

Questions for CT Department of Public Health by CT Public Health Committee

Present: Commissioner Renee D. Coleman-Mitchell, Kathy Kudish, Immunization Program Manager, Dr. Matthew Carter, State Epidemiologist, and Legal Counsel

Video to Legislative Hearing: <http://ct-n.com/ctnplayer.asp?odID=17183>

Note: Questions posed by legislators have been edited for clarity.

THEMES:

HERD IMMUNITY

- Many people have brought up in discussion that we have an overall 95% immunization rate, but we have pockets. Do these pockets truly represent a risk factor for the state, given the high level of immunity in the state overall?
- We heard today that Connecticut has dropped from 98% to 96%. What's the tipping point number where the herd immunity no longer becomes effective?
- Are there different percentages for herd immunity depending on each vaccine-preventable disease such as measles? Are you looking at that as well and considering this information?
- The DPH published an article on their webpage called "Vaccination Mandates – The Public Health Imperative and Individual Rights" by Kevin Malone and Alan Hinman. On page 264, it states that the proportion of the population that has to be immune to provide herd immunity varies depending on the disease, and for measles it exceeds 90%. According to this article you have posted, if the state or school is at 91%, it would meet herd immunity for measles, is that correct?
- Is there going to be an increased risk of disease to either these unvaccinated students or their families, or their community if they're forced to seek their education elsewhere where they would normally be surrounded by vaccinated students.
- Since you mentioned that we are at the 96% immunization rate for herd immunity currently, would the herd immunity be impacted if this was delayed for a couple of years and we exempted those parents?
- What if the current individuals that are using religious exemptions were grandfathered in? Wouldn't the herd immunity rate continue to climb then if everyone going forward from that point was not using religious exemption? I'm trying to see if it would still maintain that health safety net if those individuals were exempted.

VACCINE INJURY/AUTISM/ADVERSE EVENTS

- I don't know where to begin to address your position. There are over a thousand people here today that disagree with you. You explain that they have unfounded fears of the safety of vaccinations and you call it "vaccine hesitancy". A lot of these people have vaccine injuries or have children with vaccine injuries. These vaccines are protected by our national government. In 1980, the Vaccine Injury Compensation Program began and it's paid out \$4 billion to vaccine injured children/people. There's no liability for these vaccine manufacturers. Once they get on the schedule, they're good to go. [It is] one-size-fits-all. We don't have drugs that is one-size-fits-

all. Before 1980, there was listed 1 in 100,000 people with autism. Now, on the DPH website, its 1 in 35, so there is an increase in autism. My question is, where is all this autism is coming from? There has to be some systemic reason for this and it doesn't seem like anybody is looking into where this rise in autism, autoimmune, and allergy ticks, etc. is coming from. What are we doing to address that?

- Every person has different reactions and capacities to toxicities. Is there any way to test people to find out if they could be harmed from those materials? There is nothing being done so that we can know if a patient will have a more severe reactions to vaccine. Is there any testing, efforts, or research being done to make sure that they would have no harm?
- What is the Vaccine Compensation Program?
- If vaccines are in fact safe, why has the injury compensation program paid about \$4 billion since 1988?
- Do you see a correlation between increased allergies over the last 10-30 years, and increased vaccination schedules?
- I am personally struggling with the little information I can get from the National Vaccine Injury Compensation Program. I have heard from constituents who either themselves or their family members have experienced what they believe to be adverse impact from vaccines. While this is a federal program and not a state program, I am struggling with the inability to get state-wide data for the claims presented. Does the DPH have access to the amount of adverse reactions to our residents, since we are here making decisions for the state of Connecticut? Have you ever sought that information? Do you think that information would be helpful as we consider this bill before us?

VACCINE INGREDIENTS:

- There are components in vaccines that are causing concern or issues potentially, such as heavy metals, mercury, aluminum. Are there any efforts to get rid of those materials in vaccines?
- What's the ingredients of these vaccinations, let's take measles.
- We're talking about religious exemptions and you said that there human proteins and all of that in vaccines. Are aborted fetuses used in vaccines?
- I know we talked about aluminum being in vaccines in minute amounts. Can you elaborate on the difference between aluminum being ingested versus aluminum being injected?

