,717.09
FY 2009	131	\$74,142,490.58	\$5,717,347.56	52	\$9,255,573.08	\$89,115,411.22
FY 2010	173	\$179,387,341.30	\$6,494,957.82	81	\$4,001,844.03	\$189,884,143.15
FY 2011	18	\$13,804,346.94	\$683,211.51	20	\$1,690,773.07	\$16,178,331.52
<b>Totals</b>	<b>2,542</b>	<b>\$1,978,667,911.36</b>	<b>\$74,383,828.65</b>	<b>2,314</b>	<b>\$47,959,264.73</b>	<b>\$2,101,011,004.74</b>

<sup>1</sup>Generally, petitions/claims are not adjudicated in the same fiscal year as filed. On average, it takes 2-3 years to adjudicate a petition/claim after it is filed.

<sup>2</sup>"Compensated" are claims that have been paid as a result of a settlement between parties or a decision made by the U.S. Court of Federal Claims (Court). The # of awards is the number of petitioner awards paid, including the attorneys' fees/costs payments, if made during a fiscal year. However, petitioners' awards and attorneys' fees/costs are not necessarily paid in the same fiscal year as when the petitions/claims are determined compensable. "Dismissed" includes the # of payments to attorneys and the total amount of payments for attorneys' fees/costs per fiscal year. The VICP will pay attorneys' fees/costs related to the claim, whether or not the petition/claim is awarded compensation by the Court, if certain minimal requirements are met. "Total Outlays" are the total amount of funds expended for compensation and attorneys' fees/costs from the Vaccine Injury Compensation Trust Fund by fiscal year.

<sup>3</sup>Due to the populations receiving vaccines added to the VICP in recent years, the proportion of adults to children seeking compensation has changed. Since influenza vaccines (vaccines administered to large numbers of adults each year) were added to the VICP in 2005, many adult claims related to that vaccine have been filed.

[http://www.hrsa.gov/vaccinecompensation/statistics\\_report.htm#fy2010Compensableautism](http://www.hrsa.gov/vaccinecompensation/statistics_report.htm#fy2010Compensableautism)

**National Childhood Vaccine Injury Act**  
**Vaccine Injury Table<sup>a</sup>**

Vaccine	Adverse Event	Time Interval
I. Tetanus toxoid-containing vaccines (e.g., DTaP, Tdap, DTP-Hib, DT, Td, TT)	A. Anaphylaxis or anaphylactic shock B. Brachial neuritis C. Any acute complication or sequela (including death) of above events	0-4 hours 2-28 days Not applicable
II. Pertussis antigen-containing vaccines (e.g., DTaP, Tdap, DTP, P, DTP-Hib)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of above events	0-4 hours 0-72 hours Not applicable
III. Measles, mumps and rubella virus-containing vaccines in any combination (e.g., MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock B. Encephalopathy (or encephalitis) C. Any acute complication or sequela (including death) of above events	0-4 hours 5-15 days Not applicable
IV. Rubella virus-containing vaccines (e.g., MMR, MR, R)	A. Chronic arthritis B. Any acute complication or sequela (including death) of above event	7-42 days Not applicable
V. Measles virus-containing vaccines (e.g., MMR, MR, M)	A. Thrombocytopenic purpura B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient C. Any acute complication or sequela (including death) of above events	7-30 days 0-6 months Not applicable
VI. Polio live virus-containing vaccines (OPV)	A. Paralytic polio --- in a non-immunodeficient recipient --- in an immunodeficient recipient --- in a vaccine assoc. community case B. Vaccine-strain polio viral infection --- in a non-immunodeficient recipient --- in an immunodeficient recipient --- in a vaccine assoc. community case C. Any acute complication or sequela (including death) of above events	0-30 days 0-6 months Not applicable 0-30 days 0-6 months Not applicable Not applicable
VII. Polio inactivated-virus containing vaccines (e.g., IPV)	A. Anaphylaxis or anaphylactic shock B. Any acute complication or sequela (including death) of above event	0-4 hours Not applicable
VIII. Hepatitis B antigen- containing vaccines	A. Anaphylaxis or anaphylactic shock B. Any acute complication or sequela (including death) of above event	0-4 hours Not applicable
IX. Hemophilus influenzae type b polysaccharide conjugate vaccines)	A. No condition specified for compensation	Not applicable
X. Varicella vaccine	A. No condition specified for compensation	Not applicable
XI. Rotavirus vaccine	A. No condition specified for compensation	Not applicable
XII. Pneumococcal conjugate vaccines	A. No condition specified for compensation	Not applicable
XIII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children, after publication by Secretary, HHS of a notice of coverage <sup>bc</sup>	A. No condition specified for compensation	Not applicable

<sup>a</sup>Effective date: November 10, 2008 <sup>b</sup>As of December 1, 2004, hepatitis A vaccines have been added to the Vaccine Injury Table (Table) under this Category. As of July 1, 2005, trivalent influenza vaccines have been added to the Table under this Category. Trivalent influenza vaccines are given annually during the flu season either by needle and syringe or in a nasal spray. All influenza vaccines routinely administered in the U.S. are trivalent vaccines covered under this Category. <sup>c</sup>As of February 1, 2007, meningococcal (conjugate and polysaccharide) and human papillomavirus (HPV) vaccines have been added to the Table under this Category. See News on the VICP website ([www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation)).

## *Qualifications and Aids to Interpretation*

- (1) Anaphylaxis and anaphylactic shock mean an acute, severe, and potentially lethal systemic allergic reaction. Most cases resolve without sequelae. Signs and symptoms begin minutes to a few hours after exposure. Death, if it occurs, usually results from airway obstruction caused by laryngeal edema or bronchospasm and may be associated with cardiovascular collapse. Other significant clinical signs and symptoms may include the following: Cyanosis, hypotension, bradycardia, tachycardia, arrhythmia, edema of the pharynx and/or trachea and/or larynx with stridor and dyspnea. Autopsy findings may include acute emphysema which results from lower respiratory tract obstruction, edema of the hypopharynx, epiglottis, larynx, or trachea and minimal findings of eosinophilia in the liver, spleen and lungs. When death occurs within minutes of exposure and without signs of respiratory distress, there may not be significant pathologic findings.
- (2) Encephalopathy. For purposes of the Vaccine Injury Table, a vaccine recipient shall be considered to have suffered an encephalopathy only if such recipient manifests, within the applicable period, an injury meeting the description below of an acute encephalopathy, and then a chronic encephalopathy persists in such person for more than 6 months beyond the date of vaccination.
  - (i) An acute encephalopathy is one that is sufficiently severe so as to require hospitalization (whether or not hospitalization occurred).
    - (A) For children less than 18 months of age who present without an associated seizure event, an acute encephalopathy is indicated by a "significantly decreased level of consciousness" (see "D" below) lasting for at least 24 hours. Those children less than 18 months of age who present following a seizure shall be viewed as having an acute encephalopathy if their significantly decreased level of consciousness persists beyond 24 hours and cannot be attributed to a postictal state (seizure) or medication.
    - (B) For adults and children 18 months of age or older, an acute encephalopathy is one that persists for at least 24 hours and characterized by at least two of the following:
      - (1) A significant change in mental status that is not medication related; specifically a confusional state, or a delirium, or a psychosis;
      - (2) A significantly decreased level of consciousness, which is independent of a seizure and cannot be attributed to the effects of medication; and
      - (3) A seizure associated with loss of consciousness.
    - (C) Increased intracranial pressure may be a clinical feature of acute encephalopathy in any age group.
    - (D) A "significantly decreased level of consciousness" is indicated by the presence of at least one of the following clinical signs for at least 24 hours or greater (see paragraphs (2)(I)(A) and (2)(I)(B) of this section for applicable timeframes):
      - (1) Decreased or absent response to environment (responds, if at all, only to loud voice or painful stimuli);
      - (2) Decreased or absent eye contact (does not fix gaze upon family members or other individuals); or
      - (3) Inconsistent or absent responses to external stimuli (does not recognize familiar people or things).
    - (E) The following clinical features alone, or in combination, do not demonstrate an acute encephalopathy or a significant change in either mental status or level of consciousness as described above: Sleepiness, irritability (fussiness), high-pitched and unusual screaming, persistent inconsolable crying, and bulging fontanelle. Seizures in themselves are not sufficient to constitute a diagnosis of encephalopathy. In the absence of other evidence of an acute encephalopathy, seizures shall not be viewed as the first symptom or manifestation of the onset of an acute encephalopathy.
  - (ii) Chronic encephalopathy occurs when a change in mental or neurologic status, first manifested during the applicable time period, persists for a period of at least 6 months from the date of vaccination. Individuals who return to a normal neurologic state after the acute encephalopathy shall not be presumed to have suffered residual neurologic damage from that event; any subsequent chronic encephalopathy shall not be presumed to be a sequela of the acute encephalopathy. If a preponderance of the evidence indicates that a child's chronic encephalopathy is secondary to genetic, prenatal or perinatal factors, that chronic encephalopathy shall not be considered to be a condition set forth in the Table.
  - (iii) An encephalopathy shall not be considered to be a condition set forth in the Table if in a proceeding on a petition, it is shown by a preponderance of the evidence that the encephalopathy was caused by an infection, a toxin, a metabolic disturbance, a structural lesion, a genetic disorder or trauma (without regard to whether the cause of the infection, toxin, trauma, metabolic disturbance, structural lesion or genetic disorder is known). If at the time a decision is made on a petition filed under section 2111(b) of the Act for a vaccine-related injury or death, it is not possible to determine the cause by a preponderance of the evidence of an encephalopathy, the encephalopathy shall be considered to be a condition set forth in the Table.
  - (iv) In determining whether or not an encephalopathy is a condition set forth in the Table, the Court shall consider the entire medical record.
- (3) Seizure and convulsion. For purposes of paragraphs (b)(2) of this section, the terms, "seizure" and "convulsion" include myoclonic, generalized tonic-clonic (grand mal), and simple and complex partial seizures. Absence (petit mal) seizures shall not be considered to be a condition set forth in the Table. Jerking movements or staring episodes alone are not necessarily an indication of seizure activity.



- (4) Sequela. The term "sequela" means a condition or event which was actually caused by a condition listed in the Vaccine Injury Table.
- (5) Chronic Arthritis. For purposes of the Vaccine Injury Table, chronic arthritis may be found in a person with no history in the 3 years prior to vaccination of arthropathy (joint disease) on the basis of:

- A) Medical documentation, recorded within 30 days after the onset, of objective signs of acute arthritis (joint swelling) that occurred between 7 and 42 days after a rubella vaccination;
- (B) Medical documentation (recorded within 3 years after the onset of acute arthritis) of the persistence of objective signs of intermittent or continuous arthritis for more than 6 months following vaccination;
- (C) Medical documentation of an antibody response to the rubella virus.

For purposes of the Vaccine Injury Table, the following shall not be considered as chronic arthritis: Musculoskeletal disorders such as diffuse connective tissue diseases (including but not limited to rheumatoid arthritis, juvenile rheumatoid arthritis, systemic lupus erythematosus, systemic sclerosis, mixed connective tissue disease, polymyositis/dermatomyositis, fibromyalgia, necrotizing vasculitis and vasculopathies and Sjogren's Syndrome), degenerative joint disease, infectious agents other than rubella (whether by direct invasion or as an immune reaction), metabolic and endocrine diseases, trauma, neoplasms, neuropathic disorders, bone and cartilage disorders and arthritis associated with ankylosing spondylitis, psoriasis, inflammatory bowel disease, Reiter's syndrome, or blood disorders.

Arthralgia (joint pain) or stiffness without joint swelling shall not be viewed as chronic arthritis for purposes of the Vaccine Injury Table.

- (6) Brachial neuritis is defined as dysfunction limited to the upper extremity nerve plexus (i.e., its trunks, divisions, or cords) without involvement of other peripheral (e.g., nerve roots or a single peripheral nerve) or central (e.g., spinal cord) nervous system structures. A deep, steady, often severe aching pain in the shoulder and upper arm usually heralds onset of the condition. The pain is followed in days or weeks by weakness and atrophy in upper extremity muscle groups. Sensory loss may accompany the motor deficits, but is generally a less notable clinical feature. The neuritis, or plexopathy, may be present on the same side as or the opposite side of the injection; it is sometimes bilateral, affecting both upper extremities. Weakness is required before the diagnosis can be made. Motor, sensory, and reflex findings on physical examination and the results of nerve conduction and electromyographic studies must be consistent in confirming that dysfunction is attributable to the brachial plexus. The condition should thereby be distinguishable from conditions that may give rise to dysfunction of nerve roots (i.e., radiculopathies) and peripheral nerves (i.e., including multiple mononeuropathies), as well as other peripheral and central nervous system structures (e.g., cranial neuropathies and myelopathies).
- (7) Thrombocytopenic purpura is defined by a serum platelet count less than  $50,000/\text{mm}^3$ . Thrombocytopenic purpura does not include cases of thrombocytopenia associated with other causes such as hypersplenism, autoimmune disorders (including alloantibodies from previous transfusions) myelodysplasias, lymphoproliferative disorders, congenital thrombocytopenia or hemolytic uremic syndrome. This does not include cases of immune (formerly called idiopathic) thrombocytopenic purpura (ITP) that are mediated, for example, by viral or fungal infections, toxins or drugs. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with disseminated intravascular coagulation, as observed with bacterial and viral infections. Viral infections include, for example, those infections secondary to Epstein Barr virus, cytomegalovirus, hepatitis A and B, rhinovirus, human immunodeficiency virus (HIV), adenovirus, and dengue virus. An antecedent viral infection may be demonstrated by clinical signs and symptoms and need not be confirmed by culture or serologic testing. Bone marrow examination, if performed, must reveal a normal or an increased number of megakaryocytes in an otherwise normal marrow.
- (8) Vaccine-strain measles viral infection is defined as a disease caused by the vaccine-strain that should be determined by vaccine-specific monoclonal antibody or polymerase chain reaction tests.
- (9) Vaccine-strain polio viral infection is defined as a disease caused by poliovirus that is isolated from the affected tissue and should be determined to be the vaccine-strain by oligonucleotide or polymerase chain reaction. Isolation of poliovirus from the stool is not sufficient to establish a tissue specific infection or disease caused by vaccine-strain poliovirus.

# PARENTS SHOULD NOT BE LEGALLY LIABLE FOR REFUSING TO VACCINATE THEIR CHILDREN

Jay Gordon\*†

## INTRODUCTION

Should a parent who takes advantage of a personal belief exemption to avoid vaccinating a child be held liable if that child infects other people? No, because there are valid medical reasons for choosing this exemption and tracing direct transmission of these illnesses from an unvaccinated child to another person is virtually impossible.

I have been a pediatrician in private practice for nearly thirty years. I was conventionally trained, completed a residency in pediatrics at Children's Hospital of Los Angeles and was the Senior Fellow in Pediatric Nutrition at Memorial Sloan-Kettering Institute in New York City. Over many years, seeing thousands of children, my point of view about childhood vaccines has changed. I believe that parents have the right to decide when and how their children receive vaccinations and also have the right to decline any or all vaccines. Like many medical interventions, vaccines have risks and benefits, and parents may elect nonvaccination as the better choice for an individual child. The societal ramifications are significant and should certainly be a part of any discussion.

When children or babies who have been in contact with other children (or adults) contract most illnesses, there is no feasible way to know from whom they got the disease. Whether one is talking about a routine winter viral illness, chickenpox, or whooping cough, the contagion could have come from a child with overt disease signs and symptoms, an asymptomatic carrier, or another, perhaps mutual, contact. Vaccines are not 100% effective, so that even a fully vaccinated child can contract an illness or carry that illness and give it to another child. Blaming a specific individual—let alone suing one—because your child gets sick has no credible medical basis.

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\* Fellow, American Academy of Pediatrics.

† Suggested citation: Jay Gordon, Commentary, *Parents Should Not Be Legally Liable for Refusing to Vaccinate Their Children*, 107 MICH. L. REV. FIRST IMPRESSIONS 95 (2009), <http://www.michiganlawreview.org/firstimpressions/vol107/gordon.pdf>.

