

March 28, 2017

Senate Committee on Health Care  
Written Testimony in Opposition to SB 869 & SB 580

My name is Janet Patin, MD, and I have been a board-certified family physician in Oregon for 20 years, the first 18 years in rural Oregon in Reedsport on the coast, and more recently with Providence Medical Group in Gresham. I am a member of the Oregon Health Authority's Immunization Practice Advisory Team to help with vaccine policy. Thank you for the opportunity to add my voice to this important conversation about vaccination and education.

What is the intent of these bills? SB 869 and SB 580 would legislate "informed consent" in the form of written notice of vaccines required for school and the availability of nonmedical exemptions before each vaccination. The intent appears to be giving patients all the information they need before a vaccine is given.

Do these bills achieve their intent? **No.**

-Each creates an administrative burden that will effectively reduce vaccination and increase illness.

-They are redundant, as the Vaccine Information Statement already succinctly summarizes risk, benefit, and the Vaccine Injury Compensation Program in the rare event of problems.

-They give a skewed impression that school-required vaccines are a higher priority than the Advisory Committee on Immunization Practices schedule of recommended vaccines.

-They encourage exemption as a reasonable "out" with no regard to the public health risk exemption brings.

Vaccines are safe and effective. There are many misconceptions about vaccines, and research has shown the power of vivid cases: emotional and dramatic cases are remembered better and given more weight than statistics (i.e., one testimonial by Aunt Mabel outweighs a stack of science.)<sup>1</sup> One study found that even when education successfully reduced misperceptions of vaccines, it nevertheless did not impact intent to vaccinate – and when paired with images of sick children, could even increase erroneous beliefs in vaccine side effects.<sup>2</sup> So giving more information does not directly lead to protecting more people through effective vaccination.

Herd immunity requires a high rate of vaccination to protect the few who aren't vaccinated, 80% of healthy + 90% of high-risk patients.<sup>3</sup> Another study found that having a philosophical exemption and an easy exemption process are both correlated with 2.3-2.5 times the exemption rates of states without philosophical exemptions or

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<sup>1</sup> Hagood EA, Mintzer Herlihy S. Addressing heterogeneous parental concerns about vaccination with a multiple-source model: a parent and educator perspective. *Hum Vaccin Immunother.* 2013;9(8):1790-4.

<sup>2</sup> Nyhan B, Reifler J, Richey S, Freed G. Effective messages in vaccine promotion: a randomized trial. *Pediatrics.* 2014;133(4):835-42.

<sup>3</sup> Plans-rubió P. The vaccination coverage required to establish herd immunity against influenza viruses. *Prev Med.* 2012;55(1):72-7.

with more difficult processes.<sup>4</sup> With more exemptions, we lose the added benefit of herd immunity.

Lack of vaccination leads to death and disability, which is why we developed vaccines in the first place. Over 30,000 adults die every year from influenza, and there have been 55 pediatric deaths to date in 2016-17 influenza season.<sup>5</sup> These are preventable deaths. Even a 30% effectiveness of the influenza vaccine is enough to keep you out of the intensive care unit. Perhaps you recall the mumps outbreak amongst high-school wrestlers in Salem in fall 2016.<sup>6</sup> Mumps can cause hearing loss and sterility, and is preventable by a vaccine. Why encourage that risk? The benefits to the individual and the community of every recommended vaccine far outweigh the risks.

Our intention as health care providers is to give every Oregonian a safe and healthy environment to achieve their maximal potential. Vaccines promote this end. We already follow the principles of informed consent. It is not good public health policy to encourage exemptions. While they may be well-intentioned, these bills are unnecessary and harmful, and I stand in opposition to them.

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<sup>4</sup> Omer SB, Richards JL, Ward M, Bednarczyk RA. Vaccination policies and rates of exemption from immunization, 2005-2011. *N Engl J Med*. 2012;367(12):1170-1.

<sup>5</sup> <https://www.cdc.gov/flu/weekly/#S3>

<sup>6</sup> <http://www.redmond.k12.or.us/files/2014/11/Oregon-Health-Authority-Mumps-1-25-17.pdf>