OUTBREAKS/MEASLES OUTBREAK 2019

- It's my understanding that currently under the law, the Commissioner of Public Health has the power to declare an "outbreak", which is described as more of the disease than we normally see, according to the CDC. The Commissioner could actually empower certain pockets and say "there is an outbreak of measles, therefore, you have to be immunized or you have to stay out of school for 21 days." Is that correct?
- Of the cases we've had of measles, in CT, were those children, or adults? Were they US citizens, did they come from other countries? Can you expand on that please?
- Earlier, an emergency plans and procedures were mentioned. Is that not sufficient?
- When was the last epidemic? Or outbreak that we had to have vaccinations for?
- You spoke of the emergency plan in New York earlier and you said this plan had failed. What is our emergency plan in comparison to that? Are we better prepared?

- Would the responsibility and cost associated with going through a state of emergency be an expense to our individual communities?

DIRECTION OF VACCINES, IMMUNIZATION SCHEDULE, & PUBLIC HEALTH

- This bill mandates vaccines for highly communicable diseases. How do we prevent this from morphing into applying to vaccines for diseases that are not highly communicable and cannot kill you within 24 hours, like HPV. I've had a lot of people very concerned with the way this bill is written.
- The DPH Commissioner has the ability to add vaccines to the schedule without legislative approval. There is more anxiety for different types of vaccine, like HPV or flu. How could you limit that ability of adding more vaccines to the schedule without a public conversation?
- Why have we increased our vaccines so much over the last 30 years?
- What would be next? What vaccinations are coming next? If we're studying vaccinations ten years out, what are we studying for now? In 1983, there were 24 doses, and now we're up to 74 recommended doses. What happened between then and now to go to that many doses of vaccinations?
- I have a young daughter, who is 12. And every time I go to the pediatrician, they promote HPV constantly. So it concerns me a little bit, that down the road, we will say "okay we'll vaccinate everybody for that". First, it was just young girls, and now its boys. How many vaccinations are in the pipelines now for studies?
- Someone told me there are about 200 vaccinations in the pipeline right now?

MEDICAL EXEMPTIONS

- Many constituents and clinicians I've said that medical exemptions are so stringent that the physician doesn't have leeway to provide one, which is why so many people are taking to religious exemptions. There is no way to quantify that medical exemption and if they had more physician-patient availability to create a medical exemption that doesn't fit in the box, you wouldn't be seeing as many religious exemptions. Has there been any thought to that because there is a barrier here between the patient and clinician.

INFLUENZA VACCINE

- I know now that you get the flu shot but it's for a strand, it's not for everything. I just talked to someone today in the building. They've gotten the flu shot two years in a row and they've been deathly ill with the flu from it. So there's not one shot that cures or is a definite that you won't get it.
- It's my understanding that the flu kills more children than measles. If we're really concerned about public health and preserving life, why is the flu vaccine not one of your mandated vaccines?

IMPACT OF BILL IMPLEMENTATION

- If a student doesn't meet the immunization requirements, how many students in the state would be impacted by this legislation. Impacted meaning not allowed to re-enter public or private schools.
- If this bill passes, what will happen to the children with IEP services?

- If this bill passes, what happens to the population of adults that want to go back to school to continue their education? Will they have to get caught up on all their vaccines?
- How would the 7000 students that would not be allowed in school be educated? How would we take care of that population of kids? That's a very important piece of this legislation and process. Whatever the number will be, it's our responsibility as a state to educate our children.
- What happens to the homeless kids, kids, who come from foster care, in and out of homes? Their medical records get lost, some don't have it. Do they get vaccinated or re-vaccinated?

