

HB 1307 'No vax, no entry'

Good afternoon Chariman Weisz and committee members. My name is Rena Rustad and I live in McLean county.

When I read through this bill I was thinking to myself, 'Gosh was all that stuff I saw about immunization passports on facebook for real?' I hope not.

I am in FAVOR of preventing "public accommodation" from requiring proof of immunization from the general public.

The way I understand this bill is that it prevents every place, establishment, or facility that offers services, facilities or goods to the general public for a fee, charge or gratuity FROM requiring a proof of vaccination for a communicable disease to refuse services.

"Communicable disease" means an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host.

ND DOH designates 88 infectious diseases as reportable now as of January 7, 2020, including a Novel Severe Acute Respiratory illness.

This bill would prevent businesses and such from requiring a proof of Covid Shot among others before coming in to dine or whatever, perhaps attend a concert, go to symphony, attend a basketball game in a school gym, or enjoy a movie at a theater. It would prevent stadiums and event centers from requiring such documentation before entering.

ND provides for a Statement of Exemption to Immunization Law on their Certificate of Immunization so how would 'public accommodation' deal with those that have exemptions? And what about those that didn't keep up with timely vaccinations or have had a vaccine injury? It's not possible.

No, these public entities should NOT be able to require a proof of immunization. I am in FAVOR of passing this bill.

Thank you for your time and allowing me to address the committee.

(Resources 2)

Acute Flaccid Myelitis
Anaplasmosis
Anthrax ♦
Arboviral infection (other)
Babesiosis
Botulism ♦
Brucellosis ♦
Campylobacteriosis
Candida auris ♦
Carbapenem-resistant organisms
• *Enterobacteriaceae* ♦
• *Pseudomonas aeruginosa* ♦
Chickenpox (varicella)
Chikungunya virus disease
Chlamydial infection
Cholera ♦
Cluster of severe or unexplained illnesses and deaths
Coccidioidomycosis
Creutzfeldt-Jakob disease
Cryptosporidiosis
Cyclosporiasis
Dengue
Diphtheria ♦
Eastern equine encephalitis ♦
E. coli (Shiga toxin-producing) ♦
Ehrlichiosis
Foodborne/waterborne outbreaks
Giardiasis
Glanders ♦
Gonorrhea
Haemophilus influenzae (invasive) ♦
Hantavirus ♦
Hemolytic uremic syndrome
Hepatitis A ♦
Hepatitis B

Hepatitis C*
Hepatitis D
Hepatitis E
HIV/AIDS infection**
Influenza
• Pediatric deaths
• Seasonal
• Suspect novel, PCR influenza A unsubtypable ♦
Jamestown Canyon virus disease
Laboratory incidents with possible release of category A agents or novel influenza virus ♦
La Crosse encephalitis
Legionellosis
Leptospirosis
Listeriosis ♦
Lyme disease
Malaria ♦
Measles (rubeola) ♦
Meliodosis ♦
Meningococcal disease (invasive) ♦
Mumps ♦
Nipah virus infections ♦
Nosocomial outbreaks
Novel severe acute respiratory illness ♦
Pertussis
Plague ♦
Poliomyelitis ♦
Powassan virus disease
Pregnancy in person infected with:
• Hepatitis B
• HIV
Q fever ♦

Rabies
• Animal
• Human ♦
Rocky Mountain spotted fever
Rubella ♦
Salmonellosis ♦
Scabies outbreaks in institutions
Shigellosis ♦
Smallpox ♦
Staphylococcus aureus
• Vancomycin-resistant and intermediate resistant (VRSA and VISA) – any site ♦
Staphylococcus enterotoxin B intoxication ♦
St. Louis encephalitis
Streptococcus pneumoniae infection (invasive) ♦
Syphilis
Tetanus
Tickborne disease (other)
Trichinosis
Tuberculosis***
• Disease ♦
• Infection
Tularemia ♦
Typhoid fever ♦
Unexplained or emerging critical illness/death
Vibriosis ♦
Viral hemorrhagic fevers ♦
Weapons of Mass Destruction suspected event ♦
Western equine encephalitis
West Nile virus
Yellow fever ♦
Zika virus

♦ Send isolate or sample to North Dakota Department of Health Division of Microbiology.

♦ This is a Select Agent when confirmed. Notify the Division of Microbiology at 701-328-6272. Report any possible lab exposures.

*Hepatitis C: All positive/reactive test results, hepatitis C genotypes, all hepatitis C nucleic acid test results (including nondetectable)

**HIV/AIDS: Any positive/reactive test results, gene sequencing and drug resistance patterns, all HIV nucleic acid test results (including nondetectable), all CD4 test results

***TB: All positive PPD & IGRA results. All results for AFB smears, cultures and rapid methodologies performed when *M. tuberculosis* complex is suspected.

How to Report: • Secure website: www.ndhealth.gov/disease/reportcard/ • Telephone: 701-328-2378 or 800-472-2180 • Secure Fax: 701-328-0355 • Electronic laboratory reporting: www.ndhealth.gov/disease/ELR/



CERTIFICATE OF IMMUNIZATION
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 16038 (Revised 01-2018)

Division of Disease Control
2635 East Main Ave. PO Box 5520
Bismarck, ND 58506-5520
800.472.2180 or 701.328.3386

Child's Name (Last, First, Middle Initial):			Date of Birth:			
Parent's Name:			Telephone Number:			
Vaccine Type		Exemption Type*	Enter Month/Day/Year for Each Immunization Given			
Hepatitis B	Hepatitis B					
Rotavirus	Rotavirus					
Hib	<i>Haemophilus influenzae</i> type B					
PCV	Pneumococcal conjugate					
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis					
IPV/OPV	Polio					
MMR	Measles-Mumps-Rubella					
Varicella	Chickenpox					
Hepatitis A	Hepatitis A					
Td/Tdap	Tetanus-Diphtheria (and Pertussis)					
MCV4	Meningococcal ACYW-135					
HPV	Human Papillomavirus					
Men B	Meningococcal B					
Other						

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

Physician, Nurse, Local/State Health:	Title:	Date:
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If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1:		
Physician, Nurse, Local/State Health:	Title:	Date:
Update signature #2:		
Physician, Nurse, Local/State Health:	Title:	Date:

My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) and to submit a signed Certificate of Immunization.

Parent/Guardian Signature:	Date:
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Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

<input type="checkbox"/> Medical (Med) Exemption: (Indicate vaccine above, requires physician signature) The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.	
<input type="checkbox"/> History of Disease (HD) Exemption: (Indicate vaccine above, requires physician signature) To the best of my knowledge, the above named person has had prior infection as indicated by prior diagnosis or laboratory confirmation.	
Physician Signature:	Date:
Religious (Rel), Philosophical/Moral (PBE) Exemption: (Indicate vaccine above, requires parental signature)	
Parent/Guardian Signature:	Date:

* Medical = Med, History of Disease = HD, Religious = Rel, Philosophical/Moral = PBE