OREGON HEALTH & SCIENCE UNIVERSITY

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School of Medicine

Division of Pediatric Infectious Diseases

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February 17, 2015

RE: SUPPORT Senate Bill 442 with the -3 amendments

Chair Monnes-Anderson and Members of the Committee,

For the record, my name is Dr. Judith Guzman-Cottrill. I am a Pediatric Infectious Disease specialist at Oregon Health and Science University, where I have been a School of Medicine faculty member since 2004. I am an expert in childhood vaccines, and in managing the diseases that they prevent. I am also the mother of two school-aged children whose vaccines are up to date. I am here today to share **OHSU's SUPPORT of Senate Bill 442 with the -3 amendments** and encourage your support of this bill. If successful, SB 442 will aid in preserving the health of many Oregonians who do not have the option of vaccination.

In my 13 years as a pediatric infectious disease specialist, I have witnessed significant improvements in life-saving medical advances, such as pediatric cancer therapies. Chemotherapy can now actually cure some childhood cancers. Survival rates have improved for children who undergo bone marrow transplants and solid organ transplants. However, while these patients undergo their therapies, which may last years, their immune systems are extremely weak because of their treatment. These children cannot receive protective vaccines making these patients susceptible to vaccine-preventable diseases that may be circulating in their community…and for these children, the diseases are truly life-threatening. This is the same situation for infants who are too young to receive live virus vaccines, such as MMR and varicella vaccines.

Here is one example of how Oregon's low vaccination rates, compared to the rest of our country, can impact our citizens. Doernbecher provides cancer care to children all across our state. We had a leukemia patient from outside of Portland who was finally given medical clearance by his oncologist to go back to school with his friends, although it was not yet safe to receive live virus vaccines. His family was so happy that he could finally go back to his classroom. However, within one year, he was exposed to chickenpox at school 3 times. After each exposure, he was urgently seen at Doernbecher to receive an injection of varicella antibodies, in attempts to prevent him from becoming infected. Unfortunately, despite the 3rd antibody injection, he developed chickenpox and varicella pneumonitis. He was admitted to our hospital and was very ill. Fortunately, he survived.

As medical treatments continue to advance and more people survive serious conditions, the number of high-risk people in our communities will also increase. These are children and adults with cancer, rheumatologic diseases requiring high-dose steroids or other immune suppression, those with HIV, and children born with immune deficiencies. Many of these people cannot be vaccinated. They rely on a highly vaccinated community for protection. The -3

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amendments to SB 442 can help strengthen this safety net.

I would like to also comment on the safety of today's vaccines. Scientific progress has led to the creation of purer vaccines for our children, with less side effects. One example is the pertussis vaccine: DTaP vaccine, which provides protection against diphtheria, tetanus, and pertussis.

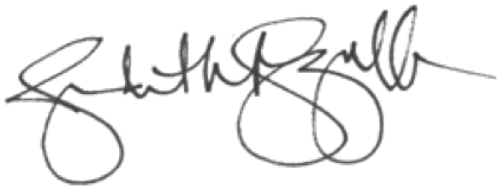
Prior to 1997, children received DTP vaccine; the pertussis component of this vaccine was a whole-cell product which contained thousands of immune-stimulating proteins. DTP was known to cause many reactions such as prolonged crying in 1% of infants, fevers exceeding 104 degrees Fahrenheit in about 0.3% of recipients, and even seizures in 1 per 1,750 children.

Fortunately, in 1997 a purified acellular-component pertussis vaccine replaced the DTP in the United States. These vaccines have only 3 to 5 immune-stimulating proteins, depending on the vaccine brand. As a result, the DTap vaccine is much better tolerated and all of these adverse events have substantially decreased since the whole-cell vaccine was replaced by the current acellular formulation. This is just one example of how today's vaccines are safer than previous formulation.

OHSU strongly encourages your support of SB 442 with the -3 amendments in order to improve vaccination rates in Oregon and make our communities safer for our immune compromised and youngest Oregonians, who are also the populations who are at highest risk of hospitalization and death from these infectious diseases. OHSU strongly encourages your support of this bill.

Thank you for the opportunity to testify before you today. I would be happy to answer any questions.

Respectfully Submitted,



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