

HB 1469 – “vaccination exemption burden”

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

I am strongly opposed to several amendments of House Bill 1469. Section 1, paragraph 3, leave ‘Any’ to begin the sentence, end the sentence after the word form. Period, that’s it. There is no need to view a vaccination module online and submit an educational certificate to the ‘institution authorities.’ Leave the ‘and’ condition out of the century code.

I am also opposed to the wording in paragraph 6 “the exemptions from immunization against such disease may not be recognized and children not immunized must be excluded from an institution.....” refers to an epidemic of communicable disease for which immunization is required.

Paragraph 8 – more money and time and personnel hours spent on something that is not needed.

Section 2 Appropriation - \$50,000 to create a video? Useless waste of tax payer dollars.

This is why I am so strongly opposed to this bill. In researching I found an article from April 1, 2019 written by Andrew Horn stating that (in part) the ND Dept. of Health says the “personal believe” exemptions were up nearly a percent (actually .8 of a percent) or approximately 400 students exempt from immunizations.

The public school enrollment for 2018-2019 in ND was 110,842. If 400 students had exemption forms that is .36% of the enrollment for that school year, less than 1/2 of 1% I would give some consideration to the idea that perhaps several of these 400 were home educated, therefore NOT making public school population vulnerable.

Jenny Galbraith from the department was quoted as saying “Increasing exemption rates leave North Dakota schools vulnerable to outbreaks caused by vaccine preventable diseases such as measles, mumps, or pertussis.”

First of all I looked into the rate of infection from these 3 diseases. There has been one case of measles in ND since 2004 and that was in 2010, 10 years ago! according to the NDDoH website, (which was last updated 2/20/2020). Mumps has had a steady decline since an outbreak of 49 cases in 2016, with 2020

showing 0. Pertussis, or whooping cough, had only 3 in 2020 after an outbreak in 2012 of 214 cases.

As the charts on the ND Immunization Information System website clearly show, vaccine uptake is on the rise or flat per adolescents 13-17 years, depending on the vaccine, even in the 3rd quarter of 2020. Vaccine uptake in children 19-35 months has been on a slight decline, especially during 2020 but according to the charts of reportable diseases, the disease occurrence has NOT INCREASED.

In 2019, 400 children made up the 'personal belief' exemptions. Also listed for exemptions are history of disease and medical.

According to the charts from the ND Immunization Information System, the 'personal belief' exemptions have dropped about ½% from 2019 in the infants 19-35 months, increased in children 4-6 by less ½% and increased about ½% in teens 13-17.

Now let's just think about this. All of these changes are around ½%! Not 1%, not 5%, not 10%, around ½ %!

If a parent has chosen a 'personal belief' exemption, then you can be rest assured that they have done some, if not a plethora of research into vaccinations. They don't need to watch a vaccine propaganda video and turn in verification that they watched it to the district. This is just nonsense. The ND DoH wants \$50,000 to create this online video and the documents that go with it again, a waste of taxpayer money.

The 3 forms I was able to print off from the DoH website have inconsistencies regarding vaccination exemptions. The wording is not the same on any of them.

One item on the Certificate of Immunization that needs to be addressed is the sentence above the exemption box that states: "In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility." The children who are sick with the disease should be the ones excluded from school, not a healthy, unvaccinated person. This sentence should be removed from this form and SHOULD be an amendment to the bill.

And as it pertains to the current medical emergency we are in with Covid-19: As stated in the ND Vaccination for Covid-19 Plan which is on the dashboard website, it clearly states:

**COVID-19 VACCINES DISTRIBUTED UNDER EMERGENCY USE APPROVAL
CANNOT BE MANDATED**

Therefore, these vaccines cannot be mandated for school entrance or day care either.

As I close, let's remember the facts. The incidence of flu in the ND schools was at least an emergency level in 2019-2020. The incidence of measles, mumps and pertussis was none to extremely low.

There is NO NEED for a parent or guardian signing a personal exemption from vaccine to have additional burden put on them to view informational vaccine videos. The ND legislatures should not spend \$50,000 to create such a program. I am opposed to this bill.

A handwritten signature in black ink, consisting of a stylized 'S' or 'B' shape with a long horizontal line extending to the right.

ADVERTISEMENT

Personal belief exemptions for vaccinations increase in North Dakota

By Andrew Horn

Published Apr. 1, 2019 at 10:14 AM CDT



Vaccination rates in North Dakota are holding steady for school kids, but the North Dakota Department of Health says personal belief exemptions are up nearly a percent. — *less than 1%*

NDDoH says the percent of North Dakota parents claiming an exemption due to reasons of personal belief increased from 3.1 percent to 3.9 percent, leaving approximately 400 students exempt from immunizations.

"Increasing exemption rates leave North Dakota schools vulnerable to outbreaks caused by vaccine preventable diseases, such as measles, mumps, or pertussis," said Jenny Galbraith, epidemiologist with the NDDoH. "An MMR coverage rate of 95 percent is recommended to maintain herd immunity in schools and prevent cases and outbreaks. Outbreaks have become more commonplace in the United States due to low vaccination rates and the ease of travel."

