March 14, 2019

Dear Oregon Lawmakers:

An Analysis of HB 3063's Potential Consequences; CDC Notes 844 Deaths After DTaP

By way of introduction, permit mention of my series of 20 articles in *The Portland Mercury* on toxic emissions from Bullseye Glass in Portland; these scoops helped drive state policy change, culminating in Cleaner Air Oregon. I've published in numerous national publications and also testified before both the U.S. House and Senate at hearings I caused, holding the Clinton White House to account for its $24-million sub rosa propaganda campaign to rewrite TV scripts to sway elections.

Legislative work continues apace on HB 3063, including today's House Committee on Health Care Work Session. Before revamping immunization policy, lawmakers should consider some of the bill's consequences, intended and otherwise, issues that have received scant attention in the press.

I raise them since HB 3063 leaves implementation – the when and the how that ending non-medical exemptions will affect Oregonians – to the Oregon Health Authority's descretion. Well meaning folks, sure, but accountable to no one but the agency director, who answers to no one but the governor. And OHA's decision-making occurs far from the public spotlight. The bill's current text leaves a lot left unsaid, a lot left to bureaucratic initiative.

That's since it states (under Section 4) that OHA shall "adopt rules pertaining to ... implementation" regarding "required immunization[s]." Plus, OHA will determine both "The time schedule for immunization" and "The procedures and time schedule whereby children may be excluded from attendance in schools or children's facilities...."

Should HB 3063 pass in its current form, OHA administrators will decide how to proceed. Among the possible consequences:

***** The potential closing or curtailing of numerous day-care and pre-school facilities throughout Oregon due to their high percentage of totally unvaccinated attendees. Consider a pre-school in Ashland with 23 total students, 9 of whom (39%) are totally unvaccinated. If many of those 9 kids end up forced out of that school, can it keep its doors open? Or will it eventually have to close, and the families of all 23 children are left in the lurch? Same scenario for the Clackamas pre-school with 16 kids, 7 of who have no vaccinations. Or the pre-schools with 28 total students, 15 of whom are unvaccinated; plus pre-schools with 21 and 8; or 17 and 7. Might they have to at least fire a teacher and shut down a class or two? There are numerous such examples in OHA's state data on pre-school immunization rates.

Ms. Jamie Quirk, head of the Portland Waldorf School in Milwaukie, told me, "All independent schools, their enrollment will be impacted." Her school has 309 students from pre-school to 12th grade; she estimates approximately one-third of them are missing one vaccine or more. Referring to her school community, she said, "Trying to anticipate what this feels like, I wonder how many might move out of state if this goes against their beliefs." Of her 50 or so staffers, Quirk said it's possible that some might lose their compelling, family-wage jobs. "It's hard to say how big an impact this will have."

***** Along with the potential loss of pre-K teacher and staff jobs, there's the disruption to parents of *fully* vaccinated kids who might also have to scramble to make other child-care arrangements should school resources be curtailed. It all depends on something unknowable at this point: how Oregonians will react to what many see as an unyielding, draconian law that would apply to every school, pre-school and child-care facility in the state, public or private.

***** The potential loss of hundreds of millions of dollars in funding for K – 12 schools if parents unwilling to comply with the new regimen pull their kids from school. Approximately $208 million might be lost should 15,737 totally unvaccinated K – 12 students drop out of school. Use the figure of 31,474 who are missing at least one vaccine, and the funding potentially at stake rises to $415 million. Now, by no means will all of these students drop out to home-school. Of course not. But some real chunk of much needed funding would still be lost.

***** Should non-medical exemptions disappear, there's the dire Hobson's Choice (i.e., no real choice at all) many thousands of Oregon parents may have forced upon them of *immediately* immunizing their unvaccinated children. Before being allowed back to school or day-care, kids would be required to receive – in short order – 7 shots containing 11 disease agents (or 6 shots containing 10 antigens for children 5 or older). The shots are DTaP (diptheria, tetanus, pertussis); Polio; Chickenpox; MMR (measles, mumps, rubella); Hepatitis A; Hepatitis B; and Hib for children under age 5.

