

Personal Belief Exemptions Do Not threaten Immune Compromised Students any More than do Vaccine Failure Students, and Less than the Recently Vaccinated.

Immune Compromised Students, Vaccination, and Exemptions

Any student who would be seriously at risk from exposure to a Vaccine Targeted infection is also at risk for dozens of other communicable infections recognized by the WA DOH as “Notifiable Conditions” (*attached*). If a patient is going to undergo a transplant or other procedure or treatment that will require immune suppression, they are fully vaccinated prior, per ACIP / CDC guidelines. (*illustrated in Stelara immune suppression drug prescribing insert attached*).

During and post treatment, the care regime requires the I/C patient to be kept away from all potential antigens, not just the handful that are Vaccine Targeted. Not all the vaccines can or are designed to interrupt transmission. **The care instructions for I/C patients directs them to avoid the recently vaccinated. Do schools notify I/C students when their classmates are vaccinated?** It would be a tragically irresponsible decision for a pediatric oncologist or parent to place an I/C child in the uncontrolled school environment. (*Full Hopkins information attached*)

WA Educational law recognizes this and provides an in-home tutor for the I/C student during this vulnerable period.

<http://www.k12.wa.us/HealthServices/homehospital.aspx>

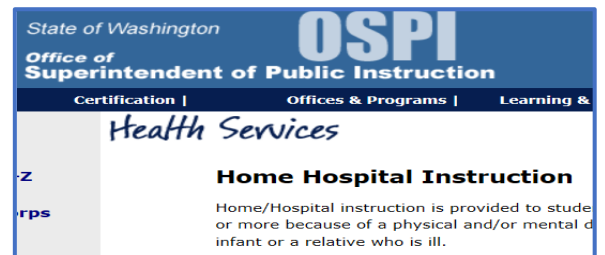
The Medical Profession will admit that primary and secondary vaccine failure, (VF) occurs when it supports the call for mandates, (“everyone needs to be vaccinated because sometimes vaccines don’t work”) but ignore these facts when it is used to illustrate that the exempt students are no more dangerous to their peers than are the VF students:

- The all-type MMR exempt rate is only 2.9%, and the MMR primary and secondary VF % is a greater number.
- Primary VF for Mumps leaves 12% (*4x the exempt %*) never protected and, even if effective, fades substantially in 10 years.
- The pertussis and diphtheria vaccines target the toxins from those bacterial infections, they do not prevent transmission.
- The IPV polio does not prevent transmission but only protects the recipient from a symptomatic case.
- Tetanus is not transmissible.
- Hep B is blood borne and not air transmissible.
- The live virus vaccines are a shedding risk to I/C students.

If this was truly about student safety, all students would be antibody tested and the

Vaccine Failure students re-vaccinated or excluded.

Keep kids in school where they belong.

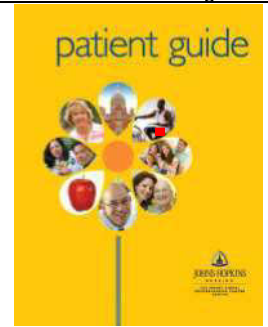


AMERICAN ACADEMY OF PEDIATRICS
Committee on Infectious Diseases
Age for Routine Administration of the Second Dose of Measles–Mumps–Rubella Vaccine

MEASLES VACCINE FAILURES
Measles vaccination induces humoral and cellular immune responses.¹³ The measurement of cell-mediated immunity is impractical for large scale studies; therefore, the response to measles-containing vaccine usually is determined by measuring humoral immunity. In 1989, primary vaccine failure, a failure to seroconvert after vaccination, and secondary vaccine failure, loss of immunity over time, seemed to contribute to the outbreaks of measles. Failure to respond to an initial dose of measles-containing vaccine has been associated with vaccination at too early an age when maternal antibody is still present,¹⁴ to technical problems such as improper vaccine storage, or to administration and receipt of immune globulin.^{4,6} These and other unknown factors result in fail-



The Johns Hopkins Hospital Patient Information



Care at Home for the Immunocompromised Patient

What can I do to prevent infection?

