

Legislative History for Connecticut Act

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<u>SB 313</u>	PA 165	<u>1978</u>
<u>Senate</u> : P. 943-944; 1831-1832		(4p)
<u>House</u> : P. 2189-2198		(10p)
<u>P.H. &amp; S.</u> : P. 157, 161-183, 206-219		(38p)

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CONNECTICUT  
GEN. ASSEMBLY  
SENATE

PROCEEDINGS  
1978

VOL. 21  
PART 3  
848-1262

Thursday, April 6, 1978

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ing Committee on Public Health and Safety. Substitute for Senate Bill 313, An Act Concerning Immunization of School Children against Measles, Rubella, Poliomyelitis, Diphtheria, Tetanus and Pertussis.

THE CHAIR:

Senator Ciarlone.

SENATOR CIARLONE:

Thank you, Mr. President. Move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Will you remark on it, Senator?

SENATOR CIARLONE:

I will, thank you. This bill expands the immunization for school children to include polio, diphtheria, tetanus and pertussis. Further the bill provides for exemptions by physicians for medical reasons of the child, and lastly, a certificate would no longer be required by the local health director. If there is no objection to this bill, I .....

THE CLERK:

Excuse me. The Clerk has an amendment. Clerk has Senate Amendment Schedule "A", File 109, Substitute Senate Bill 313, LCO 3009, offered by Senator Schneller. Amendment on calendar 246.

THE CHAIR:

Senator Schneller has an amendment?

SENATOR SCHNELLER:

I'd like to withdraw the amendment, please.

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THE CHAIR:

Amendment is withdrawn by Senator Schneller. Senator Ciarlone.

SENATOR CIARLONE:

Mr. President, in view of Senator Schneller's withdrawal of his amendment, if there is no objection to this bill, I move it to the consent calendar.

THE CHAIR:

Without objection, it's ordered to consent.

SENATOR CIARLONE:

Thank you.

THE CLERK:

Continuing on page 5 of the calendar, bottom item on the page, calendar 315, file 179, Favorable Report of the Joint Standing Committee on Labor and Industrial Relations. Substitute for Senate Bill 344, An Act Concerning The Minimum Wage Gratuity Allowance.

THE CHAIR:

Senator Murphy.

SENATOR MURPHY:

Mr. President, I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

Will you comment, Senator?

SENATOR MURPHY:

I believe, Mr. President, that Clerk has an amendment.

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Referred to Legislative Commissioner, Cal. 347 is a go.

Page twenty - under Recall, Cal. 119 is marked go.

I would suggest at this time that we take these items up and hopefully by that time the minority will have made up their minds as to which items they agree to give us suspension on and I will mark those and we will take them up at that time.

THE PRESIDENT:

Senator Houley.

SENATOR HOULEY: (35th)

Mr. President, through you to the majority leader, Senator Strada, page twenty, top of the page, Cal. <sup>SB 313</sup> 246, File 109, the distinguished minority leader, Lew Rome, has O.K'd that ~~under~~ suspension.

SENATOR STRADA:

I would move then, at this time, in accordance with that, suspension of the rules for immediate consideration of Cal. 246, File 109.

THE PRESIDENT:

Hearing no objection, the rules are suspended.

Senator Reimers.

SENATOR REIMERS: (12th)

Mr. President, there is an objection and I think there is possibly a lack of communication. There is an amendment that is being prepared for that bill and I would like it P.R'd.

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THE PRESIDENT:

It will be marked passed retaining, then.

THE CLERK:

Going back to page three of the Calendar, under the heading Favorable Reports, Cal. 380, File 269. Favorable report of the joint standing Committee on Judiciary. Substitute for Senate Bill 229. AN ACT CONCERNING SECURITY AND PRIVACY OF CRIMINAL HISTORY RECORD INFORMATION AS REQUIRED BY FEDERAL REGULATIONS.

THE PRESIDENT:

Senator DePiano.

SENATOR DEPIANO: (23rd)

Can that be passed temporarily, Mr. President?

THE PRESIDENT:

All right.

THE CLERK:

Page three of the Calendar, bottom item on the page, Cal. 433, File 91, Favorable report of the joint standing Committee on Insurance and Real Estate. House Bill 5664. AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR PREGNANCY EXPENSES.

THE PRESIDENT:

Senator Flynn.

SENATOR FLYNN: (17th)

Mr. President, I move acceptance and passage and there is an amendment.

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there objection. Hearing none, it is so ordered.

THE CLERK:

Page 8 of the Calendar. Cal. 730, Sub. H.B. 5167,  
File 447.

REP. ABATE (148th):

Mr. Speaker, I move that Cal. 730, File 447, Sub. H.B.  
No. 5167, be recommitted to the Committee on Judiciary.

THE SPEAKER:

You have the gentleman's motion, is there objection?  
Is there objection. Hearing none, it is so ordered.

THE CLERK:

Page 10 of the Calendar. Cal. 769, Sub. S.B. 313,  
File 109. An Act concerning immunization of school children  
against Measles, Rubella, Poliomyelitis, Diphtheria, Tetanus  
and Pertussis.

Favorable Report of the Committee on Public Health and  
Safety.

REP. MORGAN (56th):

Mr. Speaker, I move acceptance of the Joint Committee's  
favorable report and passage of the bill.

THE SPEAKER:

The question is on the acceptance of the Joint Committee's  
favorable report and passage of the bill and will you remark, sir.

REP. MORGAN (56th):

Mr. Speaker, I would like to yield for an amendment to  
Rep. Abate.

THE SPEAKER:

Does the gentleman from the 148th accept the yield from

the gentleman of the 56th.

REP. ABATE (148th):

Yes, Mr. Speaker.

THE SPEAKER:

You have the floor, sir.

REP. ABATE (148th):

Thank you very much, Mr. Speaker. The Clerk has an amendment designated LCO No. 3800. Will the Clerk please call the amendment and in view of its length may I be allowed summarization?

THE SPEAKER:

Clerk please call LCO 3800 House "A"

THE CLERK:

House Amendment Schedule "A" LCO 3800.

THE SPEAKER:

Is there objection in the request of the gentleman from 148th summarize in lieu of the Clerk's reading. Hearing no such objection, the gentleman from the 148th to summarize.

REP. ABATE (148th):

Thank you, Mr. Speaker. Mr. Speaker, ladies and gentlemen, this amendment, documents a bill which the Public Health and Safety Committee in response to a request submitted by me, raised and favorable reported to the Committee on Appropriations. Unfortunately, at that particular point and time, the Committee on Appropriations was not inclined to give to this bill the kind of appropriation that is required. It is my feeling, however, that notwithstanding the fiscal impact, the import of this amendment is such that the Committee on Appropriations will

reconsider its efforts and give this a favorable consideration. The amendment simply requires at the time a test is performed to determine venereal disease that an additional test be performed on the blood sample that is drawn to determine whether or not a woman has an immunity to rubella. There are certain exceptions in the amendment. A female who is less than 50 years of age and has not had a surgical sterilization is the woman or category of women we are trying to address here. Obviously, a woman who has had a surgical sterilization or who is over 50 years of age would not have to submit at the time that she filed for her marriage license. A statement indicating that a test was performed showing that she either had or did not have an immunity to rubella. So, very simply stated all I'm trying to do with this amendment is to require that an additional test be run. There will be no additional puncture, one vial of blood is drawn and an additional laboratory test is performed to simply determine whether or not that mother has the immunity. And let me tell you why I'm interested in this particular piece of Legislation. I'm a parent and a group of parents who have handicapped children. In that particular group there are parents who had handicapped children simply because the mother was not advised of the fact that she did not have immunity and in the course of her pregnancy she contacted the disease, german measles, and as a result of having that disease while she was pregnant the child was born with a physical handicap.

THE SPEAKER:

Does the gentleman move adoption of the amendment?

REP. ABATE (148th):

Excuse me, Mr. Speaker.

THE SPEAKER:

Does the gentleman move adoption.

REP. ABATE (148th):

Yes, Mr. Speaker. I move adoption of the amendment.

THE SPEAKER:

Would the gentleman care to remark further at this time or perhaps at a later time?

REP. ABATE (148th):

No, thank you, Mr. Speaker. I'll go on. Thank you very much.

THE SPEAKER:

You have the floor, sir.

REP. ABATE (148th):

All that this amendment would do was just to advise the mother or the woman prior to marriage that she does not have the requisite immunity. It doesn't require that she be immunized before she gets married and some may argue that, well you ought to establish that kind of an requirement, because of certain constitutional and religious considerations. I'm not interested in going to that extent. All I'm interested in doing is simply letting the mother know that she does not have the immunity, so that she can once she's advised and once she's advised of the consequences, of course, that will be done by the Commissioner of the Department of Health. Once she is advised of the consequences of not having the immunity she then can take whatever action she deems appropriate. Now, obviously, any woman who is reasonable, who is advised that

she doesn't have the immunity, is going to get the injection. She is going to get the inoculation and she is going to have at least an immunity for a period of time from eight to ten years, if you agreed that the immunity is lost after a period of eight to ten years. At least she will have that immunity during her child bearing years. Now, when you think of the possibilities, even if you think in terms of the expense to the State of Connecticut of some child being born with an incapacitating physical disability. Where that child may end up as a ward of the state. When you think of the dollars that is expended by the State of Connecticut in those instances and when you think that perhaps one child even one child, born with a disability might be avoided if this woman were only advised prior to marriage that she didn't have the immunity, I think that the amendment is well worth while. Thank you very much.

THE SPEAKER:

Further remarks, lady from the 31st Rep. Parker.

REP. PARKER (31st):

Thank you, Mr. Speaker. I rise in support of the amendment. In Public Health and Safety, we heard the argument against this bill which I believe is not a valid argument. I am sure that there has been talk against this, giving the argument that many women they get married are already pregnant and that this test is useless. I think this is a fallacy, regardless what the statistics are, if we can help save the young lives of even a percent of those involved, I think the amendment is worth while. I urge support of the amendment.

THE SPEAKER:

Care to vote on the amendment?

REP. SWOMLEY (17th):

Mr. Speaker. Yes, I would like to certain questions through you, Mr. Speaker, if I may of Rep. Abate. May I frame my question, sir?

THE SPEAKER:

Yes, you may.

REP. SWOMLEY (17th):

Rep. Abate, would the intention of this amendment be to test all women applying for a license whether or not they had a prior vaccination or immunization?

THE SPEAKER:

Does the gentleman care to respond.

REP. ABATE (148th):

Mr. Speaker, through you, yes. There are certain exceptions but that would not be one of them. We want to make sure that the prior immunization is still effective.

THE SPEAKER:

The gentleman from the 17th has the floor.

REP. SWOMLEY (17th):

Yes, I just would like to make this observation that in our discussions of these bills some of us felt that the bill in its original form would provide protection for the women of Connecticut who are vaccinated and it would be ideal for a program at the puberty age to reach those women who were not otherwise vaccinated and in this way we could more adequately cover the population of the state. Thank you.

