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**Jones, Stephanie**

**From:** Alison Fujito <fujifiddle@gmail.com>  
**Sent:** Sunday, May 01, 2016 7:49 PM  
**To:** ED, State Board of Ed  
**Subject:** Department of Health Proposed Regulations No. 10-197 School Immunization Regulations

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Dear Ms. Findley,

The proposed changes in the immunization regulations are highly problematic. There are several issues of concern which must be noted and thoroughly discussed.

1) The Health Department is assuming incorrectly that 1) immunocompromised individuals are unable to be vaccinated, and 2) that all vaccines prevent vaccinated individuals from transmitting those diseases to the immunocompromised.

As per the CDC, immunocompromised individuals ARE able to receive most vaccinations: <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/immuno-table.pdf>

The vaccines immunocompromised individuals should not receive (the live-virus vaccines MMR, rotavirus, chicken pox, shingles, and live-virus Flu Mist vaccine), when given to others, can shed and potentially infect the immunocompromised individuals for up to 3 weeks: (<https://www.oncolink.org/experts/article.cfm?id=2657>).

Requiring children to receive all immunizations, including live-virus vaccines, in order to protect the immunocompromised may possibly backfire by spreading the very diseases that were meant to be prevented.

2) Adverse reactions to vaccines are MENTIONED—but not discussed. Instead, they are dismissed as being “fairly rare.”

Since complications from the diseases are also rare, there is a serious need for an accurate risk/benefit analysis—which has never been done. We don’t actually know how “rare” adverse reactions to vaccines are, since the only reporting system, VAERS, is a voluntary one. We also have to weigh that risk against the risk of the vaccine-preventable disease IN THE US. That, too, is never done, as the risks of these diseases in developing nations are usually the risks we’re asked to consider.

Each disease poses a different level of risk, as does each vaccine. We can’t assume that all vaccines are risk-free, nor should we assume that all diseases are deadly in the US.

Measles, for example, while undoubtedly deadly in developing countries lacking adequate food and clean water, has never been particularly problematic in the US, not even in the pre-vaccine era.

In fact, according to the official US Mortality Statistics 1922 Report, the death rate for measles in both 1921 and 1922 was 4.3 per hundred thousand infected, which is extremely low. Scroll to the bottom of page 28:

<https://books.google.com/books?id=weVakfr9i0oC&pg=PA28&lpg=PA28&dq=measles+death+rate+1913&source=bl&ots=rE1sW6nWtg&sig=mwOFNGYgOqaIIWKEW463BtGwsl4&hl=en&sa=X&ved=0ahUKEwiulfvOwpvKAhVFthQKHeLXC14Q6AEIMTAD#v=onepage&q=measles%20death%20rate%201913&f=false>

That's .0043%, nearly 100 years ago—41 years before the first measles vaccine.

If the death rate from measles was so low in 1922, even before antibiotics, even before IV hydration for severe diarrhea (which are the two most complications for measles), and even before vitamin A deficiency was discovered to greatly contribute to such complications, surely it would be even less problematic today, with modern medical knowledge and facilities. So why is measles always discussed as though it were a terrible plague in the US?

Meanwhile, since 1990, the MMR vaccine has been reported in conjunction with SERIOUS side effects (such as stroke, hearing loss, pancreatitis, seizure, etc) in 7,502 reports to VAERS, as well as 358 deaths, the vast majority in children under the age of 3.

We hear about each and every case of measles, no matter how mild, but we don't hear about the vaccine reactions; surely those children matter, too?

VAERS lists 69,178 severe reactions associated with vaccines, and 6,126 deaths. Again, most are in children under 3 years old.

If you look at the package insert for the MMR, it is clear that not all reactions are in children. "In women, incidence rates for arthritis and arthralgia are generally higher than those seen in children (children: 0-3%; women: 12-26%), and the reactions tend to be more marked and of longer duration. Symptoms may persist for a matter of months or on rare occasions for years. In adolescent girls, the reactions appear to be intermediate in incidence between those seen in children and in adult women. Even in women older than 35 years, these reactions are generally well tolerated and rarely interfere with normal activities."

One has to wonder who decided that months or even years of joint pain in up to 26% of women is acceptable; one also wonders exactly who decided that such pain is "well tolerated."

3) Giving parents only 5 days to give their children what may end up being several vaccines at once has the potential to result in catastrophic reactions for any children who may have undiagnosed sensitivities or predisposition to adverse reaction to vaccines.

Giving several vaccines at once has never been studied for safety, despite the insistence of industry representatives. The science simply doesn't exist. Studies that compares vaccinated children with other vaccinated children, concluding that both groups have similar rates of health issues are not evidence of safety, nor are they good science.

Many of the current pediatric vaccines contain high levels of aluminum adjuvants; some children are unable to effectively and quickly eliminate heavy metals. Recommending a rushed decision to receive several vaccines at once is not ethical when there is no outbreak of disease causing a health emergency; coercing such a decision by withholding education for children violates the principle of informed consent.

PA actually has one of the highest vaccination rates in the country. If the Health Department is worried about reporting accuracy being skewed by the provisional period, shortening the provisional period to 90 days, and changing the reporting date to December 31st would be a much more accurate reflection of vaccination rates.

4) The addition of meningitis vaccine for students entering 12th grade is particularly concerning because the current science does not actually support its use.