- Hand washing is the **best way** to prevent infection.
- Carry hand sanitizer with you at all times.
- Wash with soap and water or hand sanitizer
 - before and after you use the bathroom
 - before and after preparing or eating food
 - after touching pets or animals
 - after contact with someone who has an infection such as a cold or the flu
 - after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)



Should an IC child really be in the uncontrolled environment of a public school or other public spaces?

Do I need to wear a mask?

- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Close all car windows and turn on the re-circulate button of your ventilation system.
- Avoid crowds if possible. An area is crowded if you are within an arm's length of other people.
- Avoid closed spaces if possible.

Can I have visitors?

- Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.
- It may be a good idea to have visitors call first.
- Avoid contact with children who were recently vaccinated.

Are there any precautions I

- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection.
- **Keep a current medication list with you at all times.**
- Do not take any herbal products.
- Avoid grapefruit juice, which interacts with many medications.

Are schools currently notifying IC families when fellow students have been recently vaccinated with live viruses?

This is the patient prescribing information for the immune suppression drug Stelara. Stelara is used to treat plaque psoriasis, psoriatic arthritis and Crohn's disease. Note warning to avoid recently vaccinated.

Immunizations

<http://www.rxlist.com/stelara-drug/warnings-precautions.htm>

Prior to initiating therapy with STELARA® , patients should receive all immunizations appropriate for age as recommended by current immunization guidelines. Patients being treated with STELARA® should not receive live vaccines. BCG vaccines should not be given during treatment with STELARA® or for one year prior to initiating treatment or one year following discontinuation of treatment. Caution is advised when administering live vaccines to household contacts of patients receiving STELARA® because of the potential risk for shedding from the household contact and transmission to patient.

Non-live vaccinations received during a course of STELARA® may not elicit an immune response sufficient to prevent disease.

What should I tell my doctor before receiving STELARA®?

ht **Before you receive STELARA®, tell your doctor if you:**

- have any of the conditions or symptoms listed in the section **"What is the most important information I should know about STELARA®?"**
- ever had an allergic reaction to STELARA®. Ask your doctor if you are not sure.
- are allergic to latex. The needle cover on the prefilled syringe contains latex.
- have recently received or are scheduled to receive an immunization (vaccine). People who take STELARA® should not receive live vaccines. Tell your doctor if anyone in your house needs a vaccine. The viruses used in some types of vaccines can spread to people with a weakened immune system, and can cause

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<http://www.fda.gov/downloads/drugs/drugsafety/ucm187066.pdf>

serious problems. **You should not receive the BCG vaccine during the one year before taking STELARA® or one year after you stop taking STELARA®.**



**Notifiable
Conditions
Reporting**

HEALTH CARE PROVIDERS

Notifiable to the local health jurisdiction (LHJ) of the patient's residence

Phone numbers by LHJ are listed on the other side of this poster. If unable to reach the LHJ of the patient's residence, please call: 1-877-539-4344

1 IMMEDIATELY NOTIFIABLE: Requires a phone call to reach a live person at the local health jurisdiction, 24/7
Must be reported as soon as clinically suspected

Animal bites, when human exposure to rabies is suspected
Anthrax
Botulism (foodborne, wound and infant)
Burkholderia mallei (glanders) and *pseudomallei* (melioidosis)
Cholera
Diphtheria
Disease of suspected bioterrorism origin
Domoic acid poisoning (amnesic shellfish poisoning)
E. coli – refer to “Shiga toxin-producing *E. coli* infections”
Emerging condition with outbreak potential
Haemophilus influenzae (invasive disease, children <5 years)
Influenza, novel or unsubtypeable strain
Measles (rubeola), acute
Meningococcal disease (invasive)
Monkeypox
Outbreaks of suspected foodborne origin
Outbreaks of suspected waterborne origin
Paralytic shellfish poisoning
Pesticide poisoning—hospitalized, fatal, or cluster:
1-800-222-1222
Plague
Poliomyelitis
Rabies, confirmed human or animal
Rabies, suspected human exposure
Rubella (include congenital rubella syndrome), acute
SARS (Severe Acute Respiratory Syndrome)
Shiga toxin-producing *E. coli* infections (STEC, including but not limited to *E. coli* O157:H7; also includes post-diarrheal hemolytic uremic syndrome)
Smallpox
Tuberculosis
Tularemia
Vaccinia transmission
Viral hemorrhagic fever
Yellow fever