I. PARENTS MAY BE JUSTIFIED IN DECLINING TO  
VACCINATE THEIR CHILDREN

There are many valid reasons to support vaccination, but they *don't* support removing the right to *refuse* vaccinations. There are also situations—medical and personal—which justify waiving all or some childhood vaccines, but these are not good reasons to *abandon* vaccines altogether.

Twenty states (including Michigan) allow parents to waive any or all vaccines for personal or philosophical reasons. These children may still attend school at all levels, but the school system reserves the right to exclude these children in the event of an outbreak. This is a firm commitment on the part of the government to protect the rights of parents to participate fully in this important healthcare decision. Parents who feel that the risks of vaccinating outweigh the benefits are entitled medically and legally to waive vaccines. Section 6051 of the California Code states that “[a] pupil with a permanent medical exemption or a personal beliefs exemption to immunization shall be admitted unconditionally.” Similar wording appears in most of the state laws allowing a personal belief exemption. These are not whimsical choices on the part of the legislators, the parents, or the doctors who support this right. Parents who vaccinate their children base their decisions on the advice they receive from their pediatricians and the other knowledge they have gathered. Parents who choose to waive vaccinations do so for similarly valid reasons.

Adverse outcomes can occur from both vaccination and nonvaccination. Vaccines work very well at creating immunity to illnesses, so there are very few situations that would likely lead to transmission of an illness from an unvaccinated child to a vaccinated child. The obvious exceptions would be infants too young to have received a full complement of shots and immunocompromised children. Parents must protect these two groups of children by keeping them away from too many other children. Period. Newborns and young babies are at risk any time they are in public. We can only vaccinate against a *very* small minority of contagious illnesses; it is unwise to bring your newborn into preschool when you pick up your toddler, and equally risky to attend older children's birthday parties with this baby. Further, parents of children taking high dose steroids for asthma or receiving immunosuppressive medicine for other diseases are strongly cautioned by their doctors to avoid the potential dangers I have described.

There are valid reasons for giving all the recommended vaccines, but parents' ambivalence is supported not just by instinct or alleged self-interest but also by medical literature questioning the effectiveness of immunizations. The Centers for Disease Control and Prevention (“CDC”) funded a peer-reviewed article about flu shots published in the October 2008 issue of the highly respected *Archives of Pediatric and Adolescent Medicine*. It concluded:

[S]ignificant influenza VE [vaccine effectiveness] could not be demonstrated for any season, age, or setting after adjusting for county, sex, insurance, chronic conditions recommended for influenza vaccination, and

timing of influenza vaccination (VE estimates ranged from 7%–52% across settings and seasons for fully vaccinated 6- to 59-month-olds). . . . In 2 seasons with suboptimal antigenic match between vaccines and circulating strains, we could not demonstrate VE in preventing influenza-related inpatient/ED or outpatient visits in children younger than 5 years. Further study is needed during years with good vaccine match.

We have known for years that flu shots do not work well in older adults; newer research questions their efficacy in children, too.

Another example involves chickenpox. The Varicella Zoster virus (“VZV”) causes chickenpox in children; the illness is virtually always benign and leaves the child with immunity to chickenpox. In adults, this virus also can cause “shingles,” an extremely painful illness. VZV can live in the nervous system for years and then reactivate in adults whose immune systems no longer suppress it.

Fortunately, continued occasional exposure to children with chickenpox usually keeps the antibody level against the virus high enough so that shingles is not terribly common. That is the state of medical care in most of Europe where governments and the medical establishment have refused to officially recommend universal vaccination against chickenpox. Among many studies supporting this refusal is a report in the prestigious medical journal *Vaccine* written by researchers at Britain’s Public Health Laboratory Service, who found that “eliminating chickenpox in a country the size of the United States would prevent 186 million cases of the disease and 5,000 deaths over 50 years. However . . . they said it could also result in 21 million more cases of shingles and 5,000 deaths.”

Of course, we have been quite successful in reducing certain childhood diseases to almost insignificant numbers in the United States, Western Europe, and many other places. (Somalia experienced its first polio-free year in 2008.) And widespread vaccination directly led to this success.

In March 2005, Julie Gerberding, Director of the CDC, held a press conference to announce that “[t]he elimination of rubella in the United States is a tremendous step in protecting the health and well being of pregnant women and infants.” A viral illness feared by pregnant women “is no longer considered to be a major public health threat in the United States.”

Another success story involves measles. The United States averages about 60 cases of this viral illness each year. In 2008, the country is on course to have about 160 cases among 300 million Americans. However, the media have managed to turn these extra 100 cases into a cause célèbre for vilifying parents who question the currently recommended schedule of twenty-five or more separate injections over the first two years of life.

In 1960, if a parent were presented with a dilemma about the polio vaccine and hypothetical side effects, the decision would not have been too difficult given the prevalence of polio during that time period. In 2008 or 2009, the illness is rare worldwide: we are on target for about 1700 cases on the entire planet in 2008 with all but 100 of the cases being in India, Nigeria, Pakistan, Angola, or Afghanistan. The benefits, both personal and

societal, of the polio vaccine were so clear thirty or forty years ago that parents and doctors easily agreed on universal vaccination.

"Childhood vaccines save 33,000 lives each year in the United States." This statement has been made so often that no one seems to question the absence of logical thinking behind it. The numbers are based on medical care in the early to mid-1900s. There is no way to estimate how many lives vaccines are saving, and a similar estimate of harm from vaccines is difficult to calculate. As a result, a parent's decision not to vaccinate a child is being unfairly vilified.

## II. PARENTS SHOULD NOT BE LIABLE FOR PLACING THEIR CHILDREN'S BEST INTERESTS ABOVE UNIVERSAL VACCINATION POLICIES

In the absence of facts, doctors and others are trying to frighten people into vaccinating or not vaccinating. That fear includes the notions that unvaccinated children pose a great threat to others and that parents of these children are not being responsible. In fact, these parents are choosing what they consider to be the safest course of action for their children and pose very little, if any, danger to other children and adults.

Some medical interventions are not controversial, and some prompt only mild controversy. For example, if a child has acute lymphocytic leukemia, the cure rate with conventional medical care approaches ninety percent, and very few doctors or parents will argue against the standard treatments offered in spite of their known complications and adverse reactions. But vaccines are presently controversial, and purported truths about safety and efficacy are challenged daily by lay people and physicians.

Very few medical actions are risk free. Prior to surgery or when medication is prescribed, your doctor explains the risks and benefits. For surgery, the consent form is often many pages long with dire warnings about what can go wrong. Childhood vaccines are shipped to my office with a long thin package insert detailing how the shots are manufactured, what they contain, and what can and has gone wrong. The last lines in many of these inserts sound ominous: "This vaccine has not been evaluated in animals for its carcinogenic or mutagenic potentials or for impairment of fertility." I seriously doubt that vaccines are a large source of cancer, genetic mutation, or impaired fertility. However, any time I inject a vaccine into a child there is potential for adverse outcome. I respect parents' questions and objections to our current vaccine schedule. Parents have the absolute right to participate in these medical discussions, and not giving them the information they need to make informed decisions is inadequate medical care. Not seeking out this information is an abrogation of parental responsibilities.

The list of side effects from adverse reactions to vaccines, in a *Physicians' Desk Reference* "warning" section, given *out of context*, would probably frighten many parents out of vaccinating at all. There are thirty or more items on that list. Similarly, the list of symptoms and complications of the illnesses against which we vaccinate could scare parents into giving every shot available as soon as possible.

Pediatricians and other physicians use the latter option on a daily basis. I share my colleagues' disdain for scare tactics from the "antivaccine" camp, but I object equally to doctors using fear and misinformation to try to convince parents (and legislators) that vaccines are risk free. Both sides are distorting the truth for their own purposes. Childhood illnesses are part of the first decade of life; immunity is acquired, and the consequences are almost always minor.

Modern medical care has completely changed the morbidity and mortality rates associated with virtually every single infectious disease. Yet, the "33,000" number is used in the media as if we actually know how many children would succumb to these illnesses in the absence of vaccines in the twenty-first century. We do not really have any idea what this number would actually be with twenty-first century medications and care. And unvaccinable diseases are far, far more common and, realistically, a greater concern for parents: toddlers get eight to ten or more colds each year. To restate a very important point, even vaccinated children can carry diseases like pertussis and mumps. There are no completely reliable medical or laboratory tests showing who infected whom.

#### CONCLUSION

Vaccines work. They carry some risk but are a viable method of preventing contagious diseases. Parents who choose not to vaccinate their children accept responsibility for their actions, do not endanger others, and must retain this right. There is no medical basis for holding them liable.

**Statement from Dr. Robert W. Sears, MD, FAAP April 2, 2010**

**Pediatrician and author of The Vaccine Book and The Baby Book**

Childhood immunizations play an important role in the prevention of many communicable childhood illnesses. Vaccines offer many benefits; however a certain risk associated with vaccines always exists as with any medical procedure.

In my practice as a board-certified medical doctor, I support the absolute right of parents to make decisions regarding vaccinations. It is my professional opinion that if a parent has reviewed the vaccination options and chooses to refrain from all the recommended vaccinations, or use a delayed or selective schedule; they are doing what they feel is in the best interest of the child.

In response to the National Childhood Vaccine Injury Act (NCVIA) in 1986, the Centers for Disease Control co-sponsored the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink Project (VSD). "Approximately 30,000 VAERS reports are filed annually, with 10-15% classified as serious (resulting in permanent disability, hospitalization, life-threatening illnesses or death)."<sup>1</sup> Research is ongoing, yet there is enough substantial evidence linking vaccines and serious life-altering reactions. If a parent chooses an alternate method of disease control in an effort to counteract or avoid the rare but possible adverse reactions, there is enough scientific evidence to warrant and support that decision.

I have found that parents who fall into this category have come to their decision after serious consideration of the benefits and risks associated with vaccines and preventable diseases. It has also been my experience to observe that these parents take extra efforts to provide a healthy lifestyle for their children while seeking alternative methods to immune defense and disease prevention not only for their own children but of those around them as well.

They fully understand the real risks on both sides. Not vaccinating poses a disease risk to the child, and a very small risk of disease spread to others. However, there is also a small chance of vaccine failure and disease spread with the use of vaccines as well. Because of this and because vaccinating can result in a direct harmful effect on a very small number of children, it should be the parent's role to use their informed conscience and choose which risk to take.

Although severe vaccine reactions are extremely rare, they are well documented in the medical literature. Because vaccination does pose a very small risk, I believe that parents should have the right to make this medical decision for their own child. Here is a sample of studies that demonstrate this small risk:

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<sup>1</sup> <http://www.cdc.gov/vaccinesafety/Activities/vaers.html>

*Adverse Events Following Pertussis and Rubella Vaccines*, Howson C and Fineberg H, The Institute of Medicine, Journal of the American Medical Association, Vol. 267, No. 3, Jan. 15, 1992.

Summary: This group reviewed many research studies and found that the rubella vaccine *can* cause acute arthritis (15% chance) and *may* cause chronic arthritis (they were unable to estimate an actual percent chance of this) in adult women. Arthritis was much less common in children, teens, and male adults.

*Arthritis associated with induced rubella infection*, Ogra P and Herd K, The Journal of Immunology, Vol. 107, No. 3, Sept. 1971.

Summary: This study discusses the cases of 4 children who suffered severe prolonged arthritis after a rubella vaccine.

*Persistent Rubella Infection and Rubella-Associated Arthritis*, Chantler J, et al, The Lancet, June 12, 1982.

Summary: This is a report on six women who developed chronic arthritis for up to 6 years following rubella vaccination (an older form of the vaccine, not the one used today).

*Vaccinations and multiple sclerosis*, Gout O, Federation of Neurology, Paris France, Neurological Science 2001, Apr; 22(2): 151-154.

Summary: This paper discusses the several hundred reports of MS-like reactions reported after Hep B vaccine during the 1990s. They could find no actual proof the vaccine was related. They discuss possible theories on how the vaccine may trigger this reaction.

*Arthritis after hepatitis B vaccination. Report of three cases*, Gross K, et al, Scandinavian Journal of Rheumatology, 24 (1), 1995.

Summary: This is a report on three cases of severe arthritis after Hep B vaccination. One patient develop rheumatoid arthritis (a lifelong autoimmune arthritis).

*Atopic dermatitis is increased following vaccination for measles, mumps and rubella or measles infection*, Olesen AB, et al, Acta Derm Venereol. 2003;83(6): 445-450.

Summary: These researchers found that atopic dermatitis (eczema) was more common after kids get the MMR vaccine or catch a natural measles infection. They discuss how early exposure to infections can affect the immune system and trigger eczema. They suggest further research be done on this issue.



*Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM*, Classen JB, Classen DC, Autoimmunity 2003, May;36(3):123.

Summary: This study looked at 116,000 kids who got the HIB vaccine in Finland during its first two years of use. They found that child-onset diabetes was significantly more common in those kids compared to 128,000 kids who were born 2 years prior and did not get the vaccine. They also found the vaccine triggered diabetes in mice.

*Vaccination-induced cutaneous pseudolymphoma*, Maubec E, et al, Journal of the American Academy of Dermatology, April 2005; 52(4):623-629.

Summary: This is a report on 9 patients who developed a condition called pseudolymphoma on the skin where they'd been given an aluminum-containing vaccine (Hep B or A). This is an inflammatory condition on the skin in which lymphoid tissue overgrows and resembles lymphoma. Aluminum deposits were also found.

*Vaccine-induced autoimmunity*, Cohen AD, Journal of Autoimmunity, 1996 Dec;9(6):699-703.

Summary: This paper reviews reports of autoimmune disorders after vaccination, discusses the possible mechanisms that are occurring, and suggests further research be done. They also state the benefits of vaccines do outweigh these risks.

*Kawasaki disease in an infant following immunization with hepatitis B vaccine*. Miron D, Clinical Rheumatology, 2003 Dec;22(6):461-3.

Summary: This is a report on a one-month-old baby who developed Kawasaki disease (life-threatening inflammation of the heart and blood vessels) one day after the 2<sup>nd</sup> Hep B dose. They also discuss how similar vasculitic reactions have been reported in adults getting the Hep B vaccine.

*Vaccination and autoimmunity-'vaccinosis': a dangerous liaison?* Shoenfeld Y, Aron-Maor A, Journal of Autoimmunity, 2000 Feb;14(1):1-10.

Summary: This is a discussion paper that acknowledges that many autoimmune reactions have been reported after vaccines. They state that in many cases vaccines can't be proven to be responsible, but there's enough evidence to suggest a relationship. They point out the timing of the reactions (often 2 to 3 months after vaccination) is very consistent with autoimmune reactions.

*Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminum hydroxide in muscle*, Gherardi M et al. 2001, Brain, Vol 124, No. 9, 1821-1831.

This group at the University of Paris, France, studied 50 cases of this condition (which causes severe muscle and joint pain and fatigue) and found that all cases had aluminum-induced muscle inflammation at the site of an aluminum-containing vaccine injection as long as 3 years prior.

**From Stephanie F. Cave, M.D., M.S., FAAFP**  
**Author of *What Your Doctor May Not Tell You About Children's Vaccinations***

"When I attended school in the 50's and 60's, most children got 1-2 DPT shots, a small pox vaccine and 1oral polio vaccine. The side effects were minimal at best. The small pox vaccine was discontinued because small pox was eradicated and there were more deaths from the vaccine than from the disease itself. The oral polio vaccine was stopped in 2000 because the only cases of polio in the US were from the vaccine as polio had been eradicated from the Western Hemisphere. Vaccines have helped to lessen the cases of these diseases in the world as a whole but they do carry the risk of side effects.

We face a different problem today. We are told that we as medical professionals can give as many as 14 vaccines to an infant on one day. The supposition is that all of these early immune systems can respond favorably to this kind of an insult. Vaccines in themselves are not necessarily safe. If they were very safe, they would not work well to prevent disease. The genetic predisposition of the infant plays a big part in whether or not the child will benefit or suffer from the experience.

I have treated vaccine injured children for over 13 years now. I have seen at least 10000 children from over 10 countries all over the world. Most of the children have one thing in common—a genetic problem with methylation, one of the detoxification pathways in the liver. In deciding that all children could take the same vaccinations, the medical professionals neglected to realize that each child is not necessarily able to genetically handle what is in the present vaccinations.