Should parents refuse, they might have to quit the job that's keeping a roof over their heads since public or private day-care, pre-school, or K – 12 would no longer be an option.

More than 15,000 K–12 students statewide have had no vaccines at all; more than 31,000 are missing at least one. In addition, the parents of a couple of thousand more children in pre-school or day-care facilities statewide have opted for no vaccines. In Multnomah County, for example, the total is 418 pre-school children totally unvaccinated; in Washington County, it's 235 kids; in Clackamas County, there's 204 totally unvaccinated pre-K children attending various public or private pre-school and day-care; in Deschutes County, it's 161. Etc. That's a lot of parents' jobs potentially at stake if they need to care for their kids during the day.

***** OK, parents of all these tens of thousands of Oregon kids – parents who've followed the law up to this point only to now have the rug pulled out from under them should the bill pass – the clock starts ticking if it becomes law. It'll tick especially loud and fast for parents of younger kids who are more vulnerable to vaccine-adverse events. How many days can you miss work without putting your job in jeopardy because your two young kids are barred from day-care?

***** Or, under pressure of the rent due next month, single parent, do you give in and permit 7 shots containing 11 disease agents in a matter of days to your kids age 2 and age 4?

Consider all this in light of one private analysis of data from the National Vaccine Adverse Event Reporting System (VAERS) which indicates 4 deaths from vaccines in Oregon in 2018 and 16 permanently disabling injuries. *Four deaths*.

The timing of follow-up doses of the vaccines required in Oregon:

Currently, or so I've been told by OHA and Multnomah County staff (I've had face-time with four staffers charged with administering immunization programs), the real-world practice is to allow kids

whose parents choose to ‘catch up’ on follow-up doses of missed vaccines to do so once a year, often right before each February’s Exclusion Date.

Consider that salutary leeway in light of guidance from the federal Centers for Disease Control and its Advisory Committee on Immunization Practices (ACIP), widely considered the definitive experts. ACIP generates the CDC’s official “General Best Practice Guidelines for Immunization” on the “Timing and Spacing of Immunobiologics (found here).

And this document certainly comes down hard on spacing vaccines out according to CDC’s “Recommended Interval to next dose” – and *not* its “Minimum interval to next dose.”

The Best Practice guidelines state, “Vaccination providers should adhere to recommended vaccination schedules." Only when a child who is behind schedule needs "rapid protection," or in the event of impending foreign travel or such, should the intervals be shorter than the Recommended Interval. (Page 2.)

There's certainly no case to be made here in Oregon that any child needs "rapid protection" against diptheria, tetanus or pertussis – never mind chickenpox or polio.

The CDC guidelines add, also on Page 2, that "Doses administered too close together or at too young an age can lead to suboptimal immune response." In other words, rush the gun on subsequent doses, and health officials might shoot themselves in the foot. On Page 10, CDC reiterates, "Vaccination providers should administer vaccines as close to the *recommended intervals* as possible." [Emphasis added.]

Yet CDC does also provide “Minimum intervals” which should be used only in special circumstances.

Given that the text of HB 3063 is agnostic on the issue, the possibility looms that Minimum Intervals on follow-up doses might be imposed by OHA should the bill pass.

For instance, the guidelines’ “Minimum Interval” between the first DTaP shot and the second – and then also between the second and the third DTaP shot – is only 4 weeks each. CDC’s “Recommended Interval,” however, is 8 weeks. An 8-week gap between the first and the second DTaP shot, plus an 8-week gap between the second and the third. The difference between Minimum and Recommended intervals before the last DTaP shot is 6 months versus 3 years! Minimum: 6 months; Recommended: 3 years.

Such wide variance between the Minimum and Recommended intervals may prove life-altering for some number of Oregon children, since the CDC/ACIP guidelines note on Page 7 that, “Administration of extra doses of tetanus toxoid vaccines [including DTaP] *earlier than the recommended intervals* can increase the risk for severe local reactions.” [Emphasis added.]