Before entering school in North Dakota, children must have five doses of DTaP, four doses of IPV (polio), three doses of HBV (hepatitis B), two doses of MMR, and two doses of varicella vaccine. Students entering seventh through twelfth grade need one dose of Tdap, which protects against tetanus, diphtheria, and pertussis (Tdap). Students in grades 7 through 10 need one dose of meningococcal conjugate vaccine (MCV4) and students entering grades 11 and 12 need a second dose of MCV4.

(19 total)

ADVERTISEMENT

For a list of exemptions, see the attached link.

Documents

[School Requirements 19-20 Final.pdf](#)

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Public School Enrollment
2018-2019
110,842

400 students
= .36%
of total
students
claiming
an
exemption

North Dakota Administrative Rules 33-06-01 requires the reporting of certain conditions to the North Dakota Department of Health (NDDoH). The NDDoH Division of Disease Control uses this information to monitor, control, and prevent the occurrence and spread of reportable infectious diseases and outbreaks. The data on this website is a summary of reportable conditions in North Dakota. In an effort to protect the identity and health information of North Dakotans, numbers smaller than five can be released statewide or

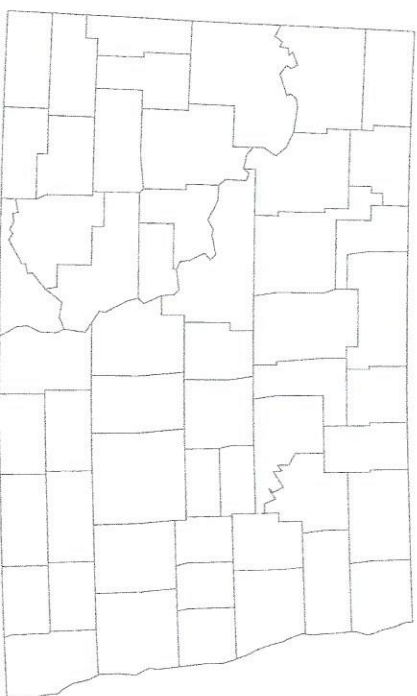
Select a Condition
Measles

Select a Year
2020

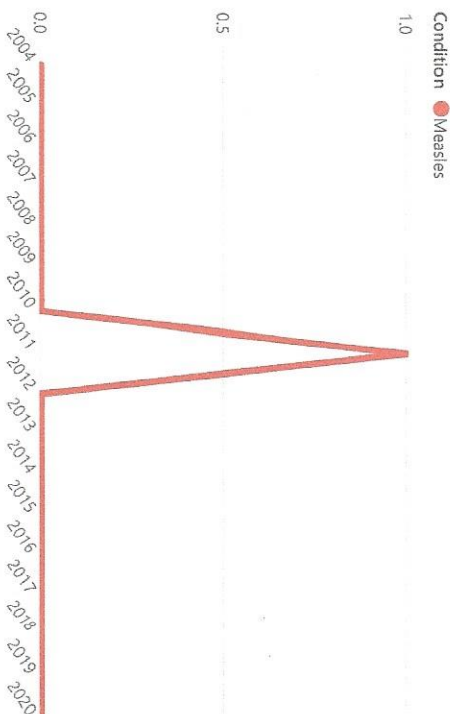
County Total Cases Rate Per 100,000

For more information:
<http://www.ndhealth.gov/Disease/Documents/fags/Measles.pdf>

Total Cases by County *



Total Cases by Year



Total Cases *

Measles is a highly contagious virus that starts with fever, runny nose, cough, red eyes, and sore throat followed by a rash that spreads all over the body. Measles is highly contagious and spreads through coughing and sneezing.

0

* Due to Health Department policy, data may not be released for conditions in years with fewer than 5 cases.
** Numbers for current year are preliminary and subject to change.

***The data presented in this report are current as of time of publication. However, the data may be variable as new information is received and may differ from other

Last Updated

2/20/2020

North Dakota Administrative Rules 33-06-01 requires the reporting of certain conditions to the North Dakota Department of Health (NDDoH). The NDDoH Division of Disease Control uses this information to monitor, control, and prevent the occurrence and spread of reportable infectious diseases and outbreaks. The data on this website is a summary of reportable conditions in North Dakota. In an effort to protect the identity and health information of North Dakotans, numbers smaller than five can be released statewide or