The most compelling facts about the vaccines today lie in the research of Dr. Theresa Deisher, the managing member, researcher, and development director of AVM Biotechnology. She has 17 years experience in scientific and corporate leadership involving research, discovery, production, and commercialization of human therapeutics, 23 patents, and numerous publications in the area of stem cell technology and regenerative medicine. She has approached this research from a safe, effective, and affordable pro life therapeutic standpoint. She does not support the use of aborted fetal cells to provide a growth medium for the live viral vaccines. Rubella, Varicella, Hepatitis A and Rabies are several of the vaccines grown in human fetal cells today. She has found that there is contaminating human DNA in these vaccines that can recombine with the DNA of the child being vaccinated ----changing the genetic expression of the child at the gene level on the X chromosome. This is very serious and could be the missing link for the autistic children. The numbers of autistic children began to rise in 1983, 4 years after the start of the use of human tissue to grow the Rubella vaccine in 1979. The children that are most affected are the children that cannot methylate well. 80% of the families of autistic children in my practice have a genetic problem with methylation.

The sad fact is that these vaccines do not have to be grown in human fetal tissue to be effective vaccines. We could still get the protection from the vaccines if they were grown in animal tissue and the DNA would not recombine with the human DNA in the children getting the vaccinations. Dr. Deisher has done the basic research to show the recombination but does not have the funding to continue her work.

There is a new source of fetal tissue that will be used next flu season for the flu vaccine—PER C6. The plan is for this to be used for many drugs beyond the flu vaccine. I do not know what the result will be for the children but it will probably not be positive.

All of this information has gone into my decision to allow parents to make their own decisions about whether or not to give their children the vaccinations. In areas of the country where the exemptions have been allowed, the vaccinated children still comprise over 90% of the target population. The exemptions have not actually affected the herd immunity. The outbreaks in diseases like mumps and measles have been in fully vaccinated children in a few communities.

Generally the families that choose not to vaccinate have researched the topic thoroughly and take measures to insure the health of their children beyond the usual. These unvaccinated children pose very little if any risk to other children in the school. If the vaccines work, the children who have been vaccinated should be protected.

The VAERS system shows over 30,000 reports yearly of mild to very serious side effects from vaccines. It is estimated that only 10% of reactions are actually reported by physicians. That could mean that we actually have over 300,000 such reactions in a year's time. For the parents that have a vaccine injured child, it is devastating. I have families that have as many as 5 injured children. Some of the reports mention arthritis, asthma, autoimmune diseases, neurological deficits, encephalopathy, coma and death as possible side effects.

Until we understand how the genetics and contaminants like human DNA play a part in the health of the child receiving the vaccines, I believe that it is in the best interest of the child and the family to allow the parents to take part in this decision of whether or not to vaccinate."

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Gardasil vaccine—*JAMA*, 2009—32 deaths.

Flu shot—2009 American Thoracic Society—paper presented at meeting showed 3X the risk of hospitalization in children after the flu shot.

**Notes from Dr. Meryl Nass**  
**April 14, 2010:**

In regards to public health in schools amongst the vaccinated and unvaccinated:

I would also note that if other children in class are vaccinated, and vaccines work as billed, the vaccinated children should have only minimal increased risk of infection due to the presence of unvaccinated children.

For mumps cases in the US recently, the vast majority of infected children had been fully vaccinated. So both vaccinated and unvaccinated children served as reservoirs of infection. The same is true of pertussis: vaccinated children have high rates of susceptibility to this infection, and continue to spread it."

Snippets from Business Week

Saturday, February 13, 2010

***Large Mumps Outbreak Ongoing in Vaccinated Hasidic Jews***

One solution being used in Orange County is to keep vaccinating with a third dose of the same vaccine, though the MMWR editor notes that no data exist to support this approach. Isn't the appropriate answer to develop a better vaccine?

According to the MMWR, "Among patients aged 7–18 years, the age group with the majority of cases and for whom 2 doses of MMR vaccine is recommended, 93% had received at least 1 dose, and 85% had received 2 doses."

A study released Thursday by the U.S. Centers for Disease Control and Prevention tracked an ongoing outbreak of mumps, largely confined to an orthodox Hasidic Jewish group. The outbreak started among boys attending a religious summer camp in New York State and continued when the youngsters returned to their homes in New York and New Jersey. Currently some 1,521 cases have been reported, with more individuals coming down with the disease.

"The outbreak has been ongoing since the end of June," said study co-author and CDC epidemiologist Kathleen Gallagher. "Ninety-seven percent of cases are among this Jewish community."

Most of the people who have become sick had received the mumps, measles and rubella vaccine (MMR), according to the report. In fact, 88 percent had received at least one dose of the vaccine and 75 percent had received two doses.

Outbreaks of mumps are not all that unusual, Gallagher said. "We have had outbreaks of mumps in communities that have had two doses before," she said.

Meryl Nass

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### Statement from Dr. Ronald Hunninghake, MD

As a Kansas born, Benedictine educated family physician, and now the grandfather of a beautiful 9 month old granddaughter, I am writing this brief note to add my voice to the concern that the God-given authority of parents in the thoughtful and reasonable role of attending to the health needs of their children is being superseded by the medical economics, politics and bureaucracy of current vaccination mandates.

Sweeping changes in the childhood vaccination schedule have created reasonable doubts in the safety of giving so many vaccines in such a short time to very young babies with vulnerable immune systems. Please note - vaccination per say is not being questioned, but rather the safety of this emerging and crowded schedule of vaccines, all of which are not absolutely necessary at this early age.

In very simple terms, my position on this issue can be summarized with the following quote:

**I am not anti-vaccine, but rather pro-parental rights and consent. I also believe fervently in "first do no harm."**

There is growing dissent and deep scientific concerns surrounding this now very polarized issue.

However, there should be no issue over the right of a parent to question the medical care being unilaterally imposed upon their children.

While science strives to sort out the unresolved issues here, the cautionary principle dictates that the reasonable concerns of loving and intelligent parents should be listened to, in the same way that Mother Church asks that its authority be listened to and respected.

Ron Hunninghake, M.D.

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## MEMORANDUM

TO: Whom It May Concern

FROM: Alan G. Phillips, Esq.  
P.O. Box 3473  
Chapel Hill, NC 27515-3473  
919-960-5172  
<http://www.vaccinerights.com>

RE: The Constitutionality of State Vaccine Religious Exemption Laws That  
Require Membership in an Organized Religion With Tenets Opposed to  
Immunizations and Related Issues

### ISSUES

1. Is a state vaccine religious exemption law that requires membership in an organized religion with tenets in opposition to the immunization requirements Constitutional, and if not, should it be amended to remove this requirement?
2. Is there other law supporting the proposition that religious exemption laws requiring membership in an organized religion should be amended?
3. Would amending these religious exemption laws raise any significant health concerns?
4. Does the state need to retain authority to scrutinize religious exemption claims?
5. Does the state need to notify citizens of the exemption option?

### ANALYSIS

#### I. Background

While the legal consensus appears to be that the Constitution doesn't require states to offer a vaccine religious exemption,<sup>1</sup> forty-eight states presently do (all but Mississippi and West Virginia)—a strong testament to the value we as a society place on religious freedom, especially considering the prevailing belief that mandatory vaccination

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<sup>1</sup> See e.g., *Prince v. Com. of Mass.*, 321 U.S. 158, 64 S.Ct. 438, 88 L.Ed. 645 (1944) (stating in dicta that the "right to practice religion freely does not include liberty to expose the community or the child to communicable disease or the latter to ill health or death.")

is both necessary and effective.<sup>2</sup> Despite states' right not to enact vaccine religious exemption laws, once a state does, fundamental Constitutional rights apply, due to the Fourteenth Amendment's due process clause. These fundamental rights include the First Amendment's free exercise and establishment clauses. Accordingly, each of the 48 state vaccine religious exemption laws is potentially subject to Constitutional scrutiny.

In recent decades, state and federal courts have scrutinized the Constitutionality of vaccine religious exemption statutes requiring membership in an organized religion with tenets opposed to the immunization requirements in Arkansas, Maryland, Massachusetts, Mississippi, and New York. In each instance, the court held that the statute in question violated the Constitution. Still other states have made changes in law or procedure without being prompted by litigation, in seeming response to the more recent federal court rulings. Each of these is discussed below.

## II. State Court Rulings

Religious exemption statutes were challenged and struck down in state courts after being held to be unconstitutional and severable in Massachusetts in 1971,<sup>3</sup> Mississippi in 1979,<sup>4</sup> and Maryland in 1982.<sup>5</sup> In Massachusetts and Maryland, this was due to requirements involving membership in an organized religion. These two states have since passed revised religious exemption statutes that do not require membership in an organized religion. See, e.g., Md. Educ. Code § 7-403, and Mass. Gen. Laws ch. 76 § 76:15. Vaccination and immunization. The Mississippi court ruled that a vaccine religious exemption violates the 14<sup>th</sup> Amendment by discriminating "against the vast majority of children whose parents have no such religious convictions," which ruling has since left Mississippi without the ability to have a vaccine religious exemption option at all. However, this ruling remains an anomaly to this day; no subsequent state or federal court ruling has concurred with this ruling.

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<sup>2</sup> However, since an average of about 90% of infectious disease decline in the 1900's preceded vaccines, and diseases without vaccines declined along with those with vaccines; some diseases actually increased following the introduction of vaccines, the widespread belief that mandatory vaccination is necessary is not absolutely clear. In addition, experts continue to debate the safety and effectiveness of vaccines despite the consistent reassurance of government authorities. See, e.g., "Dispelling Vaccination Myths: An Introduction to the Contradictions Between Medical Science and Vaccination Policy" at <http://vaccinerights.com/pdf/DispellingVaccinationMythsx.pdf>

<sup>3</sup> Dalli v. Board of Education, 358 Mass. 753, 267 N.E.2d 219 (1971).

<sup>4</sup> Brown v. Stone, 378 So.2d 219 (Miss. 1979).

<sup>5</sup> Davis v. State, 294 Md. 370, 451 A.2d 107 (1982).



### III. Federal Court Rulings

In 1976, the court in Kleid v. Board of Educ., 406 F.Supp. 902 (W.D. Ky. 1976), held that Kentucky's exemption requirement that applicants be members of a "nationally recognized and established church or religious denomination" did not violate the First Amendment's Establishment Clause. However, Kentucky later modified its religious exemption statute, which modification made it consistent with subsequent federal court rulings discussed below.

In Sherr v. Northport-East Northport U. Free, 672 F. Supp. 81, 98 (E.D.N.Y. 1987) the court held that the state must offer the exemption to all persons who sincerely hold religious beliefs," id. at 98, and that New York's law requiring membership in a "recognized religious organization" violated "both the establishment and free exercise clauses of the First Amendment to the United States Constitution," id. at 99. The following year, the Second Circuit held that it "is sufficient if the belief 'occupies a place in the life of its possessor parallel to that filled by the orthodox belief in God.'" Mason v. General Brown Cent. School Dist., 851 F.2d 47 (2nd Cir. 1988) (quoting United States v. Seeger, 380 U.S. 163, 166, 85 S.Ct. 850, 854 (1965)). In 1989, the court in Lewis v. Sobel, 710 F. Supp. 506 (S.D.N.Y. 1989) upheld a religious exemption for a child whose parents' personal religious beliefs sprung from their past membership in a community of people from the Chumash, Navaho and Hopi tribes. Id. at 508. Lewis explained that the plaintiffs' not being "members of an organized religion does not preclude them from protection under the Free Exercise clause if their beliefs are in fact religious." The court in Lewis also found that the parents' First Amendment rights had been violated and awarded money damages. In a later case involving Jewish parents, Berg v. Glen Cove City School Dist., 853 F. Supp. 651 (E.D.N.Y. 1994), the court upheld the religious exemption for two Jewish children, noting that the basis for the parents' opposition to immunization was their own interpretation of passages from certain Hebrew scripture; the court was not persuaded by the defendant's witness' testimony that "there is nothing in the teaching of the Jewish religion that would proscribe immunization for children . . ." Id. at 655. More recently, the court in Farina v. The Board of Education, 116 F. Supp.2d 503, 507 (S.D.N.Y. 2000) held that "[t]he beliefs need not be consistent with the dogma of any organized religion, whether or not the plaintiffs belong to any recognized religious organization." (citing Sherr, 672 F. Supp. at 91).

In 2002, an Arkansas federal district court ruled that state's religious exemption clause requiring membership in an organized religion with tenets in opposition to the immunization requirements violated the First and Fourteenth Amendments. McCarthy v. Boozman, 212 F.Supp.2d 945 (W.D.Ark. 2002). Shortly afterwards, the Arkansas legislature rendered moot an appeal of that decision to the Eighth Circuit by enacting both a philosophical exemption and a revised religious exemption to immunizations for Arkansas citizens.

#### IV. Other State Responses

In apparent response to the more recent federal court rulings cited above, some states have changed their laws and/or their exemption procedures. E.g., Kentucky changed its vaccine religious exemption law in 2005, removing a prior requirement of membership in an organized religion (despite the prior federal court ruling in Kentucky supporting the prior statute noted above). Ky. Rev. Stat. Ann. § 214.036. Exceptions to testing or immunization requirement. The Iowa Department of Public Health designed a form for exercising a vaccine religious exemption that does not require the applicant to state their beliefs or name their religion,<sup>6</sup> despite a statutory requirement that applicants provide an affidavit "stating that the immunization conflicts with the tenets and practices of a recognized religious denomination of which the applicant is an adherent or member." Iowa Code § 139A.8. Immunization of children.

#### V. Other Support for Statutory Reform: Religious Freedom Restoration Acts

In 1993, Congress enacted the Religious Freedom Restoration Act, intended to prevent laws that substantially burden a person's free exercise of religion. 40 U.S.C. § 2000bb et seq. When the U.S. Supreme Court ruled that the Act did not apply to the states,<sup>7</sup> many states responded by enacting their own state Religious Freedom Restoration Acts or comparable legislation. The language in these state acts may be inconsistent with state religious exemption laws that require membership in an organized religion. E.g., in 2000, Oklahoma enacted the Oklahoma Religious Freedom Act, which reads as follows:

<sup>6</sup> [http://www.idph.state.ia.us/ADPER/common/pdf/immunization/products/cert\\_of\\_immunization.pdf](http://www.idph.state.ia.us/ADPER/common/pdf/immunization/products/cert_of_immunization.pdf)

<sup>7</sup> City of Boerne v. Flores, 521 U.S. 507 (1997)

## Oklahoma Religious Freedom Act

### § 253. Government Burden on Religious Freedom.

A. Except as provided in subsection B of this section, no governmental entity shall substantially burden a person's free exercise of religion even if the burden results from a rule of general applicability.

B. No governmental entity shall substantially burden a person's free exercise of religion unless it demonstrates that application of the burden to the person is:

1. Essential to further a compelling governmental interest; and
2. The least restrictive means of furthering that compelling governmental interest.

The "least restrictive means" clause is consistent with the more lenient state vaccine religious exemption statutes and the more recent federal legal precedent that allow the exemption for applicants with sincerely held religious beliefs opposed to the immunization requirements, whether or not they are members of an organized religion, and regardless of which church they belong to if they are.

States that do not have a Religious Freedom Restoration Act may wish to consider the merits of enacting such legislation, and in the meantime, the rights and interests these laws are designed to offer and protect, when considering enforcement or modification of present vaccine religious exemption laws that require membership in an organized religion. The "least restrictive means" of limiting the exercise of a vaccine religious exemption while still meeting the state's compelling state interest to protect its citizens from infectious diseases may be to allow exemptions for all applicants who have sincerely held religious beliefs, and by removing (and perhaps not enforcing in the meantime) requirements that applicants be members of an organized religion with tenets in opposition to the immunization requirements.

