

Testimony of Michelle Cotterman, RN
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 allowing me to speak today in opposition of Senate Concurrent Resolution (SCR) 10. My name is Michelle Cotterman. I am a registered nurse and a mother to two school-age children. I am opposed to SCR 10 based on my concerns of the proposed language in Ohio Administrative Code (OAC) 3701-36-05. I am opposed to the government using coercive financial incentives towards county health departments to increase vaccine product consumption by those entering kindergarten, 7th, and 12th grades. A consumer product should stand on its own merits and without the need for the heavy hand of government.

I am also opposed to the idea of publicly posting the rates of vaccine product consumption as this information has little bearing on true immunization rates. As you may be aware, immunity is solely dependent on the bodily response to a natural or artificial exposure. Immunity gained via artificial exposure, like vaccine product consumption, has a known tendency to never elicit an immune response or to lose immunity over time for some consumers. This is known as primary and secondary vaccine failure. For example, during a clinical trial for Menveo and Menactra, it was found that 21 months -- less than 2 years -- after receiving the vaccine product, up to 77% of recipients were no longer immune to various bacterial strain types contained in these vaccine products¹. This is one of the vaccine products listed in Ohio Revised Code (ORC) 3313.671 that would be a part of the quality indicators related to increasing consumption and subject to payment of state subsidies for meeting those standards.

True immunization rates would be dependent on monitoring antibody titers and posting the percentage of those who have adequate levels. It would behoove the Department of Health to move towards a titer based vaccine program as opposed to a one-size-fits-all model, we call this Ethical Vaccinomics. I would like to draw your attention to a previous testimony by Dr. Ted Fogarty that is included in my written submission and explains these concepts further.

At this time, I respectfully request that you vote "No" on SCR 10 and prevent the progression of this concurrent resolution.

¹ GlaxoSmithKline. (2018). *Menveo [Meningococcal (Groups A, C, Y, and W-135) Oligosaccharide Diphtheria CRM197 Conjugate Vaccine]*. Bellaria-Rosia 53018, Sovicille, Italy: GSK group of companies or its licensor.