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Hilary Andrews, ND

### **Oregon House Committee on Health Care**

Thursday February 28, 2019

#### **Opposition for H.B. 3063: Removes ability of parent to decline required immunizations on behalf of child for reason other than child's indicated medical diagnosis.**

Dear House Committee on Health Care Representatives,

My name is Dr. Hilary Andrews. I have been a voting member of IPAT, the Immunization Policy Advisory Team under Oregon Health Authority for the last 4.5 years. I just retired from that position in Dec 2018.

Let me demonstrate that we are not in a State of Emergency and HB 3063 is not necessary.

You have heard that the non-medical exemption rates in Oregon are 7.5% but that number is highly misleading. That number is the exemption rates for Kindergarten students only. The non-medical exemption rate for all grades K-12 is 5.2%, an entire 2.5% lower than the kindergarten rate. This is a far more important number as it represents all students in Oregon school.

More importantly, of that 5.2 %, half of those students, 2.6%, are selectively vaccinating, in other words, they have received some vaccines, and in many cases have received the most of the required vaccines. For example, a student may be fully vaccinated for every dose of the polio, diphtheria, tetanus, pertussis, measles, mumps, rubella chicken pox and hepatitis A, but their parents decided not to vaccinate them against hepatitis B (because they are in elementary school and not likely to engage in sex or IV drug) so the parents chooses a non-medical exemption for this vaccine. That student is still a part of the 5.2% of what Oregon Health Authority considers unvaccinated/part of the exempt students. As another example, a child may have every dose of every vaccine except the 5<sup>th</sup> dose of DTaP and that child would still be still a part of the 5.2% of what Oregon Health Authority considers unvaccinated/part of the exempt students.

Therefore, it is more important to look at each of the individual vaccine rates for the different diseases and compare them to the scientifically determined Herd Immunity Threshold to show just how successfully Oregon students exceed the scientifically determined Herd Immunity Thresholds. See Tables below: For diphtheria, Oregon students K-12 exceed thresholds by 10.3%, for measles by 0.9-1.7%, for mumps by 10.7%, for rubella by 11.7%, for pertussis by 1.3%, for polio by 9.9%. Hepatitis A, hepatitis B and tetanus do not have herd

immunity threshold because having the infection does not put another person at risk who may be in contact with them unless they engage in high risk behaviors with them. Therefore we surpass that zero herd immunity threshold for hepatitis A by 94.7%, for hepatitis B by 96% and for tetanus by 95.3%.

Students in Oregon school are exceeding herd immunity thresholds in some cases but huge amounts. We are doing great. **We are not in a State of emergency.** This Bill is unnecessary.

Most importantly, we are not a state that forces medical procedures on another human being against their will. We don't do this; we are not that kind of people, we are better than that.

I urge you to vote no on this bill. And thank you so much for the opportunity to testify.

Sincerely,

Hilary Andrews, ND

## OHA 2018 Data for Oregon K-12 vaccine rates per vaccine and Herd Immunity Threshold

Disease	Transmission	Ro	Herd Immunity Threshold	**Percent Vaccinated in Oregon in 2018	Exceeds Threshold by at least %
Diphtheria	Saliva	6-7	85%	95.3%	10.3%
Measles	Airborne	12-18	83-94% /95%	95.9-96.7%	0.9-1.7%
Mumps	Saliva	4-7	75-86%	96.7%	10.7%
Pertussis	Airborne	12-17	92-94%	95.3%	1.3%
Polio	Fecal-oral	5-7	80-86%	95.9%	9.9%
Rubella	Airborne	6-7	83-85%	96.7%	11.7%
*Chicken Pox	Airborne/lesions		86-91%	96.5%	5.5%

Modified from Epid Rev 1993;15: 265-302, Am J Prev Med 2001; 20 (4S): 88-153, MMWR 2000; 49 (SS-9): 27-38

\*\*OHA Data 2018- Percent of students complete for school required vaccines, grades K-12

\*Hum Vaccin Immunother. 2012 Feb;8(2):184-8. doi: 10.4161/hv.18444. Evaluation of the establishment of herd immunity in the population by means of serological surveys and vaccination coverage. Plans-Rubió P1.

## OHA Data: Oregon K-12 vaccine rates per vaccine and Herd Immunity Threshold

Disease	Transmission	Herd Immunity Threshold	**Percent Vaccinated in Oregon in 2018	Exceeds Threshold by at least %
Hepatitis A	Contaminated Food/MSM	Not established	94.7%	94.7%
Hepatitis B	Sex/IV drug use	Not established	96%	96%
Tetanus	Not contagious	Not established	95.3%	95.3%

\*\*OHA Data 2018- Percent of students complete for school required vaccines, grades K-12

## OHA Data: Oregon Children K-12 Exceed Herd Immunity for Every Required Vaccine

Herd Immunity Threshold for and Percent of Children K-12 with Required Vaccines, 2018

