



KANSAS HEALTH INSTITUTE

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House Bill 2094

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Information for policymakers. Health for Kansans.

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Chairwoman Landwehr, members of the committee, thank you for this opportunity to provide information about House Bill 2094 on vaccine requirements exemptions. My name is Dr. Gianfranco Pezzino. I am a public health physician, and currently hold the position of senior fellow at the Kansas Health Institute. My organization does not advocate for or against legislation; our mission is to inform policymakers by identifying, producing, analyzing and communicating information that is timely, relevant and objective. As a neutral conferee, I hope to shed light on the conflicting testimony you may hear regarding this issue and to assist you in making your decision about the provisions included in this bill.

Vaccine mandates requiring certain immunizations for children when they attend schools have been used for decades throughout the world. A wealth of evidence supports the effectiveness of vaccine mandates in increasing immunization rates among children and dramatically decreasing the occurrence of vaccine-preventable diseases. In recent years, some have questioned the need and legitimacy of such mandates. Individuals and groups opposed to mandatory immunizations can be classified into three broad groups. The first includes people with religious beliefs that oppose some or all immunizations, in any or select circumstances. The second group opposes vaccine mandates based on opposition against the government's authority to compel medical treatment. A third group includes individuals concerned about vaccine safety who want to decide for themselves and their children if the risk of taking an immunization is less than the risk of contracting a disease. While religious exceptions are common practice across the country, philosophical belief exemptions have only recently begun gaining legal traction. Every state except Mississippi and West Virginia permit religious exemptions. Currently 20 states provide personal belief exemptions.¹ The second and third group includes most of those who favor the introduction of personal belief exemptions to immunization mandates.

First, let us briefly discuss the evidence regarding vaccine effectiveness and the effect of vaccine mandates. There is broad consensus, even among some who oppose vaccine requirements, that a preponderance of evidence supports the effectiveness of vaccines and vaccine mandates. The U.S. Community Preventive Services Task Force recommends vaccination requirements for child care, school, and college attendance "based on strong evidence of effectiveness in increasing vaccination rates and in decreasing rates of vaccine-preventable disease and associated morbidity and mortality".² You probably will hear from other

¹ <http://www.ncsl.org/default.aspx?tabid=14376>

² http://www.thecommunityguide.org/vaccines/universally/requirements_school.html

conferees details about the effectiveness of vaccination and vaccine mandates, so I will not spend any more time on this topic.

A second, important question is: Are vaccines safe? Like any medical product, vaccines are not perfectly safe, but overall their safety profile is much higher than that of most medical interventions. Most studies on vaccine safety are epidemiologic studies aimed at identifying the frequency of occurrence of adverse effects in a population after the use of vaccines. The preponderance of evidence to date strongly suggests that at the population level, the large majority of individuals who receive a vaccine do not experience any serious side effect. Side effects, though, are possible in relatively few, isolated cases, and in some rare instances they may be so severe that they can cause severe disability or even death in a vaccine recipient. Research beyond epidemiologic studies to understand the mechanisms by which some vaccines may, on rare occasions, result in severe adverse effects is ongoing, and large knowledge gaps are currently present that do not allow, among other things, to identify individuals at high risk of adverse effects before they receive a vaccine.

The well-established, high levels of effectiveness and safety of modern vaccines should help you focus the arguments about your decision in respect to vaccine mandates on two areas:

1. What are the effects on public health when exemptions to vaccine mandates are allowed based on personal belief? There is growing, convincing evidence that in states where philosophical exemptions to vaccine mandates are allowed:
 - a) The number of exemptions grows. In Arkansas exemption rates after the approval of philosophical exemptions more than doubled within a few years. A recent report from Wisconsin shows that the number of students who declined vaccinations in that state has increased from less than 1 percent two decades ago to almost 4 percent in 2011.
 - b) Exemptions tend to cluster geographically, which may lead to the establishment of areas of concentrated risk for vaccine-preventable disease. This was confirmed in a study from Colorado, where exempted children were 22 times more likely to acquire measles and almost six times more likely to acquire pertussis than vaccinated children, and schools with pertussis outbreak had more exempted children than schools without outbreaks. Research also showed that communities with lower rates of immunization had higher rates of infection among *vaccinated* children than those with higher vaccination rates. Similar correlations between exemption rates and

incidence of vaccine-preventable disease have been found in both the United Kingdom and Japan.

2. Is requiring immunizations for children who attend school an appropriate use of government authority? The right of government to impose restrictions to personal freedom in order to protect the health of the public has been upheld in court multiple times, as far back as 1905. At that time, the U.S. Supreme Court upheld the right of the state of Massachusetts to mandate immunizations. More recently, in 1975 the same court has ruled that state vaccination requirements are permissible, writing that "the very concept of ordered liberty precludes allowing every person to make his own standards on matters of conduct in which the society as a whole has important interests."

Beyond legal conformity of vaccine mandates, the ethical issue remains: When do any individual's personal choices sufficiently infringe on or endanger other citizens and their families such that personal freedoms can and should be restricted? While science and evidence base can assist in addressing this question, each of you will have to find the answer based on your own ethical beliefs. Is disease prevention an individual responsibility, as some proponents of exemptions argue? Or should the protection of the common good take priority over individual freedom of choice?

Finally, let me provide you with a few resources that you can use while you look for answers to these complex issues. Two articles with somewhat opposing positions were recently published in the same journal (*Journal of Health Politics, Policy and Law*, October 2011):

1. John D. Lantos, Mary Anne Jackson, Christopher J. Harrison. Why We Should Eliminate Personal Belief Exemptions to Vaccine Mandates.
2. Douglas J. Opel, Douglas S. Diekema. Finding the Proper Balance between Freedom and Justice: Why We Should Not Eliminate Personal Belief Exemptions to Vaccine Mandates.

The Network for Public Health Law also recently published a blog titled *A Public Health and Personal Freedom Balancing Act*³ which addresses the same issue.

Finally, I and the rest of the staff at KHI will be happy to provide you with any additional information you may need. I can be contacted at (785) 233-5443 or gpezzino@khi.org.

³http://www.networkforphl.org/the_network_blog/2012/01/11/81/a_public_health_and_personal_freedom_balancing_act