

April 15, 2015

**Testimony Re. SB895**

Dear Senator Roblan and members of the Senate Education Committee:

I am Dr. Ann Durrant, speaking on behalf of the Oregon Chiropractic Association which supports a parents' right to choose which vaccinations their child shall receive. We oppose SB895 and its amendments.

Parents who are concerned about exemptions rates in their schools can access this information through [public.health.oregon.gov](http://public.health.oregon.gov); it's readily accessible through various search engine prompts. Yet, SB895 would add another burden to school administrators and staff by requiring detailed vaccination exemption data to be posted on their website, in the office, and on report cards, and, additionally, sent to all parents twice yearly. It is unclear how the data pipeline works between the OHA and each school, whether this data will be continually updated, and what amount of time and cost this adds to school budgeting.

SB895 would put school staff directly in the middle of the "local public health conversations about vaccinations" that Senator Steiner Hayward wants to prompt.

When parents ask questions about this data that has been presented to them via so many formats by their school, what are the staff and administration supposed to answer? When local "public health conversations" are prompted, as Senator Steiner Hayward is hoping, what are they to do? How are they to handle the situation when the "public health conversations" trickle down to the children?

If a parent needs to assess their child's vulnerability to mumps, measles, or chicken pox, or flu, they won't be aware of how many children have been recently vaccinated with live viruses and the well documented phenomena of viral shedding. They won't know the immune status of school staff. They may not understand that unvaccinated does not mean infected.

Pertussis has been brought up as a concern of this committee.

Two years ago, SB132 was promoted by insinuating that vaccine exempted children were to blame for an increase in recorded pertussis cases. Oregon's pertussis case records fit with the cyclical nature of pertussis outbreaks despite vaccination rates, but also mirrored a concurrent worldwide increase of reported cases regardless of high vaccination rates. At the same time, reports were emerging about the problem of vaccine failure:

- A. The effects of the DTaP vaccine are short lived. The September 2012 New England Journal of Medicine reported the waning of pertussis antibodies in children shortly after their 5<sup>th</sup> dose of DTaP, and estimated that the odds of acquiring pertussis increased by an average of 42% per year after the fifth dose.
- B. In the past decade, a newly mutated strain of pertussis, not covered by the vaccine, had emerged. In Australia, between 2000 and 2007, 31% of cultures taken from infected

people were found to contain the new strain. Currently, 86% of Australian cultures test positive for the new strain. Canada, Finland, France, and the United States have all reported the new pertussis strains that are pertactin-negative, i.e. they do not match the vaccine strain and thus are vaccine resistant.

Pertussis outbreaks are now being reported in California at the highest rate in over 70 years despite ideal vaccination rates. Health officials are admitting that this reflects a failure of vaccine efficacy, but simultaneously advise more pertussis vaccinations. Media reports the vaccine failure, and then quotes stricken and bereaved parents who are blaming vaccination rates.

There are at least 18 reports of measles outbreaks in very highly immunized school populations. These outbreaks have been theorized to be attributable to the failure rate of the vaccine, and the consideration that initial successes were aided by the presence of a high naturally- immune adult population.

The SB895 website says that this measure is about “community conversations and parental awareness” and “giving parents the information they need to work with the public health community to ensure optimal vaccination rates.” This sounds like putting pressure and shining a spotlight on students and parents for very private and complex decisions they have made. Sen. Steiner-Hayward said, for the Oregonian, that a teacher friend told her of fifth graders who wish they had been vaccinated because they were scared of getting sick. We know nothing of these parents and families, but it sounds as though the current atmosphere of fear and blame had these children scared and pitted against their parents. Please do not pass a bill that needlessly puts this burden on and pressure in our schools.

We also oppose the SB895 amendment that requires parents to obtain a provider’s signature to obtain a vaccination exemption, and does away with the online educational module. This module requirement was just legislated two years ago at the behest of Sen. Steiner-Hayward, and after the time and expense that OHA put into the module, was implemented this past year. Now, Sen. Steiner-Hayward has testified that it is impossible for parents to get the information they need from the module.

The 2006 Oregon Immunization Program Study found that parents who exempt their children from one or more vaccinations are associated with a high level of education. It’s unclear how it’s been determined that they cannot possibly get their required information from a module. This SB895 amendment would force parents to pay for an office visit, load the practitioner’s schedule with these consultations, require the practitioner to discuss the risks of not vaccinating but not discuss the risks of vaccination nor even review them from the package insert, and does not require the practitioner to sign the parents’ exemption form after the parent has concluded this office visit.

Please do not pass SB985 and its amendments.

We are grateful for your consideration.

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## **SOURCES**

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