



Connecticut Department of Public Health

Testimony Presented Before the Public Health Committee

February 16, 2021

Acting Commissioner Deidre S. Gifford, MD, MPH

860-509-7101

**House Bill 6423, An Act Concerning Immunizations
And
Senate Bill 568, An Act Eliminating the Nonmedical Exemption To the Immunization
Requirement**

Good morning Committee Chairs, Senator Abrams and Representative Steinberg, Ranking Members, Senator Somers, Senator Hwang and Representative Petit, and members of the Public Health Committee. My name is Deidre S. Gifford, and I am the Acting Commissioner of the Department of Public Health. I am here today in support of House Bill 6423, “An Act Concerning Immunizations,” and Senate Bill 568, “An Act Eliminating the Nonmedical Exemption to the Immunization Requirement.” I want to thank you for giving me the opportunity to address the Public Health Committee on the critical issue of immunization and the legislation before you.

The Department of Public Health’s (DPH) mission includes the protection and improvement of health in Connecticut by preventing disease outbreaks. These bills outline a plan to strengthen the health of our school communities and their enactment will be an important step forward for public health in our state.

I would like to address some of the concerns that have been shared about repealing the nonmedical exemption in Connecticut. I also want to acknowledge that everyone testifying at today’s hearing believes they have the best interests of their children in mind.

Numerous published studies indicate that higher rates of vaccine exemption in a school community drive lower vaccination rates and increase the risk of vaccine preventable disease in that community. This is true for those who get their shots as well as those who don’t. High vaccination rates protect not only vaccinated children, but also those who cannot be or have not been vaccinated. This is called herd or community immunity, meaning that enough people in a community are vaccinated so that a dangerous pathogen, like measles, will have a difficult time spreading because it will not find a person to infect. Schools that achieve community immunity reduce the risk of outbreaks.

High vaccination rates at schools are especially important for medically fragile children. Some children have conditions that affect their immunity, such as illnesses that require chemotherapy. These children cannot be safely vaccinated, and, at the same time, they are less able to fight off illness when they are infected. They depend on herd immunity for their health and their lives.

Vaccination History

In the United States, vaccines have been safely used for decades, drastically reducing the incidence of diphtheria, tetanus, whooping cough, measles, mumps, rubella, and many other diseases. A scientific breakthrough, vaccines trigger the body's immune response by putting a very small or weakened form of a virus into the body. They have revolutionized public health and saved millions of lives.

Measles, for example, is a very serious, and highly contagious, infectious disease. It is spread through the air. Even in a room where an infected person was present, the disease can be present and contagious for hours after that person is no longer there. If you contract measles, it can weaken your immune system's ability to fight off other infectious diseases. It can also result in death or long-lasting neurological damage in those who survive.

Before 1963, when the measles vaccine first became available, nearly all children got measles by the time they turned 15 years of age. It was estimated that three to four million people in the U.S. caught measles every year, and nearly 50,000 people were hospitalized. Measles also caused an estimated 1,000 people annually to develop encephalitis, or swelling of the brain, which often had debilitating long term consequences. Up to 500 Americans would die of measles every year. This was just sixty years ago. It is just one example of the devastating effects infectious diseases have on a population that has not achieved herd immunity through vaccination. If we ignore our history, we risk repeating negative outcomes of the past.

By the early 20th century, half of American states required school children to be vaccinated before entering school. This applied to both public and private schools, because as a matter of public health the risk to young children was the same in both settings. As the science developed, more states started adding to the list of required vaccines for children to enter school.

Nonmedical Exemption

The nonmedical exemption was enacted in 1959. To claim this exemption, all that is required is "a statement from the parents or guardian of such child that such vaccination would be contrary to the religious beliefs of such child." The nonmedical exemption for vaccinations has remained part of Connecticut law for more than sixty years. We have seen a steady rise in non-medical exemptions since the late 1990s.

The percentage of children claiming a nonmedical exemption in Connecticut has tripled from 2008 to 2020. As a matter of fact, from 2018 to 2019, we saw the largest one-year increase in the percentage of school students claiming a nonmedical exemption for kindergarten. An unfounded fear of the safety of vaccines has been driving the increased nonmedical exemption rates.

Childhood immunizations not only effectively prevent disease, they are extremely safe. In January 2013, the Institute of Medicine (IOM) published the most comprehensive examination of the immunization schedule to date, and the report uncovered no evidence of major safety concerns associated with adherence to the Centers for Disease Control and Prevention (CDC) recommended childhood immunization schedule. "...the IOM committee finds no evidence that the schedule is unsafe. The committee's review did not reveal an evidence base suggesting that the U.S. childhood immunization schedule is linked to autoimmune diseases, asthma, hypersensitivity, seizures, child

developmental disorders, learning or developmental disorders, or attention deficit or disruptive disorders.”¹

In 2004, the Institute of Medicine concluded there was no link between autism and vaccines after conducting a review of the extensive research available. Since then, multiple studies that examined hundreds of thousands of children have shown no connection. Vaccines do not cause autism. The science on this issue is clear. No credible, scientific study has ever found a link between vaccines and autism. Concerns about vaccine safety should be put to rest.

