



The Massachusetts Chapter

June 3, 2015

To: The Honorable Chairs and Members
Joint Committee on Education:

Re: S.317, An Act Relative to Childhood Immunizations

The Massachusetts Chapter, American Academy of Pediatrics (MCAAP), which represents more than 1,800 pediatricians practicing in the Commonwealth, appreciates the Legislature's long standing support of childhood immunization in the Commonwealth.

On behalf of the MCAAP, I wish to express our opposition to S.317, a bill that would add a personal belief exemption to the Commonwealth's school vaccination requirements. Over the last decade, we have all worked long and hard to educate parents and providers about the safety and efficacy of vaccines. This has expanded vaccine confidence and greatly reduced vaccine-preventable illness in the Commonwealth. If this bill were to be enacted, that work would be seriously undermined. As a result, the health of our citizenry would be threatened in many ways.

Experience teaches that the use of exemptions is unpredictable and can unexpectedly decrease the state's vaccination rate. Use of the religious exemption, for example, has tripled over the last decade (0.5% in the 2004-05 school year, to 1.5% for the 2013-2014 school year). An open-ended option to forego vaccination for personal beliefs will increase rates much more.

Experience further teaches that an increase in unvaccinated children leads to outbreaks of disease and significant consequences to society. We provide two examples: 1) an analysis of the recent measles outbreak that began in Disneyland in late December 2014 found that 43% of the unvaccinated U.S.-resident cases were due to philosophical or religious objections;ⁱ 2) the total estimated cost of containing one case of measles in Iowa during a 2004 outbreak, which was estimated to be \$142,452.ⁱⁱ Since average vaccination rates can conceal sub-populations very low vaccination rates, the 1.5% rates quoted above may greatly underestimate the actual rates in specific communities.

In addition, unvaccinated children put vulnerable children (and adults) at risk. For the few individuals who lose their immunity or cannot be immunized in the first place, a well-vaccinated population is their best defense. The prevention of disease in these children and adults is highly dependent upon those who surround them being immunized. This community immunity, sometimes referred to as "herd immunity", is critical to protect children and adults who cannot be vaccinated due to a medical condition. Opening up a personal exemption to vaccines will result in a higher number of unvaccinated children and will compromise the community immunity that our universal vaccination program is designed to maintain. We will needlessly expose immunocompromised individuals, such as infants and pregnant women, to dangerous contagious diseases.

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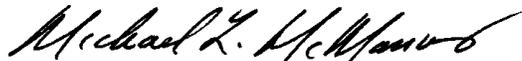
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Walter Rok, M.D., FAAP

Compulsory vaccination for children enrolled in schools has been a major contributor to the success of the United States immunization program in preventing disease across the nation. The constitutionality of mandatory vaccination was upheld by the U.S. Supreme Court in 1905, in a Massachusetts case.ⁱⁱⁱ This decision has become the constitutional foundation for state actions limiting individual rights in favor of those of the greater public health^{iv}. Massachusetts has been an active proponent of childhood immunization for over 100 years. Its healthcare providers, along with the Massachusetts Department of Public Health, have been strong advocates for immunizing children to protect themselves and those around them from the harm of infectious diseases. Our state has had for many years one of the highest rates of childhood vaccinations in the country.

The MCAAP is strongly opposed to adding a personal belief exemption to the current immunization law. Doing so could increase rates of unvaccinated children, such as we have seen in other states, and potentially jeopardize the health and safety of all children in Massachusetts. We urge you to oppose such legislation and, instead, support policies that will protect the health and welfare of Massachusetts' citizenry, especially its children.

Respectfully,



Michael McManus, MD, MPH, FAAP
President

ⁱ CDC. Measles -- United States, January 4—April 2, 2015. *MMWR* 2015; 64 (14).

ⁱⁱ Dayan GH, Ortega-Sanches IR, et al. The cost of containing one case of measles: the economic impact on the public health infrastructure—Iowa, 2004. *Pediatrics* 2005; 116:e1–e4.

ⁱⁱⁱ *Jacobson v. Massachusetts*, 197 U.S. 11 (1905).

^{iv} Parmet WE, Goodman RA, Farber A. Individual rights versus the public's health – 100 years after *Jacobson v. Massachusetts*. *N Engl J Med.* 2005;352:652-654.