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30 Association Drive, Box 190

Manchester, ME 04351

office: 207-622-3374

www.maineaap.org

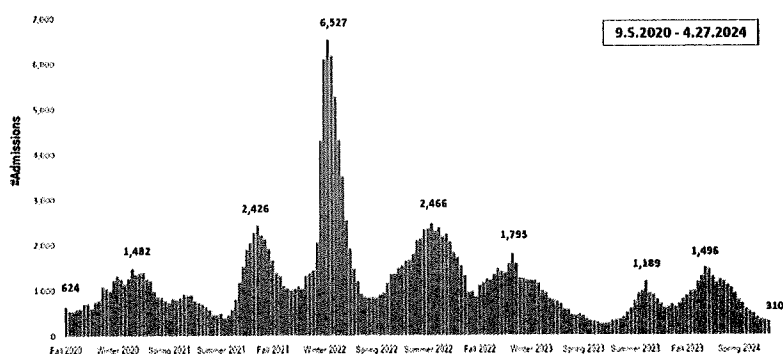
Testimony in opposition to LD 436 by Sydney R. Sewall, MD MPH (Hallowell)

Sen. Ingwersen, Rep. Meyer and members of the Health and Human Services Committee:

My name is Syd Sewall, and I'm testifying today on behalf of the Maine Chapter of the American Academy of Pediatrics (Maine AAP), an organization of 300+ primary care physicians, Nurse Practitioners, and pediatric subspecialists distributed throughout our state.

The public health burden from COVID 19 has changed substantially from those scary early days, when healthy adults would end up in an ICU, and children were dying of a mysterious COVID-related inflammatory disorder called MIS-C. While mutations in the COVID genome have made the virus more contagious, the virus appears to be causing less morbidity in both adults and children. This trend is likely related both to our population's gradual experience with the virus, immunizations, and perhaps less pathogenicity in the virus itself. If you are a virus, your main goal is to spread – and making your host ill and staying home does not accomplish that goal. It's better to cause asymptomatic disease. So, while we know that COVID is still circulating, hospitalizations and deaths are way down. This graph illustrates child hospitalizations:

Confirmed COVID-19 Past-week Pediatric Hospital Admissions (Age < 18)



Source: AAP Research analysis of COVID-19 Reported Patient Impact and Hospital Capacity by State Time-series; U.S. Department of Health & Human Services
<https://healthdata.gov/hospital/covid-19-reported-patient-impact-and-hospital-capacity/c0hrcsh>

In our offices, we offer COVID vaccines to parents based on national CDC recommendations. While the vaccine does decrease a child's risk of hospitalization by 57% (*Pediatrics* (2023) 151 (4)): it offers little protection against the usual mild but annoying disease. Given the fact that hospitalizations are so rare, some parents choose to get their kids shots, and most don't – but they are basing their decision on scientifically based information regarding the vaccine's **relative risk** and **absolute risk** protection against severe illness.

Another issue on some parents' (and physicians') minds is "long COVID" (PASC). This puzzling condition can occur after even mild cases of COVID and is currently under intense study. It can occur in childhood, and again the vaccine cuts down the risk by half. *Pediatrics* (2024) 153 (4). Families who have experienced PASC more often choose the shot.

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Getting protection against COVID is more important for a subset of children with serious innate immune defects. These children have much higher hospitalization rates (24.4% in one series) which was reduced by over half (9.3%) if vaccinated. *Pediatrics* (2024) 154 (Supplement 4): S59–S60.

In summary, while the public health burden from COVID has greatly decreased, it still ~~and~~ causes disease in children. Parents (and clinicians) should have access to up-to-date scientifically based information when making decisions regarding child health – delivered in their pediatrician’s office, or via the CDC public health web sites. Politics should not play a role in vaccine policy.

Maine AAP urges the committee to vote against LD 436.

Sincerely,

Sydney R. Sewall, MD MPH
Hallowell