### VI. Revised Vaccine Religious Exemption Laws Do Not Pose a Significant Health Risk

Since most if not all states have laws that enable the state to require immunizations of exempt persons in times of local outbreaks or declared emergencies,

the enactment of broad exemption laws, religious or philosophical, does not present any significant health concerns, even though they may raise the hypothetical prospect of increased numbers of exempt persons, during such events. Under routine circumstances, the exercise of exemptions poses no significant health risk, because:

A. Medically: The widely accepted herd immunity theory tells us that as long as most are vaccinated, all need not be vaccinated for the "herd" to be protected. Historically, exemptions have, presumably, been tolerated due to the overall small percentage of persons exercising exemptions. However, increases in the numbers of exempt persons may not be a concern, either, as it pertains to the herd immunity theory. A recent outbreak of mumps in New York occurred despite a nearly 80% vaccination rate.<sup>8</sup> Measles, mumps, small pox, pertussis, polio and Hib outbreaks have all occurred in vaccinated populations.<sup>9</sup> The CDC even reported a measles outbreak in a documented 100% vaccinated population.<sup>10</sup> A study examining this phenomenon concluded, "The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons."<sup>11</sup> So while contemporary herd immunity theory suggests that states need to have a majority of citizens vaccinated at all times, the benefit and need for mass immunization with regard to that theory are not scientifically clear,<sup>12</sup> and

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<sup>8</sup> <http://articles.mercola.com/sites/articles/archive/2010/03/06/vaccine-failure--over-1000-get-mumps-in-ny-in-last-six-months.aspx>

<sup>9</sup> (a) Measles vaccine failures: lack of sustained measles specific immunoglobulin G responses in revaccinated adolescents and young adults. Department of Pediatrics, Georgetown University Medical Center, Washington, DC 20007. *Pediatric Infectious Disease Journal*. 13(1):34-8, 1994 Jan.;

(b) Measles outbreak in 31 schools: risk factors for vaccine failure and evaluation of a selective revaccination strategy. Department of Preventive Medicine and Biostatistics, University of Toronto, Ont. *Canadian Medical Association Journal*. 150(7):1093-8, 1994 Apr 1;

(c) Haemophilus b disease after vaccination with Haemophilus b polysaccharide or conjugate vaccine. Institution Division of Bacterial Products, Center for Biologics Evaluation and Research, Food and Drug Administration, Bethesda, Md 20892. *American Journal of Diseases of Children*. 145(12):1379-82, 1991 Dec.;

(d) Sustained transmission of mumps in a highly vaccinated population: assessment of primary vaccine failure and waning vaccine-induced immunity. Division of Field Epidemiology, Centers for Disease Control and Prevention, Atlanta, Georgia. *Journal of Infectious Diseases*. 169(1):77-82, 1994 Jan. 1;

(e) Secondary measles vaccine failure in healthcare workers exposed to infected patients. Department of Pediatrics, Children's Hospital of Philadelphia, PA 19104. *Infection Control & Hospital Epidemiology*. 14(2):81-6, 1993 Feb.;

(f) MMWR (Morbidity and Mortality Weekly Report) 38 (8-9), 12/29/89.

<sup>10</sup> MMWR. 33(24), 6/22/84.

<sup>11</sup> Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons. Review article: 50 REFS. Dept. of Internal Medicine, Mayo Vaccine Research Group, Mayo Clinic and Foundation, Rochester, MN. *Archives of Internal Medicine*. 154(16):1815-20, 1994 Aug 22.

<sup>12</sup> Or, put another way, if vaccines work, how does an unvaccinated person pose a risk to a vaccinated one?

B. Legally, there is a legislative presumption that the exercise of an exemption will not create a significant health risk, for if exercising an exemption would create a significant health risk, state legislatures would not have enacted the exemption statutes in the first place. Furthermore, given the "back-up" procedures that provide for immunization or quarantine of non-immunized persons in emergency situations, states have the means of preventing exempt persons from creating a significant health risk in the future.<sup>13</sup>

#### VII. Does the State Need to Retain Authority to Scrutinize Vaccine Religious Exemption Claims?

Under the precedent from the New York federal district courts and the Second Circuit, the only requirements for a vaccine religious exemption are that beliefs opposed to immunization requirements be religious and sincerely held. Whether or not the state can scrutinize a vaccine religious exemption claim is a separate matter that varies from state to state depending on the specific wording of the statutes. E.g., in Florida and Wyoming, state appellate courts held that based on the plain language of the exemption law, the state could not scrutinize the exemption claim. Department of Health v. Curry, 722 So.2d 874 (Fla.App. 1 Dist. 1998), LePage v. State, 2001 WY 26, 18 P.3d 1177 (2001). Other states do retain the right to scrutinize; e.g., New York reportedly has some school districts that require religious exemption applicants to submit to an interview in which parents are strongly discouraged from exercising the exemption. However, given state laws that can require vaccination of exempt persons in emergencies, and the potential for improper entanglement of government in religion in the act of scrutinizing religious exemptions beliefs, many states have wisely opted for statutory language that does not to allow the state to engage in such analyses. This may also be a prudent financial decision for states as well.

#### VII. Should the State be Required to Notify Citizens of Exemption Options?

Few states have laws requiring the state to notify citizens of vaccine exemption options when, e.g., schools inform parents that their children's immunizations have to be up to date by a certain time or the children will be excluded from school; and it is likely

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<sup>13</sup> This authority stems from Jacobson v Massachusetts, 197 U.S. 11 (1905), a U.S. Supreme Court case considered to be the seminal vaccine case.

that few school nurses and administrators mention exemptions to parents unless asked. While the intent is honorable—maximize immunization rates for the protection of the community—failure to mention exemption options amounts to the state endorsing one of two or more legal options. The state should be neutral with regard to its citizens exercise of legal rights. Therefore, exemption laws should be accompanied by statutory provisions requiring the state to refer to the exemption options any time it refers to the immunization requirements. See, e.g., Wis. Stat. § 252.04 (Appendix).

### CONCLUSION

The majority of courts that have assessed the Constitutionality of vaccine religious exemption statutes requiring membership in an organized religion with tenets opposed to the immunization requirements have held such laws to be unconstitutional. Some states have, without litigation, modified their religious exemption statutes and/or procedures to be consistent with the majority view. The more recent federal legal precedent is consistent with state and federal Religious Freedom Restoration Acts and the majority of states' vaccine religious exemption laws, and this provides an additional basis for the modification of vaccine religious exemption laws requiring church membership. Finally, since current state laws provide for the potential immunization or quarantine of exempt persons during outbreaks and emergencies, states already have an effective means of addressing any infectious disease concerns that broader exemption laws may raise. These facts support the need to reform the remaining minority of state vaccine religious exemption laws that still require membership in an organized religion with tenets in opposition to the immunization requirements, to remove the requirement church membership requirement.

States should also require that whenever notifying residents of vaccine requirements, the state also notify residents of the exemption rights and options, to avoid the state being in the biased position of endorsing only one of two or more legal options for its citizens.

The attached APPENDIX provides examples of current state laws that do not require membership in an organized religion with tenets in opposition to the immunization requirements.

## APPENDIX

Excerpts from state statutes that do not require membership in an organized religion:

### FLORIDA

Title XLVIII. K-20 EDUCATION CODE

Chapter 1003. PUBLIC K-12 EDUCATION

Part II. SCHOOL ATTENDANCE

§ 1003.22. School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.

...

(5) The provisions of this section shall not apply if:

(a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;

### KENTUCKY

Title 18. PUBLIC HEALTH

Chapter 214. DISEASES

General Provisions

§ 214.036. Exceptions to testing or immunization requirement

Nothing contained in KRS 158.035, KRS 214.010, KRS 214.020, KRS 214.032 to KRS 214.036, and KRS 214.990 shall be construed to require the testing for tuberculosis or the immunization of any child at a time when, in the written opinion of his attending physician, such testing or immunization would be injurious to the child's health. Nor shall KRS 158.035, KRS 214.010, KRS 214.020, KRS 214.032 to KRS 214.036, and KRS 214.990 be construed to require the immunization of any child whose parents are opposed to medical immunization against disease, and who object by a written sworn statement to the immunization of such child on religious grounds. Provided, however, that in the event of an epidemic in a given area, the Cabinet for Health and Family Services may, by emergency regulation, require the immunization of all persons within the area of epidemic, against the disease responsible for such epidemic.

History. Effective: June 20, 2005

## NEW MEXICO

### Chapter 24. Health and Safety

#### Article 5. Immunization

##### § 24-5-3. Exemption from immunization.

A. Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

...

(3) affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

## NEW YORK

### Public Health

#### Article 21. CONTROL OF ACUTE COMMUNICABLE DISEASES

##### Title 6. POLIOMYELITIS AND OTHER DISEASES

§ 2164. Definitions; immunization against poliomyelitis, mumps, measles, diphtheria, rubella, varicella, Haemophilus influenzae type b (Hib), pertussis, tetanus

...

9. This section shall not apply to children whose parent, parents, or guardian hold genuine and sincere religious beliefs which are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school.

## NORTH CAROLINA

### Chapter 130A. Public Health

#### Article 6. Communicable Diseases

##### Part 2. Immunization

##### § 130A-157. Religious exemption

If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Chapter, the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization.

History. Amended by 2002-179, s. 17, eff. 10/1/2002.



## WISCONSIN

### Chapter 252. Communicable diseases

#### § 252.04. Immunization program.

...

(3) The immunization requirement is waived if the student, if an adult, or the student's parent, guardian or legal custodian submits a written statement to the school, day care center or nursery school objecting to the immunization for reasons of health, religion or personal conviction. At the time any school, day care center or nursery school notifies a student, parent, guardian or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.

[emphasis added]

## WYOMING

### Title 21. EDUCATION

#### Chapter 4. PUPILS

#### Article 3. RIGHT TO ATTEND SCHOOL

#### § 21-4-309. Mandatory immunizations for children attending schools; exceptions

(a) Any person attending, full or part time, any public or private school, kindergarten through twelfth grade, shall . . .

. . . Waivers shall be authorized by the state or county health officer upon submission of written evidence of religious objection or medical contraindication to the administration of any vaccine. In the presence of an outbreak of vaccine preventable disease as determined by the state or county health authority, school children for whom a waiver has been issued and who are not immunized against the occurring vaccine preventable disease shall be excluded from school attendance for a period of time determined by the state or county health authority, but not suspended . . .



"Follow Your Conscience"

Support the Conscientious Exemption

[www.kansansforvaccinerights.com](http://www.kansansforvaccinerights.com)

[kvr@kansansforvaccinerights.com](mailto:kvr@kansansforvaccinerights.com)

(352) KVR-CEB4.

Lori Leonard  
14230 W. 70<sup>th</sup> Circle N.  
Colwich, Kansas 67030

**Testimony in support of HB 2094 for the Conscientious Exemption to State-Mandated Vaccines**

My name is Lori Leonard, from Colwich, Kansas. Thank you for your time. My husband, Chad, and I are the parents of 6 children, ages 23 months to 12 years old.

We both grew up with families with many members in the medical field. Because of this, we didn't think twice about vaccinating our first baby, since that is what our parents before us did. We did no research on the issue beforehand. However, in 1999, when our first baby was 8 months old, after having all his recommended shots on schedule during his short life, he became critically ill. Grant was admitted to the hospital with no doctor able to figure out what was wrong with him for over 24 hours. He was dehydrated and all they could tell me to do was supplement my breastfeeding with formula, which he continued to spit up. Finally when he spit blood onto my shoulder, they decided to X-ray his abdomen. Upon doing this, they discovered an obstruction in his intestines.

Surgery was required to correct this condition by removing part of his dead intestine which was ready to burst. It was discovered his intestine had turned into itself called intussusceptions. We were blessed by his survival, but this was a changing point in our lives. We can never prove that any of his shots caused this problem; in fact, we've never tried to do that. Since then, however, one rotavirus shot was taken off the market in 1999 for causing intussusceptions. We couldn't stop wondering if other shots could have caused it also.

This experience with our first baby propelled us to be more careful and well informed about vaccinations with all our children. Our decision of whether to vaccinate or not is not an easy one and one that we talk with our pediatricians about regularly. In the end, or ultimately, we are confident that the decisions we make as parents for the health and safety of our children will be the best for our family.

Even with the stress and emotion of watching our infant suffer during a traumatic experience, we do not tell anyone whether they should vaccinate or not. However, we believe parents have the right to make the end decision about what shots their children will get and when. Thank you for your time and attention.

Health & Human Services  
Date: 2-9-11  
Attachment: 5

Monica R. DeGraffenreid  
402 S. Fieldcrest St.  
Wichita, KS 67209  
(316) 440-6708  
mondegraff@gmail.com

**Testimony in support of HB 2094 for the Conscientious Exemption to State-Mandated Vaccines**

Good afternoon, my name is Monica DeGraffenreid and I am a registered, active voter from Wichita. My husband, Dr. Aaron DeGraffenreid D.C. and I have two children, Gemma (3) and Kolbe (1). (*show picture*)

The American Academy of Pediatrics encourages parents to follow the recommended schedule for childhood vaccinations for disease prevention, and encourages parents to be informed so they can make the right choices about what is best for their children's health. They also note in their guidelines on parental refusal of vaccines, and I quote, that "continued refusal after adequate discussion should be respected..." End quote. As with other medical decisions, the decision of what vaccinations will be injected into a child's body, and when, belongs to that child's parents. Without exemptions, the vaccine mandates completely take away that decision about a child's health from the parents, and put it all in the hands of the government.

Before having children, vaccines were something I thought were absolutely necessary for everyone. It just seemed right to go along with the status quo. But sometime during my daughter's first year of life, I began to think about things a little more. I love my children more than words can describe, and have put much thought and research into every decision I have made about their lives; from breastfeeding, to the type of diapers I use to the kinds of food I put into their bodies, to their educations. I have realized that vaccinations are also something that need our full informed consent with the option to delay or decline as well.

My husband and I are certainly not anti-vaccine and do not believe that all vaccines are bad. When *my* parents had this decision to make for *me*, ten rounds of three vaccines were required before they sent me to school. Today, twenty-five rounds of eight immunizations are required by the time a child reaches kindergarten, with many being combined doses of different vaccines that are injected at the same time into the developing and vulnerable bodies of our babies. In addition to further boosters for several of these vaccines, there are also currently multiple rounds of five other vaccines that, while not required, are being strongly recommended for school-aged children. (rotavirus, influenza, H1N1, meningitis and HPV).

Thankfully, we have a wonderful, respectful relationship with our family doctor who works with us to use a selective, delayed vaccine schedule tailored to each of our children's individual needs.

It is my belief that it should be the right and duty of each and every parent to **responsibly** evaluate the necessity and timing of each individual vaccine for each of their children, on a child-by-child, case-by-case basis. This is our right and we should not be forced to make this decision out of fear of discrimination or penalties. I love my children, and want only to have the right do what I believe is best for them. Thank you for your time and consideration.

Health & Human Services  
Date: 2-9-11  
Attachment: 6

Erik B. Leon, Pharm.D., R.Ph.  
930 NE Rosewood Ter  
Topeka, KS 66617  
785-478-9388  
[erikleon@yahoo.com](mailto:erikleon@yahoo.com)

I am writing this testimony in support of HB 2094. As a parent, I believe that decisions about the medical interventions given to children should be made by parents and not be mandated by the state.

As a pharmacist, I do not question the value of vaccinations in the appropriate situations. It is also true that vaccinations are not without risk. In fact, U.S. law considers them to be "unavoidably unsafe." There are people that have been seriously injured or killed by vaccines, and the National Vaccine Injury Compensation Program has paid out over \$2 billion for vaccine injuries since its inception in 1986. This fact was unknown to me when I began my pharmacy career, and once I was made aware of it I decided to do more research on vaccines. After many hours of reading research articles and visiting with parents of vaccine injured children, I now have concerns about the safety, effectiveness, and necessity of certain vaccinations. I cannot support the policy of mandating a medical product that can cause serious injury or death as a side effect. One example is Hepatitis B vaccination. Chief among my concerns with this vaccine is that the universal adult Hepatitis B immunization policy implemented in France during the 1990's was suspended after an increased incidence of multiple sclerosis was found among the healthy young adults that were vaccinated. The infection Hepatitis B is primarily spread by IV drug abusers and promiscuous sexual practices, yet it is mandated for kindergartners to receive this vaccine as a condition of entry into our state's public school system. There are other concerns that I have with this particular vaccine, and if I listed them all I would probably use up all of the time allotted to the individuals that support HB 2094. The point I wish to make is that under the current laws of our state, I, a healthcare professional, do not have the right to decline certain vaccinations for my children after I have done my own research and come to the conclusion that the benefits of a particular vaccine do not outweigh the risks. If I claim a religious exemption, I pretty much have to decline all vaccines because the county and state health departments have the authority to challenge my religious exemption if I give my children some vaccines while declining others. The fact that some of these departments may choose to not challenge religious vaccine exemptions is irrelevant. The authority exists, and the potential for abuse by an overzealous health department is there. It is my view that adding a conscientious belief exemption has the potential to increase vaccine coverage, as those parents claiming religious exemptions and declining all vaccinations would be able to selectively vaccinate their children if they so desired. What HB 2094 proposes is not something that is unique. Currently, nineteen other states that represent over 1/2 of the population of the United States have a conscientious belief exemption to the state mandated vaccinations. Data provided by Kansans for Vaccine Rights shows that these states do not have higher rates of "vaccine-preventable" diseases. Are the citizens of Kansas undeserving of the same rights that are granted to the residents of Arizona, California, Idaho, Louisiana, Maine, Michigan, Minnesota, New Mexico, North Dakota, Ohio, Pennsylvania, Utah, Vermont, Washington, Wisconsin and neighboring states Arkansas, Colorado, Oklahoma, and Texas?

