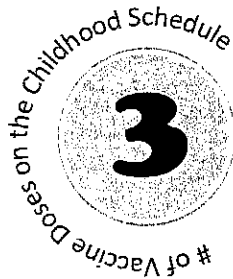


# The KS Childhood Vaccine Schedule Approval Process

Do you know how vaccines are added to the required childhood schedule in Kansas? Do you know who is responsible for making those decisions? Do you know what happened in 2019?

## The Dawn of Unlimited Power for the KDHE



1961

In 1961, a new statute is enacted, authorizing the governor to thereby hand over the power to alter the required childhood vaccine schedule to the Secretary of Health of the KDHE (Kansas Department of Health and Environment).

## Meningitis Gets Rejected... TWICE



In 2017, the Secretary of Health is requested to add the meningitis vaccine to the required schedule for Kansas children.

After careful consideration, she determines the vaccine is not needed and rejects the request.



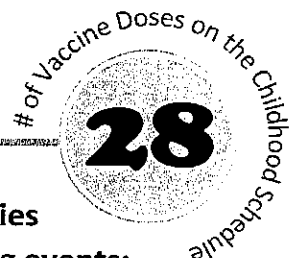
Upset by the initial refusal by the Secretary of Health, vaccine proponents take their recommendation to the legislature. After significant public opposition, HB 2205 is defeated there also.

## Meningitis and Hep A are Added After a Series of Complicated Events

In 2019, without any new evidence of need, the new incoming Secretary of Health makes the decision to add the meningitis vaccine to the required schedule, along with hepatitis A. In keeping with the 1961 statute, this is not put up for legislative vote.



2019



This decision follows a series of confusing and unsettling events:

- (1) **February:** the KDHE and school boards begin announcing the new hepatitis A and meningitis requirements.
- (2) **Feb 28<sup>th</sup>:** notice is posted for a public hearing on March 11th (*with only 11 days' prior notice*).
- (3) **March 11<sup>th</sup>:** the first hearing is conducted.
- (4) **April 25<sup>th</sup>:** a new public hearing is posted for June 27<sup>th</sup> (*with the required 60 days' notice*).
- (5) **June 27<sup>th</sup>:** the 2<sup>nd</sup> public hearing takes place.
- (6) **July 18<sup>th</sup>:** despite significant public opposition, hep A and meningitis requirements are published to the KS Register.



# Big Questions Unanswered

With no increase in incidence or death rates from 2017 to 2019, why did the new Secretary of Health ignore the previous determinations of the former Secretary of Health and legislators that the meningitis vaccine wasn't necessary?

Was their decision based on a true medical need for Kansas kids, or were they supporting the profits of an industry with significant influence and no liability for injuries caused?

Shouldn't the KDHE and the Secretary of Health have an obligation to first demonstrate an imminent need for the health of our kids and communities?

Shouldn't concerned parents, education providers, healthcare professionals, and Kansas citizens have an opportunity to testify **before** final decisions are made or announced?

If additional checks and balances are not put in place, what will the KDHE demand next? Gardasil HPV? Flu? Rotavirus? One or more of the hundreds of other vaccines currently in development?

Since the vaccine schedule has never been tested for its cumulative effects on Kansas kids, how will we know when we have gone too far? When will enough vaccines be enough?

Since nothing in medicine is truly one-size-fits-all, shouldn't we preserve parents' rights to determine what is best for their children based on their specific needs, health risks, genetic make-up, detoxification abilities, and medical history?

Each vaccine added to the required schedule brings additional risk of injury and side effects. Shouldn't these decisions be taken seriously and weighed more carefully?

**Should the KDHE's Secretary of Health Have Sole Decision-Making Authority to Make Changes to the Vaccine Schedule?**