CLARIFYING

- Are you confident with the data that is being reported by school nurses? Do all the numbers add up in terms of religious vs. medical exemptions?
- Are children with religious exemptions typically exempted for one vaccine, such as MMR, or are most of these children exempted across the board?
- We talked about the roughly 7800 students who are exercising the religious exemptions currently. I understand that these exemptions are exercised at kindergarten and then they go into the system. For the number that you identified for the religious exemption, do you track that number from kindergarten and then seventh grade? Is that how you extrapolate it?
- Is the assumption then if religious exemption is exercised in kindergarten, then children will remain unvaccinated through the whole system? If I exercise religious exemption for my child at kindergarten, and I happen to vaccinate them at second grade, how do we know that? Do we not receive updated data?
- Do we have a number quantified for the population of non-compliant children? Those who are not exercising any exemption, and for whatever reason, the schools don't have their paperwork?
- The reason why I ask this question is because the way this bill is currently written, it captures all of the population of children with religious exemptions and those on a catch-up schedule. We're not just talking about 7800 kids with religious exemptions that are affected. Under the current bill, there could also be this population affected (the non-compliant children on a catch-up schedule). So I'm wondering from quantity standpoint how many children would that include?
- When did MMR start?
- In the last few years with the devastating storms we've had in Puerto Rico and such other areas, student have come over to Connecticut to attend classes. How are they monitored? Where are you getting the statistics because in many cases, the islands have been destroyed? How are you keeping up their records?
- Just to be clear, any student that has come in has been up to date on all their shots and you're able to verify that with the registry?
- Do you have a naturopathic doctors on this board, or only medical doctors?
- When you submit the records on who has not been vaccinated, who sees those records, and what information is there?

PHARMACEUTICAL COMPANIES

- How many companies makes the majority of these vaccinations?

ADVISORY BOARD

- One of the uncommon features that this bill has proposed is creation of an oversight committee under the aegis of DPH to look at implementation, to review the analysis of the data on an annual basis, to consider potential improvements to the law as its being implemented, to consider unintended consequences, outliers, and the likes. Could you offer your opinion on how valuable that would be for our ability to effectively protect the public?
- You indicated that you currently have an advisory board in house, but the bill presents a new advisory board. What is the difference between the two advisory boards?
- I specifically want to address one of the roles of the advisory board which is to see if there's any discrepancies among the physicians writing exemptions. I know there's a concern amongst families that physicians might be hesitant to write exemptions because of this level of scrutiny. Is this a new level of scrutiny? Is this a necessary level of scrutiny?
- Is this advisory board going to check every medical exemption that is checked "Other"? Are they going to second-guess the doctor?

OTHER POTENTIAL OPTIONS

- Are there any other remedies, other than the removal on non-medical exemptions, that you think would be preferable, or even as effective? Some people said what needs to happen is education, as opposed to the actual change in the law.
- As I've been listening to this, a couple of thoughts come to mind. First, I don't feel qualified because I don't have a medical background or expertise to understand the ramifications of what is being proposed. Optically, it's very obvious that a lot of people are concerned about this proposal. Given the complexity and serious ramifications about it, would you be open or receptive to delaying moving forward on this so common ground can be found between the opponents and proponents, or a clear understanding of the facts and ramifications? I just think that from your perspective, so that people understand what your role is, that it would be beneficial to have a delay to have more time to educate each other on what are the facts.
- If you were in our shoes, or even as Commissioners, it's hard to ignore the number of people who are really concerned about the policy being proposed. Rather than getting into an intense and controversial battle over it, is it so urgent that we take it up this session, or could we have more time to be able to assimilate something that would meet both side's needs.

GENERAL COMMENTS

- It seems there is a bit of disconnect under the understanding that no vaccine, per say, has been tested with double-blind placebo testing for more than 4-5 days. And that information is available. I'd just like to close with, there is a disconnect here between your message and what's happening in the world and I'm saying that this is a paradigm that we're supporting here in the legislature. Paradigms work until they don't work. People are here because they are not hesitant, they are not uninformed. They are informed, and they are asking to be left alone. I believe there will come a time when we look back and see that the four manufacturer of vaccines have done a lot of harm. It's historically correct with Vyaq and all the drugs have come out and they have known have been harming people. I find it very upsetting that we are going forward and there's a difference of opinion.