This is infection via
vaccine viral shedding

2 Notifiable on a monthly basis

Asthma, occupational (suspected or confirmed): 1-888-66-SHARP
Birth defects: 360-236-3533
(autism spectrum disorders, cerebral palsy, alcohol-related birth defects)
Hepatitis B, chronic (initial diagnosis/previously unreported cases)
Hepatitis C, chronic

The conditions listed above are notifiable to public health authorities in accordance with [WAC 246-101](#).

- Report to the local health jurisdiction of the patient's residence within the timeframe indicated (except for conditions followed by a reporting phone number).
- 'Other rare diseases of public health significance' means a disease or condition, of general or international public health concern, which is occasional or not ordinarily seen in the state of Washington including, but not limited to, spotted fever rickettsiosis, babesiosis, tick paralysis, anaplasmosis, and other tick borne diseases. This also includes public health events of international concern and communicable diseases that would be of general public concern if detected in Washington.

3 Notifiable within 24 hours: Requires a phone call if reporting after normal public health business hours

Brucellosis
Hantavirus pulmonary syndrome
Hepatitis A, acute
Hepatitis B, acute
Hepatitis E, acute
Legionellosis
Leptospirosis
Listeriosis
Mumps, acute
Pertussis
Psittacosis
Q fever
Relapsing fever (borreliosis)
Salmonellosis
Shigellosis
Vancomycin-resistant *Staphylococcus aureus* (VISA)
Vancomycin-intermediate
Vibriosis
Yersiniosis
Other rare diseases of public health significance, including but not limited to:
Amoebic meningitis
Anaplasmosis
Babesiosis
Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE)
Chagas disease
Coccidioidomycosis
Cryptococcus gattii
Ehrlichiosis
Histoplasmosis
Shellfish poisoning (diarrhetic)
Tickborne rickettsioses (including Rocky Mountain spotted fever)
Tick paralysis
Typhus
Unexplained critical illness and death

There are many infections an I/C student could be exposed to in public spaces. This list demonstrates that using I/C students to justify banning healthy exempt students from school is an improper action.

Many common infections not on this list can be a threat to an I/C child- Strep, Common Cold, Norovirus, Mono, Hand Foot and Mouth, Conjunctivitis, etc.

3 Notifiable within 3 business days

Acquired immunodeficiency syndrome (AIDS), including in persons previously reported with HIV infection
Arboviral disease (acute disease only, including: West Nile virus, dengue, eastern & western equine encephalitis, Zika, etc.)
Campylobacteriosis
Chancroid
Chlamydia trachomatis infection
Cryptosporidiosis
Cyclosporiasis
Giardiasis
Gonorrhoea
Granuloma inguinale
Hepatitis B, surface antigen positive pregnant women
Hepatitis C, acute
Hepatitis D, acute and chronic
Herpes simplex, neonatal and genital (initial infection only)
HIV infection
Immunization reactions (severe, adverse)
Influenza-associated death, laboratory-confirmed
Lyme disease
Lymphogranuloma venereum
Malaria
Pesticide poisoning—non-hospitalized, non-fatal, non-cluster:
1-800-222-1222
Prion disease, including Creutzfeldt-Jakob disease (CJD)
Syphilis (including congenital)
Tetanus
Trichinosis
Varicella-associated death
Tetanus is not communicable
Only fatal chicken pox is reportable