



TO: Constitution and Ethics Committee
FROM: Robert Rohloff, MD, Director of Quality & Patient Safety of Children's Medical Group at Children's Wisconsin
DATE: Tuesday, March 3, 2020
RE: Support for [Clearinghouse Rule 19-079](#): Immunization of students

Good morning Chairman Wichgers and members of the committee. My name is Dr. Bob Rohloff and I am the Director of Quality & Patient Safety of Children's Medical Group at Children's Wisconsin. Thank you for holding this hearing today and allowing me this opportunity to testify today in support of **Clearinghouse Rule 19-079: Immunization of students.**

I am here to ask for your support of the Wisconsin Department of Health Services' (DHS) proposed updates to the student immunization regulations in DHS 144, as they are necessary to bring those regulations into alignment with current recommendations put forward by the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and current evidence-based practices. The proposed changes streamline existing regulations and reporting requirements between state entities and include necessary updates.

Children's is supportive of all of the updates listed in the rule but today I want to focus my comments on items 3-5.

Starting with item number 3 which would move the current recommendation for Tdap from 6th grade to 7th grade to ensure that children are old enough to meet this age minimum (some children are 10 years old when starting 6th grade).

Item 3 is a great addition and Children's is very supportive. The ACIP just recently amended their recommendations to allow 10 year olds to receive the Tdap and have it count towards the adolescent series. Before that change, anyone receiving the Tdap at 10 had to have it repeated after they turned 11. Because of that, we are giving the Tdap at 11 and running into a problem with the school requirement. Number 3 is imperative to better align school requirements with the previous ACIP recommendation.

Item 4 would add the meningococcal vaccine to the list of vaccines required for students entering the 7th grade and proposes a booster dose for students entering 12th grade which is in accordance with ACIP recommendations.

This is a very welcomed addition. Currently our rates of vaccination for Tdap and Meningococcus (types A,C,Y,W) at our Children's Primary Care clinics is well over 90%. Aligning the ages for Tdap requirement at 7th grade would allow us to sign one form for both vaccines (Tdap and Meningococcus) which streamlines the process for providers and parents.

*Meningococcus causes several significant infections including blood infections called bacteremia, pneumonia and meningitis, an infection of the lining of the brain and spinal cord. Fortunately, Meningococcus is a fairly uncommon infection. Unfortunately about 15 % of people who get infected will die despite our best efforts. Of those who survive nearly 20% will have lifelong devastating sequelae including loss of limb, deafness and cognitive problems. This is not an infection be trifled with. The vaccine is about 85% effective in the year after it is given but the effectiveness decreases over time so that by 3-5 years after the first vaccine it is about 50% effective. Which is why a second dose is so important. One of the peak times for infection is in college students.

Item 5 would allow the varicella vaccination exception only when a history of varicella disease has been reported by a health care provider. This is an important addition.

When I was a child almost everyone got chicken pox. It may seem like a common, mild childhood illness. In fact over 10,000 children per year were hospitalized due to chicken pox and over 100 children in the US with chicken pox die every year. Since the introduction of the chicken pox vaccine hospitalizations have declined by 70% and deaths have declined by 88%. At the same time, chicken pox has decreased by 97%. These are remarkable numbers. Getting chickenpox is much less likely today. If a person is infected with chickenpox they are immune for life and do not need the vaccine. Unfortunately, other infections can look like chicken pox making the diagnosis a bit confusing. Also, as chickenpox has become less common it can be harder to diagnose. We recommend contacting a health care provider if a child is suspected of having chickenpox to discuss symptoms and treatment.

Immunization has always been an important factor in the health of kids and is consistently recommended by pediatricians and providers at Children's Wisconsin and health systems worldwide. Children's treats the most vulnerable and immune-challenged kids who cannot get vaccinated and are most at-risk if a communicable disease outbreak occurs. In fact, up to a third of these kids who have problems with their immune systems may have a rapidly progressive course with multiple organ system involvement. The reality is that kids who do not get vaccinated can acquire – and just as importantly, spread – dangerous diseases. Potential outbreaks can be avoided if there are fewer unimmunized children and if children stay up-to-date with recommended school vaccine schedules. Herd immunity is important to protect children who cannot be vaccinated as well as infants who are too young and those who are too ill battling diseases like cancer.

Now, I will turn it over to my physician colleague Dr. Heather Paradis who will share a letter written by a Children's patient family who finds themselves in one of these situations.

Dr. Paradis:

Thank you. This letter is from Linda Bevec from Kenosha.

I am a mother writing to you asking for your support of the changes outlined in the **Wisconsin Department of Health Services 144 – Immunization of Students**. I feel these proposed updates are imperative to the health and wellness of all children assuring they have an equal chance of growing up healthy.

As a state, it is crucial we protect all of our children, especially the weakest among us. It is so important to bring these immunization regulations into alignment with current recommendations established by the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and current evidence-based practices.

Immunizations save lives. And to disregard the chance of saving lives when we have that chance is to disregard our collective responsibility and service to one another. We live in community and not in isolation from one another; we are a collective society, a global society...and diseases are spread through day-to-day interaction and contact that we all have with one another and that cannot be avoided. Vaccines keep our schools healthy, our workplaces healthy, our communities and our state healthy.

I have an 18-year old daughter, Claire, who has lived her entire life with a rare genetic kidney and liver disease called Auto Recessive Polycystic Kidney Disease and Congenital Hepatic Fibrosis. Due to her chronic illness she has lived with a weakened immune system since birth. We have done everything in our power to protect her and keep her safe and healthy in every way we possibly can, but we have also relied on certain regulations and laws to ensure protection in her schools and in our communities. When she was 9 years old she received a kidney transplant and was out of school for 5 months so she could recover and avoid contact with anyone who might be sick. Organ transplant patients have especially weakened immune systems due to the immunosuppression medications that prevent their body from rejecting the transplanted organ. Claire couldn't wait to return to school to see her teachers and friends, to learn and return to a normal 4th grade life. I trusted my school and the families who went there to abide by the vaccine regulations that help keep my daughter, and all children, healthy. She is now a freshman in college and we are still constantly vigilant and careful of her exposure to infectious diseases and individuals who might NOT be vaccinated. Recently, a young woman with my daughter's same disease died from meningococcal septicemia because of someone she came into contact with who had not been vaccinated against this completely PREVENTABLE disease. It is heartbreaking and so unnecessary. We live in a time when medicine has given us so many advances and the ability to prevent diseases and keep them from spreading.

In summary, we are only as healthy as the weakest among us. If we fail to care about the least and the weakest among us, we fail to care about all. I sincerely hope you will understand this and do what is right and just by providing protection in the form of laws and regulations ensuring the health of all in our great state of Wisconsin.

Chairman Wichgers and committee members, we thank you again for the opportunity to testify in support. Children's is glad to serve as a resource on this important public health matter facing our state. We are happy to answer any questions now.

As you know, Children's Wisconsin (Children's) serves children and families in every county across the state. We have inpatient hospitals in Milwaukee and the Fox Valley. We care for every part of a child's health, from critical care at one of our hospitals, to routine checkups in our primary care clinics. Children's Hospital also provides specialty care, urgent care, emergency care, dental care, school health nurses, foster care and adoption services, family resource centers, child health advocacy, health education, family preservation and support, mental health services, pediatric medical research and the statewide poison hotline.