SB 276 Myths vs. Facts: Setting the Record Straight

PIC Physicians for Informed Consent

Background: SB 277, which passed in 2015 in California, prevents parents from being able to protect their children from vaccine injuries based on their own judgement, and instead only allows physicians to exempt children from one or more vaccines in order to attend private or public school, and only due to medical reasons. Now, SB 276 proposes to prevent physicians from exempting children from one or more vaccines and to only allow a state public health officer to do so based solely on CDC guidelines. The purported necessity for SB 276 is in the myths below; however, the facts negate the myths.[1,2]

Since SB 277, Physicians for Informed Consent, a 501(c)(3) nonprofit organization, has been uniting and educating doctors from across the nation on how to better identify vaccine contraindications, precautions, and adverse events, in order to prevent as many vaccine injuries as possible.[3]

MYTH 1: SB 276 is necessary because there are a few physicians recommending medical exemptions to vaccination which are *possibly* fraudulent.

FACT: The standard of care for recommending a medical exemption was established by SB 277 in 2015 and specifies that a physician recommend medical exemptions to vaccination when his or her medical opinion is such that "immunization is not considered safe," including circumstances related to family medical history. To date, no physician in California has been adjudicated for acting fraudulently when recommending a medical exemption to vaccination.

FACT: Although the Centers for Disease Control & Prevention (CDC) has guidelines on contraindications and precautions to vaccination, these guidelines are not all-inclusive, it can take decades for medical research on vaccine injuries to become a CDC guideline, and medical exemptions are not one-size-fits-all. Furthermore, physicians need to be able to protect their patients from harm based on their own knowledge, experience, research, and judgment in order to complement CDC guidelines.[4]

FACT: Since the National Childhood Vaccine Injury Act of 1986, which indemnifies both vaccine manufacturers and physicians from liability for vaccine injuries, and the creation of the Vaccine Injury Compensation Program, which has awarded about $4 billion in compensation to only one-third of petitioners, it has mostly been those families with a history of vaccine injuries and their physicians who have had a heightened awareness of their risk of suffering more vaccine injuries. This latter explains why less than 1% of children have medical exemptions in California, and why there are a relatively small number of physicians who are responsible for recommending most of those exemptions.[5,6]

MYTH 2: SB 276 is necessary because it is difficult for the Medical Board of California to investigate complaints related to medical exemptions.

FACT: The Medical Board of California has the statutory authority for the issuance and enforcement of subpoenas (Government Code § 11180 et seq. Section 11182) and has indicated that in situations when they are not able to obtain medical records it is because "the Board does not have enough evidence," parents are not complaining about their physician, and parents wish to protect the privacy of their child's medical records. Thus, it may be that it is the medical exemption complaints in these situations that are not valid. In fact, a recent study published by the American Academy of Pediatrics states that, of the health officers and vaccination staff who reviewed California medical exemptions in their jurisdictions, "Most participants reported seeing few or no medical exemptions that they believed were problematic."[7,8]

MYTH 3: SB 276 does not pose a threat to children at-risk of vaccine injuries.

FACT: If SB 276 passes, at-risk children will categorically be denied medical exemptions. For example, one of the risks of the measles, mumps and rubella (MMR) vaccine is seizure, which occurs in about 1 in 640 vaccinated children overall but is elevated to about 1 in 250 in vaccinated siblings of children with a history of febrile seizures (and 5% of those would develop epilepsy). Although the SB 277 standard of care would permit a physician to exempt a family with a history of febrile seizures from the MMR vaccine, the CDC guidelines do not list family history of seizures as a reason for a medical exemption, and that would put many children unnecessarily at risk for injury. As vaccines are a preventive medicine administered to healthy children, the precautionary principle is especially important when recommending them.[9,10]

MYTH 4: Schools with a relatively high number of medical exemptions are a threat to public health.