THE SPEAKER:

Will you remark further on the amendment. Now, the question is on its adoption all those in favor of House "A" will indicate by saying Aye. Opposed? The Ayes have it. House "A" is ADOPTED. Ruled technical. Will you remark on the bill as amended.

REP. MORGAN (56th):

Mr. Speaker, I move acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate as amended by House Amendment Schedule "A".

THE SPEAKER:

Will you remark further on the bill as amended?

REP. MORGAN (56th):

Yes, Mr. Speaker. This bill before the amendment would expand the requirement of immunization for public school children for measles and rubella to include polio, diphtheria, tetanus and pertussis, and require the same inoculations for non-public school students. The bill would also expand and clarify the grounds from exemption from required immunization. The Commissioner of Health Services would be required to define adequate immunization by regulation and to specify procedures for the reporting of immunization data by schools and the Department for Copulation Analysis. I urge its acceptance.

THE SPEAKER:

Will you remark further on the bill as amended.

REP. EMMONS(101st):

Mr. Speaker, I would like to ask a couple of questions to the proponent of the bill.

THE SPEAKER:

REP. Please frame your questions, madam.

REP. EMMONS (101st):

Yes. Could you give an estimate of how many different shots would be required to meet all the various immunizations that you're talking about?

THE SPEAKER:

Does the gentleman care to respond.

REP. MORGAN (56th):

Mr. Speaker, through you. No, I could not.

THE SPEAKER:

You have the floor, madam.

REP. EMMONS (101st):

Could you respond as to whether one particular vaccination lasts throughout the school years for a child who is required to be immunized?

THE SPEAKER:

Does the gentleman care to respond.

REP. MORGAN (56th):

Mr. Speaker, through you, I don't think I understand the question.

THE SPEAKER:

You have the floor, madam.

REP. EMMONS (101st):

Well, my question is, if you have a polio vaccination when you're three does it take you until you're 21 and you never have to go have another one?

THE SPEAKER:

Does the gentleman care to respond.

REP. MORGAN (56th):

Mr. Speaker, through you. I think that's a program set up by the doctor. There are different programs in acceptance and I think that's a program the doctors would specify as to the proper immunization for polio.

THE SPEAKER:

The lady from the 101st has the floor.

REP. EMMONS (101st):

Well, Mr. Speaker, I'm not, the problem I see in this bill, is that we're requiring parents to take children to be immunized which is very fine. But every time you take a child to the doctor's for shots its about \$20. If you have 3 children it comes to be a fairly large amount of money. I'm not speaking against it but I think when you vote for not knowing how many different vaccinations are required and how many times they must be repeated, I think that in all fairness I would like to know what we're talking about as far as a medical cost during the life of school life from 5 to 18 of a child. It does become expensive for some parents who just do not have the money and it is not covered by insurance.

THE SPEAKER:

Further remarks on the bill as amended.

REP. LAROSA (3rd):

Mr. Speaker, I believe the intent of this bill is to expand the immunization for young children when they're most susceptible to these diseases. It is a very small price to pay to have your child and my child immunized, if we know that it's going to be

on a preventive measure so that it would be less expensive in the long run and in this case, Mr. Speaker, it's a question of an ounce of prevention is worth a pound of cure. I move its adoption.

THE SPEAKER:

Prepare to vote. Will you remark further? If not, will the members please be seated. Staff and guests come to the well, the machine will be opened. The machine is still open. If all the members have voted, the machine will be (record 5) locked and the Clerk will take a tally. Clerk please announce the tally.

THE CLERK:

Total Number Voting.....	145
Necessary for Passage.....	73
Those voting Yea.....	144
Those voting Nay.....	1
Those absent and not Voting....	6

THE SPEAKER:

Bill as amended is PASSED.

The Chair will inquire at this time whether there are any points of personal privilege.

REP. DELLAVECCHIA (81st):

Mr. Speaker. To make an introduction, Mr. Speaker.

THE SPEAKER:

Please proceed, sir.

REP. DELLAVECCHIA (81st):

Mr. Speaker, seated in the well of the House today are three lovely women who are officers and members of the Connecticut Federation of Democratic Women Clubs. If the 3 young ladies would stand, I'm sure the House will, their names are: Judy

JOINT  
STANDING  
COMMITTEE  
HEARINGS

PUBLIC HEALTH  
& SAFETY  
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## PUBLIC HEALTH &amp; SAFETY

March 3, 1978

REPRESENTATIVE LA ROSA: Nick Lavnikevich of the North Central Health District.

NICK LAVNIKEVICH: Mr. Chairman, members of the Committee. My name is Nicholas Lavnikevich. I am the Director of Health for the North Central District Health Department. I am here today, however, representing the District Directors or the eight District Directors and I'm here in order to save your time so that there will be one speaker rather than eight. We met yesterday, reviewed three bills which we are requesting you support, Bill 313, 5535 and 5537. I would point out that we represent the health departments -- full-time health departments for 36 communities serving a total population of 432. Rather than go into any specific detail, I think if you look at the testimony provided by Commissioner Eloyd that all the things he has said we would say also. One personal point -- Bill Number 313 which is concerned with immunization is one that I would that you would also support. In the North Central District Health Department we have the dubious distinction of having had what might be called a small epidemic in Ellington last year of measles and we are currently having a small epidemic of measles in Enfield and we think that passage of this bill would help to avoid any such repetition. As well not only for measles, but the other disease list as well. Thank you very much.

REPRESENTATION LA ROSA: Any questions from any members of the Committee? Thank you. The next speaker William Quinn.

WILLIAM QUINN: Mr. Chairman, Committee members. My name is William Quinn. I'm the Director of the Chesbrook Hyde Health District that serve the towns of Cheshire, Prospect and Wilton and I am making a statement on behalf of the 32 full-time Directors of Health. These include Directors of health from individual towns and District Directors of health. We are responsible for departments which serve nearly 2,000,000 people or 61% of the population of the State of Connecticut and I will be speaking for all 32 so we can limit your time also. On their behalf and mine, I would like to support House Bill 5535 and 5537. The common responsibility and goal of the Public Health & Safety Committee, the state Health Department and the local Health Departments is to provide the best possible public health service to all of the citizens of Connecticut. We are 61% of the way there. The other 39% are not covered by full-time public health services. For the most part, these towns because of their size are unable to afford these services. Passage of House Bill 5535 and 5537 would act as an incentive for these towns to join together, form health districts and thereby provide full-time public health services. Since 1963 when the state first began funding health districts, the value

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REPRESENTATIVE LA ROSA: Next speaker Dr. Martha Lepow.

MARTHA LEPOW: Members of the legislature, members of the public. I wish to address several important issues encompassed in Bill Number 313 an act concerning immunization of school children against measles, rubella, poliomyelitis, diphtheria, tetanus and pertussis. This bill will extend the immunization requirements for attendance in public as well as non-public schools. In addition to measles and rubella which were mandated in 1977, vaccination against diphtheria, whooping cough, tetanus and lockjaw, poliomyelitis and mumps are included. The reason for establishing such statute is to protect our children from acquiring or transmitting to others serious infectious disease for which we have safe and effective immunizing agents. Several of the vaccines have been more recently developed within the past ten years. Persistence of immunity or protection to these is being monitored nationally. Nationally recognized experts have advised public health agencies to implement these programs throughout the country. It would seem advisable at this time in Connecticut to limit the mumps vaccine requirement to children five years and under since most older children have already experienced natural mumps infection and probably would not require the vaccine. The exemption that's stated in this current bill would include certification by a physician that such vaccine in his or her opinion is medically contra-indicated, a certification that the child has had clinical disease and is thus immune. Religious exemptions continue to be acceptable. By giving the Commissioner of Health authority to implement the program, uniformity interpretation of the statute would be assured. It is equally important for the Commissioner of Health to monitor compliance, effectiveness and to have the resources to do so to prevent recurrence of these diseases. Thank you.

REPRESENTATIVE LA ROSA: Any questions of Dr. Lepow?

REPRESENTATIVE MORGAN: One question. Representative Morgan. Dr. Lepow, are you a medical doctor? I notice you're from the University of Connecticut.

MARTHA LEPOW: Yes, I'm a physician. Yes.

REPRESENTATIVE MORGAN: Fine. We have included this year, even though you said. I may be confused but you said that we've included last year rubella and as I noticed in the bill rubella is in again this year. Is that correct?

MARTHA LEPOW: Yes, this bill encompasses those immunizations that were in the 1977 bill.

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REPRESENTATIVE MORGAN: I would just like in your estimation if a girl, say 11 years old was vaccinated with the rubella virus, would we be doing damage to her at all?

MARTHA LEPOW: We are not damaging that patient.

REPRESENTATIVE MORGAN: There is absolutely nothing in your estimation that would prevent them from having a permanent immunity of any such type by getting the virus inoculation?

MARTHA LEPOW: What issue that you raise for which there is no absolute answer is the durability of the immunity to any of these immunizing agents. I would like to pick up on a previous person's statement about measles. This is rubeola measles, not rubella. But we have had the experience with measles vaccine when we immunize children very early that in some individuals there will be a fall off of protection and we don't know completely what the total duration will be. However, with appropriate monitoring as we have with measles, we have re-immunized or extended our immunization for those who are not immunized to protect those people whose immunization might fall off. The issue -- other issue that you're raising by immunizing at 11 will this girl still be immune at the time when she's most likely to bear children and where the risk of the disease to her fetus would be the greatest. We have every reason to believe that most individuals will have durable immunity. Should there be recurrence of the disease, we do have the way to re-immunize that children earlier so that we can continue to protect the community as a whole.

REPRESENTATIVE MORGAN: Thank you.

REPRESENTATIVE LA ROSA: Anyone else have any questions of Dr. Lepow? Thank you very much. Dr. Fred Flynn. Dr. Cathryn Samples. You've got to be quick. We have a time schedule, you know.

