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Testimony against LD 174, 'An Act to Restore Religious Exemptions to Immunization Requirements' and against LD 727, 'An Act to Repeal Certain Immunization Requirements for Schools'

Senator Rafferty, Representative Murphy, and Distinguished Members of the Educational and Cultural Affairs Committee, my name is Dr. Alton Kremer. I am a resident of Falmouth, Maine and a board member for the Maine Chapter of the American Academy of Pediatrics (Maine AAP).

I am a retired physician who is board certified in pediatrics, trained in pediatric hematology/oncology and who spent most of his career developing new anti-cancer medications. I am testifying to oppose and urge the rejection of LD 174, An Act to Restore Religious Exemptions to Immunization Requirements, and also to oppose and urge rejection of LD 727, An Act to Repeal Certain Immunization Requirements for Schools. These bills are hazardous because they would undermine our ability to keep our children and our communities safe from deadly diseases.

Why is vaccination important?

To understand what is at stake, we should look to the past, indeed not all that far in the past. Let us look specifically at three viral infections that used to be common in childhood[1]. For paralytic polio, in the peak epidemic year of 1952, the year in which I was born, there were 21,269 cases with 3145 deaths. This does not include the suffering of those requiring iron lungs or with permanent disability and, further, it does not touch on the cost of caring for them. Measles, in the decade 1953 to 1962, averaged 530,217 cases per year with 440 deaths annually. Rubella, often called German measles, caused an average of 47,745 infections annually across the years 1966 – 1968 with an average of 17 deaths per year. An equally important and devastating consequence of this infection was congenital rubella syndrome, a disease that occurs in children born to mothers infected with rubella. These children can be born with heart disease, cataracts, and mental impairment among other conditions. There were 20,000 cases in 1964 – 1965 and 2160 deaths. The toll that these diseases used to take on our children is shocking to us in the 21st century and I have listed here only three of what used to be common childhood infections. If these numbers were reported in the news today, we would be outraged.

Vaccines have freed us from this burden. The contrast to today's life is stark. The polio vaccine was introduced in 1954. In 2006, there were 0 cases of polio in the United States. The measles vaccine was introduced in 1963. In 2006, there were 55 cases, in 2004, there were 0 deaths. For rubella, there were only 11 cases in 2006 with only 1 case of congenital rubella; there were no deaths reported for either in 2004. The same pattern is true for the other diseases. Vaccination has nearly eliminated them[1].

If we permit the vaccination rates to decrease, however, these diseases will return. We know this because we have sad evidence to demonstrate it. Pertussis, also called whooping cough, used to be common in childhood. It is an exhausting disease with serious complications and death. From the publication I cited above, there used to be over 185,000 cases a year with over 4000 deaths a year. This disease had, like the others, been successfully controlled with vaccination. In the 1970's concerns were raised about the safety of the vaccine. The vaccination programs were disrupted in some countries in Europe, while they were maintained in others. Those countries that allowed the vaccination rates to decrease saw epidemics of pertussis while those that maintained the programs did not. The incidence of pertussis in countries where the vaccination rate dropped spiked to 10 to 100 times the incidence in the countries that maintained high vaccination[2]. After vaccination programs were re-emphasized, the rates decreased again. These data demonstrate in the lives of children that a movement against pertussis vaccination resulted in a dramatic increase in the disease. The recent outbreak of measles in Texas is a warning to us that this can happen here.

Vaccination is safe.

I would like to address, briefly, the question of safety, specifically of autism, because I know that has been raised as a concern with vaccines. This has been studied on multiple occasions and no link has been found. A recent very large study[3] examined the records of 657,461 children born in Denmark between 1999 and 2010. The rate of autism was not different for children who received the MMR (measles-mumps-rubella) vaccine and those who did not. Looking at the question of other risks, the study on the resurgence of pertussis after the decline in the vaccination rate concluded that, "Severe side-effects of whole-cell pertussis vaccines are so rare that they defy measurement." When hard facts are examined, the risks to vaccines pale against the diseases they protect against.

On the basis of the facts that exist, I urge the committee to reject these proposed acts. Vaccines are safe and effective. Maintaining high vaccination rates is essential in preventing a resurgence of these diseases. We need to protect our kids.

References

1) Roush, SW, Murphy, TV, and the Vaccine Preventable-Disease Table Working Group, *JAMA.* 2007;298(18):2155-2163. doi:10.1001/jama.298.18.2155
2) Gangarosa, EJ, Galazka, AM, Wolfe, CR, et al, Lancet, 1998; 351:356-61
3) Hviid, A, Hansen, J, Frisch, M, and Melbye, M, Ann. Int. Medicine, 2019; 170, https://doi.org/10.7326/M18-2101