



Kansas School

Nurse Organization

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Testimony: House Bill 2094
Presented to the House Health & Human Services Committee
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To: Chairman Landwehr and Members of the Health & Human Services Committee

WHAT WE KNOW

- It is the position of Kansas School Nurse Organization that immunizations (vaccinations) are a key to **primary prevention** of disease from infancy through adulthood.
- The school nurse is in a critical position to create awareness and influence action related to mandated and recommended immunizations in the school community.
- Since the introduction of immunizations, the rate of infectious diseases has decreased. In fact, immunizations have had **the most profound effect** in preventing disease.
- In an effort to reverse a trend of low immunization compliance rates, state legislative bodies across the nation have passed laws designed to boost immunization compliance.
- Vaccines are a safe and effective way to help the body defend against vaccine-preventable diseases.
- Health officials have not identified an exemption threshold that would likely lead to outbreaks, but as the goal of 100% fully immunized is being threatened by 3% to 5% exemption rates, it is time to take this issue seriously.
- Vaccine-preventable diseases have a costly impact, resulting in doctor's visits, hospitalizations, and death. Sick children increase lost days from school, and can also cause parents to lose time from work.
- Most young parents today have not seen these diseases, therefore making it easy to dismiss the risks of disease when you haven't seen its victim. Some may fear the adverse effects of the vaccines.

WHY BE CONCERNED

- The danger in a declining vaccination rate is the likelihood that diseases such as measles and polio can and will re-emerge among populations.
- It is proven where pockets of vaccine refusal occur, clusters of disease outbreaks will follow.

To put the effectiveness of vaccines in perspective, let's compare this topic to another **primary prevention** tactic, of seat belts. Seat belt usage offers a greater degree of protection against serious injury and death, however, wearing them doesn't give us the right to drive dangerously, nor determines the actions of an oncoming driver. Even though seat belts do not always protect from injuries, it doesn't mean that you should stop wearing one, as we know they dramatically reduce the risk of injury and death. The same could be true for "car seats". If you and your family are never involved in a motor vehicle crash, putting your children in car seats or buckling them into a seat belt would be completely unnecessary.

Seat belts, car seats and VACCINES are primary prevention measures designed to protect in case of an unexpected event. If the motor vehicle crash never happens, and exposure to the infectious disease never occurs, these measures would be useless. Unfortunately, we must expect and prepare for the unexpected, whether relative to a car crash or an outbreak of measles. Kansas currently has laws to protect the public through enforcing the use of seat belts and car seats, and there are no religious or philosophical “exemptions” or “exceptions” to these laws, which has and will continue to ensure safety and reduced loss of lives.

As this issue is debated, it all comes down to finding a balance between the relative risks and potential degree of protection these devices provide. Since most of our children are healthy and have healthy immune systems that protect them from germs and infection, some may question how a vaccination can offer any additional protection. For the same reason you insist your child wears a helmet when riding a bicycle or skate-boarding, you would want as much added protection for your child as possible when it comes to the unknown and preventing serious injuries and infections.

Many parents choose to not immunize their child until a case or community outbreak occurs, however, this ideation is flawed. None of the vaccines work instantly, and typically could take two to six weeks for full protection. In the midst of a disease outbreak, it would be futile to immunize children who were otherwise unprotected. In comparing vaccinations to seat belts, you would not try to buckle up your seat belt, or quickly place your child in a car seat, when you realize a crash is about to occur. There would not be enough time to react, and it would ultimately be too late by the time you realize you should have chosen the seat belt protection sooner!

School nurses are on the front-line in disease prevention and work hard to dispel myths through educating students, school staff and parents on a multitude of issues, including immunizations. We are also on the front-line in disease outbreak surveillance, as was evidenced in the recent H1N1 outbreak, where a school nurse from a New York City Preparatory School contacted local health officials when multiple students became ill with fever and cough, which later was shown to be the first epicenter of H1N1 disease in this country.

As public officials, you must balance the rights of the individual to choose whether or not to vaccinate their children with the individual and societal risks associated with choosing not to vaccinate, similar to debate surrounding seat belts and car seats. Kansas school nurses urge you to conclude that the current statute is sufficient, and join us in opposing HB 2094.

Thank you very much for your time and attention to this matter.

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