CATHRYN SAMPLES: Senator Ciarlone, Representative La Rosa and members of the Committee. I'm Dr. Cathryn Samples an epidermeologist with the state Department of Health and also a pediatrician. I'd like to speak in favor of Bill Number 313. Many of the dread infectious disease problems of the past have all but been eliminated by immunization which has been so successful that many young parents today have never seen first-hand any of these diseases. Meales have even declined to levels where physicians hesitated to make the diagnosis. But last year the number of cases reported in Connecticut increased four fold to over 800. In two cases of measles, encephalitis resulted, one was fatal. As Mr. Lavnikevich mentioned, Enfield is in the midst of a measles epidemic, what he did not mention is that

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## PUBLIC HEALTH &amp; SAFETY

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CATHRYN SAMPLES (Continued): 85% of the cases in Enfield could have been prevented if the statute currently on the books was enforced and was better worded. Another illness that has become less common is rubella, 30% of the women who acquire this condition early in pregnancy can have children with congenital rubella. In the last large rubella epidemic in 1964, 139 children were born with congenital rubella syndrome in the state at a tremendous cost to society. Last year rubella increased in Connecticut also and there were outbreaks in several areas of the state in unimmunized children in high schools and colleges primarily. This outbreak peaked in April and May, nine months ago. We do not know of any cases of congenital rubella which resulted but we do know approximately 80 young women of child bearing age, that is between 15 and 40 who did develop clinical rubella infections during outbreaks, several of which resulted in therapeutic abortion. Connecticut has been ahead of many states in immunization programs and in protecting its children, although as always, the poor and the poorly educated are not as well immunized. Adding recent increases in federal funding to the always present state programs gives us an unparalleled opportunity to remove the inequities and deficiencies in our immunization. Our goal is to adequately immunize all school children by October 1979 against measles, rubella, diphtheria, pertussis, tetanus and polio and to immunize 90% of our preschool children against mumps by the same date. One means of reaching that goal is to broaden our current immunization statutes and to remove loopholes which has made enforcement inconsistent if not nonexistent to many communities in the state. The bill before you introduces several improvements. First, it extends the statute to include nonpublic schools, the last major outbreak of polio in this country occurred here in Connecticut in 1972, in a nonpublic school. The bill makes polio immunization mandatory statewide. And also adds diphtheria, pertussis and tetanus immunization. It would clarify the exemptions from immunization and we feel that the establishment of state department of health regulations will decrease differences of interpretation from town to town. This bill will lead to the establishment of a uniform statewide system for collection and evaluation of immunization data on each child allowing for improved allocation of resources in the future. Finally, the regulatory powers given to the Commissioner of Health should prevent minor changes in the requirements and schedules for immunization to be made without frequent trips to the legislature. At this point, measles control is the top priority of our program. This bill will ultimately provide a mechanism to reach a significant number of unprotected children whose parents may mistakenly believe their children to be protected against measles. The child who died last year of measles encephalitis had never been immunized. Not because of apathy, but because there was an undocumented history of measles on the chart.

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## PUBLIC HEALTH &amp; SAFETY

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CATHRYN SAMPLES (Continued): The second child with measles encephalitis had been immunized at age nine months an age now felt to lead to a high probability of vaccine failure. Both of these children met the letter of the current statute on the books, but all children like them should be protected by adequate immunization. Rubella is also very important to us because of the recent increase in the number of cases and because rubella immunity levels are the lowest of the three vaccines currently required by law. Only 81% of school enterers were immunized in the last survey done in 1975. Levels of better than 90% are needed if we are to decrease the likelihood of exposure of pregnant women to more acceptable levels. I might add on the comment on Representative Morgan's statement that no, it is not hazardous to immunize an 11 year old and that it is not hazardous either to immunize a child at 15 months, the currently recommended age for immunization because we feel that by immunizing younger children, you can prevent the transmission of rubella virus in large amounts as in epidemics in our school system and thus hopefully prevent young mothers from being exposed to their own children who might come home with rubella. There are two points on which we take some exceptions to the wording of the bill. First, the additional on Line 35 of mumps vaccine as a mandatory requirement for all school children is, we feel, premature. As mentioned above, we are soon beginning a very ambitious program to immunize preschoolers against mumps, but we cannot even begin to immunize all school age children without a very substantial outlay of state funds. It might be feasible for us to consider such a requirement for those entering school for the first time after October 1979, but to do so earlier would be to discriminate against those immunized in the public sector where mumps vaccine has not been available and is not now yet available. The second point concerns the wording of the age exemptions in Lines 49 and 50 and is explained in a written statement. In conclusion, the state department of health is very much in favor of Bill Number 313. With the exceptions noted above, we urge you to report favorably on this bill and you have our pledge that we will do our best to implement these changes rapidly and effectively that will incorporate them into our immunization program and that a reduction of these easily preventable diseases in children will result. Thank you.

REPRESENTATIVE LA ROSA: Any questions from any members of the Committee?

REPRESENTATIVE MORGAN: Representative Morgan. I think the thing that I was bringing out, Dr. Samples, was that it has been proven that there is a drop off of immunity that a lot of us that aren't as well educated or well up to date on what

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gfv

## PUBLIC HEALTH &amp; SAFETY

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REPRESENTATIVE MORGAN (Continued): immunization this gives; once we do have our children immunized, we feel that that, in many cases, is a life-time thing and I think in many cases we could find that if a girl is immunized at 6 or 7, it came up and let's say we've have her immunized and tend to believe that these are life-time things. There may be more publicity that these are not life-time. There is a significant drop off of immunization after these shots are given in certain cases. I think that's an area that you can address yourself to and that was the point that I was trying to bring out.

CATHRYN SAMPLES: Okay, let me clarify that a little bit. There is a drop off in immunity after almost every vaccine that has ever been developed. Immunity reaches a height a few weeks after vaccination and then drops relatively sharply and then tends to stabilize at a certain level and remain that way for anywhere from months to years, dependent on the vaccine used. In the case of rubella, the immunity that is required from the vaccine is not as high in terms of the amount of antibody as from natural infection, but it is high enough to be what we call protective, to prevent a child from getting a clinical infection and most important, to protect the child from getting virulla, the virus getting into the blood stream and thus, if the patient were a pregnant female, into the placenta and the fetus. It has not been proven that immunity will vanish. The most recent studies have followed children for as long as 7.5 years after vaccination. At the end of 7.5 years, over 95% of the children who had been vaccinated still had detectable antibody to rubella in their blood steam. We think that immunity is correlated with detectable antibodies. It is conceivable that children without detectable antibodies may still be immuned, but we have no way of testing that right now, short of giving them the virus, so that we do feel that protection does endure for at least 7.5 years. We are not equipped with foresight and we cannot predict what will happen in 20 years, but we will certainly be watching, we are certainly encouraging testing of all women who are entering the child bearing period prenatally prior not just to the birth of the child, but prior to becoming pregnant to insure that they are immune, whether they've gotten their immunity from the vaccine or from the disease.

REPRESENTATIVE MORGAN: Well, on the fact sheet you've given us here it says that vaccine is not recommended for adolescent girls. Maybe you could define adolescence for me.

CATHRYN SAMPLES: It is not recommended as a routine mass immunization measure for adolescent girls, usually that's defined as past the 12th birthday. The reason is that an adolescent girl,

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CATHRYN SAMPLES (Continued): especially in today's society, runs the possibility of being or becoming pregnant within the next three months and currently it is contra-indicated to give the vaccine to such a child. It is completely safe to give the vaccine to an adolescent girl if she is not pregnant and if she understands the fact that she must not become pregnant during the following three months.

REPRESENTATIVE MORGAN: Thank you.

REPRESENTATIVE LA ROSA: Any questions of Dr. Samples? Thank you very much for your testimony. The next speaker Dr. Gert Wallach.

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GERT WALLACH: I am Dr. Gert Wallach of Waterbury, Connecticut. I appear before you on behalf of the Connecticut State Medical Society, which represents the greatest part of all Connecticut physicians. The Council of the State Medical Society, its highest governing body, voted on January 12, 1978, "That the Connecticut State Medical Society supports legislation to make immunization for mumps, measles, rubella, polio, tetanus, pertussis and diphtheria mandatory to admission to both public and private schools, preschools and day care centers. In the United States it has been proved that in 52,000,000 15 years old and younger, 28,000,000 have not been adequately immunized against the tragedies we've just mentioned. In particular, 36% of the children did not receive adequate immunization against polio, 35% against German Measles, 30% against red measles, 24% against diphtheria, pertussis and tetanus and 56% against mumps. Where Connecticut is concerned, in reviewing the years 1976 and 1978, 1,100 cases of measles, 1,129 cases of mumps, 2 cases of whooping cough, 456 of German Measles and 1 of tetanus. Since the beginning of this year, 1978, we have in Connecticut 57 cases of measles, 21 of mumps and 3 of German Measles. Gentlemen, serious complications of polio include death and paralysis; of German Measles retardation, deafness, miscarriage, encephalitis, blindness, heart damage, cerebral palsy and death. Of measles brain damage, blindness, asthma, pneumonia, deafness, mental retardation and death. Of diphtheria, pertussis and tetanus heart damage, fetal damage, pneumonia and death. Of mumps deafness, sterility in the male, brain damage, and recently the evidence is increasing that this some of the others mentioned might be the cause of juvenile sugar diabetes. We do not fulfill our duty if we do not do everything to prevent these serious illnesses and protect our children. It is now long enough that we have knowledge and have not made protection against these illnesses months ago. The purely voluntary basis has not worked. It is time to take action by passing mandatory

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GERT WALLACH (Continued): legislation to have all preschool and school children immunized against diseases. I would like that you also notice that there are some additions and variations since the resolution of the Connecticut State Medical Society that bill submitted by the state department of health. Unfortunately, the bill of the state department of health I received only yesterday afternoon and I'm quite sure there would have been occasion to discuss it with the state department of health the differences could have been worked out. The differences are (1) the state department wishes to immunize the school population. The Medical Society agrees that wishes to extend immunization to the preschool children there also. The justification to this is the preschool population is an even larger means of protection as it is more exposed to all the mentioned illnesses and their complications. This preschool population, of course, is easier to reach. The preschool population can be reached in kindergartens, prekindgartens, head starts, day care centers and so on. (2) Page 2, Line 54 to 60, as to the power of the Commissioners of health. I would like to tell you that there is mentioned Chapter 54. I do not know what that contains. But it should be made sure that (a) the Commissioner in his decision is bound by the recommendation of the Center of Communicable Disease in Atlanta and/or the resolutions of American Academy of Pediatrics which investigates all these immunization questions very thoroughly; (b) they should off the provision that the Commissioner must permit exceptions for varying statutes if they are performed by the research for research purposes the recognized investigators. Justification - the Commissioner should be bound to the opinions of the authorities of research organization and organized for research should not be stifled by rigid schedules.

REPRESENTATIVE LA ROSA: Any questions of Dr. Wallach? Thank you very much. Dr. Albert Peacock. Doctor, we will waive some of the requirements because we're very interested in your testimony and maybe one or two other question.

ALBERT PEACOCK: Well, I appreciate that. And I'll try not to over --

REPRESENTATIVE LA ROSA: Don't make yourself too comfortable.