Select a Condition

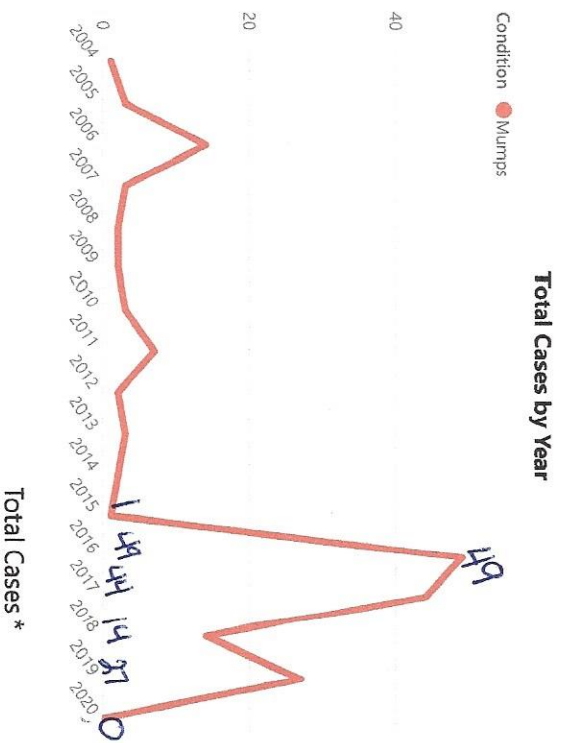
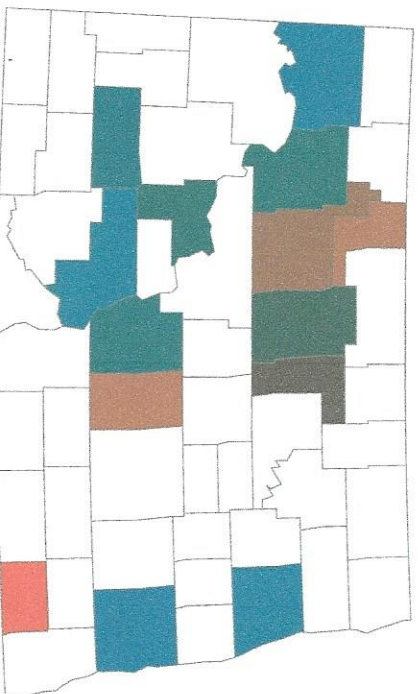
Select a Year

For more information:

<http://www.ndhealth.gov/Disease/Documents/fags/Mumps.pdf>

Total Cases by County *

County	Total Cases	Rate Per 100,000
Sargent	2	51.44
Kidder	1	40.39
Renville	1	39.71
Ward	24	34.55
Pierce	1	23.71
McHenry	1	16.76
Mercer	1	11.60
Mountrail	1	9.78
Burleigh	8	8.46
Stark	2	6.48
Total	49	9.03



Mumps is a highly contagious, vaccine-preventable disease caused by an infection with a virus. Infection with the mumps virus results in tenderness and swelling of the salivary glands in the cheeks and neck.

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2/20/2020

49

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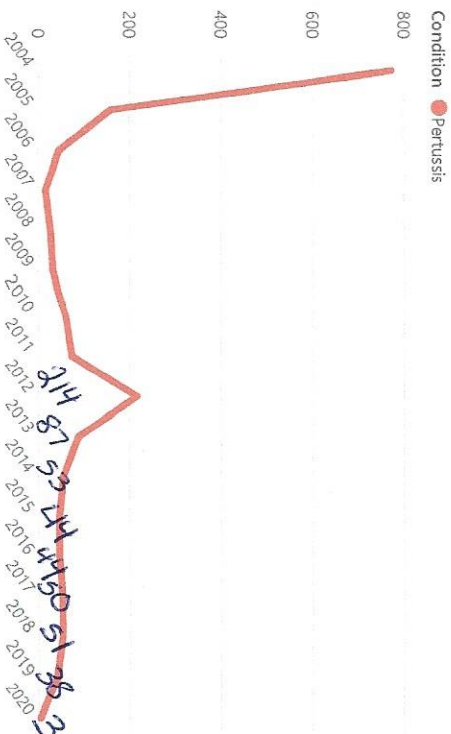
Select a Condition
 Pertussis
Select a Year
 2012
For more information:
<http://www.ndhealth.gov/Disease/Documents/laqs/Pertussis.pdf>

Total Cases by County *

County	Total Cases	Rate Per 100,000
Billings	2	217.63
Rollette	14	97.21
Ward	60	92.52
McHenry	5	86.22
McIntosh	2	72.73
Walsh	8	72.60
Foster	2	59.17
Morton	16	56.98
Dunn	2	50.54
Williams	13	48.63
Total	214	34.78



Total Cases by Year



Total Cases *

Pertussis, or whooping cough, is a very contagious respiratory disease caused by bacteria. It is a vaccine preventable disease that is usually mild in vaccinated children and adults, but can be serious in infants. All children attending child care facilities and entering schools are required to be immunized against pertussis

214

* Due to Health Department policy, data may not be released for conditions in years with fewer than 5 cases.

