

March 18, 2021

Support for SB 212

Senator Hilderbrand and Senate Public Health and Welfare Committee Members:

I am a resident of Shawnee County Senate District 18, and I support SB 212. I testified at a hearing last year for a similar bill and will be making most of the same arguments in this testimony because they are still valid. The data in the following paragraphs is referenced and cited in my previous testimony.¹ In 2019, KDHE mandated Meningitis ACWY and Hepatitis A vaccines for school entry using administrative procedures, bypassing the legislature entirely. I testified against the proposed meningitis vaccine mandate bill in 2017 when then-Secretary Susan Mosier declined to add the meningitis vaccine to the school-required list. If the evidence was not compelling in 2017 to convince the Secretary to add this vaccine to the schedule, logic would tell us that something must have drastically changed, such as a serious increase in the number of meningitis or hepatitis A cases in Kansas school children, to result in the newly appointed Secretary deciding to mandate vaccines for both of these diseases in 2019 through administrative procedures. But after reviewing the data on the incidence of these diseases in Kansas, I cannot find anything that would justify the addition of these vaccines to the school-required list. Those findings are as follows. In reviewing the data for meningitis vaccines, we must note that roughly 21% of all meningitis cases occur in the 11-24 age-group that would be targeted by the vaccine mandate. That means we must apply a correction factor of 0.21 to the published number of cases in order to know how many school-age children are contracting meningitis each year. Since meningitis is an illness that is required to be reported to the CDC, I examined the published CDC data from 2015 to 2018. In 2015, there were 2 confirmed cases of meningitis in Kansas caused by strains ACWY. In 2016, Kansas reported 3 cases. In 2017, there were also only 3 reported cases in Kansas. In 2018, the year before Secretary Norman issued the mandate through administrative ruling, the number of cases in Kansas was zero. When we factor in the correction factor of 0.21 to determine how many cases were actually in the age group that is targeted by the vaccine mandate, we get less than one case of meningitis every year for this 4-year period. It appears to me, and I imagine that most people would agree, that these infections were being well-controlled without any mandate for this vaccine to be required for school entry. So therefore, I must ask, where was the emergency? Looking at Hepatitis A, another infection that is required to be reported to the CDC, the annual data show that in Kansas for the years 2016, 2017, and 2018, the number of hepatitis A cases were 5, 6, and 14 respectively. The breakdown of annual cases by age is not given, so I used the information about disease incidence by age group to get an idea of how many of the reported cases each year are in the 0-9 age group targeted by the vaccine mandate. In researching this, I found that the CDC data show that the lowest incidence of Hepatitis A infections occur in this age group. The incidence rate of hepatitis A nationwide in the 0-9 age group has been 0.1 case per 100,000 residents every year from 2013 to 2017, with a range of 40 to 57 cases nationwide in this age group during that time period. This is an extremely rare illness that was being well controlled in this state without a mandate. I once again fail to see the emergency or urgency for the Secretary of KDHE to mandate this vaccine for Kansas children as a condition to receive a Constitutionally-guaranteed public education. I find this decision to mandate hepatitis A vaccine to make even less sense after researching which populations are most at risk for this infection. According to the CDC, those at highest risk for contracting hepatitis A do not include school children but do list the following

¹ http://kslegislature.org/li_2020/b2019_20/committees/ctte_h_ed_1/documents/testimony/20200213_07.pdf

populations: travelers to countries where hepatitis A is common, men who have sex with men, people who use illegal drugs, people with clotting factor disorders such as hemophilia, people working with non-human primates, and a couple of other rare categories. I fail to see where mandating this vaccine for kindergartners and first-graders in Kansas will target those populations at highest risk for this infection. Instead, the focus should be on vaccinating those highest-risk individuals if the goal is to reduce the already very low incidence of hepatitis A infections in Kansas. The only conclusion that I can draw after reviewing the available data is that there was no legitimate justification for mandating these vaccines for Kansas school children. These vaccines and all approved vaccines are widely available to anyone who wants their children to receive them. I am unaware of any widespread public complaint or reports of parents that want these vaccines administered to their children being unable to obtain them. This action by the KDHE Secretary in 2019 troubles me, because it set a precedent for additional mandates for vaccines whose necessity is questionable. Secretary Norman was on Facebook last year lamenting the fact that Kansas has very low vaccination rates for HPV vaccine among girls and boys. Also, the Immunize Kansas Coalition, a group with close ties to the KDHE, has a goal of 80% completion of the HPV vaccine series for both girls and boys in Kansas by 2026. Let's not kid ourselves. The only way that this gets accomplished is through a mandate. I find it highly likely that mandates for the Gardasil HPV vaccine and the Covid-19 vaccine (which the CEO of Pfizer recently stated on NBC News will be required annually²) issued by Secretary Norman through administrative ruling will happen unless something is done to restrict this blanket authority that the Secretary currently possesses. One unelected and unaccountable individual should not be able to add new vaccines to the school-required list.

I wish to make one final point about exemptions. The availability of a religious vaccine exemption should not be used as cover to continue adding more vaccines to the school-required list and claim that the vaccines are not mandated because parents have the right to an exemption. Two years ago, the American Medical Association publicly called for the elimination of religious and philosophical vaccine exemptions. Also in 2019, the American Academy of Pediatrics ranked the elimination of these non-medical vaccine exemptions as their top legislative priority for the year. With the power and influence that these organizations wield in Kansas, I have little confidence that the currently available exemptions in our state will exist for much longer. The authority of the KDHE Secretary to mandate additional vaccines through administrative ruling must be restrained in order to protect the public from the pharmaceutical industry lobbyists and medical trade organizations. Otherwise, the state is taking the position that it is more important for our children to be vaccinated, and vaccinated for every obscure infection for which a vaccine exists, than it is for them to be educated. I urge you to reclaim your power and protect the citizens of Kansas. Support and pass SB 212.

Erik Leon

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² <https://www.nbcnews.com/health/health-news/third-pfizer-dose-covid-19-vaccine-maker-studying-booster-shots-n1258775>