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ALBERT PEACOCK. I'm Albert Peacock. I'm a practicing pediatrician here in Hartford and past Director of the Department of Pediatrics of the Hartford Hospital. I'm interested in this bill here and am an enthusiastic supporter of the immunization program for measles, mumps and all these others and this is what I saw that this was an act concerning these enumerated diseases up above, but down here I see mumps. And I'd almost like to spend four minutes on mumps, but I'm not going to. I do not feel that children should -- boys should receive the mumps vaccine until they're in the preadolescent area because the mumps vaccine

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ALBERT PEACOCK (Continued); works off -- I found it in my own practice and they can have a serious -- I had one case recently where the boy got the mumps, and the father got mumps and encephalitis. I had vaccinated him at 12 years of age. That's enough for mumps. Now we're going on to the rubella. I'd like to have that eliminated very definitely from this law. The purpose of the rubella program was to eliminate rubella and was to inoculate children because that's the normal pool of rubella. I mean, to inoculate children, therefore, we would eliminate the rubella and protect the pregnant women. And so the federal government sponsored a program where 30.1 million children were vaccinated against rubella. I was in favor of the program and told all my patients to have the rubella vaccine. But then there were the rumblings of dissatisfaction. Mean of authority -- Dr. Weinstein of Boston. He is a very prominent infectious disease man, wrote in the Medical Journal saying that we should not go along with this program as it is started. Dr. Enders of the measles virus authority also wrote this article and Dr. Plotkin wrote an article. Now, let me tell you who Dr. Plotkin is. He is the -- he's produced the rubella vaccine. It is considered by people here and abroad, in fact, it's in use abroad since 1970, as an authority. He knows as much about the rubella vaccine than as much as anyone else. He wrote an editorial in the Journal American Medical Association, March 1, 1971. I'm just going to read you the last paragraph. He said, "Physicians should not be stampeded into vaccinating all their child patients, but should seek to provide protection to females in the child-bearing age or those entering it. Serological testing programs for adult women might be a more useful object for expenditures of public health funds than wholesale vaccination of boys. Finally, in those states where there are laws requiring rubella vaccination, an effort should be made to repeal or suspend them until it is certain that the best interests of our entire community is being served." This is an authority. Shortly after this article, I saw a little piece in the Hartford Current whereby the legislature has passed the law making a prerequisite for children to have rubella vaccinations to attend school. Now, I'm not blaming the legislatures for this at all because they were not informed and I think it's the medical profession's fault; on both laws the medical profession did not have an opportunity to present their views. This is a controversial subject. Well, they passed this law and when I called Jim Hart down the state, he said, well, it's a weak law. He said the parent or guardian can object to their child, but we had to write letters and call schools to tell them that they didn't have to if the parents objected. They wanted a letter from us. Well, we rode along on that for a while. Now, that was

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ALBERT PEACOCK (Continued): in 1971. Since that time, more and more investigative has been published. Now, have you all this paper in mind. I want you to read it because this is all proven and I could spend a lot of time going through it. Number one, it hasn't been eradicated as an infectious disease. I'm not going to talk about serious immunity but that happened in polio. If you have six people in the family and you immunize four, by the third immunity, the others become immunized. The whole family is. But this wouldn't happen and we hear papers failure immunity, failure of the literature, so we are not eradicating the mumps vaccine. The next thing is the percentage of children that have been found are losing their immunization, within five years and what's going to happen to these girls, and this is the way that I present it to my patients. I would rather have them wait until you're at the teenage period. This is what they're doing in England and I'm accounting it. They're vaccinating girls from 11 to 14. They don't touch boys and if these girls can wait until -- see if they can get the natural wild disease. Now, that is an innocuous disease. They're hardly sick. They have a rash for a couple of days and then they have a permanent immunity. This immunity that was given by the vaccine, all these vaccines do not compare to the natural immunity so why not give them the best. Why not buy them a \$50 suit rather than a \$22 suit. Well, this is my claim. These girls are going to have no immunity at the time they are in the child bearing period and are going to be sitting ducks for this very severe problem. And then the other stinker in this is some vaccinated children are being reinfected. Now, this is coming out in all the journals and the last journal in January, I think it's Wilder from Pennsylvania, reports about reinfection. Well, we're taking credit saying reinfection is good because they get better immunity. But what happens at the time of their reinfection with the wild virus. They're infected. So little Johnny, he's been vaccinated against rubella and he walks into school, he may be infected and unfortunately they're infected in asymptomatic way. They don't show disease. So this little rascal walks into school and he infects the school teacher. But before they said, "Oh, if you are immunized, you're protecting the school teacher." So that does not go. Now, these are the reasons why I think it's wrong. Now, I've talked to Dr. Plotkin recently. I've talked to Dr. Weinstein on Tuesday. He was surprised at what stage it's given to boys. Now, he's an authority and he's surprised that we're giving it to girls. He was very enthusiastic and he said, "I'll send you all my material on it." And he's written a great deal on it and I think I have a lot of this material and this is why I'm probing the way I am. Now, the last thought is, especially in such a controversial issue, is

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ALBERT PEACOCK (Continued): more than undemocratic to allow state agencies to unilaterally coerce reputable physicians to condone medical procedures with their patients which the physician deems unreliable.

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DR. ALBERT PEACOCK (Continued): Now this is the sad problem, and I would not be here today if this hadn't happened. They passed the law in '71 and then in September of this year, I found out a new law was passed in April. No one knew about this law. I spoke to everybody. I was in a committee meeting of the Hartford County Public Health and Safety Committee. Not one of them knew that this was coming up. The State Board of Health rubber-stamped this rule January 12th, sometime in January, then it was passed in April. Well, this law comes out and it states it takes out the parent-guardian clause but puts in another clause, unless a doctor writes a reason why this child should not be immunized. But things were going on, I was still sitting comfortably, writing letters, sending out money, postage to schools, I had to call superintendents of schools to tell him why I was opposed to this rule.

Then I ran into a snag, and you all know about it. I might as well tell you about Rocky Hill. Rocky Hill had a doctor down there who would not accept my opinion that it was unfair for patients of mine to be immunized. Well, I called the State Board of Health, I talked to Dr. Sample, I talked to Dr. Lewis, and they were supporting and, I feel, influencing Dr. Moser. Dr. Roy asked for an opinion from the general attorney, and he asked because many of the doctors in the communities were not accepting his statement and he wanted a legal opinion. I'd like to spend some time on the opinion. I've got it. Now, this is the sad point. We go down to Rocky Hill and Dr. \_\_\_\_\_ says these children cannot attend school after February 27th. Now I went down to Rocky Hill. Dr. Quintiliani and Dr. Harris were down in Rocky Hill and they wouldn't go down there since. And then it got kind of tough, I wanted to withdraw from the pressure because it was sad that these parents and their children could not attend school because of this edict because of Dr. Moser backed by the Connecticut State Board of Health. So I went down this time and tried to talk to the education department. Well, they said it is the law. Each one of them came to me separately and said that we agree with you, but it's the law. So we went further and Dr. Moser held out. Then I went down there and I said, look, you're only a few. I feel very sorry, I think we've lost Rocky Hill, and you've got to submit. It almost looks good on paper, that I'm down there egging them on to fight, but I'm not, because I felt so sorry and I didn't know what I would do if I were in their position. Dr. Moser coerced these people, and some of my patients, and I'm not kidding, came to me in tears saying, Doctor, we want to follow you but we couldn't. Our children are crying and they couldn't go to school and

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DR. ALBERT PEACOCK (Continued): so we had to have Dr. Moser inoculate them. It was terrible; I just was so upset about it.

Belt #6 Then I went down last week, and these poor people are getting together and they want to get a lawyer to fight this. I think they're justified in doing it, but it's going to be expensive. To look at these people, unfortunately Jean -- what's her name, the commentator, she had an editorial on this. Jean , indicating these people are criminals, they are going against the law. Now these people are saying, okay, every other state -- we haven't had a problem in any other community. Every other community has accepted my note saying that it was my opinion, I would like to have my patients excluded, every one of them. They say, well, why is Rocky Hill, if all the other communities, why do we live in Rocky Hill and get this deal? And this is the way they're appearing. She makes them appear as criminals in her editorial. I think it was an ill-informed editorial, and I'm very sorry, and this is a very sorry commentary and I think that if the legislature does not consider the theory --

REP. LA ROSA: I think that we are going back. I think that someone, if you want to move to Canada -- thank you. I think you should stay there for a few seconds, Dr. Peacock, because we've got a few questions to ask. First of all, I don't know if you're aware, but this committee operates on the basis that we try to inform and we try to have public hearings. I think that if you look at our record, we have stayed here many, many hours to listen to testimony pro and con in regards to legislation. It is not a committee that arbitrarily accepts or rejects a piece of legislation without being heard. Unfortunately, when this was passed, in 1977, at the last session, I think it was unfortunate that maybe the information didn't get out to the Medical Society and people like yourself who were maybe too busy taking care of your patients and you just slipped by it. But, be that as it may, the question that I have is that assuming that we repeal the immunization of rubella, are the children of this state going to be better off? I'm talking about all the children, are they going to be better off without the protection of immunization even though you have stated that it wears off in five years and Dr. Sample has stated that it wears off in 7.5 years? I'm trying to recollect some of the testimony in my own mind, but I'm not a doctor, I'm just a lay person trying to protect someone out there, it just happens to be three million Connecticut residents.

REP. LA ROSA (Continued): Now, if it's 7.5 years immunization lasts, you said it lasts five years, then the other testimony was that after 12 years old there's a possibility of pregnancy and there should be no pregnancy within three months, and of course, in this society, we know that there are teenagers who become pregnant. Now, the question is, are the children of this state going to be better off without this law, and why?

DR. PEACOCK: That's a good question, because this is what they are doing in Europe.

REP. LA ROSA: I don't care what they're doing in Europe. I want to know about Connecticut.

DR. PEACOCK: Yes, they're going to be better off because it's going to give these girls 85 -- if you take the ordinary population, 85%, and this is recognized, is going to have the disease innocuous state and be immune. There are 85% of them right off the bat. Give them a chance to have that immunity rather than this secondary immunity. I'm not an authority, but there's something about the protection of the natural immunity, it gives you the local protection, IGA or whatever it is, and the one that they give does not give local protection. So they're not giving you protection. I talked with biologists. We'll do this if, if, if, and they keep on saying we'll do this. It's just like baling out a boat with a leak in the bottom and having the water come over the stern. This I say is wrong and it's been recognized by authorities that we're wrong if we pass this law, and they're capable authorities.

REP. LA ROSA: Representative Orcutt.

REP. ORCUTT: Dr. Peacock, I think we all have to recognize that we may not perhaps in what we're doing solve the problem by an immunization program, but we certainly have a problem where we don't control rubella in some way. There was already reference by Dr. Samples to the 135 handicapped children who were born in the State of Connecticut in 1964. Just yesterday, as a matter of fact, the committee on education heard a bill to extend the public funding that we now have to handicapped children in the State of Connecticut. That's a very serious problem, to have 135 children handicapped. Now it would seem to me that as Representative La Rosa indicated, that there certainly was some lack of coordination between what you have said and Dr. Samples said in her testimony just a short time ago, because she certainly did say that according

REP. ORCUTT (Continued): to research that she was reporting on, that after 7.5 years 90% of the children still had detectable antibodies in their bloodstream which she believes will be adequate if some of those children were females. They're privileged and the protection would be . . . Now, is that the kind of protection that we need to have in some way, immunizing female children between 11 and 14 now, does involve some risk as Dr. Samples has also indicated, because the amount of teenage pregnancies we know are getting . . . As we know, they're very susceptible and this in itself is a problem. It seems to me that we just this program easily because, unless the figures of Dr. Samples are in fact , we are not giving them full protection but only some protection which we need in a desperate situation.