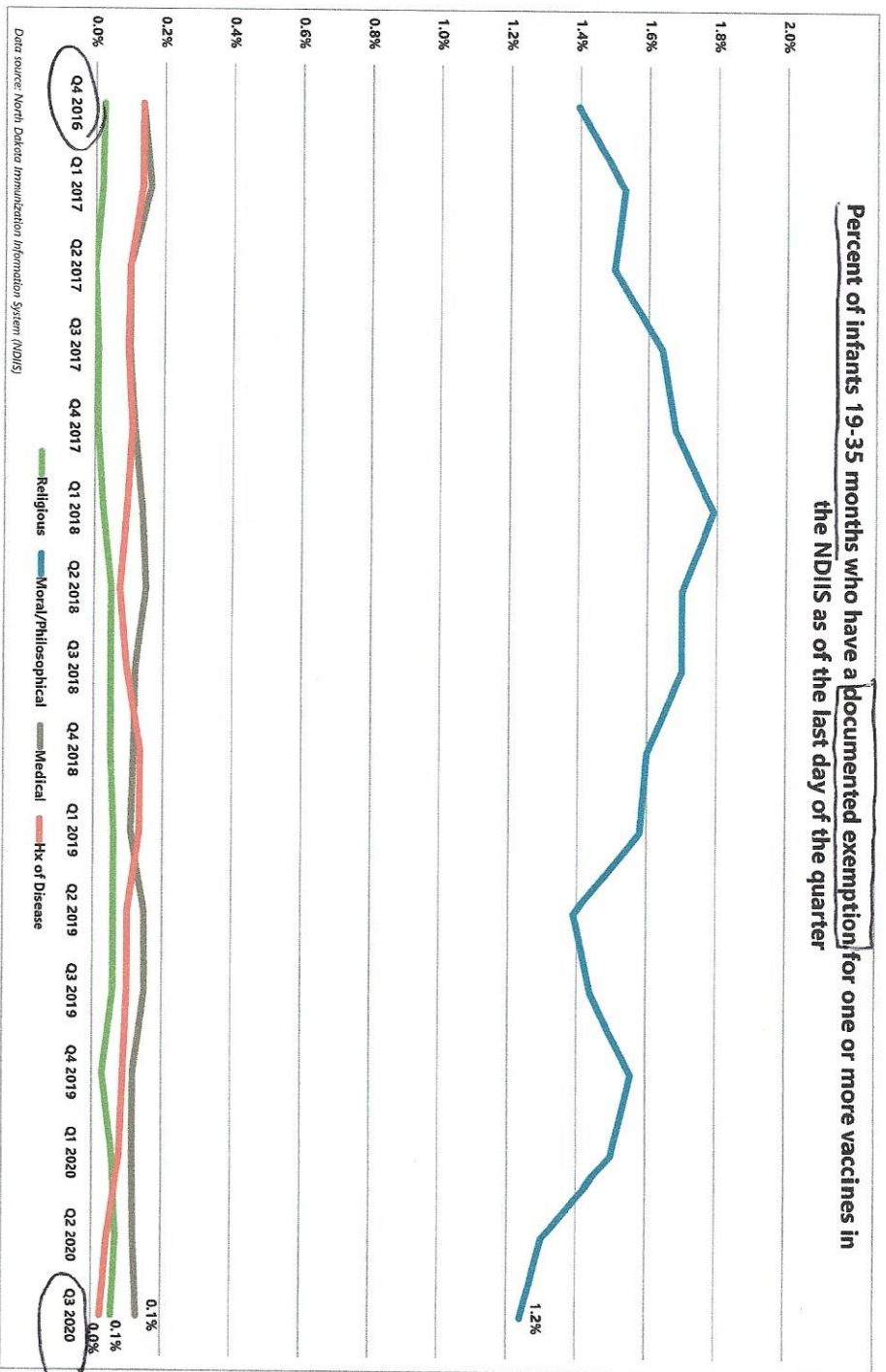
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Last Updated

