



PUBLIC HEALTH DIVISION
Oregon Immunization Program

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TO: The Honorable Laurie Monnes Anderson, Chair
Senate Committee on Health Care

FROM: Aaron Dunn, Program Manager
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SUBJECT: Senate Bill 869

Chair Monnes Anderson and members of the committee, thank you for the opportunity to provide information about informed consent for children's immunizations. Senate Bill 869 would require medical practitioners to provide a vaccine information statement (VIS) to a parent, guardian, or in some cases, a minor child. The bills also specify that for any vaccine required for school attendance, the risks and benefits be explained.

These requirements are already addressed in federal law. The National Vaccine Injury Act of 1986 requires medical practitioners to provide a VIS to any person getting a vaccine covered by the act, or in case of a minor, to their guardian. All routinely recommended childhood vaccines are covered by the law. These statements are written by staff of the Centers for Disease Control and Prevention (CDC). They contain a brief description of the disease prevented by the vaccine, the potential risks of receiving the vaccine, common side effects, information on the Vaccine Adverse Event Reporting System and how to get more information about the National Vaccine Injury Compensation Program.

Senate Bill 869 would require medical offices to make available for review the most recent copy of the Vaccine Excipient and Media Summary, published in Appendix B of the CDC's book Epidemiology and Prevention of Vaccine-Preventable Diseases. This appendix lists the inactive ingredients present in any vaccine.

Parents certainly need reliable immunization information. The CDC is recognized as the premiere authority on immunizations in the United States, and the materials they produce — such as their Vaccine Information Statements — provide factual information that is

relied on by physicians and the public. However, providing a parent too much information can be as disorienting as providing too little. The appendix is an exhaustive list of inactive ingredients that may be found, even in infinitesimally small quantity, in any vaccine — without a listing of just how small a quantity, the rationale for its presence, or evidence for its safety. This information is not balanced by equally exhaustive descriptions of the potential effects of the diseases that the vaccines prevent. Moreover, to our knowledge physicians and pharmacists are required to provide such details routinely about no other injection administered in the office. Expecting parents to sort through detailed information, weighted heavily on the “risk” side of the risk-benefit equation, during the span of a well-child visit may not be fair to child, parent, or physician.

The conversation with parents about vaccines should be steered by the physician based on his or her knowledge of the patient and on the parents’ questions, as long as the requirements of the federal law are met. VISs are provided to take home so that if questions come up, parents can reference the information later. If parents want additional information, all of the resources referenced in this bill are readily available on the internet, free of charge, and can be accessed with a simple online search.

Oregon has one of the lowest up-to-date rates for two-year olds with only 70% having received all ACIP recommended doses by that age. We are concerned that any additional paperwork required of healthcare providers may further erode our immunization rates.

Thank you for the opportunity to provide testimony. If you would like additional information or have questions, please do not hesitate to contact me.