

Call to Action # 1!



****ACTION TO HELP STOP WI DHS FROM MANDATING VACCINES FOR OUR CHILDREN****

Action: CALL and EMAIL Republican Members of the [Joint Committee for Review of Administrative Rules](#)

<u>Name</u>	<u>Email</u>	<u>Phone number</u>
Senator Nass (Co-Chair)	<u>Sen.Nass@legis.wisconsin.gov</u>	608-266-2635
Rep. Neylon (Co-Chair)	<u>Rep.Neylon@legis.wisconsin.gov</u>	608-282-3698
Rep. Spiros	<u>Rep.Spiros@legis.wisconsin.gov</u>	608-237-9186
Rep. Petersen	<u>Rep.Petersen@legis.wisconsin.gov</u>	608-237-9140
Senator Stroebel	<u>Sen.Stroebel@legis.wisconsin.gov</u>	608-266-7513
Senator Bradley	<u>Sen.Bradley@legis.wisconsin.gov</u>	608-266-5400

Easy Copy / paste emails: Sen.Nass@legis.wisconsin.gov, Rep.Neylon@legis.wisconsin.gov,
Rep.Spiros@legis.wisconsin.gov, Rep.Petersen@legis.wisconsin.gov, Sen.Stroebel@legis.wisconsin.gov,
Sen.Bradley@legis.wisconsin.gov

WE NEED IMMEDIATE ACTION – see email and call scripts below

Deadline to call and email: *Friday, February 3rd, 2023*

Example Email below:

****We encourage you to construct your message using your own personal story, thoughts and feelings. ****

Dear Senator/Representative-

I am writing to request that you schedule a public hearing regarding CR 19-079 in the Joint Committee for Review of Administrative Rules.

Through this rule change, which already went into effect Feb. 1, 2023, WI DHS is now **mandating the meningococcal vaccine for Wisconsin children entering 7th grade. They are also adding a booster dose for students entering 12th grade.** This is unacceptable especially given the last few years we have all had to deal with bureaucratic overreach by our public health agencies at both the state and the federal level. This vaccination remains available to any parent who wishes for their child to receive it. The issue for us here, is that because it's already available, *there is no necessity to add it to the required schedule.* Not only is it available, but in 2019, the year the most recent data is reported by the CDC, only 1 case was reported in Wisconsin for the serogroup ACWY of which this vaccine targets.¹

What cannot be understated, is the fact that it is very clear to us that Wisconsin DHS will continue to do everything in their power to mandate/require as many vaccinations for our children as they possibly can. They were advocating for mandates/requirements at the same time as they were advocating for the removal of one of our exemptions here in Wisconsin back in 2019: our personal exemption (SB262)². We do not need any more requirements here in Wisconsin. Parents, working hand in hand with their own trusted health care providers, can come to their own decisions on this issue – whatever those decisions are, without the Government heavy handedly imposing yet another mandate/requirement upon them. Parents can already choose to get their child vaccinated with the meningococcal vaccine, and over 80% since 2019 voluntarily chose to do so without a mandate.³

Many parents also do not know that they can use an exemption, and many schools or health care providers do not easily provide that information willingly to parents. **We must not allow DHS the ability to have another mandate/requirement notch on their belts. It will never stop.**

Regarding rule 1, by changing the definition of 'substantial outbreak,' unvaccinated children will be punished and excluded from school, even though data collected from Wisconsin DHS has demonstrated that the vaccine fails to protect, and fully vaccinated individuals can still develop chickenpox. Further, several peer-reviewed studies have shown that the live virus chicken pox vaccine can cause vaccine strain chicken pox infection in others via shedding. This information is also noted in the vaccine package insert published by the vaccine manufacturer.

Regarding rule 2, the substantial outbreak definition change, by changing the definition of 'substantial outbreak,' unvaccinated children will be excused from school even though data collected from DHS clearly shows that unvaccinated individuals are not developing mumps. Vaccine failure related to an ineffective vaccine is responsible for all reported mumps cases in Wisconsin in recent years. This is not unique to Wisconsin. Numerous studies examining mumps outbreaks that have occurred in highly vaccinated populations have experts admitting that both the waning of vaccine-acquired immunity and an ineffective mumps vaccine are to blame. We must not allow Wisconsin DHS to exclude healthy children from school.

