

Dear Chairman and Committee Members,

I am a concerned Kansas citizen and parent writing in opposition to the proposed bill mandating a meningococcal vaccine for school entry, known as HB2205. I object to this bill on the grounds of a person's inherent right to medical freedom, which I view as one of the unalienable rights of Liberty and on the grounds that this mandate will not provide the desired outcome of reducing the incidence of meningitis in Kansas, which is small to begin with.

It is a well recognized ethical standard in medical care that the patient retains the right to informed consent for any medical procedures because any procedure carries benefits and risks. In regards to this vaccine, it carries a risk of serious adverse events including irritability, abnormal crying, fever, drowsiness, fatigue, injection site pain and swelling, vomiting, diarrhea, headache, joint pain, sudden loss of consciousness (syncope), brain inflammation, convulsions, Guillain Barre Syndrome (GBS) and death. These risks are indicated on the vaccine's package insert and in medical literature, as well as being supported by data in the federal Vaccine Adverse Events Reporting System (VAERS). When a disease and its vaccine share the risk of death, there needs to be informed consent. Individual risk with vaccination and disease can vary for a person based on age, health, environment, and genetic makeup. This is best known to a patient and parent and their personal physician, not the government.

This bill does not guarantee the favorable goal of reducing the incidence of meningitis in Kansas. As noted by one of this bill's proponents, Kansas does have one of the lowest meningococcal vaccination rates, but as seen in the CDC's data, this has not led to Kansas having one of the highest rates of meningococcal incidence. There were only 5 cases in 2016, and it is unknown if they were of the serotypes contained in and preventable by the meningococcal vaccine. Next door in Nebraska, a state with a higher meningococcal vaccination rate and one million less people, they still had 4 cases in 2016. This already very small incidence does not necessitate a mandate with unproven efficacy. In addition, meningitis is not considered highly contagious through casual contact, but requires exchanging respiratory and throat secretions during close or lengthy contact. As a school is not a location of high meningitis transmission as described, mandating this vaccine for this setting is not necessary.

I urge you to defeat this bill in committee and to examine other avenues of attaining the goal of fewer meningitis incidences in Kansas. Thank you for supporting the health and rights of the citizens of Kansas.

Sincerely,

Rachel Warren  
Gardner, KS