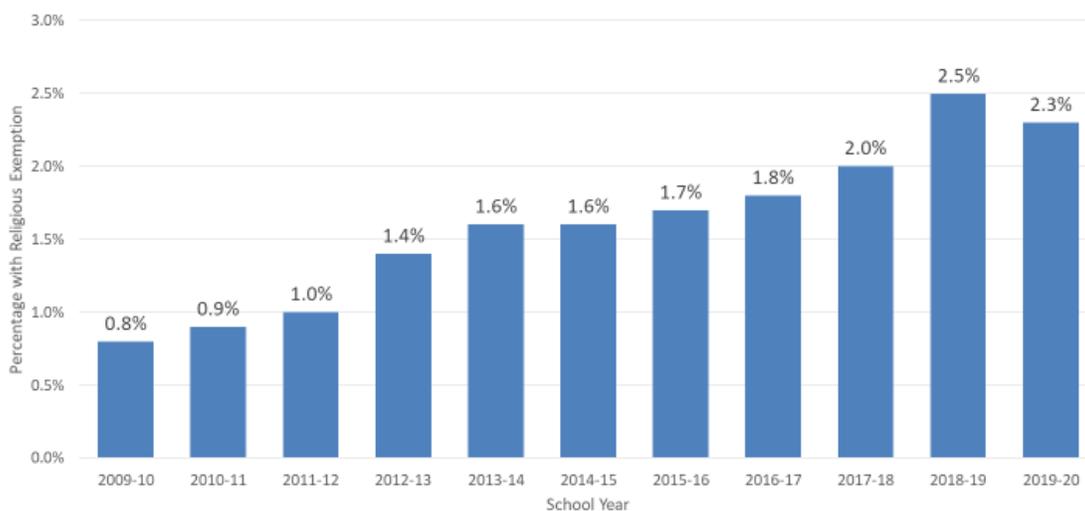
Dr. Andrew Wakefield, a British doctor, first proposed that the measles, mumps, and rubella (MMR) vaccine is linked to autism in a 1998 paper published in *The Lancet*. In 2010, the General Medical Council ruled Wakefield had committed “serious professional misconduct,” leading *The Lancet* to officially retract his study from publication. In May 2010, the General Medical Council banned Dr. Wakefield from practicing medicine in the United Kingdom.

Included for the record is the following link to hundreds of vaccine safety publications: <https://www.cdc.gov/vaccinesafety/research/publications/index.html>.

Declining Vaccination Rate

As shown in the following graph, between 2009 and the most current data available for the 2019-2020 school year, the number of nonmedical exemptions to vaccinations required for school entry nearly tripled, from 0.8% to 2.3%. Measles, mumps and rubella (MMR) vaccination rates dropped by 2.3% over the same time period, from 98.5% to 96.2%.

Kindergarten Non-medical Exemptions—Connecticut, 2012–2020



Connecticut Department of Public Health

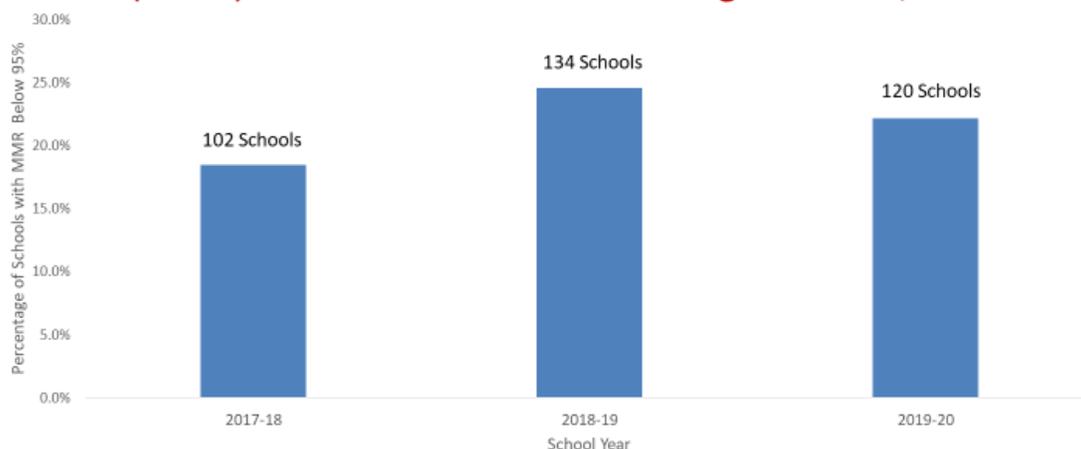


1

¹ Institute of Medicine. 2013. *The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13563>.

While overall the nonmedical exemption rate is still relatively low, and MMR vaccination rates are still relatively high, in the 2019-2020 school year we know that at least 120 of the 544 schools with 30 or more kindergarten students had MMR vaccination rates below 95%, placing our communities at risk for the rapid spread of entirely preventable diseases. That is nearly a quarter of all schools with at least 30 or more kindergarten students.

