

Element of proposed rule		Comment
<b>1. Authority</b>	18 VSA Sec 1123	Rules miss many sections of Act 37. Due process requires public comment into all aspects. How will those sections of Act 37 which are not covered by this rule, be implemented? This includes sections 3, 7, 8, 9, 10, 11 of Act 37.
<b>2. Purpose</b>	"to prevent the introduction or transmission of vaccine-preventable diseases"	Many vaccines being made mandatory do not prevent colonization in vaccine recipients, nor do they prevent transmission by a vaccine recipient. Examples include tetanus, diphtheria, polio and pertussis vaccines. Others are for mild diseases (chicken pox) or infections not expected to be acquired in school (Hepatitis B). Bloated vaccine schedule amounts to an abuse of school mandates.
<b>3. Scope</b>	Applies to any child or student enrolled in childcare, school or post-secondary institutions	How will this affect the financial stability of schools as those out of compliance will represent loss of tuition or funding?
<b>4. Definitions</b>	4.6 Includes any child enrolling in just one class	How does this affect homeschoolers?
	4.7 says HCP must be licensed in this state but statute does not specify.	Statute does not specify where HCP needs to be licensed, this may especially affect college students.
	4.10 includes independent schools and pre-K using school defined by 16 VSA Sec 11.	There is some question as to the legality of this rule as it applies to independent schools that do not take public funding.
	4.13 VIAC	- has the council been established? Legislative intent was to have this council be a public forum for decisions as to whether or not to expand the schedule but we see in section 7 you are already proposing to codify a schedule without input from VIAC or the public.
<b>5. Provisional admittance</b>	5.1 Allowed into school for 6 months only while in process of "catching up." Must submit a form signed by a licensed HCP stating the child is in the process of being vaccinated.	What if child has had no vaccines? 6 months is too short and does not allow for spacing. Please provide safety data on receipt of nine vaccines in one day, as recommended by Christine Finley. Please provide data on catching a child up in 6 months - are there any health concerns for so many vaccines at once? Who shall be held liable in case of child having bad reaction?

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<b>6. Exemptions</b>	6.1 medical exemption if submits a form signed by a licensed HCP certifying that a specific vaccine is or may be detrimental to the child's health; specifies which vaccine and probable duration of exemption, terminates medical exemption if condition no longer applies	Legislators were told that doctors would not face retaliation for signing medical exemptions. Please specify in the new law how the doctor's license will be safeguarded in this case.
	6.2 religious exemption if parent submits a form stating the parent holds religious beliefs opposed to vaccination, after reviewing required educational materials provided by the DOH.	Educational material is totally inadequate and should be provided on a vaccine-by-vaccine basis. It is false to claim that all vaccines work all the time in all people, and false in many cases to claim that without a vaccine the person is a risk. This stance creates a false sense of security and is not truthful. Missing is information about the risks of adverse reactions, as provided by manufacturer warnings in product labeling and provided to doctors as the learned intermediary. What are the penalties for false product claims and failure to warn?
<b>7. Required Schedule of Mandatory vaccination Doses</b>		
	7.1 Sets forth mandatory vaccinations for childcare as follows:	General comments: This is intensive. With no liability for those administering the shots, will childcare facilities and schools be held liable if a child has a bad reaction?
	7 vaccines (5 shots) by age 2-3 months	
	14 vaccines (10 shots) by age 4-5 months	
	21 vaccines (15 shots) by age 6-14 months	
	25 vaccines (17 shots) by age 15 months	
	28 vaccines (18 shots) by age 18 months	
	7.2 Sets forth mandatory vaccinations for kindergarten as follows:	
	30 vaccines (16 shots) before K	
	7.3 7th graders	
	3 more vaccines (1 shot) plus one shot mandatory meningitis for residential students	meningitis used to be only recommended (optional) but is now mandatory. When will you add the three shots of HPV to this list as you already bought the doses?

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	7.4 College students	
	14 vaccines (8 shots)	newly added: mandatory meningitis shots, 2 doses. When will you add others like HPV?
<b>8. Adoption of Schedule</b>	Commissioner shall convene advisory council to assist in updating schedule	Legislative intent was to make this a public process, not to pack the schedule then say they will convene to see about adding more vaccines. See email from House Ed Cmte Chair David Sharp.
	8.2 two-year phase in period after ACIP recommendation	ACIP is a small group of people, many of whom have ties to vaccine industry
	8.3 or shorter if Commissioner decides	this is why we need our right to exempt.
<b>9. Acceptable records</b>	Electronic, registry, laboratory titer report for a given disease, school record, certificate signed by HCP, statement by HCP or parent that child has had chicken pox.	Titers are good option but who will pay? Will we titer all vaccinated children too, in order to demonstrate vaccine-induced immunity?
<b>10. verification and compliance</b>	Childcare or school administrators shall verify compliance at enrollment and annually; upon K entry; upon 7th grade entry; upon college enrollment; whenever student enrolls in school.	
<b>11. Reporting of Aggregate data</b>	11.1 Childcare admins: by 1st January must report all aggregate vaccination rates, # provisional admittance and # religious and medical exemptions	
	11.2 School admins: by 1st January must report all aggregate vaccination rates for K, 1, 7 and 8th grade, # provisional admittance and # religious and medical exemptions	
	11.3 all schools and childcare facilities will make publicly available the aggregate vaccination rates for each vaccine	does not take into account child missing one dose of series - partially vaccinated are dropped from calculations. We have no idea which vaccinated children are actually immune.
<b>12. exclusion for non-compliance</b>	Childcare and school admins are expected to exclude children from school if they are not in compliance.	

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	12.3 Childcare facilities out of compliance are subject to actions by DCF under CH 35 of title 33 and the early childhood program licensing regulations	Medical politics should not be part of daily life at school. Enforcement by administrators will be cumbersome and difficult. What will the financial impacts be to schools with high rates of attrition by parents who will refuse next vaccine added to the schedule?
	12.4 If school administrator is out of compliance they will be subject to actions by the agency of education under title 16.	
<b>13. Retention, transfer and release of records</b>	In the absence of a school nurse, school admins are granted access to registry information.	
<b>14. Access to records by health dept.</b>	Childcare and school admins shall make records available for inspection by health dept.	This should be in an emergency only to protect the privacy of health records.

to view the statute (Act 37), go to: <http://legislature.vermont.gov/assets/Documents/2016/Docs/ActS/Act037/Act037 As EnActed.pdf>

to view the proposed rule go to: [http://healthvermont.gov/reg/documents/imm\\_regulations\\_proposed\\_amended\\_annotated.pdf](http://healthvermont.gov/reg/documents/imm_regulations_proposed_amended_annotated.pdf)

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