It is undeniable that vaccines do cause harm and death to some. Which individuals will be adversely affected by vaccines is impossible to predict. With this in mind, the policy of mandating vaccines for public school entry without allowing true informed consent and the right for parents to refuse is immoral in my view. Without a conscientious belief exemption, the state is essentially saying that those individuals harmed or killed by vaccines are "necessary sacrifices" for the supposed "greater good." This is a view that I would expect to find in Communist China or the former Soviet Union, not in the United States of America. There is a name for this philosophy- it is called "utilitarianism." I find this view to be abhorrent, and an affront to the principles of freedom, liberty, and individual rights that this nation was founded upon. I strongly urge the members of this committee to take a stand for parents' freedom of choice about which medical interventions that their children will receive by approving HB 2094 and sending it to the full house for a vote.

Thank You,  
Erik B. Leon, Pharm.D., R.Ph.

Health & Human Services  
Date: 2-9-11  
Attachment: 7

Bianca Kamnitzer

4004 E English

Wichita KS, 67218

316-640-6820

b.kamnitzer@gmail.

To Whom It May Concern:

I am writing today to ask you to please support HB 2094 for a conscientious exemption to state-mandated vaccinations.

I am both a mother and a midwife and I believe very strongly that vaccinations are a personal choice that every parent should make for their own child. Without the conscientious exemption as a choice, I don't see how a truly informed decision can be made. Many parents do not realize that vaccinating their children is optional and there is often a lack of straightforward communication about the risks and benefits of vaccinations with doctors. Without a conscientious exemption option many parents are left feeling like they either need to lie about their religious associations to achieve an exemption, or vaccinate their children against their best judgment to insure easy enrollment in school.

Please help protect parental rights in the state of Kansas and vote in support of HB 2094 for a conscientious exemption to state-mandated vaccinations.

Sincerely,

Bianca Kamnitzer

Health & Human Services

Date: 2-9-11

Attachment: 8

Nathan Patry

706 S. Maize Court

Wichita, KS 67209

316-308-0094

n\_patry@hotmail.com

My name is Nathan Patry and I am writing to ask you to please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

My wife's sister had a severe reaction to the DPT vaccination as an infant, and a fatal reaction to her MMR vaccination at the age of 11. These reactions were validated by her doctors and she was compensated during her lifetime by the federal vaccine compensation fund. My wife and I have had to agonize over the decision of how and when to immunize our children, since we have seen the risks of vaccination up close. We have carefully researched the issue and want to make informed decisions for our children about what is best for them. However, without a conscientious exemption to immunization, we may not be able to freely make this decision for our children. I believe that each parent should have the right to informed consent for medical care and to make medical decisions for their children, including how and when to immunize their children. Many parents will use their informed consent to immunize their children as is recommended. Please follow 19 other states in allowing a conscientious exemption to immunization for those of us who have carefully researched the issue and choose to follow a different course.

Please support HB 2094 and allow parents the right to make informed medical decisions for their children.

Thank you,

Nathan Patry

Health & Human Services

Date: 2-9-11

Attachment: 9

Julie Patry

706 S. Maize Court

Wichita, KS 67209

316-308-0423

juliempatry@hotmail.com

Hello, my name is Julie Patry and I am a voter in House District 94.

Please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

You hopefully heard or read testimony from my mother, Carol Meyer, about my sister Laura and the vaccine reaction that she experienced. My sister Laura reacted to her first DPT shot when she was 6 weeks old, which caused permanent brain damage and a life-long seizure disorder. When she was 11 years old, she received a MMR booster, which contributed to her death a week later. Her reaction was clear and the federal government compensated her for her disabilities. Despite my experiences, I do not advocate that everyone decline immunization. I encourage parents to educate themselves about the risk and benefits of immunization and to make a thoughtful decision for themselves and their children.

As a parent myself of a 2 year old and a new baby soon, I am now faced with the decision about whether to immunize my child. We will never know why my sister reacted to the DPT vaccine, so it is very scary to think of exposing my child to the multitude of vaccines now required. But, I also have to worry about the possibility of my child being denied access to an education based on these decisions. I may be able to find a doctor willing to provide a medical exemption, but there is no guarantee, even in a case as uncommon as mine.

I urge you to allow all parents the right to make medical decisions for their own children by allowing a conscientious exemption to immunization. Other states with conscientious exemptions have shown that most parents will continue to vaccinate their children as scheduled. But, for those of us who have good reason to delay or avoid some vaccinations, we should have that right to make this medical decision without fear of our children being denied an education. Parents who would use this exemption have agonized over the decision and are thoughtful and educated about their choices. Please allow these parents to exercise their right to informed consent and parental right by passing HB 2094.

Thank you,

Julie Patry

Health & Human Services

Date: 2-9-11

Attachment: 10



Angela Mans

14918 East Maple Grove Road

Mount Hope, Kansas 67108

316-680-1912

Please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

Health & Human Services

Date: 2-9-11

Attachment: 11

Tim and Mary Woodburn  
21223 W. Maple  
Goddard, KS 67052  
(316)516-8898

Dear Committee Members,

We sincerely ask that you support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

We are the parents of two young boys, which is a responsibility we take very seriously. One decision that we have made for sons, with great discernment and ongoing education, is to not vaccinate our sons. Under current state law, when our boys become school age, we will be forced to spend an unnecessary and burdensome amount of time and money to gain them Medical Exemptions to state-mandated vaccinations for them to attend the school of our choice, which can be very difficult to obtain. By supporting HB 2094 for a Conscientious Exemption to state-mandated vaccinations, you will be helping to protect their rights to a good education and protecting our parental rights to choose what is best for our sons, without having undue stress placed upon our family.

Please note-19 other states have Conscientious Exemptions and have not had any negative impacts on their state's public health. There is no legitimate reason why Kansas should not join those 19 states.

Thank you so much for your time and consideration of this very important issue.

Respectfully,

Tim and Mary Woodburn

Health & Human Services  
Date: 2-9-11  
Attachment: 12

✓  
Blair Bailey  
421 S. Stoneridge St.  
Valley Center, KS 67147

Hi my name is Blair Bailey. I am a voter in Sedgwick County.

Please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

I have had concerns for my own children and their reactions to certain vaccines. It is so important to support parental rights and allow parents to make informed medical decisions for their children.

Thank you,

Blair Bailey

Health & Human Services

Date: 2-9-11

Attachment: 13

Connie Arnold  
750 S 215<sup>th</sup> St W  
Goddard Ks 67052

316-794-8400  
[arnoldadam@prodigy.net](mailto:arnoldadam@prodigy.net)

I am a voter in Sedgwick county and I ask that you support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

I am the mother of three healthy boys, ages 19, 15 and 14. My husband and I have made the decision to not vaccinate our children. It is not a decision made lightly, nor do we ever consider that we have our minds made up for good. It is an ongoing process as we continue to study the latest research and documentations of adverse reactions to immunizations. We also believe that with this decision, we bear the responsibility to not become complacent in raising healthy children. This includes maintaining a healthy environment, teaching good health habits, providing excellent nutrition, maintaining an active lifestyle, keeping our children home when they're ill and seeking professional medical care when necessary.

At this time, after 20 years of researching and continuously reevaluating our decision not to immunize, we ask that you give parents the ultimate authority regarding the health of their children and allow them to decide what should or should not be injected into their children's bodies. The current vaccination laws give different groups of people different levels of opportunities for obtaining an exemption. For example, parents who enroll their children in public schools have the option of signing a religious exemption as long as they are willing to write a letter supporting their belief. Home school families are not required to complete the Kansas certificate of vaccination. A parent who wishes to send their children to a private religious school is not able to sign the religious exemption due to the strong language contained in the exemption, unless their church has an explicit teaching that forbids the use of vaccinations. For this reason, Kansas should allow the option of signing a conscientious exemption. Why should a parent be penalized for wanting to send their children to a private school, or be forced to make a major health decision that goes against their informed conscience in order to do so? Nineteen other states already provide a conscientious exemption and Kansas should do the same. Reliable research and statistics prove that vaccinations are not 100% effective, nor are they 100% safe. This potentially unsafe and harmful health practice should not be imposed upon any person who lives in this great state or this country.

Thank you,

Connie Arnold

Health & Human Services

Date: 2-9-11

Attachment: 14

Danielle Powell Clupny  
13101 E Maple Grove Rd  
Mount Hope, KS 67108  
316-444-2578

My name is Danielle Powell Clupny and I am a constituent in district 101. Please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.

Danielle Powell Clupny

Health & Human Services

Date: 2-9-11

Attachment: 15

Dr. Jamie J. Arnold, BBA, DC

420 East C Ave

Kingman, KS 67068

**Testimony in support of HB 2094 for a Conscientious Exemption to state-mandated vaccinations**

It is a great arrogance to say that the human body is flawed to the point that every human being requires medical intervention at birth. State mandated vaccines do just that. The state takes the rights of the family unit in determining what is best for the health of the family and presumes to be more knowledgeable than the creator of the complexities of life. This is the same body that scientists have studied for thousands of years and have only begun to scratch the surface in understanding the complex mechanisms at work. Every medical intervention has risks associated with them. Sometimes the benefits outweigh the risks but given my family history of reactions to chemicals, additives and foods, it is not in my family's best interest to administer this medicine. My parents chose not to vaccinate their children. I do not choose to vaccinate my children. My family has chosen to protect the health of the body through proper nutrition, proper sanitation and healthy living for more than 4 generations. Since we prefer to prevent possible reactions rather than wait and see if a reaction that is irreversible occurs it is very difficult to obtain a medical exemption as allowed by current legislation. My religious organization claims that because there is not an explicit teaching to refrain from vaccines, that it cannot allow me to raise my children in the manner that I choose. We need HB 2094 because the current laws allowing for medical exemption or religious exemption do not offer me the freedom to follow my conscience and choose what is in the best interest of my family. As is shown in the booklet, allowing for objections of conscience does not compromise the public health or increase rates of disease. Please support HB 2094 and give me the right to protect my children from unnecessary medical intervention.

Health & Human Services

Date: 2-9-11

Attachment: 18

M. Angelica Stieben  
210 W. 5<sup>th</sup> St.  
Colby, KS 67701  
tastieben@hotmail.com  
Parent

Please support HB 2094 for a Conscientious-Exemption to state-mandated vaccinations.

My name is Angelica Stieben, I am a mother to a 9 month old daughter, and I live in Colby, Kansas. As a child, I had the full schedule of vaccines, as a result of them I was chronically ill for 16 years due to severe immune dysfunction. As an infant, until the age of three, I suffered from fevers, nausea, low weight, low growth, sleep problems and low energy. My pediatrician was not concerned with this daily illness nor were my extreme reactions to most vaccinations reported or charted as unusual. About 1 year after I completed the usual course of immunizations, I spontaneously began to improve in energy, sleep and growth until I caught up in weight and height when I was four years old. It seemed that all of the suffering and parent's worrying about my disabled life was over. Then, when I was 5 years of age, I was required to get my 'Kindergarten Shots'. My nightmare started all over again. I had night fevers, sleep problems, and all of the flu-like symptoms of my babyhood for many months and did not grow at all. Again, my pediatrician had nothing to offer and was not equipped to find the cause other than that he acknowledged my symptoms.

As a mother I do not want my child, and future children, to suffer the consequences of these vaccines as I did; therefore I'm asking you to support parental rights with HB 2094 that joins 19 other states in adding a Conscientious Exemption to the state-mandated vaccinations. All 50 states have medical and or religious exemptions and these 19 other states have had conscientious exemptions with no negative impact to their states public health. Please help the bill gain the support it needs to come to the House for a yes vote.

Health & Human Services

Date: 2-9-11

Attachment: 17

Wes & Shelly Harden  
Kingman, Ks.

**Testimony in support of HB 2094 for the Conscientious Exemption to state-mandated vaccines**

I am writing as a concerned parent to let you know of the personal issues we experienced as a result of having followed the recommended vaccination schedule.

My daughter, Alex, was born without complication through natural childbirth in September of 1994. She was normally developed and had a good APGAR score. At her release from the hospital, we were given information about following up with her pediatrician for wellness checks and vaccinations.

As new parents we trusted the information we were given and the advice of Alex's Doctor. Up until her first round of vaccinations, Alex was a normal baby spending most of her time sleeping. She had no problems eating or interacting with us, her parents, and all seemed to be well. After the first vaccines were administered, she began to experience projectile vomiting within a few minutes of eating. She also had episodes where she would go completely rigid from head to toe and scream for periods of about an hour up to two hours at a time. She was completely inconsolable during these episodes. As new parents we were terrified and went to our doctor to seek advice. We were told the projectile vomiting was a result of pyloric stenosis, and the rigidity and screaming episodes were just our baby throwing a fit. These answers didn't make much sense to us because Alex had been fine and exhibited none of these problems prior to being vaccinated.

Fortunately for us, Alex made a complete recovery from the "pyloric stenosis" after about a year of just dealing with it. The episodes of screaming and rigidity finally ceased, and she hasn't had a problem since. Thankfully, Alex is now a totally normal 16 year old with no lingering effects, that we know of.

As a result of our experience with our Alex, my wife and I did a lot of reading and research. We found that these problems are common side effects experienced after some vaccines are administered. At the birth of our second child, we decided to opt out of the recommended vaccines. We now have a total of four children who are all very healthy and active. The youngest three, are completely unvaccinated and we would like to keep it that way.

Please consider the difficulty parents go through to find a medical doctor to sign a medical exemption when they are denied a religious exemption. Passing legislation to allow for conscientious objection would allow the small percentage of parents, who choose not to vaccinate, another option.

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Date: 2-9-11

Attachment: 18

18-1



**TESTIMONY IN SUPPORT OF HOUSE BILL 2094**

(To add 'Conscientious Objection' to state mandated immunizations)

Roberta C. Lambert  
485 W 3rd Street  
Colby, KS 67701  
District 121  
(785) 422-3946  
jrlambert@sbcglobal.net

I was raised and schooled in California and acquired a license as a Physician Assistant - Certified in 1980. We relocated to Colby fourteen years ago and after living here as a full time, homeschooling mother for 5 years, I decided stop renewing my California license, purposefully allowing it to expire. I am speaking to you today as a parent of two children born in 1991 and 1992 and as a concerned grandmother. Both of my children were chronically ill from 'unknown' causes until 2008.

As an infant, until the age of three, my daughter suffered from fevers, nausea, low weight, low growth, sleep problems and low energy. Her pediatrician was not concerned with this daily illness nor were her extreme reactions to most vaccinations reported or charted as unusual. About 1 year after she completed the usual course of immunizations, she spontaneously began to improve in energy, sleep and growth until she caught up in weight and height when she was four. It seemed that all of the suffering and our worrying about her disabled life was over. Then, at age 5 we were required to get her 'Kindergarten Shots'. The nightmare started all over again. She had night fevers, sleep problems, and all of the flu-like symptoms of her babyhood for many months and did not grow at all. Again, her pediatrician had nothing to offer and was not equipped to find the cause other than that he acknowledged her symptoms.

