House Bill 1468 - In Opposition
Human Services Committee
67th Legislative Assembly in North Dakota
January 25, 2021

Good Afternoon Chairman Weisz, Vice Chair Rohr, and Human Services Committee Members,

My name is Kathy Anderson. I am President of the North Dakota American Academy of Pediatrics. I have been a general pediatrician in Bismarck for over 10 years, having served as chair of pediatrics at both CHI and Mid Dakota Clinic during that time. I am speaking in opposition to House Bill 1468.

I am a board certified general pediatrician and a board certified integrative medicine physician. My wholistic training provides me with a perspective that may be helpful in this discussion. I have spent additional time learning about nutrition, Ayurvedic Medicine, Traditional Chinese Medicine, osteopathic and chiropractic medicine. And, like most Americans, I do believe that there is a place for considering what is "outside the box" and how this can help augment care, quality of life, and outcomes. I think that the polarized environment within which much vaccine discussion occurs is narrow, uninformed, and not helpful to the individuals in our community that we are all trying to care for. I do not understand why we cannot both optimize our immune systems through ensuring all families access to sufficient high quality foods, toxin free water and air, while also providing vaccines to prevent infectious diseases that cause disability and death to children.

During a 15-30 minute appointment with a patient, providers are discussing parent and child concerns, discussing immunizations, assessing growth and development, assessing child and caregiver mental health, food insecurity, family stressors, counseling on preventing disease and injury, supporting healthy relationships, optimizing development and learning, and examining the child. Based on the discussion, assessment and exam, we are then developing a plan that prioritizes the needs of that patient and family, which may include close follow up for growth, referral for developmental concerns, or referral for physical exam findings, connection with resources or community support for food insecurity. Today's parents have a wealth of information from a variety of sources at their fingertips and come in with questions about various topics including vaccines. We take time providing information and answering questions. A bill like this will have may take away from valuable time needed to address other family stressors like mental health concerns or food insecurity.

Just like in any ecosystem, in our state, there is a delicate balance that exists which allows us to live the way that we are accustomed to. Especially in a year like this one, we can appreciate how much of a ripple effect occurs when one thing goes out of balance. Like COVID-19, many of the diseases for which we immunize children (and adults) are infectious and can easily spread around communities like ours, overwhelming our medical system and devastating our families.

If you refer to the handout on vaccine preventable diseases and North Dakota, these were made to illustrate state vaccine rates by disease, and % immunization required to prevent infection spread within the community. Different diseases have different thresholds required to prevent disease spread (based on how infectious the actual organism is and its mode of transmission). As you can see, we are above threshold for many diseases except pertussis, meaning we have about enough immunity within the community to prevent spread of disease amongst our population that is un-immunized, whether by personal choice, or because they are not yet eligible due to young age. IF we do not maintain immunity rates within the community, and we spread these infectious diseases, we will experience very similar quarantines and lock downs like we have had to implement for COVID-19.

As a first generation American with parents from developing countries, I can tell you that there are not groups like this discussing reducing vaccine rates, there are people lined up outside the hospitals and clinics and around the block ensuring that they get their children vaccinated because they have a neighbor, or cousin, or coworker, who has lost a child to diseases that vaccines prevent. We are lucky to be able to have philosophical discussions like these on the efficacy of vaccines when strong evidence already exists, and to craft roadblocks to vaccine delivery, because our privilege of having higher than threshold immunization rates, allows us to. But this will not be the case if we continue to support this discussion, discourage families from protecting their children from devastating diseases, and ultimately drive down our community rates of immunity, we will see a rise in disease, disability, and death in both the population that desires vaccine before children are eligible, and in the population that does not vaccinate. This could send us back to infant/child mortality rates in the 0-4 population closer to where we were in the 1950s, or where some developing countries sit now, almost 10 times higher than our current national infant/child mortality rates.

Bills like these were introduced in over 16 states in 2019 and none were passed or went very far in legislative committees. These bills are crafted to place an unrealistic emphasis on the negative effects of vaccines. And in many of the states, these bills are being pushed forward by a group of people that have never had the responsibility of caring for a child who has been devastated by one of these diseases. By groups who have never had to give chest compressions to a 12 lbs baby in the ER because they stopped breathing at home, and subsequently learned they tested positive for pertussis. Or had to meet with a family on a daily basis whose 4 month old was in the ICU recovering from HIB meningitis, and discuss the small improvements in ventilator settings and chest x rays, when imaging studies of the brain show how much of a toll the disease took before it was controlled, and there remained great uncertainty as to what recovery and capacity would look like for this child.

For the reasons previously stated, with the strong body of evidence supporting current practice, and for the families and communities across the state, I ask that you vote in opposition of moving this bill forward.

Kathy Anderson, MD, FAAP, IBCLC, CEIM
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District VI Champion, Diversity, Inclusion, Equity, AAP
Board Certified General Pediatrics and Integrative Medicine

# The State of North Dakota's Child Vaccination Rates

## How North Dakota Compares with National Rates

North Dakota  USA

**DTaP vaccine (≥4 doses) in children 19-35 months old**

86.1%

83.2%

**MMR vaccine (≥1 dose) in children 19-35 months old**

95.7%

91.5%

**Varicella vaccine (≥1 dose) in children 19-35 months old**

95%

91%

**HPV vaccine (≥1 dose) in adolescents 13-17 years old**

74.7% North Dakota females

70.4% North Dakota males

68.6% USA females

62.6% USA males

**Influenza vaccine, cumulative flu-season coverage in children 6 months-17 years old**

62.4%

57.9%

**Combined 7-vaccine series in children 19-35 months old**

Includes ≥4 DTaP doses, ≥3 Polio doses, ≥1 MMR dose, Hib full series, ≥3 HepB doses, ≥1 Varicella dose, and ≥4 PCV doses

78.8%

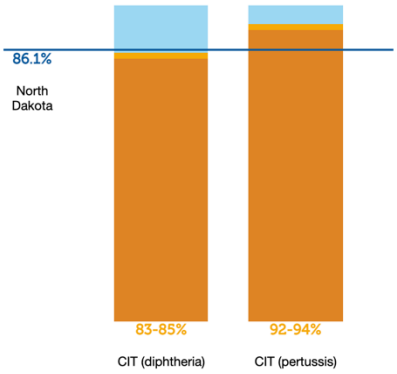
70.4%

**Healthy People 2020 Target Goal: 80%**

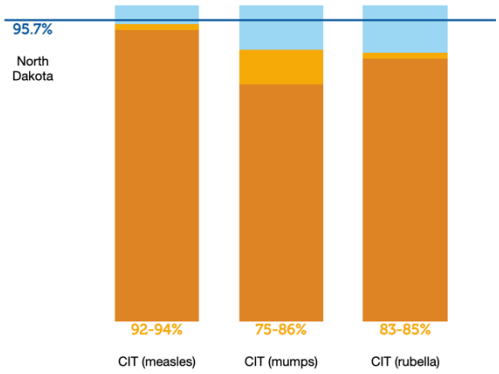
## How North Dakota Compares with Community Immunity Thresholds (CIT)

Thresholds indicate the amount of vaccinated people needed to maintain community immunity—not all diseases have defined thresholds

**DTaP vaccine (≥4 doses) in children 19-35 months old**




**MMR vaccine (≥1 dose) in children 19-35 months old**




**Exemptions from Vaccines Can Deter Meeting Community Immunity Thresholds**

YES Religious exemptions allowed?

YES Philosophical exemptions allowed?