

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

**By
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Chair Landwehr and members of the committee,

Good afternoon. My name is Charles Hunt. I serve as the State Epidemiologist and Bureau Director for Kansas at the Department of Health and Environment. One of our primary responsibilities, in partnerships with our colleagues in local health departments, is to monitor the occurrence of infectious diseases throughout the state, conduct outbreak investigations, and work to help prevent and control the spread of infectious diseases.

As you are undoubtedly aware, immunizations have been tremendously successful at improving our public health. High vaccination levels in a community protect not only those who are immunized, but also the community as a whole, particularly vulnerable individuals who cannot be vaccinated because of medical reasons or because they are simply too young to be fully immunized.

Much of our success can be attributed to policies such as enforcement of mandatory immunization requirements for children in child care settings and schools. These requirements have resulted in high immunization coverage levels both in Kansas and across the country. This is clear from our own studies that demonstrate that by 30 days after school entry approximately 85 percent of children in Kansas are up-to-date on all recommended

vaccines that are required for school.ⁱ Yet only 72 percent of these same children were fully immunized for their age when they were two years old.ⁱⁱ

While all states allow exemptions from school vaccination requirements for medical reasons, and all but two offer exemptions to accommodate religious beliefs, only 20 states allow exemptions based solely on parents' personal beliefs. Several recent outbreaks of measles, whooping cough, and chickenpox have been traced to pockets of unvaccinated children in states that allow personal belief exemptions.

Proponents of expanding state law to allow for personal belief exemptions may argue that there is no correlation between exemptions and reported disease rates. However, evidence in the scientific literature suggests otherwise. At least 14 studies published in peer-reviewed medical and public health journals have shown that personal belief exemptions increase the risks of disease outbreaks.ⁱⁱⁱ

Risks to the community, particularly vulnerable individuals within the community, are exacerbated by the tendency for nonmedical exemptions to cluster in small geographic areas rather than be evenly distributed throughout the state, even though overall immunization levels remain relatively high.

For example, in Kansas approximately 40 percent of school districts have kindergarten children with religious or medical exemptions. While many school districts report not having any kindergarteners with exemptions, some districts reported exemption rates of greater than 10 percent to 20 percent during the 2010-2011 school year. Overall, 26 districts reported exemption rates exceeding five percent. These exemptions, coupled with inconsistent enforcement of existing vaccination requirements, result in substantially lower vaccination coverage levels in some communities, thereby increasing the risks of disease outbreaks.

Dramatic decreases in the numbers of cases and deaths were observed in the years following the introductions of vaccines. So dramatic, in fact, that outbreaks or even small clusters of some vaccine-preventable diseases are newsworthy today. Just last week, a small cluster of measles cases was identified in Finney County. The local health department and KDHE staff have been working tirelessly to investigate, following up on hundreds of contacts to these cases, and doing their best to minimize further spread within the community.

From 2008-2011, there were 65 outbreaks of vaccine-preventable diseases in Kansas. Forty-six of these were due to chickenpox or whooping cough in public schools. Outbreaks in school settings, in particular, have tended to occur in communities with children with vaccination

exemptions. During this same time period, 25 outbreaks of chickenpox occurred among schools in districts with vaccination rates of less than 90 percent compared to 14 outbreaks in districts with immunization rates between 90 percent and 94 percent. Only two outbreaks occurred in districts with a vaccination rate of at least 95 percent.

Increased vaccine-preventable disease incidence in Kansas would require increased resources at the state and local levels for disease investigation in challenging economic circumstances. As an example, a measles outbreak involving seven cases associated with a child care center in Johnson County occurred in 2011. The first three cases alone, all of whom were unvaccinated adolescents, required investigations of more than 3,000 contacts. There are many other examples from states around the country that demonstrate the tremendous societal costs associated with disease outbreaks.

But most importantly, requiring vaccines for children in schools and child care settings saves lives. Immunizations work. They are safe. And they are important tools in the public health prevention of disease and protection of Kansas citizens. We need to ensure that our public policies maintain that protection.

ⁱ http://www.kdheks.gov/immunize/download/Kindergarten_2010-11.pdf

ⁱⁱ http://www.kdheks.gov/immunize/download/retrospective_2010-11..pdf

ⁱⁱⁱ <http://www.immunize.org/catg.d/p2069.pdf>