(INAUDIBLE)

Well, that's something of a dispute as to how much are we willing to risk. I wanted to raise the question of subclinical cases. I know in the case of our children, one of them didn't get the mumps but was exposed to it. The pediatrician said he may have had a subclinical case which we weren't aware of. It seems to me that there is that possibility, that there are subclinical cases that may be going to school as well as persons who acquire the disease because of reduced immunity but don't show it as well. These things have to be balanced out and it raises a question in my mind as to how much the risk really is when you have a person who was in fact immunized but the immunization has dropped. I'd like you to respond to that because I think it's not a simple problem, but it is a serious problem.

DR. PEACOCK: It is a serious problem and I'm glad you brought it up. Here is the thing we're finding out now. When you talk about subclinical cases, how do we know that these children had asymptomatic rubella, because in the studies they inoculate them, they get a , it levels off and then they're following through. Later on they get another titer and they have a fourfold increase in their titer. What has happened, they've been infected by the wild virus. Now you say, okay, I'm sorry about that. You say 135 children; there are 20,000 children born with the rubella syndrome in the United States in 1963 and 1964. It's a sad situation. I want to get at this, but I want to get at it in a practical way, and I think trying -- You see, this is the only immunization program that is taken -- it has a definite harm in this segment to protect

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DR. PEACOCK (Continued): this segment. Why don't we get nearer this segment as they're doing in Europe? I tell you frankly, if we go along with this program, I'm not a prognosticator, but I think we're going to have one big epidemic of congenital rubella syndrome if we go along this way because we are not protecting that segment that needs protecting. This is why I say we're baling out the boat here and the water is coming over the stern. It's so wrong for us to consider. Now, remember, I am a practicing pediatrician. I'm interested in my patients. I'm not a neurologist. I have to depend on people that are biologists. I have to depend upon Dr. Quintiliani who is an internationally known infectious disease man. He's gone all over the country, Europe, and I have to go to him because between 1971 and 1977, the American Academy of Pediatrics and the public health services recommended this. Who am I to stand against this? Those two organizations recommended the swine flu program. Those two organizations recommended the scarlet fever setup. When I started in practice here, because again, you gave a shot once a week for scarlet fever. It was harmful, it was detrimental, it wasn't beneficial, and I said it. It went on for years, and I was considered an obstructionist by going against the scarlet fever program. You don't hear about it today, and I feel just because, they can present the same picture there. When these people say we'll give it to boys, it doesn't do any harm, my contention is that I've always tried to figure in treating my patients, in the institution I have, there is a procedure or medicine, I've got to consider the risk compared to the harm. We found there is not much benefit from this study in vaccinating boys. Is there any harm? Yes. We have some cases that have occurred, so there is a risk with some others, but they can't compare to measles. Sure, I would give them the measles vaccine because the benefit is so much greater.

Now, I hope I've answered the question about the future of these girls. You're going to hear in the literature, oh, we've done a wonderful job. Every eight or nine years we're supposed to have a rubella epidemic. We had a rubella epidemic in 1935. We had another one in 1943. We had the next one -- I don't know what happened to those rubella syndromes in the other ones -- in 1964 we had a disastrous time. 1943 to 1964, there were 20 years, and then they say every six or seven years. We didn't have it, it's not true, and they're taking credit. We've got to take credit for a lot of things, but nature helps us with them. From 1943 to 1964 there was no significant increase in the

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DR. PEACOCK (Continued): instances of rubella. So you see, I feel, I'm going by people that are knowledgeable. Are there any other questions?

REP. LA ROSA: Dr. Peacock, yes. In your written testimony here it says, on page 2, there has been a loss of immunity in varying percentages of children given the vaccine. Dr. Dorothy Horstman of Yale in Annals of Internal Medicine extrapolates from her studies of the Danbury trials that of 35 million susceptibles vaccinated by 1975, three millions are expected to have lost their immunity after five years. That tells me, just mathematically, that's 9%. Isn't it better that we only have 9% that have lost their immunity than to have 100% out there maybe not given the full immunity on a natural basis or whatever?

DR. PEACOCK: Remember, 9%. If we prevent so many of these kids from getting natural immunity by doing this, then we're going to have 85% who have immunity if you leave them alone. So give us credit for that. You're going to get 85% who are going to be immune, so that leave 15% who are not immune. So let's go ahead to help these adolescents. I would like to see us take these adolescents, do a titer on them and then the ones who are positive, and they're going to be very few, the ones that are positive, give them the inoculations. You don't have to do the boys. The expense we could save from this. You don't have to do the boys, just take these teenage girls, do a titer on them, and you'll find about 15% will need the rubella vaccine.

REP. LA ROSA: Dr. Peacock, just let me ask you one more question. What would you suggest as a compromise, not as a complete repeal. What would you suggest as a compromise because it would seem to me that we're trying to address ourselves to some of the minorities that have displayed displeasure in regard to Public Act 77-52. I don't think that truthfully, that we talk about repeal; I think I'd be a little nervous, but if you talk about some sort of a compromise, you know, I'm trying to be objective.

DR. PEACOCK: I didn't know this was coming up at all. This is why, if you noticed on this thing, I said repeal because I didn't know about this. I just heard about this today, you know.

REP. LA ROSA: We'll put you on our mailing list.

DR. PEACOCK: I appeared before the committee on Public Health and Safety in \_\_\_\_\_ County, and they asked me, what would you do. I said, I'm not a lawyer, but I did suggest the

DR. PEACOCK (Continued): law state that each Board of Education require each child to be protected against dypththeria, tetanus, pertussis, poliomyelitis and measles before being permitted to attend school. I just would leave out mumps and I'd leave out rubella.

REP. LA ROSA: If you leave out rubella, then you repeal the Act 77-52.

DR. PEACOCK: You're repealing it here now.

REP. LA ROSA: You're right, we're repealing it, but we're incorporating it into a new statute. What I'm saying is this, as far as the immunization of rubella is concerned, I don't think a repeal is more or less -- I'm looking for a compromise to maybe satisfy some of the people that have expressed a concern.

DR. PEACOCK: Who wrote this? Who wrote this one?

REP. LA ROSA: The committee wrote it.

DR. PEACOCK: Your committee.

REP. SWOMLEY: Part of it's been answered. You did indicate which vaccines you would include in the statute and you have indicated your reservations about mumps and rubella. If you were Commissioner of Health, what would you recommend in terms of mumps and rubella as far as a public health program for Connecticut is concerned?

DR. PEACOCK: Commissioner Swomley, in the first place, I would not recommend until I got a team of experts. I don't want to be unilaterally doing this as this is being done now. Unilaterally; this is a unilateral thing and they're pushing this law down our throats. You notice how, first of all, they took the law where the parent and guardian could. Now they say the doctor can, but the doctor can't even do that. The doctor isn't allowed to do it. Just the State Board of Health can do it. What are we? What kind of a state are we in? So I would say, I would get knowledgeable people with infectious diseases, not just public health people, I would get knowledgeable people. In fact, when I've been confronted with things of that sort, I've called Louis Weinstein, I've called down in Washington, and I've called all these people to get their opinion. I don't want to have a unilateral opinion, so this is why I say I would like not -- this is what I suggest, and this is what I suggest to you, to leave rubella out of this, and

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DR. PEACOCK (Continued): you leave mumps out of it, that is only fair.

REP. SWOMLEY: Just one further question, if I may. Would you leave with the committee the most current medical opinion that you feel represents expert opinion in this area?

DR. PEACOCK: Would you give me -- Dr. Weinstein said he's going to send me a lot of stuff down because he's adamant too, and he said he would send me some stuff. I want to get a statement, and he said he'd send me all the stuff.

REP. LA ROSA: Dr. Peacock, the deadline is the 15th of March. In order for us to act on all legislation pending before us either on a joint favorable or a no-action basis, I would suggest that you give us as much information as possible within the next week.

DR. PEACOCK: Who do I give it to?

REP. LA ROSA: You give it to our Committee on Public Health and Safety, Room 503A, and to our permanent clerk, Janet Levy, she'll be more than happy -- we'll even give you our phone number, 566-5913.

DR. PEACOCK: All right, Mr. Chairman. I've spent many, many hours with this in the last few months and I wouldn't have been here if they wouldn't have pressed me or if they wouldn't accept me, and I will spend all the time I can.

REP. LA ROSA: Thank you. I would like to call on Dr. Richard Quintiliani.

DR. RICHARD QUINTILIANI: Thank you. I'm Dr. Richard Quintiliani, Chairman, Division of Infectious Diseases, Hartford Hospital. I would like to thank Dr. Peacock for the kind comments being mentioned as an international infectious disease person, and when I hear that, I always wish my mother and father were here. My father would enjoy it and my mother would believe it.

I would like to make some comments that I am not a person who's been generally opposed to immunization. I'm highly supportive of most aspects of the bill, including the measles, but we have to be terribly careful to not have loose thinking that all these immunizations are identical. The rubella vaccination is entirely different than all the rest, not only in terms of what we are trying to do with the vaccine, but in terms of the

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DR. RICHARD QUINTILIANI (Continued): whole evaluation of safety. In fact, safety here has nothing to do really with the person who receives it, but rather does it really protect, is it in the long run the newborn; that's what the real issue is. Also, before I mention that -- I know there's a limited amount of time -- I do feel comfortable with immunization. In fact, I think paradoxically, Merck, Sharp and Dohme, which makes rubella, has asked me to be the spokesman in Connecticut on another vaccine, namely the vaccine which will be here in a couple of weeks. So I am not, as I mentioned, a person who's opposed to vaccines in general.

However, I also don't mind being the odd man out. Last year I was the odd man out when everybody was supporting this fine bill. It must be very difficult for the committee to hear that the American Academy of Pediatrics or the AMA, the Hartford County Medical Society, CDC, State Health, etc. There is an easy way for one committee to support the other and you've got to be very careful of those trappings. This is exactly what happened in the swine flu situation. We hear these emotional things about some children being born with congenital rubella, but we certainly don't hear very much about all the complications of the swine flu. These haven't been improvised. There's over several billions of dollars in lawsuits over adverse effects relating to a vaccine that was supported by all the supposed committees. The bottom in that year we should also pay attention because I think it's very similar to what's going on this year, is that the swine flu is not supported in Europe, in Canada, in any part of the world. Anybody else who also has very credible authority in the area of infectious disease were not supportive of the widespread use of immunization. It's only in the United States and look what happened.