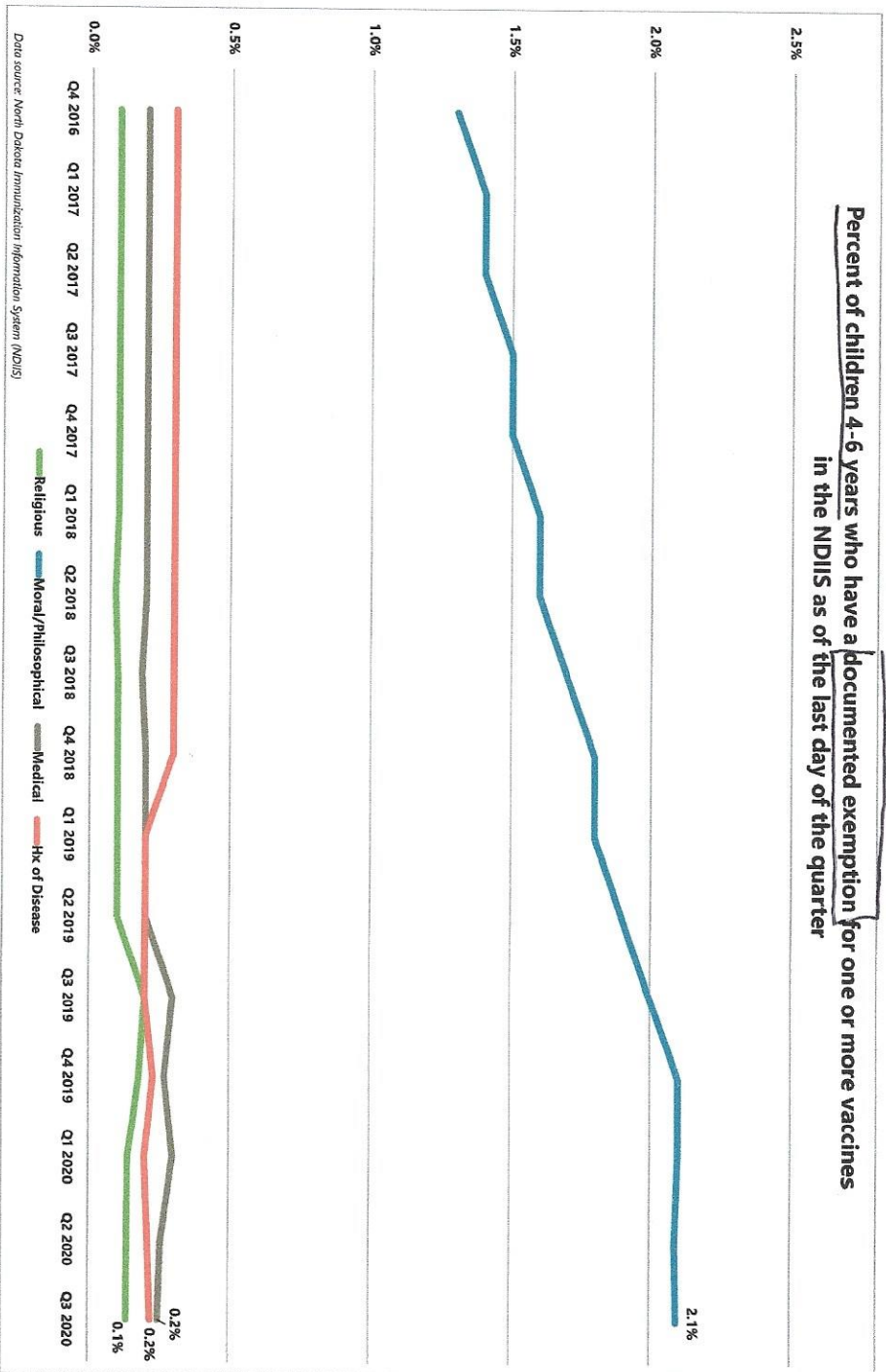
2/20/2020

ND shows decrease or "flat" in exemptions for 'toddlers'.
 Only for moral/philosophical reasoning was it elevated in 2018.



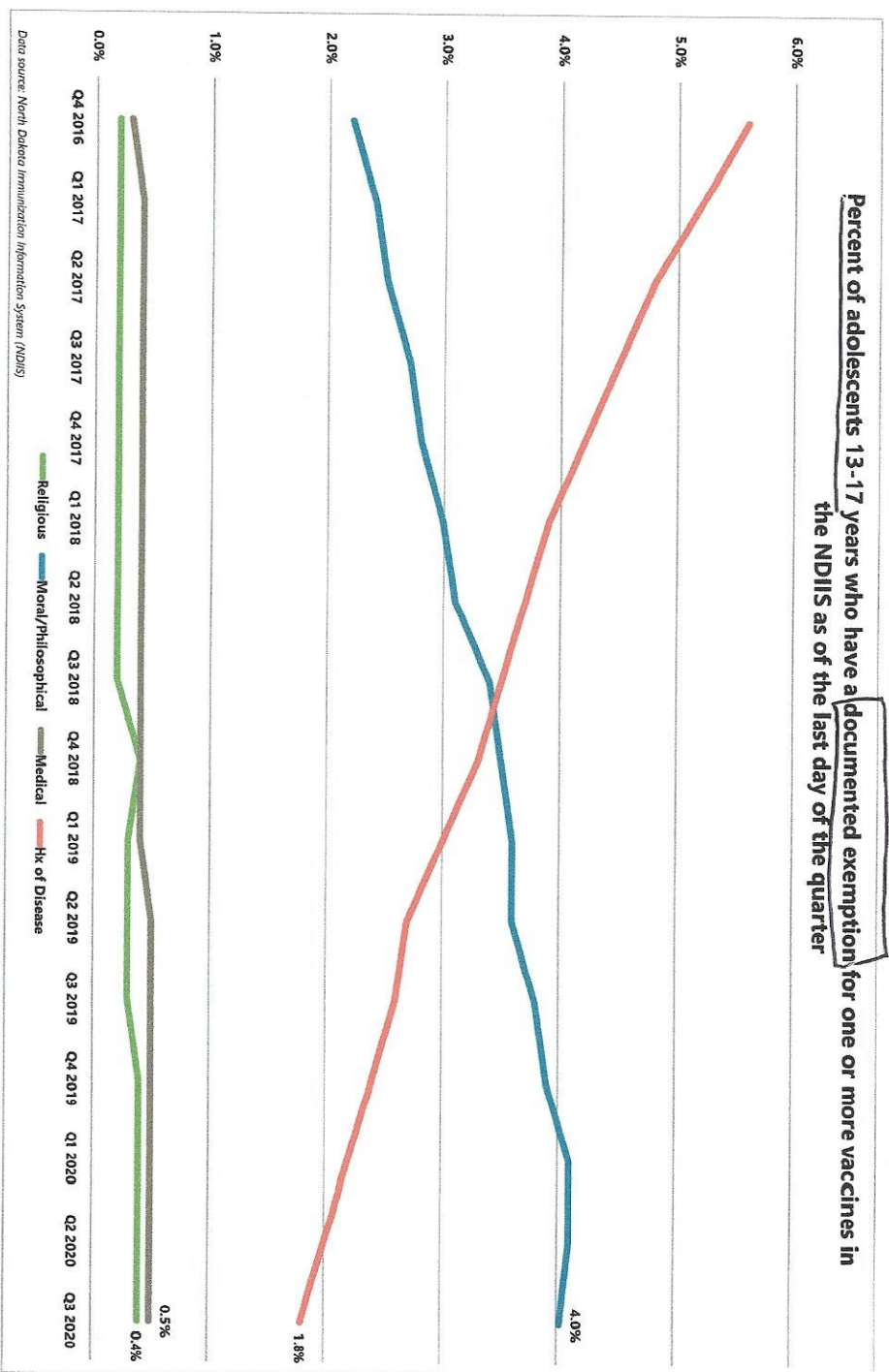
1,3%
 .1
 1.4%
 of
 children
 19-35
 months

