

Dear committee,

After doing my research and simple math, I do not see how HB2205 could be a good choice for Kansas. Putting aside the fact that Kansas is known for being a freedom centered state, let's focus on the math of the issue. The Kansas Department of Health and Environment claims that Kansas has an average of five meningitis cases per year, of those 10-15% result in deaths. (This equates to 0-1 deaths in Kansas yearly, or .5-.75% respectively.) Of these deaths, we are not told how many are adults, children or infants, who will have different uptake ratios for the vaccines. There are two in question. The Topeka Capitol Journal could not state which vaccine is being mandated, which is a crucial piece of information.

The first and very important point is that MANY bacteria, fungi and viruses can cause meningitis. The vaccines available only cover a few strains. Using the above information, we do not know what strains cause approximately 5 cases of meningitis yearly. Do we even know if the vaccines will cover the strains implicated in each case? There were about 390 cases of meningitis in the United States last year, according to the CDC. The causes were varied, but some percent were not "vaccine preventable." The CDC approved vaccines target A, C, Y, and W135 strains of meningitis. (These vaccines are Menactra, Menveo, and Menomune.) All contain significant amounts of mercury, a known neurotoxin. The vaccines are effective for about 85% of the people who receive them, leaving 15% vulnerable for those strains. Thirty percent of the meningitis cases are of the B strain. All three of the above vaccines are ineffective for this strain.

The FDA approved two new vaccines for the B strain, Trumemba and Bexsero. These both have questionable safety testing, and there is concern that they were rushed to market without proper vetting. The meningococcal vaccines (it did not specify which ones), according to the CDC website about the vaccines last on average for 5 years: "Available data suggest that protection from meningococcal conjugate vaccines decreases in many adolescents within 5 years, which emphasizes the importance of the 16-year-old booster dose so that adolescents maintain protection during the ages when they are most at risk for meningococcal disease. Early data on serogroup B meningococcal vaccines suggest that protective antibodies also decrease fairly quickly after vaccination." It is suggested that adults susceptible to meningitis receive the vaccine every 5 years due to this effect. We are conscripting our children to an every 5 year booster because immunity is not known to last longer than that timeframe.

The package inserts for Menactra and Menveo produce serious adverse events in 1% of recipients. The CDC pink book says that .3 percent of the 1% serious adverse effects from the meningitis vaccines die. Now to the math again. The state of Kansas currently has roughly 570,500 residents from the ages of 10-24. If you vaccinate all of them with the older vaccines, (we do not yet have enough statistical information to help infer the reaction rate for the two new vaccines) you can expect 5705 serious adverse reactions to the vaccines. Of those, 17 die from their reaction. To revisit above, we do not know if the yearly statistics tend to be in this age range, or if they include adults and infants. If those people that are in the 5 annual meningitis illnesses, not deaths, are not in this age range, we just traded those illnesses for 17 deaths. I ask you, ladies and gentlemen, if you are comfortable with those deaths on your conscience? Seventeen deaths for five mostly recoverable illnesses, again only 10-15% have died annually according to the CDC pink book. This does not include the disabilities that may result within the 5705 adverse reactions. Are we as a state prepared to spend the tax dollars necessary for the medical care of not only those who die from vaccine reactions but the disabilities suffered forthwith?

All medical care should offer informed consent. Will parents be informed that the statistics on meningitis in our state is 5 illnesses per year, and that of those, we don't know the exact ages or risk behavior of the patients? Will they be told that their child will go from the .000172% chance of a meningococcal illness (with .002% risk of death) to a 1% risk of a reaction that carries **disability** and death as a risk. Essentially, a 50% increased risk of death by vaccine compared to the illness. The percent of disability is unknown. Will parents be notified that their only recourse will be the National Vaccine Injury Compensation program because doctors, vaccine companies and the government have been made immune to damages that the vaccines may cause? Will they be informed that the likelihood of receiving any compensation is very low because many reactions are tossed out as having insubstantial evidence due to the fact that multiple vaccines are given at once, and the evidence needs to specifically implicate a single vaccine to be considered? I'm very concerned that our current system leaves the weight of the damages on the parents who most likely don't have the time, money or energy to fight for their children while also caring for the injuries that their child sustained. Until the medical establishment is willing and able to verify that our children will not be harmed, or that they are willing to take responsibility for injuries sustained, how can we in good conscience continue to add new vaccines to the schedule? The first rule of medicine is the Hippocratic Oath. "Do no harm." If we cannot guarantee that 17 children a year will not die from reactions to the vaccine, and that 5700 Kansas children will not suffer a serious adverse reaction, then we should not readily add another vaccine for an illness that effects 5 Kansans a year, and about 390 Americans annually. Doing so, risks harm. The trade-off seems to be heavily weighted toward medical reactions than protection. Does the state of Kansas have the money to support any children disabled by this bill? Do we want to risk sending 17 children a year to their graves to prevent possibly 1 death a year. I don't make light of that one person, because to that family, the lost family member is the world. However, statistics don't lie, and to conflate 5 illnesses as being detrimental versus 5700 serious adverse reactions is disingenuous. We don't have the money or manpower to help those children recover if this occurs yearly.

Please look at these numbers and think very hard about whether you feel comfortable mandating something that effectively could send hundreds of families to the Emergency Room every year. Do the benefits outweigh the costs? Do they REALLY? Are we ready to consign families to the risks? How possibly could this benefit our state in taking this decision to the schools? I oppose adding more to our current schedule. Remember 15% of those who are vaccinated will not develop an immune response. This means that after 5700 children suffer some reaction, of the total vaccinated children, there will be 85,575 children who did not mount an immune response and will still be vulnerable to catching one of the 5 strains of meningitis that are in the vaccines. They will all likely also need follow-up boosters every 5 years, putting them at risk of being in the percent of those injured or killed by the vaccine with each dose. We also need to keep in mind that not all forms of meningitis will occur because of these strains. There are other forms of meningitis that will remain possible.

Furthermore, the bill does not specify which vaccines will be mandated, and for which meningitis strains, leaving them open to add more than one because it is not specific. This increases the risk to children being vaccinated, while still absolving the doctors, companies and the government for their injuries or deaths. The bill is poorly written because it is nonspecific, and should be thrown out for that alone. What is being approved? How many vaccines will be added? As elected officials, these are questions that should be answerable before approving an measure effecting countless lives. "Vaccines for meningitis shall also be required" is insufficient and does not take into account these considerations:

how many vaccines, what type, and the possible reactions that will subsequently follow. It should be thrown out on that basis alone. Is it passing one vaccine? Three?

Please let the numbers speak for themselves! They show us that the cost-benefit analysis doesn't benefit our state, and surely will not benefit our children. As I stated in my opening paragraph, I pride myself on the fact that Kansas is known as a freedom loving state. We uphold the constitution and individual rights. Let us uphold the right of children to their unhindered health. Let us not be known as a state willing to trade in many injuries for the prevention of a few illnesses. To quote Benjamin Franklin, "Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety"

Sincerely,

A very concerned citizen