Again, we can look upon the rubella situation and note that there are other parts of the world who take an entirely different view as to how this immunization should be administered. It was mentioned in England, they wait until the child hits 10 to 11 years of age so in the interim the child can acquire the disease naturally. There is an 85% likelihood of that happening, and the immunization effects of the vaccine are nothing like the ones that you get naturally. This can be debated for hours in terms of medical support of that statement but support of that comment.

I think the bottom line here is really that no matter who

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DR. RICHARD QUINTILIANI (Continued): you say are authorities -- now Marty Lepow was here. She is a national, internationally recognized person in the field of immunization who takes a view entirely different from the one I take and which is supportive of what's being recommended. We can line up with Weinstein and all other kinds of famous names, but the situation is one that obviously there must be a wide difference of opinion as to the logic of giving this vaccine at a very young age or deferring it until they get 10 or 11. I would think in that particular situation, that to mandate that everybody has to have this, otherwise we expel them from school, and that type of controversy is totally unreasonable. Last year why wouldn't it also have been equally as possible for nobody to be able to go to work unless they get a swine flu shot in the name of community protection? In a situation where there is tremendous medical controversy, I think it's terribly unreasonable not to permit a reasonable practicing physician to look at his information and come to his own views as to which is appropriate or not. And the situation here, Dr. Peacock's view, is that in his medical judgment it would be inappropriate to issue this vaccine before the age of 11, and in fact could be dangerous, and I would agree with that, and if we have time I will get back to that comment.

Why the devil would a town officer accept that as a reasonable statement? If we avoid that type of situation, we're asking for all kinds of philosophical problems that federal agencies, state agencies in terms of backlashes can demand everybody has to line up for immunization or they'll be punished. In fact, the tragedy in Rocky Hill is that the person being punished are the students. They're being punished for two reasons; first is that they have to get a vaccine which isn't protective for themselves but for somebody else later on down. That's a form of punishment but I think that it's one that we support in the name of altruism. But now they're being told by their own private doctor that they should get the shot and they're getting punished again by being expelled from school. Here they are, caught in the situation of controversy and hence, I feel that, one, I don't think rubella should be attached to this law, but if we had to make a compromise which was mentioned, that it is impossible to totally delete it, I think a very reasonable compromise would be that if a physician felt that it was appropriate to defer the immunization to age 11, that the town official would accept it as a medical, a justifiable medical reason not to give the immunization since many parts of the world do this as their modus operandi.

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REP. LA ROSA: Any questions of Dr. Quintiliani?

REP. SWOMLEY: Yes. Representative Swomley. Would you comment on your views on mumps being included in this particular bill.

DR. RICHARD QUINTILIANI: I'm not happy with mumps either. It's a disease which is usually acquired naturally. This was mentioned already by Dr. Lepow. It's another one I think that should be under the of the practitioner. At some point the private doctor should have some involvement as to what's most appropriate for his patient. Now if it's a medical situation where there's controversy, I think it is totally reasonable to let him make those decisions. I think this is also true of the mumps as well as rubella.

One comment I would like to make is that I think we have to avoid this feeling

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DR. QUINTILIANI (Continued): It's another one that I think should be under the practitioner. It's some point where the private doctor should have some involvement as to what's most appropriate for his patient. Now, if it's a medical situation where there's controversy, I think it is totally reasonable to let him make that decision, and I think this is also true with mumps as well as rubella. One comment I would like to make is that I think we have to avoid this feeling that, well, give him the immunization, it gives some protection, but this is not hazardous. If you give it early in life, you prevent people from naturally acquiring the immunization.

we talked about as if they are not immunized. So we may end up, just in the wrong time, with a tremendous number of people in this country, who will be susceptible to the disease and we will have to keep reimmunizing them, and the rubella vaccine is a live virus with a live D&A material and that's what happened to the swine flu. It's a live piece of D&A. You can't just pass it out and give it to anybody repeatedly and not expect that, in a number of people, there would be an adverse reaction, and so there's a lot of reasons why this could be much more hazardous and, in the long haul, I think the most appropriate way to eliminate reubella, and I know everybody's caught rubella, is that it will be eliminated more rapidly and properly by deferring immunization to eleven and allow people to get the disease naturally, and then come on with all kinds of laws that that age group will either have serological evidence of having the disease. If not, then they should get whatever is presently available in terms of immunization.

REP. LAROSA: Representative Orcott.

REP. ORCOTT: Yes, Representative Orcott from . I was wondering that supposing we change the laws so that we would require mandates for , wouldn't it be only pertinent data for 11 year old girl?

DR. QUINTILIANI: Yes, correct.

REP. ORCOTT: Because we really are bypassing the efforts to control this by children, in general, having it to, you know, I know there is a risk involved in any child having it can infect other people. We really are bypassing that possibility of finally getting it naturally.

DR. QUINTILIANI: It's been a long haul, but we're trying to eradicate the disease, and our concern is by immunizing

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DR. QUINTILIANI (Continued): these very young people. In the long haul you may end up with --- situation later. At the present moment it looks good sure, we got these partially immune people but as the immunologicals respond to this decrease, then we, just at the wrong moment, we'll have a highly susceptible population. I don't think --- but I know Dr. Harris and Dr. Hoffmann are not belligerent and opposed to people immunizing before them, even though we disagree. But on the other hand it seems equally unreasonable for town officials not to accept this other very reasonable approach which is deferred to ll. So I think if a compromise had to be made, that it would be stated very clearly, that we don't have a situation where we do in Rocky Hill, where one town official in the --- zone, that that's not legitimate for whatever reason. I think that's a terrible illegitimate reason -- the physician wants, refer to ll it will be acceptable. See the medical reason here is that the body is not old enough for the vaccine. That's the medical reason.

REP. LAROSA: Anybody else have any questions of Dr. Quintiliani? Thank you very much. You've been very helpful. Before we move to our next subject matter, Statewide Health Coordinating Council, I just want to step out of line for a second and recognize Dr. Granger and Maureen Murphy who will give us some comments on some legislation pertaining to the Department of Mental Health and then we will go back to our schedule on the State Coordinating Legislation. So if Dr. Granger and Maureen Murphy will be up here to make their testimony on Mental Health problems.

MAUREEN MURPHY: I appreciate this --- very much.

SEN. CIARLONE: Could you wait a second while the room clears, there'll be some silence and we might be able to hear you. There are additional names that we've taken out of testimony --the subject matter. We'll come back to the subject matter properly, oh I would say something around one o'clock. Okay? Okay Maureen would you proceed please.

MAUREEN MURPHY: Thank you very much. My name is Maureen Murphy and I'm a volunteer and serve as President of the Milford Family & Child Guidance Clinic and I want to refer to Bills 315 and 5148. Now the 315 has, is concerning grants for family mental health agencies and most of our family and child guidance clinic is an agency that has been serving those children and adults. We receive adult funding from the Department of Mental Health under 314D Federal Funds and we receive our children's and family service fund from the

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FRANK MEAN (Continued): association or the formulation of a public health district and I just hope that within the next we were signing it for ten years and we are becoming fatigued at this point. I thank you for giving me the opportunity to speak with you this afternoon.

SEN. CIARLONE: Thank you. Any questions of the speaker? Is Mr. Arafat in the audience?

BARBARA ARAFAT: I am Barbara Arafat, president of the auxillary Belt to the Connecticut State Medical Society, and the mother of #13 three school age children. I would like to speak in support of bill number 313 concerning immunization of school children against measles, rubella, polio-myelitis, diphtheria, tetanus and pertussis and I would like to add mumps. When it comes to consider prevention one of the most desirable methods of sustaining good health and avoiding illness oftentimes however preventive activities are widely acclaimed but poorly Immunization against the aforementioned diseases generally considered is effective and safe and should be required for all school children and desirable for pre school, day care age children. attraction is not medically desirable for a particular child or when it is contrary to religious belief.

I am impressed with what I have heard at the Connecticut State Medical Society in reference to rubella immunization, that it greatly reduced malformation, greatly reduced. Bill number 313 expands the currently required immunization, makes it possible for the health department to generally control immunization schedules and as well as they have access to real status of includes private as well as public schools. Adopting this bill means substantial protection of school age children against the aforementioned diseases and will be another forward example of the kind of application of what is already known about the prevention of contagious diseases a child gets. We to the Connecticut State Medical Society an organization of physician which acquire priority, consideration and action and as volunteers who have been working for public education about immunization in Connecticut this year.

We urge your consideration and report of this bill for adoption. Thank you.

REP. LA ROSA: Any questions? Thank you. The next speaker Dr. John Lewis.

DR. LEWIS: Representative La Rosa, Members of the committee, I

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DR. LEWIS (Continued): I am Dr. John Lewis and I am director of the preventable diseases division in the State Department of Health. I am here to follow through on the comments made earlier by Dr. Catherine Samples and specifically to address the issue of the rubella following comments by Dr. Peacock and Giani. I am delighted that all the testimony and it would seem the comments from the committee as well, indicate that it basically this proposed legislation is favorably received. That the only exceptions to that are the inclusion of rubella and mumps. Now we also and I am particularly in favor of the inclusion of mumps so the only remaining issue is rubella.

Representative LaRosa raised the question of Dr. Peacock of what would happen if rubella was simply eliminated from the proposed law. And I am delighted to see that Representative Orcott's comment for the most part answered that question better than I could have. I have some additional points that could be made. We had a policy of vaccinating pre-school age children against rubella in the United States in 1969. Since that time there has been a drastic reduction in congenital rubella in this country along with the incidents of rubella itself. We have not had anything like the epidemic in 1964 that resulted in 139 cases of congenital rubella in Connecticut.

In contrast to this in England and Europe a different policy has been followed and this was referred to by Dr. Peacock as an example of how we should proceed. In England since 1970 they have been vaccinating pre pubertal women, 10, 11 to 14 year old women against rubella after getting a blood test for rubella. This is a policy which theoretically can work in the long run. And has begun to show some improvement in their race with rubella. But the improvement has been very small and today in England they still have a much higher rate of congenital rubella than we do in the United States. I have the greatest respect for Dr. Peacock and Dr. Quintiliani. Dr. Peacock is obviously a highly respected pediatrician, he is obviously well liked by patients and their families. Dr. Quintiliani we respect highly for his ability in diagnosing and treating infectious diseases, at the Hartford Hospital.

But they reflect a minority of opinion on rubella vaccination policy in this country. Against in addition to any number of experts which I can cite in the same way which Dr. Peacock did is the medical society of Connecticut, the American Academy of Pediatrics as well as the Connecticut branch of that, the American committee

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DR. LEWIS (Continued): on immunization practices, the American Public Health Association, the Academy of Family Practice, the American Hospital Association and other groups. I would like to explore a little further a possible result of the policies suggested by Dr. Peacock and a more liberal policy of allowing exceptions to this law. The patients that go to good pediatricians like Dr. Peacock, have a luxury of having tremendous individual care. If a patient who is exempted from this age five is still being seen by Dr. Peacock at age 10 and has a blood test for rubella, and then if it's negative goes on to get rubella immunization, we believe they are going to be adequately protected and that that particular woman will not have a baby that has congenital rubella. It's theoretically a workable policy.

