

NVIC Public Comment
National Vaccine Advisory Committee Meeting – February 12, 2014
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My name is Theresa Wrangham and I am the Executive Director for the National Vaccine Information Center, the mission of which is to reduce vaccine injury and death through public education and to defend the informed consent ethic in vaccination practices. I appreciate the opportunity to comment today.

Yesterday CDC's Dr. Schuchat stated vaccination rates are high and to bear in mind that less than 1% of children are not vaccinated – a minority.

In contrast, we also heard that the price tag of complying with the current childhood vaccination schedule is more than \$1,700 and discussion of how to compel adult vaccine schedule compliance, which adds to that price tag.

HPV vaccine, for example is a very expensive vaccine that the majority of consumers do not need in order to overcome HPV infections. According to the CDC and American Cancer Society, more than 90 percent of sexually active women and men naturally clear HPV infections within two years. Less than 3 percent of the nearly 1.6 million diagnosed cancer cases and more than 550,000 cancer deaths that occur in the U.S. annually involve chronic HPV infection-associated cervical or other genital cancers in women and men. The U.S. is not Rwanda and Americans have access to health care and pap screenings, which have lowered the incidence of cervical cancer by 70%. These facts should be a part of the conversation where the vaccine fiscal imperative is being pursued.

While there was discussion regarding the rights of teens “not to get cancer”, the reality is the majority will not and this is something that many parents and physicians understand.

As our society is asked to agree to these fiscal imperatives, today's discussion on vaccine hesitancy continues to ignore data on consumer and parent concerns regarding schedules that continue to expand in the face of significant and acknowledged vaccine safety research deficits that grow and remain unaddressed. From a consumer perspective, the issue is not only one of expense, but of safety and common sense. Research on hesitancy cites safety concerns as the primary reason he delay or declining of one or more vaccines.

Many safety concerns are legitimate and research deficits have been acknowledged by the Institute of Medicine. The NVAC acknowledged these deficits in their 2011 White Paper on the US Vaccine Safety System by saying that 60% causality assessment reviews done by the IOM since 1986 found "inadequate evidence to make a determination" on causality.

There are also legitimate safety concerns were vaccination in pregnancy is concerned. Currently the influenza and pertussis containing vaccines recommended by ACIP for pregnant women are classified by the FDA as Category B and C drugs – meaning that there are no adequate, well controlled studies conducted in pregnant women to determine if it is safe for the developing child or mother to receive these vaccines during pregnancy. FDA pregnancy categorization and licensure information is information that pregnant women should be aware of in their vaccine decision-making process and those who delay or decline because of this awareness do so with legitimate safety concerns.

NVIC supports the consumers right to access full and accurate risk and benefit information as they exercise their informed consent right to voluntarily vaccinate and decide what is best for themselves and their children.