



To Whom It May Concern:

In your endeavor to ensure that children from Kansas are receiving cutting edge health care, I know that you support the recommendations of the American Academy of Pediatrics regarding childhood immunizations. The US vaccination program has seen remarkable success over the last 50 years, such that we have witnessed the eradication of polio, diphtheria, tetanus and a form of childhood meningitis. Since the implementation of varicella vaccine, there has been a 90% reduction in chickenpox cases in this country to the point that it is an exception for pediatricians in training to care for even one case.

But vaccine preventable infections continue to occur. Life threatening disease caused by influenza, varicella (chickenpox), whooping cough, and measles which are virtually 100% preventable by immunization, continue to occur in children in our community related to delays in immunization and now potentially from loopholes in our state legislative immunization policies.

How real is this threat to our children? More whooping cough outbreaks have occurred in the US in the last eight years than in any of the prior four decades. Since 2010, more than 10,000 cases have occurred in California (where they had as many cases in 2010 as in 1947), Ohio and Michigan alone. There was a child with whooping cough hospitalized at Children's Mercy Hospital at least every other week in the last year with over 300 children, mainly infants, hospitalized at our children's hospital since 2004. Influenza continues to cause 200,000 hospitalizations per year and in excess of 25,000 deaths. It is a tragedy that we saw children die in our community in the last few years with influenza and that nationally fewer than 50% of children receive immunization. Even diseases like measles are making a comeback. We cared for more children with measles in this past year than in any other year since I joined the faculty of Children's Mercy Hospital in 1984.

Vaccination delays and refusal are multi factorial. Most parents and even some physicians in this day and age do not perceive these diseases as viable threats to their child's welfare. Some perceive the decision to refuse vaccination as a personal one and do not perceive the risk to their child. Importantly, any policy that allows exemptions to immunizations based on personal belief, will threaten herd immunity and allow for more efficient spread of infection through a population. Herd immunity is critical to containing infection and when less than 85% of the population is immunized, such immunity is lost thereby increasing the risk of vaccine preventable infections in our community.

One effective strategy to address this problem is to make sure that philosophical or personal belief exemptions to immunization are not allowed. In the United States today, 20 states allow a personal belief exemption to vaccines. Most who cite the right to refuse vaccines say that it is a personal choice. But the consequences of a personal decision (exemption) becomes a public health problem very quickly. In January 2008, a 7-year-old boy whose parents chose not to immunize him, returned to San Diego with his family from a European trip and was ill with fever, rash, and respiratory symptoms. He saw a physician, was referred for laboratory studies, and later went to the emergency room. He turned out to have measles. Over the course of his travel and medical care, many individuals were exposed to the child and subsequently 11 additional cases of measles occurred in unvaccinated infants and children including his sibling, schoolmates, and a child too young to be immunized, who had been at the physician's office where he was seen became infected. While you might think this is an isolated incident, in fact the Centers for Disease Control (CDC) reports that there are frequent measles outbreaks in the United States and in most cases the children infected have not been immunized because of parental beliefs about immunization.

For me the key point is this: the inaction by choice (not immunizing) puts the community at risk, particularly its most vulnerable members including infants below the age of six months who are at highest risk from serious complications and even death from such communicable infections. Such a decision places others at risk including those who can't be immunized because of a bonafide contraindication, or those who may not respond to immunization because of an immune compromising condition or who have diseases like cancer.

Medical exemptions to vaccines are well defined and such children should not be immunized and should be exempted from any mandate for vaccines. Immunization refusals based upon parental beliefs, however, do not fall into this category. In those cases, children are denied the protection of immunizations without any medical or scientific justification. Do not allow Kansas to be among the states that allow "personal belief" exemptions to mandatory child vaccines. This will inevitably place our most vulnerable at higher risk. Unimmunized children who become ill with vaccine preventable illnesses expose others at school and daycare. They visit doctor's offices, urgent care centers or emergency rooms where they also expose other children to illnesses. There is no question that the risks to children from disease are much higher than the risks of vaccines.

I would be happy to share further information regarding these and other vaccine preventable childhood infections. Thank you for your efforts currently and in the future to advocate for the improvements in the health care of Kansas children.

Sincerely yours,

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