Another point to make is that that DHS states in their proposal that it would be easier for students to get vaccinated for Tdap and the meningococcal vaccine at the same time. Where is the science that shows co-administering this vaccination with others is safe? We know that the CDC also recommends influenza vaccinations, as well as COVID-19 vaccinations for each age group. Where is the science that shows administering the MenACWY vaccine with other vaccines, such as Tdap (3 separate vaccinations), influenza, or COVID-19, is safe for our Wisconsin children?

At the Response to the State of State address back in 2020, Speaker Vos stated, “*We won’t allow anyone to mandate vaccinations on our citizens.*” I implore those of you on the JCRAR committee to help stand by those words now 3 years later. You have an opportunity to stand for freedom right now, and we ask that you please do so.

As a Wisconsinite, I am calling on you to uphold our rights as citizens and step in to protect our freedom to make individualized medical decisions for ourselves and our families. **Do the right thing and ensure that DHS knows that the people of Wisconsin are fully capable of making their own educated decisions, and especially that we do not want the state to mandate vaccines for our children.**

Please schedule CR 19-079 for a public hearing in order to halt DHS rules 1, 2, 4 and 5.

Respectfully,

Name

Address

Phone number

Example Call Script below:

****We encourage you to respectfully construct your message using your own personal story, thoughts, and feelings. ****

*Hello, my name is _____ and I am requesting that Senator / (or) Representative _____ stand for freedom and hold a public hearing in the JCRAR committee on the DHS Clearing House Rule 19-079. We must do all we can to halt the bureaucratic overreach by Wisconsin DHS. This is our chance. Please stand with the people of Wisconsin. **We do not want vaccine mandates for our children.***

Thank you!

Backstory:

CR 19-079 is a Clearing House Rule that went into effect Feb. 1, 2023, to **MANDATE** the Meningococcal vaccine for Wisconsin 7th graders, and a booster dose in 12th grade - but WE CAN STOP IT!

In 2019, Wisconsin United For Freedom found out that Wisconsin DHS was working on some administrative rule changes at the state level, in which they **were trying to get the meningococcal vaccine onto the required schedule for school for Wisconsin children, among some other changes.**

The details of this rule change (CR19-079) can officially be found here: https://docs.legis.wisconsin.gov/code/misc/chr/lc_rulertext/cr_19_079_rule_text_filed_with_lc_clearing_house.pdf

We strongly oppose their proposed rules 1, 2, 4, and 5.

Rule 1) Varicella (chicken pox) and meningococcal disease are identified by the department as vaccine-preventable diseases. However, a substantial outbreak of these diseases is not currently defined in ch. [DHS 144](#). The department proposes to amend the definition of a “substantial outbreak” to include Varicella (chicken pox) and meningococcal disease, and to ensure consistency with CDC recommendations.

- a. Our stance: **Change in the ‘substantial outbreak’ classification to include chicken pox, an illness historically considered mild prior to the introduction of a vaccine. By changing the definition of ‘substantial outbreak,’ unvaccinated children will be punished and excluded from school, even though data collected from Wisconsin DHS has demonstrated that the vaccine fails to protect, and fully vaccinated individuals can still develop chickenpox. Further, several peer-reviewed studies have shown that the live virus chicken pox vaccine can cause vaccine strain chicken pox infection in others via shedding. This information is also noted in the vaccine package insert published by the vaccine manufacturer.**

Rule 2) In recent years, mumps outbreaks have occurred in highly-vaccinated populations and in high-transmission settings, including elementary, middle, and high schools, colleges, and camps. A substantial outbreak of mumps is currently defined as an incidence of the disease exceeding 2% of the unvaccinated population. In 2012, the CDC revised the *Manual for the Surveillance of Vaccine-Preventable Diseases*, to define a substantial outbreak of mumps as three or more cases linked by time and place. The department proposes to amend the definition of a “substantial outbreak” of mumps to be consistent with the *CDC Manual for the Surveillance of Vaccine-Preventable Diseases*.