ND shows increase or "flat" in exemptions for 4-6 y olds.



2.1%
 1.2
 1.1
 2.6%
 total
 of children
 4-6 yds

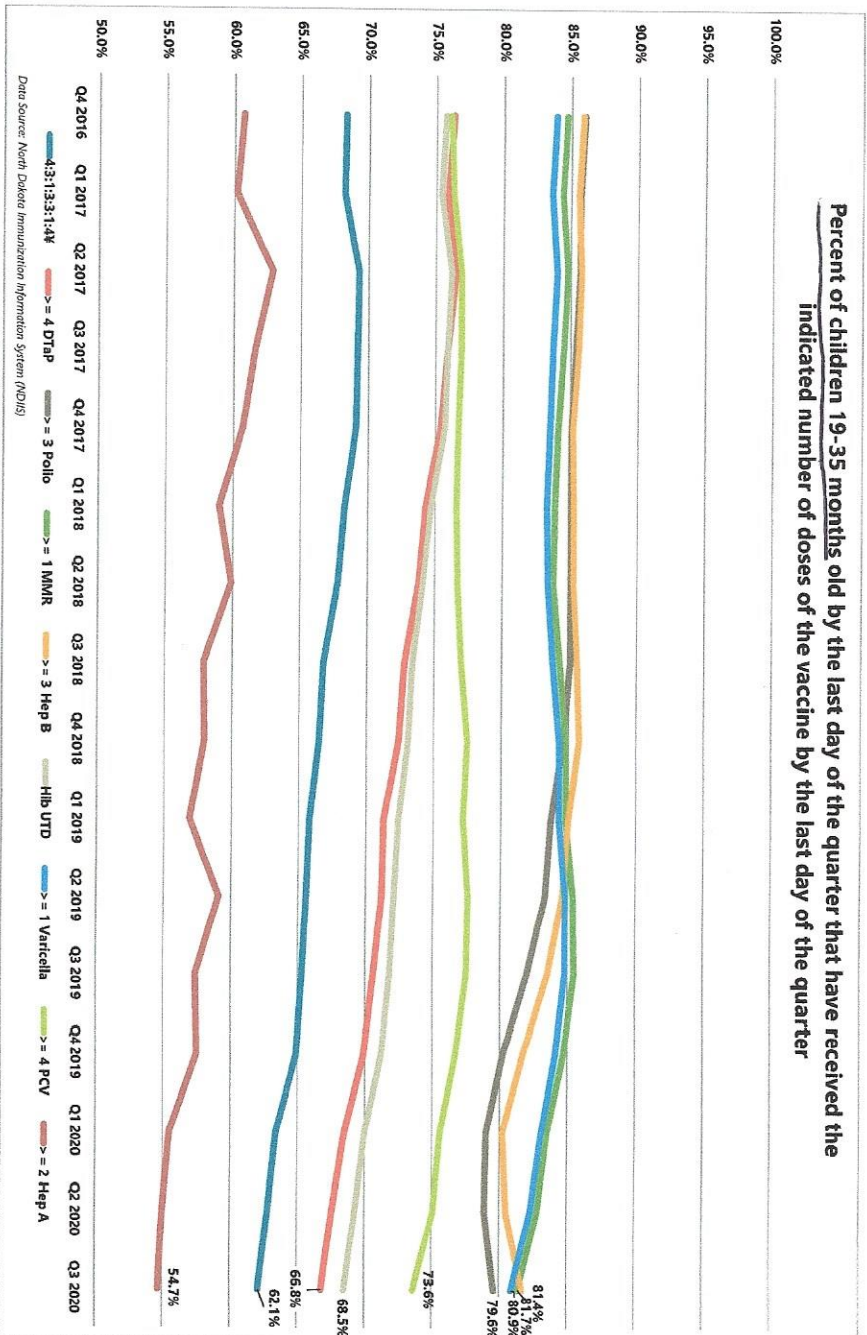
ND shows mix of exemptions in 13-17 yr olds.



