

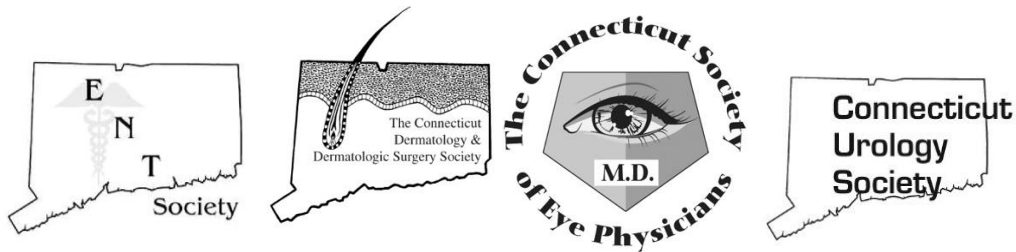
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Written Testimony
On
H.B. No. 6423 An Act Concerning Immunizations.
S.B. No. 568 An Act Eliminating the Nonmedical Exemption to the Immunization Requirement

Good day Senator Abrams, Representative Steinberg, and other distinguished members of the Public health Committee. This testimony is submitted on behalf of over 800 physicians and physicians in training in the specialties of Dermatology, Otolaryngology, Urology and Ophthalmology.

Immunization works. We, the medical community, would like to reinforce the benefits and merits of immunization, devoid of the emotion which often surrounds this issue. Public health is our primary objective.

1. Vaccination protects children from serious illnesses, and the complications ~~of~~ associated with those diseases, which can include paralysis, hearing loss, blindness, convulsions, brain damage, and death.
2. Pediatricians are the best qualified providers to administer and most importantly to keep track of vaccinations for children.
3. Connecticut enjoys an 82.5% rate of vaccinations ranking 11th in the United States. This high rate of vaccination is critical to disease control, as even those who are not inoculated – due to **medical conditions**, or other appropriate reasons – have a measure of protection due to the rarity of active disease, so called “herd immunity”. Yet it is critical that we obtain, or better yet, surpass, the target of 95% recommended by public health officials. There is no room for failure on this point
4. Connecticut is fortunate to have a high rate of vaccination and benefits from the ample availability of qualified physicians and other providers in our small state. However, we must exercise caution and maintain the primary vaccination delivery through our Medical providers. Access is not a barrier to increased vaccination rates in our State.
5. In Connecticut and elsewhere, we have seen efforts by Pharmacists, Naturopaths, and even Optometrists to provide vaccination services. It must be noted that vaccination, and the correct timing and sequencing of injections, is of critical importance. Not all vaccines are created equal – some contain live viruses, and some contain inactive viruses, and they must be handled and administered appropriately. This bill correctly recognizes the need for medical



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exemptions when appropriate. We strongly believe that vulnerable young patients should get vaccinations only from those with the highest level of training and knowledge.

As we face dangers like the Covid-19 virus, it is useful to reflect on the history of vaccinations. Small pox was the first infectious disease entirely eliminated by the use of an effective vaccine. Another early vaccine was Dr. Jonas Salk's Vaccine that provided protection against one of the most feared childhood diseases of the 1940s and 50s -- Polio. Polio inspired fear because it struck healthy children without warning and the medical community was unsure of how it spread, or how it could be stopped. Many who were infected spent weeks or months in iron lung machines without which they would suffocate because their breathing muscles were paralyzed. Dr. Salk developed a vaccine with inactive polio viruses, and after successfully immunizing thousands of monkeys, moved on to human trials in 1952, administering the vaccine to children at two Pittsburgh-area institutions, and then injecting himself, his wife and his three sons!

He announced the initial successful human trials to the nation in March of 1953. In April of 1954, widespread immunizations began. By the end of June, 1.8 million people, including hundreds of thousands of school children, became "polio pioneers." It is interesting to note that this was the first-time researchers used the double-blind study method, which is now the gold standard in clinical trials. The vaccine was subsequently declared "safe, effective and potent".

Fast forward to 2021 where more people around the world are receiving life-saving vaccines. The Centers for Disease Control and Prevention has a thorough list of vaccines used in the United States. An emphasis is placed on children between the ages of zero to 10 to receive a specific list of vaccines: hepatitis A (HepA); hepatitis B (HepB); diphtheria, tetanus, and acellular pertussis (DTaP); Haemophilus Influenzae type B (Hib); Pneumococcal conjugate vaccine (PCV13); inactivated poliovirus (IPV); inactivated influenza (IIV) or live-attenuated influenza (LAIV); measles, mumps, rubella (MMR); and varicella (VAR).

The Federal government, through the guidance of the medical community, has enacted laws regarding required vaccinations and who can perform them. Currently, all 50 states have legislation requiring children attending public school to be vaccinated against diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); and varicella (chickenpox). All U.S. states and the District of Columbia allow medical exemptions for children who have a medical condition preventing them from receiving a vaccine. It is critical to adhere strictly to medically proven methodology and providers.



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This Bill helps ensure that the widespread use of childhood vaccinations will continue in Connecticut, while recognizing the need for medical exemptions. Rigorous research and training has eliminated many diseases. There is an unfortunate, somewhat “trendy” objection to vaccinations that is fueled in part by misinformed celebrities, and quite honestly and ironically by our own success, which has rendered these once feared diseases quite rare due to high immunization rates imparted by the vaccines. Unfortunately, the diversity and persistence of nature continue to create new challenges through mutations, such as the Corona virus. This highlights the need for strong evidence-based use of vaccines and medical practitioners who have the knowledge, training and ability to advise concerned parents and patients. They also have the ability to explain the pros and cons of these treatments, and alleviate patient’s fears and concerns, based on global scientific evidence.

Our progress and improvement in public health is remarkable. Continued compilation of public health data helps guide future research and implementation of public health policies.

It is critically important that vaccinations be widely available and that the main oversight and control remains with the providers who lead the Medical Homes – Physicians and Advanced Practice Registered Nurses, with the help from their supervised staff of Physician’s Assistants and Medical Assistants. Those on the front lines must serve within their scope of practice or under the delegation of supervising Physicians, all under the supervision of the Department of Public Health and the legislature. The supply for delivery is adequate. This is not a time to bring those with lesser training into the field of immunization, but a time to support and arm the medical home team leaders with the immunizations they need, to continue to protect Connecticut’s children and our Public Health.

We support this Bill with the specifications outlined in our testimony.

Thank you for your attention.