

Senator Schmidt and members of the committee,

Thank you for allowing me the opportunity to speak to you today regarding my objections to HB 2205. I also gave testimony against this bill when it had a hearing in the House.¹ Please review that testimony and refer to it during your discussions and research on this bill. I wish to make the same arguments today that adding a meningitis vaccine to the list of vaccines required for school entry cannot be justified because: 1) The incidence of meningococcal disease in Kansas and nationwide is extremely low. 2) The disease is not highly contagious and not easily transmitted in a school setting. 3) The vaccine itself carries a risk of adverse side effects, some of which are severe.

I wish to spend this time today addressing some additional concerns with this bill that I did not highlight in my initial testimony. This bill has many problems, one of which is the non-specific language of the text. The language of stating “vaccinations for meningitis shall also be required” does not specify if just the older MCV4 vaccines are required or if both the MCV4 and the new serogroup B meningitis vaccines will be required. This lack of clarity is mentioned in both the KDHE’s neutral testimony given in the House committee² and the bill’s fiscal note prepared by budget director Shawn Sullivan³. The cost of implementing this bill cannot even be determined due to it being unclear as to which of the 2 types of meningitis vaccines will be covered under the mandate. The state of Kansas has had problems bringing its budget into balance for several years, and I find it very irresponsible and borderline reckless to pass a bill that is so vague in its language that a financial cost of its implementation cannot even be estimated.

The neutral testimony from KDHE⁴ highlights additional troubling information regarding the meningitis vaccines. In that testimony, Director VandeVelde states that “up to 15% of individuals vaccinated are not protected from contracting the disease⁵.” So it has potentially a 15% failure rate. The latest census figures⁶ reveal that in 2015 there were 40,221 students age 11 in the state of Kansas. If all were mandated to receive this vaccine, there would be potentially 6033 that would receive absolutely no benefit from the vaccine while being subjected to all of the risks. The risk of serious adverse events is listed in the vaccine package inserts as 1% to 1.3% depending on which MCV4 vaccine is used⁷. Of these serious adverse events, the CDC data show a death rate of 0.3% to 0.4%⁸. Using our example of 11-year old Kansas students from 2015 data, we would expect to see 402 to 523 serious adverse events each year and 1 to 2 deaths. You can double these numbers when the 5-year booster shots for the 16-year old population are factored in. Just think about it for a minute. This is being proposed for a disease that had a total of 5 cases (not fatalities) in Kansas last year. The number of those cases caused by the strains covered by the vaccines and also in the age group that would be subject to this mandate is not specified

¹ http://www.kslegislature.org/li/b2017_18/committees/ctte_h_hhs_1/documents/testimony/20170216_06.pdf

² http://www.kslegislature.org/li/b2017_18/committees/ctte_h_hhs_1/documents/testimony/20170216_05.pdf

³ http://www.kslegislature.org/li/b2017_18/measures/documents/fisc_note_hb2205_00_0000.pdf

⁴ http://www.kslegislature.org/li/b2017_18/committees/ctte_h_hhs_1/documents/testimony/20170216_05.pdf

⁵ Ibid

⁶ <https://www.census.gov/schools/facts/kansas>

⁷ <https://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM131170.pdf,%20page%208> see pages 7 and 8

⁸ <https://www.cdc.gov/vaccines/pubs/pinkbook/mening.html>

in the data. That number is likely to be 21% according to the National Meningitis Association⁹, which would be 1 case. You cannot justify this.

This vaccine is widely available to anyone that wants to receive it. I am unaware of any obstacles preventing individuals from obtaining access to it. The success or failure of the vaccine should be determined by the free market, not by government mandates. 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 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. With only 5 cases in the entire state last year, and likely only 1 in the population being targeted by this mandate, it is clear that the disease is not being spread around in schools.

One last point I would like to make. The availability of a religious vaccine exemption in state law should not be used as cover to add a new vaccine to the schedule and claim that this isn't a mandate because parents have the right to opt out. Within the past year, the AMA¹⁰, the American Academy of Pediatrics¹¹, and the Federal Healthy People 2020 Initiative¹² have all publicly called for the elimination of non-medical vaccine exemptions. I predict that we will be back in this committee 1 or 2 years from now hearing a bill to do just that in Kansas. The other fallback position that some of the bill's supporters have stated is that families can choose to home school their children to avoid the vaccine requirements. While I am a big supporter of homeschooling, the fact is that this is not a viable option for many families. This is especially true for single-parent families with only one breadwinner.

Thank you for giving me this opportunity to speak at this hearing today.

Erik Leon

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⁹ <http://www.nmaus.org/disease-prevention-information/statistics-and-disease-facts/>

¹⁰ <https://www.ama-assn.org/content/ama-supports-tighter-limitations-immunization-opt-outs>

¹¹ <http://www.aappublications.org/news/2016/08/29/VaccineExemptions082916>

¹² <http://healthyamericans.org/assets/files/Final%20Outbreaks%202014%20Report.pdf> see page 75