However, the the vast majority of children in the state do not have that luxury. They do not have highly experienced pediatricians like Dr. Peacock available to them. Furthermore, even as they do move around, they may move to a different state and children moving into this state from other states who do not have adequate immunizations and many simply don't have the funds and the ability to seek that kind of care. The patients, the very ones that have been falling through the cracks all along. With a loosely enforced law which we have had, they continue to make up a population of about 10% of the children who get rubella, who continue to expose pregnant woman to rubella with a result that we run a risk of congenital rubella and have had to have therapeutic abortions to prevent this.

So that I think it's an issue of a public health policy, a state policy and in opposition to individual philosophy of patient care. I respect individual philosophy it simply doesn't work as a public health measure. Now, has been mentioned and there is a particular legal issue I think there, of a physician who is chosen to enforce this law very strictly, and has created a good deal of opposition. Basically the law requires that the Board of Education required immunization and it's up to the director of health to interpret the medical exclusion part of the law. The law that is passed by this legislature last winter has been followed to the letter in Rocky Hill. They are one of the few towns I should say that has been this forceful on the subject of rubella and they certainly are taking the brunt of the other medical community response to this. But the doctor in Rocky Hill is enforcing this law, is not practicing gestapo tactics, he is just enforcing the law that you passed last year.

DR. LEWIS (Continued): Another important issue of that waning immunity because obviously Drs. Peacock and Quintiliani are proposing as an alternate policy to preventing congenital rubella. One thing I would like to correct is that doctors refer to data that children vaccinated eight years ago, seven and a half years ago, when rubella vaccine was first available, still have immunity. This was interpreted to mean that they don't have immunity after seven years which is not true. We think there is every likelihood that they will continue to have immunity for the duration of their reproductive years. Even if they are reinfected with a waning immunity, the likelihood is that they will not be able to transmit the virus fetus and they will not have congenital rubella.

In a way we are in the same position would be if we had small pox vaccine that had only been used for eight years and of course as you know small pox vaccine has now had through the test of time and I am happy to say that the last case of small pox in the world was reported something like six months ago. Furthermore there is no evidence of any congenital rubella occurring in anyone who has had rubella vaccine. So even though there are fears that segment of the medical community that this could result there are still no evidence that eight years of experience of this actually occurring.

And finally we do support testing teenage girls particularly those who are about to be married or who are followed in family planning clinics, the ones that are most likely to having children in the future. You take those who have a negative test and vaccinate them at that point. But this has got to be done on an individual case basis. It is not the best way to control the problem in the state at all. Thank you for your patience.

REP. LA ROSA: Dr. Lewis, excuse me, Dr. Lewis, what is your feeling on immunization of young boys how important is it that they be immunized against rubella?

DR. LEWIS: Well, the policy in pursuing is aimed at eradicating rubella. If we exempt boys, particularly if we exempt children up until the age of 10, basically we are allowing the natural infection to go ahead. As long as this is done, as long as we don't have 100% protection of the fertile women who may be exposed to infect the children, who have congenital rubella. So my policy is aimed at actually eradicating the disease just as it is for measles. The one the main reasons for this policy was the typically young pregnant woman contract the infection from small children,

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DR. LEWIS (Continued): usually their own children. And is just as likely to contract it from their boy as they are from their girl. So that we think it's a valid preventive measure. Granted the male child is getting a vaccine whose main purpose is to protect the fetus of perhaps his mother. But in addition to that I should point out that rubella, the disease itself, does have some risk and it is not completely disease and that the risks of the vaccine are considerably less than the risk of the disease itself, so that --

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DR. JOHN LEWIS (Continued): does have some risks and is not completely -- disease and that the risks of the vaccine are considerably less from the risk of the disease itself, so that even the boy who gets Rubella Vaccine is better off than if he hadn't received the vaccine.

REP. LAROSA: Thank you. Does anyone else, Representative Morgan.

REP. MORGAN: Representative Morgan, 56th District. Dr. Lewis once again the medical profession has put me as a layman in the middle. Within fifteen days I'm going to have to come up with a decision and I only have one vote on this committee, but I'm sure I have you. I have the utmost respect for -- testify on the way of this vaccination. Dr. Quintiliani is a well renown man in infectious diseases. I have the utmost respect for him and he tells us, he testified here this morning that immunization of the young does not allow him to give long term natural immunization. The vaccine in some cases is short term and I think that we've had testimony on both sides that there is cases where the vaccine does run out. I'm really in a quandary here, because I have the utmost respect for both of your testimonies and we get doctors, like Dr. Peacock who had come up, who had been out on the field for many, many years and he's sure of the reason of what he says. He's --- speaking from hearsay. How do I as a layman of the legislature decide this issue in the next fourteen days, so that I do not allow one child of the state to be hurt by my decision?

DR. JOHN LEWIS: You've made a very good point and the fact is that you as a legislature will make the decision and not Dr. Quintiliani and not me and not Dr. Lepow who is another renown expert who testified in favor of this bill. And I think it has to do with philosophy. We have had resistance and opposition to a number of our policies by members of the Medical Committee. I'm delighted that it's usually the minority of the members of the Medical Committee but Dr. Quintiliani is someone we've encountered before with that question. And I think it's largely the result of the difference in our approach to health. Dr. Quintiliaqi, Dr. Peacock and me and others who are in clinical practice, are treating a single patient and trying to work out the best thing for that patient. We...

REP. MORGAN: Dr. Quintiliani is treating as Director of Infectious Diseases at private hospitals.

DR. JOHN LEWIS: No but there's still a difference. His job is to be responsible for the care of patients at the Hartford

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DR. JOHN LEWIS (Continued): Hospital. He sees patients in Hartford Hospital with infectious disease problems. He consults on perhaps out-patients as well. But it's a question of caring for individual patients, doing research on infectious disease and so forth. Where I sit it's a completely different story. We look at the entire population and say, "what is going to be the best for the population". We see a certain rate of disease occurring in the population, how are we going to limit that rate. We see that some policies have worked to limit the number of the cases. Other policies have not worked. Granted, seen from the position of an individual male child in Rocky Hill, this may not look like the best possible deal but seen from the other view of how we are going to eliminate disease in the whole population of Connecticut, how we are going to provide the maximum protection for the greatest number of people, how we are going to limit costs, because this is definitely, we could have -- this whole thing on a cost issue. That's a Public Health issue and when you come right down to it, it's a legal issue and a legislative issue. So in a sense you're more of an expert on this than Dr. Quintiliani and if you really want to look at the people in favor and the people against, as I pointed out to you, there's still a large majority of people who are...

REP. MORGAN: That's not really an argument, just because the large majority...

DR. JOHN LEWIS: And I think Dr. Quintiliani made that point rather well. But you know, we could all bring in our, our journal..

REP. MORGAN: Well I think you've answered my question. I just got one quick one and it seems to me that you've given us this handout here, as what is Rubella and first on one page you said the symptoms usually consist of a rash, low grade fever and large lymph nodes. Adults are more likely to experience such symptoms as headaches, ---, cold, a word that I can't pronounce and arthritis. Serious complications such as encephalitis are rare --- yet on the next page, under 2A you tell us at first that there are some serious symptoms and complications which occur more frequently with the disease than with the vaccine, so it seems silly to permit them to occur. On one page you're telling us there's no really serious complications, other than encephalitis which is rare and on the next page, you tell us there are serious symptoms and complications.

DR. JOHN LEWIS: Well we said serious complications, such as

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DR. JOHN LEWIS (Continued): encephalitis are rare. They still occur. I mean if everybody in Rubella, in Connecticut got Rubella, we'd have probably hundreds of serious complications. Because you're dealing in large numbers. I don't think there's any conflict there. All this 3A is saying is that in the rare case, where there is a complication, sometimes it's something bad like encephalitis and, but that these rare complications are even more rare following vaccine than they are following natural disease.

REP. MORGAN: Well yet we had testimony this morning that 3,000,000 out of 35,000,000 had washed their immunity after five years.

DR. JOHN LEWIS: Okay, the 3,000,000 who lost, so-called lost their immunity, what that really means is that when their the blood level of antibodies in their blood was tested, it was less. It had gone down to a stage that they could theoretically contract the disease. Nobody actually did a test to see if they do contract the disease and there is considerable other evidence which shows that if someone like that does contract the disease, they have a very mild case, that the virus does not enter the blood stream and that there's no way that it can infect the fetus. Furthermore, we have considerable evidence that in women who have had the vaccine in the past, who do acquire Rubella later on, that these infections have not resulted in congenital Rubella. So even though there are some theoretical arguments as to how this vaccine may not work and a lot of speculation and some fears, the fact of the matter is that it actually has worked and it's worked extremely well in this country, compared to England and we have every hope that it will continue to have this good track record as we go into the many years in the future.

REP. MORGAN: Thank you.

REP. LAROSA: Representative Dellavecchia.

REP. DELLAVECCHIA: I just have one question. If the choice is not to administer the Rubella Vaccine as expounded by Dr. Peacock, what are the other reasons other than a cost factor? Are there dangers to administer this vaccine? The Rubella Vaccine to boys?

DR. JOHN LEWIS: Anyone who receives this vaccine encounters a slight risk and I think that's the, well it's somewhere in these questions and answers. There's a mild arthritis

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DR. JOHN LEWIS (Continued): that occurs in 1% to 10% of people receiving the Rubella Vaccine. This got a lot of publicity when the vaccine was still used. It turns out that there's also a mild arthritis that occurs in Rubella and it occurs in more people with Rubella than it does people receiving the vaccine. So like any other vaccine, there are many other Public Health measures. The prevention has the risk, very small, but the disease itself which is what is most likely to happen if someone doesn't get the vaccine, has much greater risks, so that even excluding the consideration of congenital Rubella, the male child who gets the Rubella Vaccine is better off than if he didn't get it.

REP. DELLAVECCHIA: One more question Dr. Lewis. When Dr. Peacock was expounding his reasons for being against the Rubella Vaccine, he quoted various sources of information. Now the Department of Health, that's the State Department of Health advocates the administration. From what source do you get this?

DR. JOHN LEWIS: Well I could also bring many individual authors who have supported this policy, but I --- as our main source policy which has been developed. Well when it comes to immunizations we have two main sources at the national level. The Advisory Committee on Immunizations Practices, which advises the Public Health Service on what policies to pursue at a national level, on how to allocate resources and that includes you know, the well known experts in vaccines, such as Dr. Sark and Dr. Sabin who have sat on this Committee and many others, Dr. Kilburn and you know I could bring the work they've done on Rubella. In addition, we rely heavily on The American Academy Pediatrics, because this is basically a pediatric problem and The American Academy of Pediatrics has long supported this policy on Rubella. I could bring in many other individual references if you'd like, but the list is very impressive I think as a groups that do support this policy.