- b. Our stance: **Change in the ‘substantial outbreak’ definition of mumps from “an incidence of the disease exceeding 2% of the unvaccinated population” to define ‘substantial outbreak’ as “three or more cases linked by time and place.” By changing the definition of ‘substantial outbreak,’ unvaccinated children will be excused from school even though data collected from DHS clearly shows that unvaccinated individuals are not developing mumps. Vaccine failure related to an ineffective vaccine is responsible for all reported mumps cases in Wisconsin in recent years. This is not unique to Wisconsin. Numerous studies examining mumps outbreaks that have occurred in highly vaccinated populations have experts admitting that both the waning of vaccine-acquired immunity and an ineffective mumps vaccine are to blame.**

Rule 4) *Neisseria meningitidis* is a vaccine-preventable disease and a leading cause of bacterial meningitis and sepsis in the United States. The meningococcal vaccine is recommended by the Wisconsin Chapter of the American Academy of Pediatrics and the Wisconsin Academy of Family Physicians to reduce the incidence of bacterial meningitis and sepsis. Since 2005, the CDC Advisory Committee on Immunization Practices has recommended that the vaccine be administered at the 11-12 year old health care visit, along with other routine vaccinations such as Tdap. **The department proposes to add the meningococcal vaccine**

to the list of vaccines required for students entering the 7th grade. This provision will ease the burden on families, providers, and schools by ensuring that both meningococcal and Tdap vaccines are received at the same visit and the same grade level. The department also proposes a booster dose for students entering 12th grade which is in accordance with ACIP recommendations. This will help to ensure students are fully vaccinated prior to leaving school.

- c. Our stance: **The meningococcal vaccine does not provide herd immunity, and most American children will asymptotically develop immunity to meningococcal disease as they progress to adulthood. Meningococcal disease caused by serotypes A, C, W, and Y had already decreased to historical lows prior to the introduction of MenACWY vaccine in 2005. While public health officials report that the vaccine has decreased the rates even further, rates of the disease have decreased in all age groups – including the age groups for which the vaccine is not recommended. The incidence of meningococcal disease in the U.S. is already well below the Healthy People 2020 goal. Further, the vaccine is only 80-85% effective but after 2-5 years, it has been found to be at best only 58% effective. Wisconsin has a high voluntary compliance rate for ages 13-17 - the targeted age group for this rule, and this vaccine will continue to be available to any family desiring it.**

Rule 5) Under the current rule, a parent or adult student may report a history of varicella disease as an acceptable exception to varicella vaccination. Recent studies have demonstrated that there is a high incidence of unvaccinated children who report a positive history of varicella that are not immune. **The department proposes to allow the exception only when a history of varicella disease has been reported by a health care provider.**

- d. Our stance - **Parents would no longer be able to report their child's chicken pox illness and would be required to see a healthcare provider to confirm infection. Chicken pox is generally a mild disease not requiring medical attention. Insisting that parents must take their highly contagious child to a doctor puts immunocompromised individuals at risk of contracting the illness and potentially suffering more serious adverse outcomes. Families would take on the financial burden of all charges involved with visiting the doctor for a diagnosis. There is no provision for a titer test to be used as proof of immunity. This change may impact children who have had the illness in the past.**

There was a public hearing, in the Committee on Constitution and Ethics on 3/5/2020. Then there was another committee meeting on 5/5/2020 in the Joint Committee for Review of Administrative Rules. We were successfully able to encourage the JCRAR committee to vote 6-4 in objection to the rules. Because of their vote, we had temporarily halted the implementation of these rules by DHS. The goal was to get a new governor into office who would permanently halt these rules, but that did not happen.

Because we did not get a new governor into office, we now must work through this process again and try and halt these rules from going into effect. As of right now, these rules went into effect Feb. 1, 2023.

With enough of a push, we could urge our Republican legislators on the JCRAR committee to hold a hearing and possibly suspend these rules.

WE NEED YOUR HELP to both CALL AND EMAIL!

References

¹ [TABLE 2I. Annual reported cases of notifiable diseases, by region and reporting area, United States and U.S. Territories, excluding Non-U.S. Residents*, 2019](#) (cdc.gov)

² <https://docs.legis.wisconsin.gov/2019/proposals/reg/sen/bill/sb262>

³ [Wisconsin EPH Tracker](#)

www.WisconsinUnitedForFreedom.org