

Testimony of Nichole Short RN, BSN, IBCLC  
Oppose SCR 10  
Health, Human Services and Medicaid Committee  
February 26, 2020

Chairman Burke, Vice Chair Huffman, Ranking Minority Member Antonio and honorable members of the Health, Human Services and Medicaid Committee:

Thank you for the opportunity to give testimony in opposition to Senate Concurrent Resolution (SCR) 10. My name is Nichole Short. I am an RN, IBCLC and mother of three school aged children. I am opposed to SCR 10 and I am particularly concerned about the language used in OAC 3701-36-05 that would allow for the government to use financial incentives to increase vaccine rates for school aged children. In my opinion, it is unethical to withhold funds from county health departments whose citizens have chosen to decline a for-profit, liability free pharmaceutical product.

First and foremost, the mere consumption of a vaccine is not synonymous with becoming immune to the said disease. About 2-10% of healthy individuals fail to mount antibody levels to routine vaccines <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962729/>. This is referred to as primary vaccine failure.

Secondly, we have individuals who have produced antibodies in response to vaccination but still contracted the said disease even when that antibody level is deemed sufficient to prevent disease. In addition, these antibodies wane. This is referred to as secondary vaccine failure. There have been many incidents in which disease outbreaks have occurred in highly and even fully vaccinated populations. This would point to vaccine failure not failure to vaccinate.

Lastly, we have vaccines on the current CDC recommended childhood schedule that do not prevent the transmission of these infections including the DTaP and influenza vaccines. The Acellular pertussis vaccine may protect against disease but fails to prevent infections and transmission <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3896208/>. In other words we may be creating asymptomatic carriers and placing the most vulnerable populations at risk. There is current published literature that finds "Because of linked-epitope suppression, all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility."  
<https://sboh.wa.gov/Portals/7/Doc/Meetings/2019/03-13/Tab09e-Cherry%20JPIDS%202019.pdf>

Again, vaccine consumption is not synonymous with immunity. Therefore making vaccine consumption rates public will serve no purpose, as it is not a true indicator of immunization rates. I thank you all for your time and I respectfully ask that you vote NO on SCR10.