My son had a very similar babyhood but he was also plagued with frequent bronchial and sinus infections and the same strange, yet un-investigated fever-like symptoms. He was very lethargic and was not interested in much physical activity even during the toddler years when other mother's would complain that 'there young children have so much energy.' Rather than improving, he seemed to grow steadily worse to the point of becoming so ill with fever-like illness, weight gain, and the body aches that he was basically housebound from age 8 to 14. In 2006 he was finally diagnosed with hyper coagulated blood, immune/endocrine/hypothalamus dysfunction all exacerbated by his 'skewed' immune system. The medical doctors could now objectively see the dysfunction, yet there was still nothing in the current medical paradigm to understand why his immune system caused him to inappropriately over-react to almost everything in his environment in such a disabling way.

My personal research into environmental causes has been extensive as you would imagine as I had two very ill children and no end, let alone cause, in sight. I was able to read the multitude of studies, mostly published in the UK and Europe, that explained why the multitude of sensitivities, allergies, impaired and inappropriate immune function was caused by an immune system that had been 'skewed' by the overwhelming environmental toxins and exacerbated by the course of immunizations that had been received by age five. Here is a very brief sketch of what enabled me to begin to solve the mystery of what was the cause of my children's heartbreaking illness in order for me to seek the appropriate treatment. Up until 2008, the medical community had nothing to explain and nothing to offer in any form of treatment other than an ineffective target of the symptoms. I include this very brief sketch so that you may appreciate that there is probable cause for parents to object to the forced compliance in subjecting our children to poorly tested medical treatment on a generic basis.

In evolution, the survival advantage imposed by an extremely reactive immune system is jeopardized if that system turns against the host and causes "self" destruction. Vaccination is an abnormal pathogen presented in an abnormal route (injection) and influences the entire immune system in an unnatural way, leading to unnatural evolutionary selection where the results are dys regulation of the immune system, or 'skewing' the immune system, option of TH1 bias, atrophy of mucosal, increased inflammation, loss of specification and control. Vaccination dysregulates the immune system and genetically impacts the HLA (MHC) leading to

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an abnormal expression of disease susceptibility.

The vaccine is no more a reflection of the actual environmental challenges faced by those vaccinated than the now dys-regulated immune system is a reflection of intelligent design or natural selection. Vaccines are genotoxic; corrupted genomes are leading to the loss of the organic self. Vaccines are responsible for autoimmune, cancer, Type I-IV reactions, allergies, asthma, atopy anaphylaxis, eczema, organ failure, neurological, behavioral disease and death. Vaccine disease is the root of our dys regulated (skewed) immune system and the dys regulated immune response.

Anything that affects gene coding affects genetic expression of disease. The evolution of the immune system is a direct consequence of the pathogens the immune system was exposed to from the environment. The pathogens exert an evolutionary selection pressure which was in part responsible for the genotypes of the MHC (major histocompatibility complexes) that developed in tandem to handle the pathogens. The MHC determines the host's immunopathology impact from the antigen and is responsible for the expression of clinical disease. **The immune system is very complex and developed to handle an enormous variety of pathogens, the genetic ability to respond to a large number of pathogens was necessary in order to survive to live another day.**

I have continued to read and direct my own search with the complete accessibility that is now available to read the scientific studies, methods, conclusions, trials, branches of medicine, specialties and a whole world of medical and scientific research that might be restrictive and unpopular in our own country because of the business-medical interconnection of all published research done or allowed to be published. I have volumes of books outlining the effects of such unnatural and untested manipulation of these complex and immature immune systems. There are published scientific papers that show that there is more than a little hint of the generational consequences that have not even been thought of, let alone tested.

Many of the immune over-sensitivities that my children had cause an array of problems from the so-called 'inert' ingredients within vaccines and medications. Some of these adjunct ingredients are in the form of preservatives and other unintentional causative components. Very few of these so-called inert ingredients have been identified, but there are many that are not publicized, that I can testify, do cause health problems for my children. I have found in my own medical profession, and as a consumer, that the conventional medical community is rarely interested in true epidemiology, let alone combining variables to present a more realistic picture for the cause of disease. I have observed that any symptoms that overlap the various anatomical and physiological systems, and involve multi systems, are simply dismissed in the limited realm of conventional medical research and treatment. Unlike the current scientific/medical practice of limiting the testing to one variable, the most notable characteristic of environmental causes is the multiplicity factor upon a human being. While it does not take a medical expert or rocket scientist to figure out that bombarding a baby with multiple toxins, immune stimulators, and multiple untested ingredients along with the normal challenges of physical maturity, there may be unintentional consequences, it is rare to hear or read about this probability within the established medical/scientific community.

I cannot entrust the health of my new grandbaby to such deficient methodology that would enable any state to demand compliance without regard to the informed objection of the parents. I am committed to do whatever I can to help our legislators understand that the state is not capable of grasping the complexity of all that a 'wonderfully made' human being entails in order to command that parents submit to allowing this medical procedure for all of their children. I did not know enough 19 years ago to ask questions or to object to the risky vaccinations that propelled my children into the multi-substance immune response that they acquired from this multi-toxic and completely unnatural assault on their immature, not well understood, immune systems. Personally, I cannot bear to watch my healthy, happy granddaughter be subjected to the suffering that my children endured for 16 years of their lost childhood. Fortunately, the dramatically effective allergy and desensitization treatment that was available through our Chiropractor/Acupuncturist reversed the 'skewed' immune response one substance per week and allowed them to have a life without disabling illness.

Jennifer Granger, MA  
Olathe, KS 66062  
913-549-8064

February 6, 2011

To Whom It May Concern,

Please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations. I respect modern medicine and using preventative measures to keep our children and families safe; however, there is much more research needed to determine how to better manufacture vaccinations without carcinogens and other known toxins. We all want what is best for our families. It is 2011 in the United States and this country was founded on the principal that our people are free to make our own choices about religion and philosophy, and the way we practice medicine should be no different. I sincerely thank you for your consideration.

Thanks!

Health & Human Services

Date: 2-9-11

Attachment: 20

Janine Heincker

1504 N. Stout St.

Wichita KS 67235

316-351-7841

theheinckers@yahoo.com

Hi my name is Janine Heincker I am a voter in Wichita.

**Please support HB 2094 for a Conscientious Exemption to state-mandated vaccinations.**

As a parent of 3 I am hopeful that our government will support the parental freedom and right to choose how to care for my children. This bill for a conscientious exemption to state-mandated vaccinations is very important to me which is why I urge you to take the testimonies you hear today to heart. I would be there myself but my young family needs me at home and that is what this hearing is all about, families' needs. I will be praying for all there today and especially that a just decision be made.

All 50 states have a medical exemption for mandatory vaccinations and 19 have a conscientious one. As a parent, the responsibility is mine when it comes to the consequences of decisions regarding my child's healthcare. I just ask for the freedom to make an informed decision.

Thank you,

Janine Heincker

Health & Human Services

Date: 2-9-11

Attachment: 21

Jackie Arnold  
2628 W. 54  
Kingman, KS 67068  
(316) 734-8104

**Testimony in support of HB 2094 for the Conscientious Exemption to State-Mandated Vaccines**

My name is Jackie Arnold. As a parent of three and a Kansas citizen, I have hope that our state government will continue to protect parental rights and freedom of choice for our children's health. This bill for a conscientious exemption to state-mandated vaccinations is very important to me, my family and many Kansans.

All fifty states have medical and/or religious exemptions and nineteen of those states have had conscientious exemptions in place with no negative impact to their state's public health or herd immunity. Three other states are also in the process of adding a conscientious exemption to their state vaccination laws this year. Kansas will join these states to legally provide a conscientious exemption to state-required immunizations.

As a Catholic parent in the Diocese of Wichita, my husband and I are currently unable to use the Kansas religious exemption since we are not adherents of a state-defined religious denomination whose teachings are opposed to such tests or inoculations. Because of this, we must yearly find a doctor to sign a medical exemption, although our reasons for choosing not to vaccinate are more reasons of conscience. However, Monsignor Ignacio Barreiro, Executive Director of *Vita Humana* in Rome "...attest[s] personally that this issue is presently under consideration by various offices of the Vatican concerned with the doctrinal and moral aspects of this complex issue. Pending a final judgment on this issue the parental right of conscience is to be considered the binding authority in this matter..." And it is by the recommendation of Bishop Jackels of Wichita that I am here asking for this conscientious exemption.

Disease prevention is something all parents are concerned about. However, it is an individual responsibility, decision and power that ought to be reserved to the parents of each child. When a parent is in a doctor's office discussing when and what vaccines their child will receive, the pressure of a requirement should have no part in that decision. Admission to school should never be used to force children to vaccination, although they have been for our family. Further, immunizations are the only state-mandated medical procedure. The current religious exemption in the State of Kansas excludes many citizens because they are not members of a state-defined religious denomination that expressly opposes vaccines. To me, this limits a citizen's use of the First Amendment to outside the school context, one of the very places I believe it is most necessary.

Without broad exemptions, the current vaccine mandates take the power of a decision about a child's health and about a child's education away from the people most closely associated with that child, that is, the parents, and puts it all in the hands of the government. I firmly believe that my husband and I are the best persons to make decisions (including those of health) for my children. For this reason I ask you to support HB 2094 as supporting parental rights and freedom of conscience for the people of Kansas.

Health & Human Services

Date: 2-9-11

Attachment: 22

Mr. & Mrs. Don Rohr  
District 91  
1717 N. Kessler  
Wichita, KS 67203  
(316) 773-4556

**Testimony in support of HB 2094 for the Conscientious Exemption to  
State-Mandated Vaccines**

As parents of 6 children, we would like to see House Bill 2094 approved. We believe it is our right and duty as parents to make informed medical decisions for the benefit of our children. We feel that house bill 2094 protects our parental rights and allows us to make those decisions. Dr. Robert Sears, MD, also agrees. Dr Sears has authored both The Vaccine Book and The Baby Book. He states, "In my practice as a board-certified medical doctor, I support the absolute right of parents to make decisions regarding vaccinations. It is my professional opinion that if a parent has reviewed the vaccination options and chooses to refrain from all the recommended vaccinations, or use a delayed or selective schedule: they are doing what they feel is in the best interest of the child."

The following are our reasons and concerns:

- 19 other states have this exemption without risk to the general health.
- Vaccines are the only state-mandated medical procedure.
- Vaccines are not 100% effective, not 100% necessary, and not 100% safe.
- Over \$2 billion has been paid by the Federal Government to those injured by vaccines.
- Anyone and everyone should have the right to decline one, some, or all state-mandated vaccines for reasons of conscience or other personal beliefs.

In summation, we hope for the rights of parents to be protected, and as voters that our concerns be heard and supported. Thank you.

Health & Human Services  
Date: 2-9-11  
Attachment: 23

Mark & Julie Simpson

2301 N. 189<sup>th</sup> CIR W

Colwich, KS 67030

316-796-1704

Julie.simpson@pixius.net

Hello, my name is Julie Simpson and I am a voter in District 26.

As a mother of four boys, I ask for your support of HB 2094 for a Conscientious Exemption to state mandated vaccinations.

19 states currently allow for parents to use their well educated conscience to choose or not choose medical procedures for their children. Vaccinations are the only mandated medical procedure in Kansas. None of the states allowing parents their rights to choose, have had an adverse affect on public health. We ask that you return the rights to parents, the ability to make these decisions, rather than government imposing these decisions on our children.

Thank you,

Julie Simpson

Health & Human Services

Date: 2-9-11

Attachment: 24

Mr. and Mrs. Lloyd Powell

4247 NE 60 St

Pretty Prairie, KS 67570

620-459-6587

[prprhome@hotmail.com](mailto:prprhome@hotmail.com)

Hello, my husband and I are voters in District 116.

Please support HB-2094 for a Conscientious Exemption to state-mandated vaccinations. We have always believed that as parents we are totally responsible for our children. Please give us those rights in all medical decisions including immunizations. They are not without risks so it only makes sense that parents must be able to make an informed choice whether to vaccinate or not. It is almost impossible to get a medical exemption in Kansas because most doctors don't want to stick their neck out. The current religious exemption in Kansas defines what religious denominations must believe in order to be exempt. This has been found to be unconstitutional in other states.

Please consider the importance of being a state who respects parents' rights and expects parents to honor that with their children's best interest always in mind.

Thank you,

Cindy Powell

Health & Human Services

Date: 2-9-11

Attachment: 25



David and Theresa Walker  
Kansas

**We are writing to support The Conscientious Exemption to State-Mandated Vaccinations HB 2094.** As parents, we should be able to make decisions that will affect the health and well-being of our child. We especially protest the state mandating that we use vaccinations that are produced using aborted fetal cells. As Catholics we believe that abortion is wrong and so is supporting it in any way. Vaccines are not 100% safe or there would not be a fund to compensate families for adverse effects resulting from those vaccinations. Please support this bill and affirm the right of parents to choose what they believe is best for their children.

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Attachment: 28

Melissa Riopel  
2946 N Chariton St  
Kingman, KS 67068

My name is Melissa Riopel and my husband Jess and I have 6 children from 15 down to 4 years of age. There was a time not long ago that my husband and I were pro-vaccine. My brother and I had many heated arguments about the safety of vaccines and the responsibility of all parents to ensure the health of their children. My brother was, and still is, against the government mandated schedule of childhood vaccines. For years he told me about the dangers of vaccines and he would email me links to information that I had no desire to read. I thought he was out of his mind. Why would my doctor not tell us the dangers if there were any? I know that our doctor wants the best for our children so who was I to believe? Our doctor or my brother?

Fast forward a few years and I am visiting with our doctor. I asked him if there were dangers with vaccines and if the benefits outweighed the risk. His response was that most vaccines are not necessary. The MMR and Varicella vaccine were more about convenience for parents, since most were working outside the home and did not want to miss work. He agreed to sign a medical exemption for all vaccines except the whooping cough vaccine (pertussis). He said that he was comfortable letting my husband and I make that decision for ourselves. We opted out and he signed the form.

Then came the next school year. Our kids got their check-up and then I asked our doctor to sign the medical exemption. He said no. He told me that the state board of healing arts has been cracking down on doctors who sign the exemption. He told me that doctors are being told that they better know for sure that the child/ren will die if given the vaccine. Otherwise, they better not sign it. He told us to use the religious exemption. I informed him that our Catholic Diocese will not allow it and he said that he was sorry but he would not sign the form. Then began the doctor hunting. Trying to find an MD or DO willing to stick out their neck for my children was stressful. We found out quickly that there are very few willing to sign. Now, every year I wonder if this will be the year that I have to home school my children. Will my kids get to enjoy friends and sports at our Catholic school or will their only social interaction be with their siblings? This is unfair to my husband and me and unfair to my children.

I get told a lot that I am irresponsible and that parents that vaccinate do their duty for the common good. I want to address what common good really means. It has been skewed to mean majority rules. The Catholic-Christian definition of common good is quoted here from *The Compendium of the Social Doctrine of The (Catholic) Church*:

165. *A society that wishes and intends to remain at the service of the human being at every level is a society that has the common good — the good of all people and of the whole person [347] — as its primary goal.*

169. *To ensure the common good, the government of each country has the specific duty to harmonize the different sectoral interests with the requirements of justice[358]... it must not be forgotten that in the democratic State, where decisions are usually made by the majority of representatives elected by the people, those responsible for government are required to interpret the common good of their country not only according to the guidelines of the majority but also according to the effective good of all the members of the community, including the minority.*

Thankfully, the State of Kansas now has a Governor who is pro-life but sometimes I think that being pro-life is reduced to the issue of abortion. Being pro-life however, means that we recognize and respect the dignity of all persons and that includes quality of life (i.e. living condition, access to basic necessities) and freedom to make informed decisions. God recognized the importance of free-will and he respects that in each of us. Each person has the duty to fully form his or her conscience and to not do anything that runs counter to that. Because vaccines are not 100% safe nor effective, have never been subjected to the industry standard randomized, double-blind, placebo controlled study, and herd immunity has never been proven, each person should be given the right to form their conscience on this matter and then adhere to it without

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the fear of unjust consequences. If we are truly a pro-life state, which I pray that we are, then there must be respect for the dignity of each person.