4% or less
 1.8
 .5
 .4

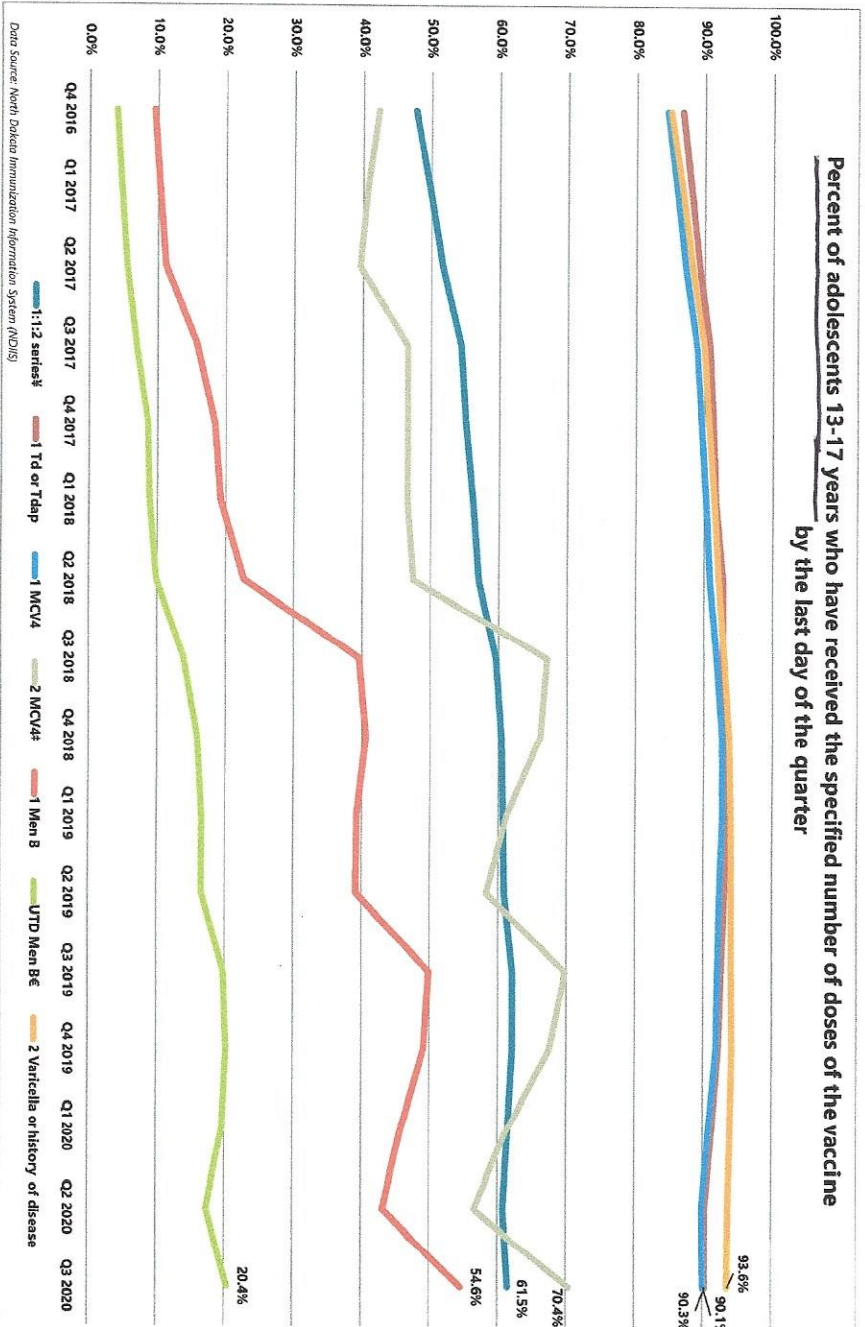
 6.7%
 total of
 'teens'

AID shows decrease of vaccine uptake in 'toddlers'.



*: Infant vaccine series includes >=4 doses of diphtheria, tetanus and acellular pertussis (DTaP) vaccine, >=3 doses of polio vaccine, >=1 dose of measles, mumps and rubella (MMR) vaccine, >=3 doses of hepatitis

ND shows increase of vaccine uptake in 'teens.'



*: 1:1:2 adolescent vaccine series includes ≥1 dose of Td or Tdap vaccine, ≥1 dose of meningococcal conjugate (MCV4) vaccine and up-to-date with either 2 or 3 doses of human papillomavirus (HPV) vaccine
†: rate for ≥2 doses of MCV4 vaccine was assessed only for adolescents 16-17 years of age.
‡: rate for series start and series up-to-date with Meningococcal B vaccine was assessed only for adolescents 16-17 years of age.



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.



☐ **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.

☐ **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:
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Religious (Rel), Philosophical/Moral (PBE) Exemption: (Indicate vaccine above, requires parental signature)

Parent/Guardian Signature:	Date:
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* Medical = Med, History of Disease = HD, Religious = Rel, Philosophical/Moral = PBE

2019 – 2020 School Immunization Requirements

18

Vaccine Type	Number of Required Doses			
	Kindergarten-6	Grades 7-10	Grade 11	Grade 12
DTaP/DTP/DT/Tdap/Td*	5	5	5	5
Hepatitis B	3	3	3	3
IPV/OPV†‡	4	4	4	4
MMR	2	2	2	2
Varicella (Chickenpox)*	2	2	2	1
Meningococcal¶	0	1	2	2
Tdap⊖	0	1	1	1