REP. DELLAVECCHIA: Thank you.

REP. LAROSA: Thank you Dr. Lewis. Representative Connolly.

REP. CONNOLLY: Dr. Lewis, I would like to just pursue a little further Representative Morgan's approach, when you say that and I have great respect for your opinion, but when you say that Dr. Peacock and Dr. Quintiliani oddly are in the minority. I think that's a little bit dangerous generalization, because would you put Dr. Weinstein in the same minority opinion?

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DR. JOHN LEWIS: Yes I would. We can talk about different populations. Dr. Peacock and Dr. Quintiliani were talking about the prevailing opinion of the State of Connecticut and the State of Connecticut's prevailing opinion as you've seen by the statement from the Medical Society and the fact that Dr. Lepow is here this morning. In Connecticut they're in a minority. Nationally among infectious disease experts, Dr. Weinstein is very much in the minority on this point. Dr. Weinstein for example is not a pediatrician. Immunizations are not his major specialty. His reputation is in other areas primarily and there are many others who have opposing views on it.

REP. CONNOLLY: Thank you.

REP. LAROSA: Representative Orcutt.

REP. ORCUTT: Yes, Dr. Lewis you referred to the -- effectiveness of --- program to the United States ---and the rejection of --- . I was wondering, (INAUDIBLE) because I would think that with the, if we do pass this law and if we can effectively implement this, the hope is certainly that we would achieve a somewhat higher percentage in addition that we the people of Connecticut have been able to ---of perhaps you have developed statistics that will show how the rates---

DR. JOHN LEWIS: Good. I'm not saying that we have no protection in Connecticut and that this bill will provide it. We had a very loose policy on Rubella vaccination so far. A very meek law up until a year ago on Rubella, that was very permissive. A parent could just write a note, saying I don't want my child immunized and that was considered adequate. In spit of this, this majority of the medical community and the majority of the public, have received Rubella Vaccinations so that even before that law was in effect, we had about 70% of the school, 70% to 80%, somewhere in there, of the school entry age children who had received Rubella Vaccines and this is probably even a little higher than the nationwide figures. So that there's been enough vaccinated to eliminate the big epidemic that occurred back in the early '60's. It really has created a drastic fall in the instances of congenital Rubella and I should point out that another thing has happened, which is that abortions have become a lot more readily available so that therapeutic abortion has been used to prevent the birth of infected babies for a long time now. I think it's tragic that because of the failure of the vaccination policy, some young woman has to go through an abortion to avoid having a deformed child. So that although

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DR. JOHN LEWIS (Continued): that's a valid preventive measure, we rather prevent it at a lot earlier stage.

REP. LAROSA: Thank you very much Dr. Lewis.

DR. JOHN LEWIS: Thank you.

REP. LAROSA: The next speaker is Dr. Robert Harris.

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DR. ROBERT HARRIS: Mr. LaRosa, members of the Committee. Thank you for the opportunity of being here. My name is Bob Harris. I am a pediatrician with offices in Rocky Hill and Bloomfield and when I'm not practicing medicine, I'm testifying before the Committee and I wear a few other hats. One of those is as Neonatologist & Chief at the Hartford Hospital. I'm Director of the Newborn Service there and one of some seven hundred odd certified neonatologists nationwide. The reason I point this out is that I believe I have as much experience as anyone in this room in dealing with a congenitally deformed Rubella baby. I was a resident, a fellow during the 60's, and a Rubella baby is a tragedy. It is a tragedy to the child, to the parents, to the physician and to the community. And I have a very, very healthy respect for this disorder and I will do anything reasonable to try to prevent this but I'm here to speak against this bill. Against the inclusion of Rubella Vaccine and the reason for that is very simply. The facts are not known. You've heard a lot of testimony here today and I don't question at all the fact that every physician and other interested individuals who testified here believes what he says but you should not lose sight of the fact that we don't know the answers to this. If we did, none of us would be here. And if the facts are not known, it then becomes very, very serious as to whether or not a state law should mandate something even if it's on prevailing opinion. The minority and majority opinion I think really has no place here. The majority opinion also sponsored Swine Flu and a few other things. What is at risk here and what is the important thing, is whether I as a bided physician will be coerced by the state and the Department of Health to do something I feel and I'm as confident as anyone to read the literature, may be a problem with my child later. Let me approach the problem from a little different prospective. Let's ask the question, what are the consequences if I'm wrong? And I may be. I've been wrong before and I'll be wrong again and also what's the consequences of Dr. Lewis and Dr. Lloyd if they're wrong? The consequences if I'm wrong is that there will be a number of Rubella babies born who could have been prevented. That's true. And I will be as sick about that as anyone. But we will lose about six

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DR. ROBERT HARRIS (Continued): years from age five to age eleven, unless all of us agree children should have developed a immunity or the 15% who hadn't developed a natural immunity, should be immunized. And we will see a drop-off in the congenital Rubella babies at that time. I'm not minimizing it. It's serious. And if this expensory to the state, is an expensory to everyone involved, not only in money but in tradegy, in emotional -- and so forth. But what is the consequence if Dr. Lewis is wrong and he may be. Dr. Lloyd may be wrong. The consequences there I suggest are much greater. If there is a fall off in immunity, and there is no one who can say there will not be, Dr. Samples and Dr. Lewis presented their testimony very well, but if you listen carefully you've heard the words "I believe", "I think". No one can state for a fact what's going to happen twenty years later and if the immunity does not last, and we have 10% fall off in five years, 15% in ten years, and 18% in twenty years, and 25% in twenty years, exactly at the time when the child, the female child is most susceptible, twenty-five, thirty to bearing a child, she now is less susceptible, less, more at risk to bearing a congenitally deformed baby. I told you I had a healthy respect for this disorder and it's the healthy respect that makes me concerned. Thirty years from now we may have an epidemic of German Measles in newborns, that will make the 1964 Rubella Epidemic look like a very mild thing. I hope I'm wrong and I probably am, but if the risk is 10% I say we have no right to act in haste and repent in leisure. We must be very careful what we do now. A little caution at this point will give us a lot more information and see what happens. I'd like to make just a couple of comments on Dr. Lewis' testimony because I think it needs some clarification. The question of The American Academy of Pediatrics recommendation. You should be aware what that recommendation is. The recommendation states that children should be immunized against Rubella, between the ages of one and twelve and that implies that The American Academy of Pediatrics recognizes there is a difference of opinion. They recognize that things aren't as quite clear cut and they encourage the Fellows of The American Academy; Dr. Peacock and I are members of that academy, we don't always agree with what they say, but I agree with that recommendation. But it is the state that is arbitrarily narrowing that recommendation to H5. Where is there the authority for that? There is certainly a number of experts who believe that's true but they cannot quote the recommendation of The American Academy of Pediatrics. We are in agreement with The American Academy of Pediatrics. We want to delay the vaccination until a time when the child either has developed immunity, in 85% of cases, or can then be

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DR. ROBERT HARRIS (Continued): tested and immunized if necessary, at that point and time. I think it's really, as far as Small Pox Vaccine, that is a totally different story. Small Pox is a threat to anybody who comes in contact with it and that should be eradicated and was eradicated but to analogize from that to Rubella, which is basically an innocent disease in childhood, and to say that a child should be administered a biological material which may possibly be to his harm and equate that with Small Pox, is ridiculous. Small Pox is also a disease in a particular part of the world generally. It can be spread to other parts. But Rubella is worldwide. You should be aware that in many, many authorities. Perhaps not the majority, but many authorities do not believe Rubella can be eradicated. I happen to not believe that it can be eradicated. And if it can't be eradicated, then we're going to constantly have Rubella with us and that means we're constantly going to be at risk. If we could eradicate Rubella, we might not have quite the problem, but if we can't eradicate it and we decrease the natural immunity at age twenty, twenty-five or thirty, we're going to have major problems in the next generation. Dr. Lewis also talked about the public health aspect of it and I agree with the public health aspect. But when I have to administer a biological vaccine which obviously has a risk to a child who will not benefit from it, I have to have two requirements met personally. One is I have to be assured it's a safe vaccine and two, I have to be sure that the reason I'm administering the vaccine is valid. And I submit to you that medical facts do not prove either of those conditions then. We do not know it's safe in terms of its long-lasting immunity as we talked about and we do not know that we can eradicate the disease. We do not know that ultimately we will not be able to, we will not have more problems with congenital Rubella babies than we have at the present time. I think that's basically all I have to say. I'd be glad to answer any questions.

REP. LAROSA: Any questions of Dr. Harris?

REP. DEZINNO: Yes.

REP. LAROSA: Representative DeZinno.

REP. DEZINNO: Representative DeZinno, 84th District. Doctor in the testimony you made mention in early months, about the age group. The bill itself states that in the case of Rubella, it will be administered to children in the age group, twelve years on up. Is that correct? One to twelve. And so you're taking an opposite attitude and stating that we should not administer it until they are twelve?

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- DR. ROBERT HARRIS: Yes. I believe in the vaccine but I believe it should be delayed until such time as the child either has achieved immunity or it would be dangerous to administer the vaccine. Roughly age eleven or twelve. Actually the differentiation is that of puberty and that becomes a medical decision.
- REP. DEZINNO: One other question. Since you are in pediatrics, do you object to the use of pertussis in their age group at six?
- DR. ROBERT HARRIS: I do not give pertussis at age six. Actually I stop it at age four. I give three immunizations against pertussis in the first year of life and one booster at eighteen months and then I eliminate it. And this is because of the fact that there is a very severe risk of pertussis in children age six or older, but there's some question even in the four and five year age group.
- REP. DEZINNO: Okay and the third question is about the use of mumps vaccine. Any restrictions or ...
- DR. ROBERT HARRIS: Generally my practice is similar to Dr. Peacock's and Dr. Quintiliani's. I delay mumps vaccination to age, to again pre-puberty and usually administer the mumps and the Rubella Vaccine to just pre-adolescent children. I don't feel this strongly about mumps as I do about Rubella but I agree that there are a number of theoretical reasons not to give mumps earlier. That it is a potentially benign illness. It is really a benign illness in the pre-puberty child and I consequently delay the vaccine to allow them to be, to get natural immunity.
- REP. DEZINNO: Thank you.
- REP. LAROSA: Thank you very much Dr. Harris. David Russell. I'd like to remind you that it's snowing and some of the members of this Committee have to drive a little further than others, so that if you would just...
- DAVID RUSSELL: Mr. Chairman, I'll be very brief. My name is David Russell. I'm Director of a Council of Small Towns, which is a statewide organization that has a membership of 70 municipalities, of less than 15,000 from throughout the state. I come today to speak in support of House Bill 5537 which would increase the state funding to District Health Departments. Twenty of our 70 towns belong to District Health Departments and the organization was unanimous in feeling that this would be very valuable to them as an