Greetings Senator Weisz and members of the Human Services Committee. My name is Becca Bakke, and I am writing in opposition to HB 1468. I am a native North Dakotan, mother of four, and have been a board-certified pediatrician for more than ten years.

Vaccines are the most important public health advancement in modern times. Our routine childhood immunization schedule protects infants and children against 14 different deadly diseases. Vaccines save lives, money and heartache. Despite what you are likely to hear today, vaccines are not a controversial topic in the medical community. Every doctor I know vaccinates his or her children on schedule.

I want to focus today on section 3 of this bill, which refers to pregnant women. First, informed consent is already a requirement prior to any medical procedure, including vaccines. Pregnant women (and all patients) need and deserve honest and accurate information, and our current laws already require that. One way we assure this happens is by making sure patients receive a Vaccine Information Statement (VIS) prior to the administration of any vaccine. We are required to give this to every patient (or parent, in pediatric patients) every time he or she comes in for a vaccine appointment. The VIS is a 1-2 page document describing the disease the vaccine prevents, common and rare side effects of the vaccine, and how to report adverse vaccine events. The VIS is frequently updated, and it is written in a way that can be easily understood for most lay persons. The VIS assures that all patients receive uniform, accurate, up-to-date information prior to consenting to vaccination, and of course, physicians and nurses are trained to answer any additional questions.

The implication that vaccines have not been studied in pregnancy is patently false. I will include a list of relevant references below. Because pregnant women are considered a vulnerable population, they are not included in clinical trials for new vaccines. However, if vaccines are proven safe in non-pregnant persons, they can be recommended for pregnant women if the science suggests that they would be safe and effective in that population. The vaccines currently recommended for all pregnant women are influenza and Tdap vaccines, and because they have been recommended in pregnancy for years, numerous studies have been done that confirm their safety in both pregnant women and their unborn children.

Talk of vaccines during pregnancy always includes discussion of potential risk, and for good reason, as we have an obligation to protect the most vulnerable among us. But we must also ask ourselves a different question: What is the risk of NOT vaccinating pregnant women? To answer this question, I am going to share a personal story.

When I was pregnant with my first child, I followed all the rules. I avoided sushi. I cut back on caffeine. I got my flu shot. I did not get a Tdap vaccine, because in 2010, it wasn't yet recommended during pregnancy. When my daughter Claire was born, she was a wonderfully bald, blue -eyed baby weighing just under 6 pounds. She was perfect, and we were smitten. I had a mild cough that I had picked up from working in the Emergency Department before she was born, but distracted by new motherhood, I ignored it and focused on my baby. When Claire

was 5 weeks old and just starting to smile, she started to cough. At first it was mild, but within a couple of days it became severe, and I panicked. I realized then that my cough had lasted for over 6 weeks, and while my cough wasn't otherwise very unusual, Claire's was starting to sound an awful lot like pertussis (whooping cough). We took her to the pediatrician, and he called the next day to confirm my worst fear: Claire had pertussis. And I knew she had gotten it from me.

The weeks that followed were the darkest of my life. If you have ever seen a child with pertussis, you know why it is called "whooping" cough. Babies with pertussis have prolonged coughing spells that last until their lungs are completely out of air, then they inhale desperately ("whoop"), and the coughing starts again. Claire coughed until she vomited so many times she lost weight. She coughed until she turned blue. She literally spent hours each day coughing and it lasted for weeks. I was exhausted and terrified. I knew the risks. Pneumonia. Bleeding in the brain. Apnea. Death.

We were lucky. Claire is now a healthy 11-year-old. But I have cared for babies who have died from pertussis, and every year when she blows out her birthday candles, I think about what might have been. Even now, a decade later, the guilt is suffocating.

Tdap vaccination is now recommended during pregnancy for two reasons. First, it prevents mothers from contracting pertussis and infecting their newborns, like I did. But vaccinating the mother also protects the infant from getting pertussis from other adults and children, because the protective antibodies produced by the mom pass through the placenta and offer some immunity to the baby during those first vulnerable months.

Please oppose this bill. Vaccines are an essential component of medical care for which informed consent is already required. Vaccines are safe in pregnancy, and requiring additional communication about their very rare risks is unnecessary at best, and has the potential to scare patients, frustrate doctors, and put a vulnerable population in harm's way. Let's leave medical decision-making where it belongs, in the hands of capable North Dakotans and their trusted doctors. Thank you.

Safety Research on Flu Vaccine and Pregnancy

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- Seasonal Influenza Vaccination Coverage Among Women Who Delivered a Live-Born Infant 21 States and NYC, 2009-10 and 2010-11 Influenza Seasons. *MMWR*. 2013; 62(49);1001-1004. (link)
- Influenza Vaccination Among Pregnant Women Massachusetts, 2009-2010. MMWR. 2013; 62(43);854-857. (link)
- 4. Receipt of Influenza Vaccine During Pregnancy Among Women With Live Births Georgia and Rhode Island, 2004-2007. *MMWR*. 2009; 58(35);972-975. (<u>link</u>)
- Seasonal Influenza and 2009 H1N1 Influenza Vaccination Coverage Among Pregnant Women 10 States, 2009-10 Influenza Season MMWR. 2010; 59(47);1541-1545. (<u>link</u>)
- 6. Maternal and Infant Outcomes Among Severely III Pregnant and Postpartum Women with 2009 Pandemic Influenza A (H1N1) – U.S., April 2009-August 2010. *MMWR*. 2011; 60(35);1193-1196. (<u>link</u>)
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Flu Vaccine and Pregnancy - Research on the H1N1 Pandemic

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Note: Presentations given to the Advisory Committee on Immunization Practices are available <u>online</u>or by request to <u>acip@cdc.gov</u>.

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