

To whom it concerns,

I am writing to express my concern and opposition for HB 2205 which adds a Meningococcal Vaccine to an already overloaded schedule required for school entry. No individuals should be subjected to forced medical procedures, especially children. The promise of good education is already held hostage by vaccine mandates and should not be made harder for people to obtain. Ultimately, this is NOT a bill that is solicited by concerned parents but by lobbying groups. Only 5 cases of meningococcal disease were reported in Kansas in 2016 (1).

The United States currently has one of the highest number of required vaccines and also the worst infant mortality rates of any developed country (2). The current schedule as it is has never been comprehensively tested to insure that there are no cumulative effects from the carcinogenic, mutagenic, or toxic chemicals injected. Children frequently receive multiple vaccines in a single day, often coupled with the administration of the Flu vaccine which has one of the highest rates of complications of any other vaccine. Like all other vaccines, the meningococcal vaccine also may not be effective in all individuals and can cause serious reactions such as anaphylaxis and death. The meningococcal vaccine is also limited to a few select serotypes when there are many others that are associated with the disease.

A quick search of the Vaccine Adverse Event Reporting System shows that there have been a total of 145 reports of vaccine side effects from meningococcal vaccines that originate in Kansas in 2016. This drastically exceeds the rate of infection in Kansas. It is generally accepted that VAERS may be underreported by as much as 90%. It is reported that as few as 1% of adverse events are reported to the FDA (3). This potential risk to children from the vaccine itself far outweighs the current risk from the disease. Since evaluation of pharmacokinetic properties is not required for vaccines (4) little is known about the time course of drug absorption, distribution, metabolism, and excretion or how to identify individuals who may present exceptional risk factors when vaccinated.

Despite Kansas' lower vaccination rates when compared to some other states, the Center for Disease Control states that outbreaks of meningococcal disease are at a historic low and are currently rare in the United States with only about 2 to 3 out of every 100 cases are related to outbreaks(5). The CDC also recognizes that communicability is poor and that even within the same household secondary transmission only occurs in 3-4% of cases. (6). Nevertheless, the CDC, which owns many patents for vaccines or the manufacture of vaccines, still recommends frequent vaccination. Because of the potential to profit from mandates and the recent accusations of senior scientists at the CDC regarding improper conduct and undisclosed conflicts of interest among top personnel, any information regarding mandates originating from the CDC must be deemed suspect.

Thank you for taking the time to consider my testimony and I reiterate, if concerned parents are not the main proponents of this bill then there is simply no reason to pursue it any further.

Sincerely,

Emily Coleman  
Olathe, KS

1. [http://www.kdheks.gov/epi/download/All\\_Disease\\_Counts\\_Summary\\_2015.pdf](http://www.kdheks.gov/epi/download/All_Disease_Counts_Summary_2015.pdf)
2. [http://www.rescuepost.com/files/gr-autism\\_and\\_vaccines\\_world\\_special\\_report1.pdf](http://www.rescuepost.com/files/gr-autism_and_vaccines_world_special_report1.pdf)
3. <https://www.fda.gov/downloads/Safety/MedWatch/UCM201419.pdf>
4. <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt08-mening.html>
5. <https://www.medicines.org.uk/emc/medicine/4204>
6. <https://www.cdc.gov/meningococcal/outbreaks/index.html>
7. <https://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>