- * One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age seven or older not previously vaccinated.
- † For polio vaccination, in an all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.
- ‡ Any doses of OPV administered after April 1, 2016, should not be counted as valid, because it was bivalent or monovalent vaccine, rather than trivalent. The child should be revaccinated with IPV vaccine, accordingly.
- * For the 2019-2020 school year, two doses of varicella (chickenpox) vaccine are required for kindergarten through eleventh grade. One dose of varicella vaccine is required for twelfth grade.
- ¶ One dose of meningococcal conjugate vaccine (MCV4) must have been given on or after the tenth birthday. The second dose of MCV4 must be given on or after the sixteenth birthday. If the first dose of MCV4 is given after the sixteenth birthday, then only one dose of MCV4 is required for eleventh and twelfth grade.
- ⊖ One dose of Tdap must have been given on or after the eleventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by a physician stating that the child has a reliable history of disease. History of disease exemptions may only be claimed for hepatitis B, varicella, measles, mumps, or rubella.

Exclusion

All children must be up-to-date according to the school immunization requirements or have claimed an exemption by **October 1st** of each school year or they must be excluded from school. Children enrolling in school after October 1st have 30 days to be up-to-date or claim an exemption or they must be excluded from school.



Child care Facility Immunization Requirements

23

Vaccine Type	Minimum Number of Doses Required Per Age						
	2-3 Months	4-5 Months	6-7 Months	8-11 Months	12-17 Months	18-24 Months	2-5* Years
MMR (Measles-Mumps-Rubella)					1	1	1
Varicella (Chickenpox)					1	1	1
HAV (Hepatitis A)					1	2	
Rotavirus[#]	1	2	2 or 3 [‡]				
Hib[§] (<i>Haemophilus influenzae</i> type b)	1	2	2 or 3	2 or 3	3 or 4	3 or 4	3 or 4
HBV (Hepatitis B)	1	2	3	3	3	3	3
IPV (Polio)	1	2	3	3	3	3	3
PCV[¶] (Pneumococcal)	1	2	3	3	4	4	4
DTaP/DT (Diphtheria-Tetanus- Pertussis)	1	2	3	3	4	4	4

[§] If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the North Dakota Department of Health (NDDoH) to determine the appropriate number of doses. Children ages five and older are exempt from the Hib requirement. Depending on vaccine brand the child may receive a series of three or four doses.

[¶] If a child receives immunizations late, fewer doses may be required. Contact your local public health unit or the NDDoH to determine the appropriate number of doses. Children ages five and older are exempt from the PCV requirement.

[#] Children who do not receive the first dose by 15 weeks of age can no longer receive this vaccine and are exempt from the Rotavirus requirement. Children ages eight months and older are exempt from the Rotavirus vaccination requirement.

[‡] Rotavirus vaccine may be given as a two or three dose series depending on the brand of vaccine. The third dose of rotavirus vaccine may not be necessary depending on the brand of rotavirus vaccine given.

^{*} Children attending kindergarten may require more doses, but these immunizations are not required to attend child care.

Exemptions

Children may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **History of Disease:** Requires a certificate signed by a physician stating that the child has a history of disease. History of disease exemptions may be claimed for measles, mumps, rubella, chickenpox, hepatitis A, or hepatitis B.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.

Exclusion

All children need to be up-to-date according to the child care immunization requirements or have claimed an exemption within 30 days of enrollment or be excluded from child care.

01/01/2018

Note: Updated form from 1/14/2019 wording is not the same

of the capabilities are similar to PrepMod but lack a few functionalities that we gain with PrepMod. Also, North Dakota has been interested in purchasing an electronic registration system for facilities to use for all vaccinations including back to school and influenza. VAMS will only be used for COVID-19 vaccine administration. VAMS may be used by providers in North Dakota once it is available but most likely facilities will use their own systems or PrepMod.

Vaccination Mandates

It is not expected that the state will enact any mandates requiring vaccination for COVID-19. However, specific institutions or businesses may choose to mandate the vaccination of employees as a condition of employment. A requirement that health care workers and long-term care workers have mandated vaccination should be discussed by applicable institutions. Many institutions have mandates in place for influenza vaccinations. It is unknown at this time what impact COVID-19 vaccination will have on the need for ongoing testing and use of PPE, but it is anticipated that vaccination may lessen the requirements for testing, visitor restrictions, and use of some PPE. Therefore, there may be incentives that will encourage COVID-19 vaccination. COVID-19 vaccines distributed under EUA cannot be mandated.

Regulatory Considerations for COVID-19 Vaccination

The provisions of an EUA requires that persons receiving the vaccine know that the vaccine has not completed full approval, but that it is being offered due to an emergency. Potential recipients would need to know the risks and benefits of receiving the vaccine or of refusing the vaccine, any alternatives that they have to the vaccine, and an assurance of their right to refuse the vaccine. In the event that NDDoH needed to administer vaccine under an EUA, the agency would expect to receive substantial information from Department of Health and Human Services detailing the following:

- Target recipients;
- FDA conditions for use;
- Information regarding risk and benefit of use;
- Additional information to be collected (in addition to contact information and information collected as part of the vaccination process for a non-EUA vaccine);
- Guidance regarding enhancements to adverse event reporting and case investigation that would need to be implemented as additional safeguards.