**c. Respect for human dignity**

**132.** A just society can become a reality only when it is based on the respect of the transcendent dignity of the human person. The person represents the ultimate end of society, by which it is ordered to the person... It is necessary to "consider every neighbour without exception as another self, taking into account first of all his life and the means necessary for living it with dignity"[247]. *Every political, economic, social, scientific and cultural programme must be inspired by the awareness of the primacy of each human being over society*[248].

**133.** In no case, therefore, is the human person to be manipulated for ends that are foreign to his own development, which can find complete fulfillment only in God and his plan of salvation: in fact, man in his interiority transcends the universe and is the only creature willed by God for itself[249]. For this reason neither his life nor the development of his thought, nor his good, nor those who are part of his personal and social activities can be subjected to unjust restrictions in the exercise of their rights and freedom.

The person cannot be a means for carrying out economic, social or political projects imposed by some authority, even in the name of an alleged progress of the civil community as a whole or of other persons, either in the present or the future.

It is therefore necessary that public authorities keep careful watch so that restrictions placed on freedom or any onus placed on personal activity will never become harmful to personal dignity, thus guaranteeing the effective practicability of human rights. All this, once more, is based on the vision of man as a *person*, that is to say, as an *active* and *responsible* subject of his own growth process, together with the community to which he belongs.

*Compendium of the Social Doctrine of the Church*

Some of you may not be Catholic but I hope that you can see the relevance of the words quoted here. Catholic, with a little "c" means universal and I would argue that what the Church teaches can be used by all, to the benefit of all. In fact, our country was founded on the right to use free will to make decisions for one's self and one's family. The belief that all men are created equal with the equal right to life, liberty and happiness is echoed throughout the halls of Congress and the Supreme Court. But, sometimes it is easier to make the majority happy at the expense of the minority. This is not the Christian way nor is it the American way.

The duty to protect the health and well-being of one's family is God-given. As a parent, I see these rights and duties slipping away. Laws that allow children to receive birth control or an abortion without the consent of parents. Laws, in some states and countries that limit the rights of parents to home school, even though a just society recognizes the parent's right and duty to be the primary educator of their children. Laws that tell parents how they can discipline their children. The government has overstepped too many times and there needs to be a direction reversal before it's too late. This bill will be a step in the right direction. A parent should never have to feel forced into making a life threatening decision for their child. And, if we are honest we know that vaccinating can be life threatening, no matter which side of this debate you are on.

I pray that you will say yes to a parent's right and duty to choose what is best for the life and health of their child. Please support HB 2094. Thank you.

In Christ,

Melissa Riopel

(Over)

**Statement from Dr. Robert W. Sears, MD, FAAP April 2, 2010**

**Pediatrician and author of The Vaccine Book and The Baby Book**

Childhood immunizations play an important role in the prevention of many communicable childhood illnesses. Vaccines offer many benefits; however a certain risk associated with vaccines always exists as with any medical procedure.

In my practice as a board-certified medical doctor, I support the absolute right of parents to make decisions regarding vaccinations. It is my professional opinion that if a parent has reviewed the vaccination options and chooses to refrain from all the recommended vaccinations, or use a delayed or selective schedule; they are doing what they feel is in the best interest of the child.

In response to the National Childhood Vaccine Injury Act (NCVIA) in 1986, the Centers for Disease Control co-sponsored the Vaccine Adverse Event Reporting System (VAERS) and the Vaccine Safety Datalink Project (VSD). "Approximately 30,000 VAERS reports are filed annually, with 10-15% classified as serious (resulting in permanent disability, hospitalization, life-threatening illnesses or death)."<sup>1</sup> Research is ongoing, yet there is enough substantial evidence linking vaccines and serious life-altering reactions. If a parent chooses an alternate method of disease control in an effort to counteract or avoid the rare but possible adverse reactions, there is enough scientific evidence to warrant and support that decision.

I have found that parents who fall into this category have come to their decision after serious consideration of the benefits and risks associated with vaccines and preventable diseases. It has also been my experience to observe that these parents take extra efforts to provide a healthy lifestyle for their children while seeking alternative methods to immune defense and disease prevention not only for their own children but of those around them as well.

They fully understand the real risks on both sides. Not vaccinating poses a disease risk to the child, and a very small risk of disease spread to others. However, there is also a small chance of vaccine failure and disease spread with the use of vaccines as well. Because of this and because vaccinating can result in a direct harmful effect on a very small number of children, it should be the parent's role to use their informed conscience and choose which risk to take.

Although severe vaccine reactions are extremely rare, they are well documented in the medical literature. Because vaccination does pose a very small risk, I believe that parents should have the right to make this medical decision for their own child. Here is a sample of studies that demonstrate this small risk:

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<sup>1</sup> <http://www.cdc.gov/vaccinesafety/Activities/vaers.html>

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*Adverse Events Following Pertussis and Rubella Vaccines*, Howson C and Fineberg H, The Institute of Medicine, Journal of the American Medical Association, Vol. 267, No. 3, Jan. 15, 1992.

Summary: This group reviewed many research studies and found that the rubella vaccine *can* cause acute arthritis (15% chance) and *may* cause chronic arthritis (they were unable to estimate an actual percent chance of this) in adult women. Arthritis was much less common in children, teens, and male adults.

*Arthritis associated with induced rubella infection*, Ogra P and Herd K, The Journal of Immunology, Vol. 107, No. 3, Sept. 1971.

Summary: This study discusses the cases of 4 children who suffered severe prolonged arthritis after a rubella vaccine.

*Persistent Rubella Infection and Rubella-Associated Arthritis*, Chantler J, et al, The Lancet, June 12, 1982.

Summary: This is a report on six women who developed chronic arthritis for up to 6 years following rubella vaccination (an older form of the vaccine, not the one used today).

*Vaccinations and multiple sclerosis*, Gout O, Federation of Neurology, Paris France, Neurological Science 2001, Apr; 22(2): 151-154.

Summary: This paper discusses the several hundred reports of MS-like reactions reported after Hep B vaccine during the 1990s. They could find no actual proof the vaccine was related. They discuss possible theories on how the vaccine may trigger this reaction.

*Arthritis after hepatitis B vaccination. Report of three cases*, Gross K, et al, Scandinavian Journal of Rheumatology, 24 (1), 1995.

Summary: This is a report on three cases of severe arthritis after Hep B vaccination. One patient develop rheumatoid arthritis (a lifelong autoimmune arthritis).

*Atopic dermatitis is increased following vaccination for measles, mumps and rubella or measles infection*, Olesen AB, et al, Acta Derm Venereol. 2003;83(6): 445-450.

Summary: These researchers found that atopic dermatitis (eczema) was more common after kids get the MMR vaccine or catch a natural measles infection. They discuss how early exposure to infections can affect the immune system and trigger eczema. They suggest further research be done on this issue.

*Clustering of cases of insulin dependent diabetes (IDDM) occurring three years after hemophilus influenza B (HiB) immunization support causal relationship between immunization and IDDM*, Classen JB, Classen DC, Autoimmunity 2003, May;36(3):123.

Summary: This study looked at 116,000 kids who got the HIB vaccine in Finland during its first two years of use. They found that child-onset diabetes was significantly more common in those kids compared to 128,000 kids who were born 2 years prior and did not get the vaccine. They also found the vaccine triggered diabetes in mice.

*Vaccination-induced cutaneous pseudolymphoma*, Maubec E, et al, Journal of the American Academy of Dermatology, April 2005; 52(4):623-629.

Summary: This is a report on 9 patients who developed a condition called pseudolymphoma on the skin where they'd been given an aluminum-containing vaccine (Hep B or A). This is an inflammatory condition on the skin in which lymphoid tissue overgrows and resembles lymphoma. Aluminum deposits were also found.

*Vaccine-induced autoimmunity*, Cohen AD, Journal of Autoimmunity, 1996 Dec;9(6):699-703.

Summary: This paper reviews reports of autoimmune disorders after vaccination, discusses the possible mechanisms that are occurring, and suggests further research be done. They also state the benefits of vaccines do outweigh these risks.

*Kawasaki disease in an infant following immunization with hepatitis B vaccine*. Miron D, Clinical Rheumatology, 2003 Dec;22(6):461-3.

Summary: This is a report on a one-month-old baby who developed Kawasaki disease (life-threatening inflammation of the heart and blood vessels) one day after the 2<sup>nd</sup> Hep B dose. They also discuss how similar vasculitic reactions have been reported in adults getting the Hep B vaccine.

*Vaccination and autoimmunity-'vaccinosis': a dangerous liaison?* Shoenfeld Y, Aron-Maor A, Journal of Autoimmunity, 2000 Feb;14(1):1-10.

Summary: This is a discussion paper that acknowledges that many autoimmune reactions have been reported after vaccines. They state that in many cases vaccines can't be proven to be responsible, but there's enough evidence to suggest a relationship. They point out the timing of the reactions (often 2 to 3 months after vaccination) is very consistent with autoimmune reactions.

*Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminum hydroxide in muscle*, Gherardi M et al. 2001, Brain, Vol 124, No. 9, 1821-1831.

This group at the University of Paris, France, studied 50 cases of this condition (which causes severe muscle and joint pain and fatigue) and found that all cases had aluminum-induced muscle inflammation at the site of an aluminum-containing vaccine injection as long as 3 years prior.

### Statement from Dr. Ronald Hunninghake, MD

As a Kansas born, Benedictine educated family physician, and now the grandfather of a beautiful 9 month old granddaughter, I am writing this brief note to add my voice to the concern that the God-given authority of parents in the thoughtful and reasonable role of attending to the health needs of their children is being superseded by the medical economics, politics and bureaucracy of current vaccination mandates.

Sweeping changes in the childhood vaccination schedule have created reasonable doubts in the safety of giving so many vaccines in such a short time to very young babies with vulnerable immune systems. Please note - vaccination per say is not being questioned, but rather the safety of this emerging and crowded schedule of vaccines, all of which are not absolutely necessary at this early age.

In very simple terms, my position on this issue can be summarized with the following quote:

**I am not anti-vaccine, but rather pro-parental rights and consent. I also believe fervently in "first do no harm."**

There is growing dissent and deep scientific concerns surrounding this now very polarized issue.

However, there should be no issue over the right of a parent to question the medical care being unilaterally imposed upon their children.

While science strives to sort out the unresolved issues here, the cautionary principle dictates that the reasonable concerns of loving and intelligent parents should be listened to, in the same way that Mother Church asks that its authority be listened to and respected.

Ron Hunninghake, M.D.

The Center for the Improvement of Human Functioning, International  
3100 N. Hillside Ave.  
Wichita, KS 67219

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TESTIMONY HOUSE BILL 2094  
House Committee on Health and Human Services

The Kansas Chapter of the American Academy of Pediatrics represents over 90% of the practicing pediatricians in the state. The Chapter presents this testimony in strong opposition to House Bill 2094.

Immunizations are one of the true success stories in the history of mankind. In fact, it is because they are so successful that we are here today. If we still had large numbers of children dying of measles, polio, meningitis and whooping cough it is unlikely we would be having parents wanting to refuse immunizations. But when we rarely see the tragic effects of these diseases - indeed many young parents today have never seen a single child with measles, chickenpox or the other 'childhood diseases' - it is easy to see how they would be susceptible to the misinformation and fear mongering about immunizations that has become common in the media.

Let's look at the facts. Immunizations are safe. The vast majority of studies have shown this and as we do more research, new studies continue to confirm this. In fact recently the English physician who claimed that the MMR vaccine was linked to autism has been shown to be a fraud who doctored his data and was in a financial arrangement with attorneys suing vaccine manufacturers. A child has a much greater chance of harm by contracting the infectious diseases that the vaccines prevent than by the vaccine itself.

It is important to balance personal freedom of choice with the safety of the community and our children. That is a balance that our country has looked at from its inception. An individual who chooses to run a stop sign puts others at risk. We understand this so we have laws that prohibit this action. An individual's "freedom" to choose not to immunize a child puts other children and society at risk in much the same way. Not everyone that is vaccinated will develop immunity. Most vaccines will work in about 90-95% of the recipients. This means that even if a child is vaccinated there is a small chance they still are susceptible. Also many children are unable to receive vaccines because they are immuno-compromised, such as a child receiving chemotherapy. Finally, very young children might not be eligible for the immunization yet. They are also susceptible.

Recently we have seen what happens when parents refuse to immunize their children. California is a state that allows a personal exemption. In 2008 San Diego experienced a recurrence of measles started by a child who was not immunized. And what better place to look than in Britain, home of the MMR controversy. This country experienced a decline in immunization rates following the claim that MMR caused autism. Britain is now experiencing a dramatic increase in measles cases to the point it is now being called an epidemic by some health officials.

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We know the importance of immunizations. We know what happens when parents refuse to vaccinate their children. The Kansas Chapter strongly opposes this bill for the sake and health of the children of our state.

#### KEY FACTS ABOUT IMMUNIZATIONS

1. Childhood infectious diseases are serious infections that can cause death or serious long term disabilities in many children.
2. Children are far more likely to be harmed by these infectious diseases than by the immunizations that prevent them.
3. Children not immunized increase the chance others will get the disease. This includes children too young to receive the vaccines or those medically unable to because they are immuno-compromised such as individuals receiving chemotherapy.
4. We are seeing a resurgence of these diseases as more parents are mistakenly refusing vaccine for their children because of unfounded fears about vaccine safety. Recent outbreaks of pertussis and measles in California show this.
5. Recent studies have continued to show that vaccines are safe and not the cause of disorders such as autism. The physician who started the "autism scare" has now been shown to be a fraud who manipulated his data and had a financial connection to attorneys suing vaccine manufacturers.
6. School entry requirements for immunizations are one of the best means of increasing immunization rates.

Respectfully,

Dennis M. Cooley, MD, FAAP  
President  
Kansas Chapter, American Academy of Pediatrics

Chris Steege  
Executive Director  
Kansas Chapter, American Academy of Pediatrics



Robert Moser, MD, Acting Secretary

Department of Health & Environment

Sam Brownback, Governor

**HB 2094 Vaccinations; exemptions from getting immunizations based on reasons of conscience or personal belief**

**Presented in Writing to  
Committee on Health and Human Services**

**By  
Robert Moser, MD, Acting Secretary  
Department of Health and Environment**

**February 8, 2011**

Chair Landwehr and members of the committee, I am pleased to submit written comments on House Bill 2094.

The intent of this bill is to amend current legislation that offers religious and medical exemptions to also offer a conscientious (personal) objection to receiving vaccinations required for school aged children. KDHE is in opposition to this bill.

Enforcement of mandatory immunization requirements for children entering childcare facilities and schools has resulted in high immunization coverage levels both in Kansas and across the country. While all states and the District of Columbia allow exemptions from the requirements for medical reasons, and all but two offer exemptions to accommodate religious beliefs, 20 states allow exemptions based on parents' personal beliefs. Several recent outbreaks of measles, pertussis, and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief exemptions.

The impact of vaccine refusal is documented through several studies that show a direct correlation between increased rates of vaccine refusal and increased disease incidence. Children who are exempted from immunization requirements are at greater risk of contracting vaccine-preventable diseases and transmitting disease to others.

- States that made it easy to get exemptions had 90 percent more cases of whooping cough than states with stricter rules; states that allowed only religious and medical exemptions did not have a significantly higher rate of whooping cough.
- Schools with exemption rates as low as 2 percent to 4 percent are at increased risk for disease outbreaks.
- Exempted children have been found to be 22 to 35 times more likely to get measles than vaccinated children.
- The number of exemptions granted for nonmedical reasons grew by 6 percent per year between 1991 and 2004 in states that offered personal belief exemptions.

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Increasing rates of vaccine exemptions can undermine vaccine preventable disease elimination. Outbreaks can also occur among those unable to be vaccinated due to age or medical conditions. Immunizations are a tremendous public health achievement, credited for saving tens of thousands of lives each year in the U.S. alone.

- In 1920, nearly 470,000 measles cases were reported in the U.S., and nearly 7,500 people died from the disease.
- Nearly 148,000 cases of diphtheria were reported that same year, resulting in more than 13,000 deaths.
- Nearly 5,100 patients died from pertussis among the more than 107,000 cases that were reported in 1922.

