

February 11, 2020

Chairman Huebert and members of the Education Committee,

Thank you for the opportunity to testify at this hearing on HB 2601. My name is Erik Leon, and I wish to address KDHE's recent mandating of Meningitis ACWY and Hepatitis A vaccines for school entry. 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.¹ 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 what I will present to you today.

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.² 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 each of the past 4 years. In 2015, there were 2 confirmed cases of meningitis in Kansas caused by strains ACWY.³ In 2016, Kansas reported 3 cases.⁴ In 2017, there were also only 3 reported cases in Kansas.⁵ In 2018, the year before Secretary Norman issued the mandate through administrative ruling, the number of cases in Kansas was zero.⁶ 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 the past 4 years. It appears to me that these infections were being well-controlled without any mandate for this vaccine to be required for school entry. With this in mind 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.^{7 8 9} 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.¹⁰ 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.¹¹ 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

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http://www.kslegislature.org/li_2018/b2017_18/committees/ctte_s_phw_1/documents/testimony/20170315_23.pdf

² <https://www.nmaus.org/disease-prevention-information/statistics-and-disease-facts/>

³ https://www.cdc.gov/mmwr/volumes/64/wr/mm6453a1.htm?s_cid=mm6453a1_w

⁴ <https://wonder.cdc.gov/nndss/static/2016/annual/2016-table2j.html>

⁵ <https://wonder.cdc.gov/nndss/static/2017/annual/2017-table2j.html>

⁶ <https://wonder.cdc.gov/nndss/static/2018/annual/2018-table2j-H.pdf>

⁷ <https://wonder.cdc.gov/nndss/static/2016/annual/2016-table2g.html>

⁸ <https://wonder.cdc.gov/nndss/static/2017/annual/2017-table2g.html>

⁹ <https://wonder.cdc.gov/nndss/static/2018/annual/2018-table2g.html>

¹⁰ https://www.cdc.gov/hepatitis/statistics/2017surveillance/pdfs/HAV_Surv-2017_Figure2.3.pdf

¹¹ <https://www.cdc.gov/hepatitis/statistics/2017surveillance/TablesFigures-HepA.htm#tabs-1-2>

following 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.¹² 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 can be no justification for mandating these vaccines for Kansas school children. These vaccines are widely available to anyone who wants their children to receive them. This action by the KDHE Secretary is troubling to me, as it sets a precedent for additional mandates for vaccines whose necessity is questionable. Secretary Norman was recently on Facebook lamenting the fact that Kansas has very low vaccination rates for HPV vaccine among girls and boys.¹³ 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 2026.¹⁴ The only way that this gets accomplished is through a mandate. I find it highly likely that a mandate for the Gardasil HPV vaccine issued by Secretary Norman through administrative ruling will be coming in the near future unless something is done to restrict this blanket authority that the Secretary has 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. Just last year the American Medical Association publicly called for the elimination of religious and philosophical vaccine exemptions.¹⁵ The American Academy of Pediatrics ranked the elimination of these non-medical vaccine exemptions as their top legislative priority for the year.¹⁶ 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. 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. As the House Education Committee, you should have a say in that. I urge support and passage of HB 2601.

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¹² <https://www.cdc.gov/hepatitis/hav/afaq.htm#transmission>

¹³ <https://www.facebook.com/KDHEnews/photos/a.152050674923/10158330247839924/?type=3>

¹⁴ <https://www.immunizekansascoalition.org/aboutikc.asp>

¹⁵ <https://www.ama-assn.org/press-center/press-releases/ama-policy-advocates-eliminate-non-medical-vaccine-exemptions>

¹⁶ <https://www.aappublications.org/news/2019/03/16/alfresolutions031619>