FACT: The scientific evidence shows that the vaccination status of a child is not a significant risk to other schoolchildren, including immunocompromised schoolchildren. Should a measles outbreak occur, most cases are benign and 99.99% of cases fully recover. In addition, high-dose vitamin A and immune globulin (passive immunization) are available for the treatment of measles upon exposure and there is evidence that the antiviral ribavirin is beneficial in the treatment of measles. As Dr. Alexander Langmuir, director of the epidemiology branch of the Communicable Disease Center (now CDC) for 21 years, explained in his seminal 1962 paper, measles is a "self-limiting infection of short duration, moderate severity, and low fatality," and "...in the United States measles is a disease whose importance is not to be measured by total days disability or number of deaths."[11,12,13,14,15,16]

FACT: Measles mortality declined 98% from 1900 to 1963, before the measles vaccine was introduced, and between 1959 and 1962, there was a 1 in 10,000 (0.01%) chance of dying from measles, not 1 in 1,000, which is the often-publicized misrepresentation of historical data. By comparison, in the modern era, over 23,000 infant deaths occur every year in the U.S. from all causes and the chance of a child dying in his or her first year of life is currently 1 in 170 (0.6%)—which is 60 times the risk of a child dying from measles in 1962, a time period when almost every child had measles by age 15.[17,18,19]

FACT: The death of an infant in the first year of life, infant mortality rate (IMR), is a major indicator of the health of a population, not the number of measles cases nor the medical exemption rate. West Virginia and Mississippi, which only allow state public health officers to approve medical exemptions to vaccination (like SB 276 would do), have about double the IMR of California; meanwhile, Massachusetts and Washington have a lower IMR than California, even while allowing non-medical exemptions. This means that SB 276-like laws are unlikely to improve public health and may worsen it.[20]

Infant mortality rate:

- Massachusetts = 3.7 (1 in 270)
- Washington = 3.9 (1 in 256)
- California = 4.2 in 1000 (1 in 240)
- West Virginia = 7 in 1000 (1 in 140)
- Mississippi = 8.6 in 1000 (1 in 115)

MYTH 5: If pockets of schoolchildren with medical exemptions get vaccinated, measles outbreaks won't occur.

FACT: There are two kinds of measles cases. One kind is caused by measles infection and the other kind is caused by the live-virus MMR vaccine (genotype A). Of the 194 measles virus sequences obtained in the U.S. in 2015, 73 (nearly 40%) were identified as being due to the MMR vaccine.[21]

FACT: Many measles cases occur among populations with high vaccination rates because of vaccine failure and waning vaccine immunity. A 2007 study published in *JAMA* found that by 20 years, 33% of those previously vaccinated with MMR are susceptible to measles infection. In addition, a 2012 study published in *Vaccine* found that "measles outbreaks also occur even among highly vaccinated populations because of primary and secondary vaccine failure, which results in gradually larger pools of susceptible persons and outbreaks once measles is introduced."[22,23]

FACT: There are two kinds of herd immunity. One kind is from natural infection and the other kind is from vaccines. Over 50% of the measles cases in Disneyland in 2015 occurred in adults because herd immunity from the MMR vaccine wanes over time. And currently, about 80% of measles cases in California in 2019 are in adults because herd immunity from the MMR vaccine wanes over time.[24,25]

MYTH 6: SB 276 is widely supported by doctors who are experienced in recognizing and preventing vaccine injuries.

FACT: As physicians are not liable for vaccine injuries (since the National Childhood Vaccine Injury Act of 1986), there is less motivation for most of them to stay up-to-date with the scientific literature related to vaccine adverse events. However, since SB 277, a growing number of physicians with the knowledge, experience, and motivation to recognize and prevent vaccine injuries have stepped up to help meet the needs of families at-risk of vaccine injuries—these physicians strongly oppose SB 276.[26]

FACT: SB 276 is strongly opposed by Physicians for Informed Consent, the Association of American Physicians and Surgeons, and Physicians' Association for Anthroposophic Medicine, which represent thousands of physicians. In addition, at a recent Medical Board of California meeting to address SB 276, on May 28, 2019, directors expressed grave concerns about the bill, indicating that 1) CDC guidelines should not be the standard, and 2) California public health officers should not be the arbiters of medical exemptions.[27,28]

FACT: Governor Gavin Newsom has suggested that he would veto SB 276.[29]

"I'm a parent. I don't want someone that the governor appointed to make a decision for my family... I do legitimately have concerns about a bureaucrat making a decision that is very personal."
— Governor Gavin Newsom

References

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