Dramatic decreases in the number of cases and deaths were seen in the years following the introductions of vaccines for these and many other diseases that were once so common. So dramatic, in fact, that outbreaks or even small clusters of some vaccine-preventable diseases are newsworthy today.

Despite high community vaccination coverage, disease outbreaks can occur among clusters of children with vaccine exemptions, at major cost to public health agencies, medical systems, and families. Disease outbreaks have significant costs, both in terms of human costs and costs to the medical and public health communities charged with disease treatment, management and control.

- The cost associated with an outbreak of 26 cases of pertussis in Nebraska was measured at \$2,172 per case.
- The total estimated cost of one case of measles in Iowa was measured at \$142,452, of which 75% was attributable to personnel costs and overhead.
- Seventy-five percent of the cases were intentionally unvaccinated in a measles outbreak in a highly vaccinated population in San Diego, and resulted in a net public-sector cost of \$10,376 per case.

Increased vaccine preventable disease incidence in Kansas would require increased resources at the state and local levels for disease investigation. Local governments are charged with disease investigation and containment. Greater incidence of vaccine preventable diseases will burden local health departments with increased responsibility in a time of diminishing resources.

Fiscal consideration of the impact of long term care of an individual with residual impairment resulting from a vaccine preventable disease is important and will impact the state budget in terms of resources needed for long term care or support.

- Approximately 1 in every 1,000 cases of measles results in nervous system complications. Encephalitis, or brain swelling, is the most common of these, and it leaves approximately one-quarter of affected patients with long-term brain damage.
- Up to 40% of children who survive meningitis due to *Haemophilus influenzae* type b (Hib) may have life-long neurological defects.
- Complications such as congenital rubella syndrome, liver cirrhosis and cancer caused by chronic hepatitis B infection or neurological lesions secondary to measles or mumps can have a greater long-term impact than the acute disease. These cases will require life-long care, often at public expense.

Persons particularly at risk include:

- Pregnant women
- Children under the age of two
- Children and adults with leukemia
- Individuals receiving chemotherapy, or who are otherwise immunosuppressed; as well as persons who live in the same household with immunosuppressed people.

Requiring vaccines for school entry saves lives. Immunizations work, are safe and are important tools in the public health prevention of disease and protection of Kansas citizens.



**KANSAS ACADEMY OF  
FAMILY PHYSICIANS  
CARING FOR KANSANS**

**Testimony: House Bill 2094  
House Health & Human Services Committee  
February 8, 2011  
By: Jenn Brull, MD, President**

Chairman Landwehr and members of the committee:

Thank you for the opportunity to submit written comments on **House Bill 2094**. HB 2094 would add a new exemption—objection based on “personal beliefs”—to the current statutory immunizations required for school-aged children. Kansas already allows exemptions for religious and medical reasons. **The Kansas Academy of Family Physicians (KAFP) is opposed to the new exemption proposed in this bill.**

Enforcement of existing mandatory immunization requirements for children entering childcare facilities and schools has resulted in high immunization coverage levels both in Kansas and across the country. These immunization rates lead to a lower incidence of vaccine-preventable disease in our state.

Currently, twenty states allow exemptions based on parents’ personal beliefs. Several recent outbreaks of measles, pertussis, and varicella (chickenpox) have been traced to pockets of unvaccinated children in states that allow personal belief exemptions. These outbreaks affect not only the unvaccinated children, but also children and adults who are not fully protected due to incomplete immunity (e.g., immunosuppressed, pregnant).

Clear data show the real public health threat the proposed exemption represents. Studies have shown: States with personal exemptions had 90 percent more cases of whooping cough than states with stricter rules; Exempted children have been found to be 22-35 times more likely to get measles than vaccinated children; and, Rising rates of vaccine exemptions can undermine vaccine preventable disease elimination. Outbreaks can also occur among those unable to be vaccinated due to age or medical conditions. Immunizations are a tremendous public health achievement, credited for saving tens of thousands of lives each year in the U.S. alone.

Disease outbreaks have significant costs, both in terms of human costs and costs to the medical and public health communities charged with disease treatment, management and control. For family physicians, having an increased number of vaccine-preventable disease outbreaks in our state would mean devoting resources to caring for the ill instead of preventing disease. Since there is a very real shortage of primary care providers in our state, this could result in a significant reduction in the availability of primary care to our population as a whole.

Requiring vaccines for school entry saves lives. Immunizations work, and are safe and important tools in the prevention of disease and protection of Kansas citizens. I encourage you to oppose this legislation for the health of our state. Thank you for your consideration of these comments.

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**To:** House Committee on Health and Human Services

**From:** Dan Morin  
Director of Government Affairs

**Date:** February 8, 2011

**Subject:** HB 2094 – Vaccinations; exemption from getting based on reasons of conscience or personal belief

The Kansas Medical Society appreciates the opportunity to submit testimony in opposition to House Bill 2094, which would amend state immunization requirements for child care facilities and public school students to allow a parent or guardian to refuse immunizations based on "reasons of personal conscience or personal beliefs."

Medical and religious exemptions are now the only available current immunization exemptions in Kansas. State law recognizes exemptions to immunization for medical contraindications as determined by a licensed healthcare provider. All states except for Mississippi and West Virginia allow parents to opt out because of their religious beliefs. And every state allows for children who have a medical reason to opt out

The Kansas Medical Society would be very concerned about the increase in the number of parents choosing to opt out of mandatory vaccinations if HB 2094 were to become law. Public health officials nationwide continually advocate keeping immunization rates high enough to confer "community immunity" to the general public. Community immunity occurs when the vaccination of a portion of the population provides protection to unvaccinated people. Depending on the disease and the community in which it might occur, in order for unvaccinated people to be protected against communicable diseases, approximately 75 to 95 percent of the population has to be vaccinated against them, medical experts say. Even a relatively small amount of the childhood population eschewing immunizations is enough to put a school or child-care facility at risk of an outbreak of a vaccine-preventable disease if the disease was introduced.

For example, California is now one of 20 states that allow parents to opt out from providing proof that their children have received mandatory vaccinations by stating that they are philosophically opposed to their child being vaccinated. Public health officials state that California's vaccine exemption system is among the easiest in the country and partially the cause for a whooping cough outbreak in 2010 which resulted in more than 5,000 people getting sick and resulted in the deaths of nine babies. Eight of the infants were under two months of age, too young to be vaccinated against the disease. A recent study from the Emory Vaccine Center at Emory University in Atlanta showed that in states where getting an exemption is easy, such as in California, the rate of whooping

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cough was at least 50 percent higher than in states that made it more difficult for parents to opt out.

Public health officials nationwide have been concerned about the increase in the number of parents choosing to opt out of mandatory vaccinations since the late 1990s. In 1998, English doctor Andrew Wakefield published a study of 12 children linking the measles-mumps-rubella vaccine to autism. The paper caused rates of vaccination to fall and cases of measles to climb in the country. The study and has since been discredited and the medical journal which published the research retracted the study claiming that its authors had made false claims about how the study was conducted. Another recent hot-button issue relative to vaccines has been thimerosal, a mercury derivative once used as a preservative in some pediatric vaccines. It was eliminated in the United States from all but some flu vaccines in 2001. Numerous studies have found no connection between thimerosal and autism, the most recent of which was a Centers for Disease Control paper published in September

Vaccines are one of the most successful medical advances of all time. Vaccines save lives and protect against the spread of disease. The American Academy of Pediatrics states that most childhood vaccines are 90% to 99% effective in preventing disease. And if a vaccinated child does get the disease, the symptoms are usually less serious than in a child who hasn't been vaccinated. There may be mild side effects, like swelling where the shot was given, but they do not last long. And it is rare for side effects to be serious.

The Kansas Medical Society thanks you for your time and the opportunity to present our position in opposition to HB 2094.

Testimony Presented to Health and Human Services Committee  
Regarding HB 2094

By Nancy Tausz, RN, BSN Johnson County Health Department  
Communicable Disease Division Director and **KPHA** member

To allow a vaccine exemption for philosophical reasons in the State of Kansas would negatively impact the health of all Kansas children. The landmark case of *Jacobson v. Massachusetts* in 1905 is cited as the foundation for public health laws when the Supreme Court endorsed the rights of states to pass and enforce compulsory vaccination laws. The enforcement of vaccine mandates results in a decreased number of hospitalizations and deaths. As of 2008, all states have medical exemptions, 48 states have religious exemptions, and 21 states allow philosophical or personal beliefs. States that allow exemptions for philosophical or personal beliefs have a mean exemption rate that more than doubled after the passage of the law (NEJM, 2009).

The Advisory Committee on Immunization Practices, which advises the Centers for Disease Control and Prevention (CDC), and the Committee on Infectious Diseases, which advises the American Academy of Pediatrics have the expertise in virology, microbiology, statistics, epidemiology, and pathogenesis necessary to review the studies that inform their recommendations. These experts use evidence based research to make vaccine recommendations. They do not take lightly the implication of these recommendations. Parents are sometimes misinformed about vaccines side effects, effectiveness, etc. The source of a parents information may be something they heard in the local coffee shop or saw in a non-research based publication. Rightly so, parents worry about their children's health. It is the medical community's responsibility to educate parents on the importance of vaccinations and the states responsibility to not give parents an easy way out of vaccinating their children and protecting their health.

Research demonstrates that states allowing personal belief exemption have a higher rate of vaccine preventable disease compared with states without such exemptions. Vaccines are among the most effective and safest tools available for preventing infectious disease and their complications. Vaccines are "good science", are tested for a longer time frame and are tested in high numbers of children comparably to new drugs. Overall, vaccines have an excellent record of safety. High immunization coverage has resulted in drastic declines in vaccine-preventable diseases. The high price of natural immunity, occasionally resulting in severe and fatal disease, is a risk not worth taking (Pediatrics, 2009). Because of recommendations and advancement of vaccine technology, vaccines have helped to increase the lifespan of individuals in the United States by 30 years.

As a result of substantial gains in reducing vaccine-preventable diseases, the memory of several infectious diseases has faded from the public consciousness and the risk-benefit calculus seems to have shifted in favor of the perceived risks of vaccination in some parents' minds. Immunization requirements have resulted in quick improvement in local coverage and control of outbreaks. High vaccine coverage, particularly at the community level, is extremely important for children who cannot be vaccinated, including children who have medical contraindications to vaccination, and those who are too young to be vaccinated. These groups are often more susceptible to the complications of infectious diseases than the general population and depend on the protection provided by the vaccination of other children. Vaccine refusal not only increases the individual risk of disease but also increases the risk for the whole community.

In today's society travel all over the county and world is common. Relaxed vaccination laws would increase the communicable disease spread. For example, an unvaccinated child traveling to a country

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with polio could become infected with the disease, and bring it back to this country causing transmission to vulnerable unvaccinated populations. A real life example occurred when an unvaccinated 19 year old returned from India to Iowa with a case of measles. The case had a non-medical exemption for MMR vaccine. This case had the potential to infect susceptible people in four airports and over three continents. Although incidence of measles is low in the United States because of high immunization rates, the disease infects 30 million susceptible people in developing countries and claimed the lives of 614,000 children.

Between 1991 and 2004, the mean annual incidence of Pertussis was almost twice as high in states with administrative procedures that made it easy to obtain exemptions compared to states that made it difficult (NEJM, 2009). Children with nonmedical exemptions are at increased risk for acquiring and transmitting vaccine preventable diseases. Recent outbreaks of measles in 15 states, caused by an erosion of herd immunity in communities where parents had chosen not to vaccinate their children, were the largest in the United States since 1996.

In a retrospective cohort study based on nationwide surveillance data from 1985 through 1992, children with exemptions were 35 times as likely to contract measles as nonexempt children (relative risk, 35; 95% confidence interval [CI], 34 to 37).<sup>34</sup> In a retrospective cohort study in Colorado based on data for the years 1987 through 1998, children with exemptions, as compared with unvaccinated children, were 22 times as likely to have had measles (relative risk, 22.2; 95% CI, 15.9 to 31.1) and almost six times as likely to have had Pertussis (relative risk, 5.9; 95% CI, 4.2 to 8.2).<sup>35</sup> Earlier data showed that lower incidences of measles and mumps were associated with the existence and enforcement of immunization requirements for school entry (Pediatrics, 2011).

Before the hepatitis B vaccine became part of the routine schedule for children, annually, 16 000 children less than 10 years of age were infected with hepatitis B virus after nonsexual, person-to-person contact. Before the conjugate pneumococcal vaccine became part of the routine schedule in 2000, pneumococci caused 17,000 cases of invasive disease every year in children less than 5 years of age, resulting in 700 cases of meningitis and 200 deaths (Pediatrics, 2009).

Additionally, parents sometimes find it easier to claim a vaccine exemption than to take the time, money, and effort required for getting the vaccines. Schools and daycares see this happen on a routine basis. The parent is asked to /submit/update the child's vaccine record by a certain date and suddenly the parent is claiming a religious exemption. Additionally, high schools sometimes see exemptions requested when the true reason is the teenager just doesn't want to get "a shot". Allowing an "easy out" is not in the best interest of children in Kansas.

An economic evaluation of the impact of seven vaccines (DTaP, Td, Hib, Polio, MMR, Hepatitis B, and Varicella) routinely given as part of the childhood immunization schedule found that the vaccines are tremendously cost-effective. Routine childhood vaccination with these seven vaccines prevents over 14 million cases of disease and over 33,500 deaths over the lifetime of children born in any given year, resulting in annual cost savings of \$10 billion in direct medical costs and over \$40 billion in indirect societal costs (CDC, 2007). To clarify, the indirect costs include such factors as the amount of time that parents will be out of the work place due their children contracting more disease preventable diseases.



In conclusion, to quote Dr. Paul Offit, "some would argue that philosophical exemptions are a necessary pop-off valve for a society that requires children to be injected with biological agents for the common good. But as anti-vaccine activists continue to push more states to allow for easy philosophical exemptions one thing is clear, more and more children will suffer and occasionally die from vaccine preventable diseases. Given the increasing number of states allowing philosophical exemptions to vaccines, at some point we are going to be forced to decide whether it is our inalienable right to catch and transmit potentially fatal infections (Wall Street Journal, 2007).



# SEDGWICK COUNTY HEALTH DEPARTMENT

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## Written Testimony on House Bill 2094

Presented to: Health and Human Services Committee

February 7, 2011

Madame Chair and members of the committee, I am Claudia Blackburn, representing the Sedgwick County Health Department. Thank you for the opportunity to testify in opposition to the proposed changes to K.S.A. 72-5209 and K.S.A. 2010 Supp. 65-508.

Stopping vaccine-preventable diseases – and saving lives in the process – must be a community-wide effort to vaccinate infants, children, adolescents, and adults. Without strong regulations requiring vaccination for schools and childcare settings, the Centers for Disease Control and Prevention report that we would see epidemics of diseases that are nearly under control today. More children would get sick and more would die.

We don't vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their grandchildren. Strong vaccination programs have proven that they can be effective in eradicating disease. Our children don't have to get smallpox shots any more because the disease no longer exists. If we keep vaccinating now, parents in the future may be able to trust that diseases like polio and meningitis won't infect, cripple, or kill children. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

The proposed broad vaccination exemption, increases the chance for more and more children to go unvaccinated, which increases the chance for disease to be spread and outbreaks to occur. Other states have adopted similar exemptions proposed in this bill. California allows parents to opt out from providing proof that their children have received mandatory vaccinations by stating that they are philosophically opposed to their child being vaccinated. In 2009, about two percent of their kindergarteners opted out due to personal beliefs. According to the California Department of Health, California is in the midst of a whooping cough epidemic that has made roughly 5,300 people sick in 2010 – *the most cases reported in 60 years*. Nine people have died, all of them babies. Eight of them were under two months of age, too young to be vaccinated against the disease.

A review of studies in the Journal of the American Medical Association regarding vaccination personal exemptions found that exemptors were 22 to 35 times more likely to get measles.

In Sedgwick County, we have over 85,000 children enrolled in schools, thousands more in daycares, and over 8,000 births each year. Please help protect the health of these children and generations to come by maintaining the current immunizations regulatio

*Sedgwick County... working for you*

Health & Human Services

Date: 2-9-11

Attachment: 35

35-1