That’s worth noting in light of the journal article on the 844 deaths “after receipt of DTaP” referenced above. That figure comes from research published last year in *Pediatrics*, the official journal of the American Academy of Pediatrics – an outfit known to promote immunization (Volume 142, number 1, July 2018:e20174171 found here). Lead author Dr. Pedro L. Moro is an epidemiologist with the CDC’s Immunization Safety Office. So this comes straight from the horse’s mouth:

Analyzing 50,000 reports between 1991 and the end of 2016 to the federal Vaccine Event Adverse Reporting System (VAERS) on the several competing types of DTaP vaccine, Moro et. al., state that "844 deaths were reported to VAERS after receipt of DTaP vaccines." Of those where a cause was attributed, just shy of half were caused by Sudden Infant Death Syndrome. As parents might gasp through their tears, "My kid just up and died, and they don't know why except he (62 percent of the SIDS deaths were boys) had that damn vaccine." The next most common cause of death, this for just short of 100 children, was listed as "Undetermined." So DTaP was involved, but they really don't know why.

Non-death "serious" events were noted in 11 percent of the 50,000 VAERS reports, the most common of which was seizure. Also, in 88 percent of the cases reported, there was "concomitant administration of other vaccines." More than one shot per doctor visit is exactly what might happen with parents pressured to get their child back in day-care so they can go back to work.

Grieving parents can take comfort from this statement from the article's conclusion: "[W]e did not identify any new or unexpected safety issues." But cold comfort, knowing that your kid's death resulted from the *old, easily anticipated* safety issues that DTaP presents.

While a "severe local reaction" may refer to something localized to the injection site such as a wildly swelling arm, the CDC's Vaccine Information Statement on DTaP (found here) notes: "Long-term seizures, coma, lowered consciousness, or permanent brain damage happen extremely rarely after DTaP vaccination."

In a statement rich with qualifiers, when asked about DTaP booster shots administered at Minimum rather than Recommended Intervals, Candice L. Robinson, MD, the ACIP Child/Adolescent Immunization Work Group CDC Lead, told me, "I wouldn't expect typically much increased risk."

I then read Dr. Robinson the CDC DTaP info statement quoted just above about "permanent brain damage," etc., and then read her ACIP's *Best Practice Guideline*'s warning against "earlier than the recommended intervals" administration of any tetanus toxoid vaccine, including DTaP.

And then I asked her if following the Minimum rather than Recommended intervals for DTaP booster shots might increase the risk of brain damage, etc. And though she is the CDC Lead and corresponding author for the latest ACIP Immunization Schedule published by CDC just a month ago, Dr. Robinson became gripped by self-effacement: "I would have to consult the subject matter experts," she said.

Asked to comment on the 844 deaths reported to VAERS after DTaP, and how they came about, she told me to submit my questions in writing to a general CDC in-box. Asked her title, Dr. Robinson said she's "an employee."

Given the 844 deaths reported to the federal government "after receipt of DTaP," none of any of this will reassure Oregon parents, especially given the large number of children without the full, required set of DTaP booster shots. OHA data (found here) state that in 2017, 20 percent of Oregon two-year-olds had not received the full required set of 4 doses of DTaP.

According to the U.S. Census Bureau, there were 47,228 two-year-olds in the state in 2017.

So, 20 percent of two-year-olds not up to date on DTaP. Twenty percent of 47,228 lacked the required number of DTAP shots. That would have been 9,446 two-year-olds required to get DTAP boosters if

the law punting nonmedical exemptions had been in force in 2017. Add a few kids to bring the figure up to date to 2019 – call it 9,500 children. And many of those 9,500-odd kids in 2019 will be required to get more than one DTaP booster.

Also, that 9,500 figure doesn't include the many, many thousands of kids age 1, 3 and 4 years, who also are 'delinquent' on DTAP. OHA just happens to provide data for 2-year-olds. The number of 3 and 4-year-olds is likely in the same ballpark. So there are probably tens of thousands of Oregon kids under age 5 who lack the required number of DTaP shots.

The CDC's Minimum Intervals for all 5 DTaP shots total 14 months. The Recommended Intervals for all 5 shots total between 46 and 52 months. The difference is stark: administering the 5 shots in a little more than a year. Or giving the 5 shots over the course of 4 years, give or take a couple of months.

