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Testimony in of Dr. Anne Coates in OPPOSITION to

- LD 174, An Act to Restore Religious Exemptions to Immunization Requirements
- LD 727, An Act to Repeal Certain Immunization Requirements for Schools

Committee on Education and Cultural Affairs April 7, 2025

Senator Rafferty, Representative Murphy, and Esteemed Members of the Committee on Education and Cultural Affairs.

My name is Dr. Anne Coates, and I am a practicing pediatric pulmonologist and Vice President of the Maine Chapter of the American Academy of Pediatrics. I am writing today in strong opposition to LD 174 and LD 727, which pose a severe threat to the health of Maine children, schools, and communities.

Maine's current immunization requirements are doing an exceptionally good job at preventing the infection and spread of vaccine preventable diseases, including measles, mumps, rubella, meningococcal meningitis, diphtheria, and polio, to name a few. These diseases, while once fairly common among the pediatric population and often fatal to children, have now become rare thanks to the development of safe and effective immunizations. Today, most children get to live without fear of contracting a serious and potentially fatal illness – a reality that was unfortunately not the case for children of past generations. Immunizations let kids be kids.

Unfortunately, we're seeing the consequences of resistance to childhood immunizations play out in the states currently experiencing measles outbreaks. Maine has yet to experience a measles outbreak, which can be attributed to the fact that 97% of kindergarteners in Maine received the MMR vaccine, according to the 2023-2024 Maine School Immunization Assessment Report. Our immunization requirements are keeping our students and communities safe and healthy, which is something we should be incredibly proud of, and vow to protect.

My nearly 20 years of medical training has occurred in states that have nearly the lowest vaccination rates in the country. I have witnessed the devastating effects that may have on children. I was a pediatric resident in 2009 during the HINI or swine flu epidemic. I took care of a previously healthy, 4-year-old unvaccinated girl who presented to the hospital in respiratory failure. I watched in horror as despite all our efforts which included placing her on a machine to help her breathe and transferring her to another hospital where she was placed on a different machine to help her heart and lungs work, she died 1 week later.

One of the first patients I took care of in fellowship tested positive to pertussis at 2 weeks of age (she herself was too young to receive the pertussis vaccine and her family was not properly vaccinated). She was admitted to the Neonatal Intensive Care Unit after she had stopped breathing at home. She required a tube to be placed in her throat that was connected to a machine to help her breathe. Ultimately, even that intervention was not enough, and she died.

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On a personal level, my aunt contracted the measles virus in 1957 before the first vaccine had been developed. She had been a previously healthy 2-year-old when she was diagnosed with meningitis caused by the measles. She ultimately died 10 years later secondary to neurological complications from the recurrence of the virus. Measles, influenza and pertussis have a spectrum of symptom severity from mild cough, fever and runny nose to devastating neurological effects such as meningitis, blindness and deafness. The bottom line is that measles, influenza and pertussis are vaccine preventable illnesses.

All 3 of these deaths may have been prevented if the children and the close family and friends around them had been vaccinated. With that said, vaccines may prevent deaths however they are not 100% effective, and their protection may lessen over time which is why certain vaccines require boosters or repeated vaccinations such as pertussis. Although there is variance for levels of immunization required to generate community immunity specific to each disease and vaccine, it is generally understood that population immunization rates of at least 90% are required. Highly contagious diseases, such as pertussis and measles, require a population immunization rate of 95% to achieve community immunity.

These proposed bills are deeply concerning to me as a pediatrician. If our immunization requirements were to be repealed entirely or even partially, there would be grave consequences for Maine children and community members, whether vaccinated or not. A study from February 2025 found that average hospital capacity in the US is currently at 75%, and is slowly rising towards 85%, which is considered a shortage. Maine's hospital capacity is just below the national average, which means an outbreak of measles or another vaccine-preventable disease could create mayhem and completely overwhelm our healthcare system in Maine.

Every day, Maine's immunization requirements are preventing infectious disease, hospitalizations, and fatalities, and keeping our kids, schools, and communities healthy and safe. Please help Maine pediatricians keep Maine kids healthy, and vote "Ought NOT to Pass" on LD 174 and LD 727.

Thank you.

Anne Coates, MD Vice President, Maine Chapter, American Academy of Pediatrics