Percentage and Number of Schools with Measles Mumps and Rubella (MMR) Rates Below 95% for Kindergarten—CT, 2017–2020



Connecticut Department of Public Health



2

The increase in nonmedical exemption claims in Connecticut has a direct correlation to the overall declining rate of immunization for measles. Nationally, the CDC recommends that in order to maintain herd immunity, at least 95% of school students need to be vaccinated against measles. Here in Connecticut, we have historically had high immunization rates, but that is starting to erode.

Each year children attending school who are not vaccinated against measles join the ranks of susceptible children in that school from years past, increasing the population of susceptible students. With the slow and steady accumulation of students who haven't been vaccinated, we may only be delaying a large measles outbreak in a Connecticut school.

According to the CDC, measles is one of the first diseases to reappear when vaccination coverage rates fall. The CDC considers the reemergence of measles to be an early sign of a troubled public vaccination program. Just 20 years ago in the United States we thought measles had been eliminated. However, in 2019, we saw the largest measles outbreak in this country in 25 years.

Connecticut had four cases of measles during 2019. Nationally, there were over 1,600 cases in nearly two dozen states, with two large outbreaks in New York – one in Rockland County and one in Brooklyn. Measles, like other infectious diseases, does not recognize state lines. On average, each measles case exposes 200–300 people. Our declining overall immunization rate for measles among our school-aged population – and pockets of under-immunization in more than 120 schools

in Connecticut – threatens our ability to protect our children from this potentially perilous infectious disease.

School Immunization Rates

In response to the measles outbreaks in New York and other states, in May and October of 2019, and February 2021, the Department released school-level immunization rates. This provided parents and guardians of immuno-compromised children with vital information and encouraged communities to reduce the risk of vaccine-preventable diseases overall and in schools where the immunization rates are less than optimal to prevent outbreaks. The bill would provide DPH with the clear statutory authority to continue to release these data.

After looking at the trends, I believe we can no longer afford to put our school children at risk of infectious diseases by allowing non-medical exemptions to vaccination. We should not wait until our vaccination rates decline any further, or wait for the next measles outbreak, to take action.

Comments on Bill Language

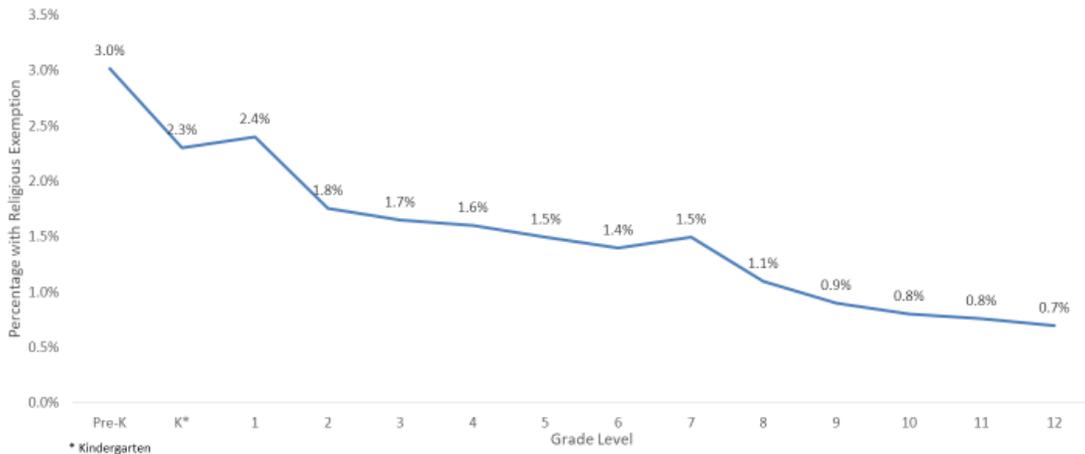
The Department respectfully requests the Committee take into consideration revisions to the language in C.G.S. Section 19a-25, beginning at line 110 as follows:

“or [procured by] (3) [such] the Department and other persons, agencies or organizations, for the purpose of reducing the morbidity or mortality from any cause or condition, shall be confidential and shall be used solely for the purposes of medical or scientific research, for reducing the morbidity or mortality from any cause or condition and, for information obtained pursuant to section 19a-215, disease prevention and control by the local director of health and the Department of Public Health.”

These changes will assure that DPH is included in the list of entities that can maintain the information as confidential and that the Department will be able to use the information for the purpose of reducing morbidity or mortality.

Lastly, the Department has concerns regarding the Committee’s efforts to allow students currently enrolled in grades 7 through 12 to maintain their nonmedical exemption. This grandfathering of students will add an additional six years to the timeline to eliminate all nonmedical exemptions in schools. Please reference the following chart which shows the percentage of nonmedical exemptions per grade level for the 2019-2020 school year.

Percentage of Non-medical Exemptions by Grade Level—CT, 2019–20 School Year



Connecticut Department of Public Health



3

In closing, I want to emphasize that vaccines are most effective when the maximum number of people in a community are immunized. Community immunity cannot maintain itself. We must be vigilant to maintain high vaccination levels that prevent these infectious diseases from gaining a foothold in our communities.

I thank the Committee and hope you have found this information helpful. Please don't hesitate to reach out to the Department if you have any additional questions.