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On Behalf Of:	
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I briefly worked as a contract fiscal analyst in the Immunization Programs Division of the Oregon Health Authority where I was involved in accounts payable for an $88 Million Vaccines for Children portfolio. As such I have extensive knowledge about how vaccines are financed in Oregon. In case you want to know, the current price list in Oregon is at this webpage: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/VFC/Documents/BillPriceList.pdf

In my opinion, the OHA is not the entity to study its own program. I agree the Legislature would benefit from a report studying vaccine financing in Oregon, but it should be done by outsiders who can look at OHA's programs (and problems) with fresh eyeballs and come up with novel recommendations. OHA staff in immunization are very nice and sincere, but a flaw in public health is they default to authority and lack critical thinking. This was a problem for me as an outside accountant because I asked questions.

One particular observation is Oregon Vaccine policy is driven not by the Legislature, but by embeds from the CDC who control state policy through Federal grants. Oregon's school schedule, for instance is narrower than the CDC's pediatric schedule, and the purpose of Oregon state appropriations for vaccines is to allow children to enroll in school. HPV (Gardasil), for instance is not required to attend school in Oregon, but the OHA uses state resources appropriated for the school schedule to push it - at a cost of $287.53 per dose (2-3 doses) to prevent cervical cancer in boys.

I'd like to elaborate on the RSV shot that was rolled out very quickly in 2023. It's not a vaccine - it's a monoclonal antibody. For this reason vaccine resources can't be used to push the shot. That's why in 2022 Kate Brown issued an RSV "emergency." There was no emergency - but the paper emergency opened up state vaccine funding to push Merck's Beyfortus, at a cost of $485.10/dose when it hadn't even been on the market for a year and we had no population level data. Nowadays, they get around pushing the RSV shot by calling it an "immunization." My point is that OHA staff very quickly and unquestioningly endorsed it completely out of sight of the legislature or any significant advisory body and used its massive P/R apparatus to mislead the public about the shot's benefits.

We now have early data from France where RSV "immunization" became the standard of care in 2022 - and it increases all cause mortality. It is true that RSV is a

leading cause of pediatric hospitalizations - but these are hospitalizations, not deaths, and many of them are unnecessary "worry wort" hospitalizations of children with parents with good insurance. If the State of Oregon was to spend $55 Million to inject every newborn Oregonian, assuming we could trust the clinical trial data, we would prevent about 170 hospitalizations - but you would still have over 2000 - so the public policy purpose of reducing hospital crowding would not be met. Moreover, an additional 50 Oregon children would die - and Mortality is a more critical endpoint than morbidity.

In addition, there is a high quality 2015 Danish hospital study that shows increased RSV hospitalization is associated with administration of the Hib vaccine. Hib is required for preschool attendance but not school attendance. It is true Hib is largely gone - but this is because it has been replaced by HiF in the community microbiome - in other words, all cause bacterial pneumonia has not declined - in fact, it has gone up as vaccines such as prevnar push out vaccine strains creating room for other strains to populate and in some cases bloom (community acquired pneumonia). Therefore, reduced hospitalization from RSV could be accomplished in Oregon by reconsidering the Hib vaccine.

My point is a report to the legislature should include outsider and contrarian positions and give legislators somewhat of a menu for making policy.