

I am submitting this testimony against HB 2205. My objections to this bill are: 1) Invasive meningococcal disease has a very low incidence in Kansas and nationwide. 2) Meningococcal disease is not highly contagious and is not easily transmitted in a school setting. 3) The vaccine itself carries a risk of adverse side effects, some of which are severe. At the conclusion of my testimony, it is my hope that this bill is defeated in committee or that more time is allowed to study the issue that the bill is attempting to address.

There is currently a very low incidence of invasive meningitis in the state of Kansas, and this is being achieved with no mandate for school children to receive this vaccine. Looking at the latest figures from the CDC¹, there were only 5 cases of invasive meningitis in Kansas during 2016, and the CDC data do not provide a breakdown of how many of those cases were caused by the bacterial serogroups that are covered by the vaccines. Nationwide, there were only 340 cases of invasive meningitis reported in 2016². These small numbers do not justify adding this vaccination to the list of vaccines required for school entry in Kansas.

Before deciding whether or not to mandate this vaccine for school entry, please consider the following two questions: 1) Is meningococcal disease highly contagious? 2) Does it spread rapidly through a school setting? Looking at the information on the CDC website³, the answer to both questions is no. It is important to note that the bacteria that cause meningococcal disease require exchanging respiratory and throat secretions during close or lengthy contact. Examples of this would be kissing or sharing the same toothbrush. These bacteria are not spread by casual contact or by breathing air in the area where someone with meningococcal disease has been. The CDC acknowledges that these bacteria are not as contagious as the viruses that cause the common cold or influenza⁴. Schools do not qualify as areas that would be a high risk of transmission for this disease.

The meningitis vaccines are not without risk, and a review of the VAERS database, the vaccine product insert, and the medical literature will reveal some potentially serious adverse events that have been reported after administration of these vaccines. A study released in January 2017 found an increased risk of Bell's Palsy in 11-12 year-olds that receive the meningitis (MCV4) vaccine in combination with other vaccines⁵, which is common practice during vaccine appointments. As of January 14, 2017, there have been 3283 reports of adverse events from MCV4 vaccine that have been listed in the federal Vaccine Adverse Events Reporting System (VAERS) database, including 60 deaths. The list of adverse events includes irritability, abnormal crying, fever, drowsiness, fatigue, injection site pain and swelling, vomiting, diarrhea, headache, joint pain, sudden loss of consciousness (syncope), brain inflammation, convulsions, Guillain Barre Syndrome (GBS) and death.^{6 7} It is widely accepted

¹ <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6552md.pdf> See figures for Kansas on page 11

² Ibid see figures for meningitis on page 1

³ <https://www.cdc.gov/meningococcal/about/causes-transmission.html>

⁴ Ibid

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/28025240>

⁶ <http://www.menactra.com/menactra-prescribing-information.html>

that only 1 to 10 percent of vaccine adverse events are reported to VAERS.⁸ Since there is a risk involved with this vaccine, the decision on whether or not a child should receive it should be made by the by the parents with full informed consent after consulting with their trusted family physician. It should not be mandated by the state as a requirement for the child to have access to a Constitutionally-guaranteed public education. If the goal of this bill is to increase the percentage of eligible teenage children that receive the MCV4 vaccine, there are other methods that can be employed to increase vaccination coverage without invoking the coercive power of the state. I would be willing to provide input if that is an option that can be considered as an alternative to this bill.

Thank you for taking the time to consider my arguments against this bill. I regret that I am not able to attend this committee hearing and present my remarks in person. I remain available to any legislator that wishes to discuss the bill during this legislative session or any of the issues that I have raised in this testimony.

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⁷ MedAlerts. Search the VAERS Database. Vaccine Product: MEN(Meningococcal Polysaccharide (Groups A, C, Y and W-135 Combined). Data through January 14, 2017

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1615747/pdf/amjph00450-0108.pdf>