If OHA (or the governor) decide to use the Minimal Interval for DTaP rather than the Recommended Interval to catch up tens of thousands of Oregon kids on DTaP, that will increase the chances of some children suffering "long-term seizures, coma, lowered consciousness, or permanent brain damage." Yes, the chances are extremely rare, says CDC. But with a risk pool of tens of thousands – parents, step right up to play Russian Roulette.

That's why a bill whose text doesn't state a mandated adherance to the CDC's Recommended Intervals between doses of all the required vaccines may be a bill that shouldn't see the light of day.

Do the lawmakers voting on HB 3063 have any notion of any of this? Despite the daily drumbeat of media, I haven't encountered any analysis approaching what's found here.

Similarly, the CDC's Minimum and Recommended Intervals for polio are vastly divergent; for the last polio shot, it's the difference between 6 months and 3 – 5 years.

For the second MMR shot, the Mimimum Interval is 4 weeks from the first MMR shot. CDC's Recommended Interval, however is also 3 – 5 *years*.

For varicella (chicken-pox) the permitted Minimum Interval between the two doses is 12 weeks. But as with MMR and polio, the Recommended Interval is also 3 – 5 years.

Some might argue that 7 total cases of measles in Oregon shouldn't be the mechanism to result in some very small percentage of a very large number – tens of thousands – of children under age 5 put at risk of "long-term seizures, coma, lowered consciousness, or permanent brain damage" from a potentially accelerated DTaP dose schedule. Shouldn't, heaven forfend, add to the toll of 844 fatalities.

The bill does *not* address these issues, does not address forcing unvaccinated children to get 6 or 7 shots in a very short time so (single) Mom can keep her job. And even with the purported measles emergency, the unvaccinated would have to wait at least 4 weeks between the first and second shots for the second shot to be considered valid by CDC – that is, to provide more immunity. In the current fearful climate, will Mom be able to find some Good Samaritan of a neighbor to watch her two toddlers for 4 weeks as they await their second MMR shot so she can keep her job?

Limited Medical Exemptions

Medical exemptions are currently very limited, applying to just 0.1 percent of K–12 students in Oregon, many for just a single vaccine. That's 605 students total out of the 605,276 K–12 students statewide in 2018. The number for medical exemptions barely registers.

One government staffer told me that the medical exemptions have always been so tight in Oregon since families – till now – had the philosophical exemption to rely on.

Medical exemptions are granted solely to kids who've suffered anaphylaxis from a vaccine (defined as a "severe allergic reaction); or encephalopathy ("coma, decreased level of consciousness, prolonged seizures"). In the case of the MMR vaccine, those with severe immunodeficiency, cancer or HIV are exempt.

One route for compromise might be a significant broadening of the medical exemption category. Paul Cieslak, MD, director of OHA's immunization program, noted that some lawmakers are concerned with how narrow the current medical exemptions are. For example, he told me, "The severe allergic reaction – that's a judgment call by the local health department. How do you define a severe reaction?"

On the other hand, exclusion orders are by no means rare. There were a total of 24,725 "exclusion orders issued" in 2018. Of them, more than 82% complied. Yet 4,349 children were excluded from school or other facilities – not an insignificant figure.

The State of Washington, which actually has a measles outbreak going is apparently only going to insist on an MMR shot. That's developing. So why is Oregon proposing to tighten the noose by removing parental authority over chickenpox shots? Over polio? Etc. These are not issues in Oregon. One senior immunizer told me, "It's nice that it's newsworthy, but I don't consider measles an emergency."

This is an ill-wrought bill whose implementation leaves much to chance, much to bureaucratic initiative beyond influence by the people of Oregon. Overall, state vaccine rates are high, among the highest in the nation. Without taking into account the frightening consequences detailed above, lawmakers may be buying a pig in a poke – a not well examined purchase leading to buyer's remorse. Insist on MMR shots, if you will, as the state of Washington may well do. But otherwise, consider, please, this appeal to "the better angels of our nature," as Abraham instructs.

Many thanks for your time and attention,

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