

Testimony of Dr. Laura Blaisdell MD, MPH, FAAP in Opposition to L.D. 174 (An Act to Restore Religious Exemptions to Vaccine Requirements) and L.D. 727 (An Act to Repeal Certain Immunization Requirements for Schools)

My name is Laura Blaisdell and I live in South Portland. I am a board-certified public health-trained pediatrician, an advocate for children's health, and the immediate past president of the Maine American Academy of Pediatrics.

I do not need to re-iterate the testimony of Drs. Anderson and Sewall that speak to the undeniable and enviable success of PL 154, nor do I need to reiterate that the vast majority of Mainer's support our popular vaccine law.

I would like to address three issues for the committee. First, New Mainers and international patients make up 80% of my clinic and I am able to confirm that like all children in Maine, international patients must meet the same school vaccine requirements to attend in person. We work diligently with our families to bring and keep them up-to-date on vaccination schedules, and almost without exception, our patients are compliant with school vaccine requirements through a deep desire to remain in our schools and communities. I meet with the Portland Public School nurses and Greater Portland Health leadership 2-3 times a year to identify children who require vaccination and to schedule any required catch-up vaccines to continually improve our schools vaccine protection. Maine's School Based Health Centers often can give vaccinations right at school as well. The increasing numbers of philosophical and religious exemptions drove the drop in kindergarten vaccination rates should not be naively nor nefariously confused with issues of immigration in our state.

Second, I would like to address the fallible thought process that 8 students who are unvaccinated in a classroom would not put a community at risk. Community immunity is defined by a numerator (persons vaccinated) and a denominator (the number of people in that community) as well as the infectiousness of the disease. Eight kiddos in a school of 1000 could potentially meet community immunity thresholds. Eight kiddos in a kindergarten class of 16 most likely would not (see image below). Additionally, our schools have a baseline number of children who *cannot be vaccinated due to medical reasons (i.e. medical exemptions)* we must consider when we determine community immunity & risk. When it comes to the health and sustainable operations of our schools, safety cannot not be a floor of meeting the minimum. The measles outbreak in Texas and other states be our guide. Our kids and schools deserve better than asking what is the very lowest amount of safety we might afford them at daycares and schools.

Lastly, on the issue of choice. We -all- agree that schools should be available to all children in a community. This includes children with life-threatening health reasons for which they cannot protect themselves with vaccines. No child or family chooses to have a serious illness and would do anything to just live a normal childhood— one that includes attending school. When we talk about choice, it is disingenuous to compare what is a preference (e.g. not to vaccinate) to that which is a choice. Parental preference to not vaccinate made schools unsafe for children with serious illnesses and

Maine voters understood the balance between parental preference and those with no choice but to rely on their community's immunity. Our schools are now once again safe for all – thanks to the majority of common-sense Mainers, dedicated health care providers and sagacious legislation.