In his article, "Doing the Math on Meningitis Vaccinations," Robert Kennedy looks at CDC data that clearly shows that the new meningitis vaccines are likely to cause more harm than good. With only 30% of cases of meningitis—which is already an extremely rare disease—being caused by the B strain targeted by the new disease, we're talking about an effort to prevent around 100 cases nationwide, year.

Using Colorado, which reported only 3 cases of B-strain meningitis in 2014, Sen. Kennedy writes:

"According to their package inserts, Menactra and Menveo produce "serious adverse events" in 1 percent of recipients. Menomune, with its hefty mercury load, sickens 1.3 percent of those receiving it. According to the CDC Pink Book, 0.3 percent of those with "serious adverse events" from meningitis vaccines will die. So here is the math calculation that thoughtful student governments in Colorado must consider: If you inoculate Colorado's 400,000 college students with the older vaccines, you can expect 4,000 serious adverse events and 12 dead. We do not yet know the effects of widespread vaccination of the hastily-expedited B vaccines, but according to their package inserts, about 2 percent of students who receive the B vaccine will be sickened or hospitalized with a serious adverse event. This could translate into an additional 8,000 sick students and 24 deaths, for a total of 12,000 sick and 36 dead in the attempt to possibly avert three meningitis cases."

Before the Department of Health even recommends (let alone mandates) a vaccine that is known to cause "serious adverse events," it must do a detailed analysis of the number of cases of B-strain meningitis per year in PA, and compare that number with the .3% of the number of 12th graders per year who are likely to have "serious adverse events.

While we all want to prevent serious and deadly diseases like meningitis, requiring a new vaccine that already has a problematic safety record may cause more harm than good.

How many "serious adverse events" does the Department of Health think are acceptable collateral damage? And why doesn't the Department of Health think that parents should have a say in whether or not their child risks this collateral damage?

5) Including an additional dose of pertussis vaccine for entering kindergarteners is also problematic in that the pertussis vaccine has both serious efficacy problems AND safety problems.

According to immunologist Tetyana Obukhanych (PhD: Rockefeller University; post doc training: Harvard and Stanford):

"The acellular pertussis (aP) vaccine (the final element of the DTaP combined vaccine), now in use in the USA, replaced the whole cell pertussis vaccine in the late 1990s, which was followed by an unprecedented resurgence of whooping cough. An experiment with deliberate pertussis infection in primates revealed that *the aP vaccine is not capable of preventing colonization and transmission of B. pertussis* (Warfel et al. (2014)

"Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model." Proc Natl Acad Sci USA 111:787-92). The FDA has issued a warning regarding this crucial finding. [<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm>]

Furthermore, the 2013 meeting of the Board of Scientific Counselors at the CDC revealed additional alarming data that **pertussis variants (PRN-negative strains) currently circulating in the USA acquired a selective advantage to infect those who are up-to-date for their DTaP boosters** meaning that people who are up-to-date are more likely to be infected, and thus contagious, than people who are not vaccinated.

Meeting of the Board of Scientific Counselors, Office of Infectious Diseases, Centers for Disease Control and Prevention, Tom Harkins Global Communication Center, Atlanta, Georgia, December 11-12, 2013: [http://www.cdc.gov/maso/facm/pdfs/BSCOID/2013121112\\_BSCOID\\_Minutes.pdf](http://www.cdc.gov/maso/facm/pdfs/BSCOID/2013121112_BSCOID_Minutes.pdf) Resurgence of Pertussis (p.6)

“Findings indicated that 85% of the isolates [from six Enhanced Pertussis Surveillance Sites and from epidemics in Washington and Vermont in 2012] were PRN-deficient and vaccinated patients had significantly higher odds than unvaccinated patients of being infected with PRN-deficient strains. Moreover, when patients with up-to-date DTaP vaccinations were compared to unvaccinated patients, the odds of being infected with PRN-deficient strains increased, suggesting that PRN-bacteria may have a selective advantage in infecting DTaP-vaccinated persons.”

It does not make sense for the Health Department to require MORE doses of a problematic vaccine. This places undue burden on those who might react, with no benefit to them or anyone else.

According to VAERS, there have been 21,014 reports of serious adverse reactions associated with pertussis-containing vaccines, with the vast majority (16,535, or over 78%) in children under the age of 3. 93% of the 2,628 deaths reported in association with pertussis-containing vaccines are also in children under the age of 3. Adding an additional dose of pertussis-containing vaccine for children entering kindergarten may very well result in an increase of deaths for that age group—and again, because this particular vaccine is not preventing the spread of pertussis, there would be no benefit to balance such a risk.

We all want to decrease the threat of disease in our population, but we must be aware that not every vaccine works as well as advertised, and that some can cause irrevocable harm. More and more catastrophic reactions are being reported as more vaccines are added to the schedule; at the same time, there are increasing numbers of reports of vaccine failures, such as the recent outbreaks of mumps (which is tied NOT to failure of the herd to vaccinate, but, shockingly, to manufacturer fraud: <http://blogs.wsj.com/pharmalot/2015/06/08/merck-is-accused-of-stonewalling-over-effectiveness-of-mumps-vaccine/>), and the failure of the current pertussis vaccines.

A knee-jerk response of requiring more and more vaccines, and tying the right to attend school to submission to more and more vaccines, is not the answer.

Thank you,  
Alison Fujito  
Pittsburgh, PA