February 28, 2019
To: Oregon House Committee on Health Care
From: Mark K. Slifka, PhD, Professor, Division of Neuroscience, Oregon Health & Science University
Re: Testimony in Support of House Bill 3063

Good afternoon. Chair Salinas and members of the committee,

For the record, my name is Dr. Mark Slifka and I am a Professor at OHSU. I received my PhD in Microbiology & Immunology from UCLA School of Medicine, performed my post-doctoral fellowship at the Scripps Research Institute, and have been a faculty member at OHSU for the past 18 years. Thank you for taking the time to hear my testimony today.

I am here to express our support of House Bill 3063, which seeks to remove the non-medical vaccine exemption from Oregon law. Whether you ask your local pediatrician or speak with Bill Gates, you will hear the same thing: Vaccines prevent disease and save lives. It is therefore critical that each child has the opportunity to receive FDA-approved vaccines on time and according to the approved vaccination schedule.

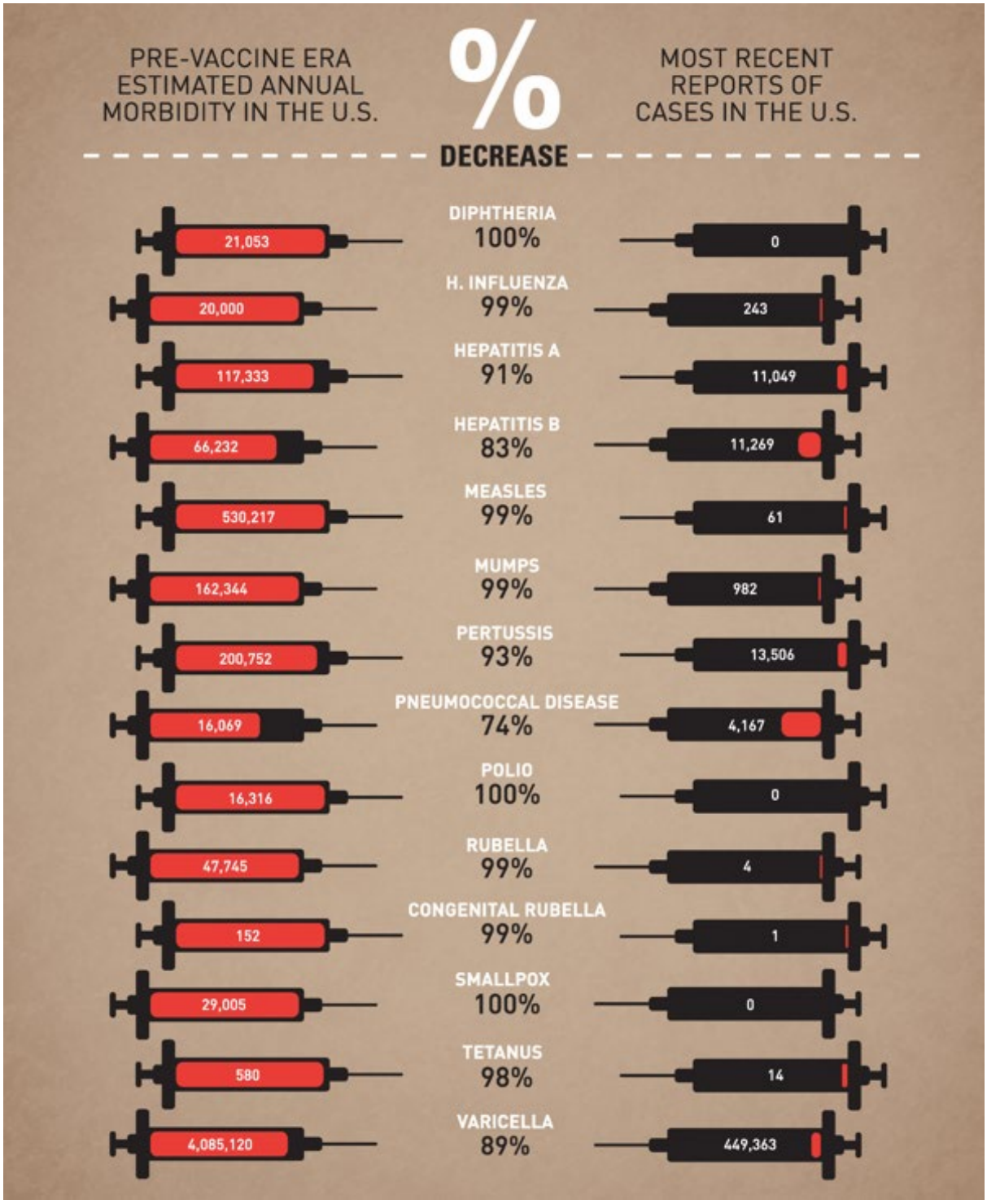
How do we know that vaccines are both safe ***and*** effective – especially when used in combination? This is a common question and an understandable concern, especially since this issue deals with the health and safety of children. Many people are unaware of the number of checks and balances that are in place as well as the rigorous testing that must be performed before a vaccine reaches the general population. First, any new vaccine must be reviewed by the FDA before it can be tested in humans during a clinical trial. These trials enroll a small (Phase I), intermediate (Phase II) or large (Phase III) number of individuals and acceptable safety standards must be met at each stage before progressing to the next phase. The outcomes of these studies are often published in peer-reviewed journals (representing another independent round of review) and if the three stages of clinical trials have been deemed successful after further review by the FDA, then they receive FDA approval. Next, the Advisory Committee on Immunization Practices (ACIP), a committee of medical and public health experts, reviews the data and determines if the vaccine should be added to the recommended child and adolescent immunization schedule. Once a vaccine is approved, the safety of the vaccine continues to be monitored in order to identify rare potential side effects, a process sometimes referred to as "Phase IV". Any vaccine found to have a poor risk:benefit ratio is pulled from the market (e.g., RotaShield in 1998). However, many vaccines are very safe and have been in routine use for more than half of a century (e.g., tetanus, diphtheria) and even the MMR combination vaccine (containing Measles, Mumps, Rubella in one shot) has been in routine use in the United States since 1971.

Many of these regulatory steps are repeated when vaccines are combined into the same shot or if they are administered on the same day. This begins with clinical trials that measure the safety of each new vaccine combination as well as any potential interference in the development of immunity to each vaccine component that might occur when vaccines are administered together. Similar to the approach used for individual vaccines, each combination vaccine (or the addition of any new vaccine on a given day) must be reviewed and approved by the ACIP before it is added to the official childhood vaccination schedule.

We are fortunate to have safe and effective vaccines to protect our children from severe and sometimes life-threatening diseases. HB 3063 will help ensure that more children receive this important form of medicine.

Thank you for your time this afternoon and I am happy to answer any questions that you may have.

Mark Slifka, PhD



Vaccine infographic created by Leon Farrant

Sources:
Roush et al. JAMA 2007;298:2155 (Pre-Vaccine Era)
CDC. MMWR Jan 7, 2011;59;1704 (Most Recent Reports; 2010)