



March 7, 2023

**Public Hearing- Joint Committee for Review of Administrative Rules
Regarding DHS 144 as changed by CR 19-079
Testimony of Sarah Hardison**

My name is Sarah Hardison and I am here in support of suspending the DHS 144 Rules as changed by CR 19-079. I am opposed to all the changes but will speak specifically on the addition of chicken pox to a substantial outbreak. First it is important to define “substantial outbreak”. According to Chapter 144, it is defined as “occurrences of any of the following diseases (lists illnesses) **at the threshold determined by the department** using epidemiological factors such as time and place”. As a parent, I would expect a much more operationalized definition to prevent arbitrary declaration of “substantial outbreak”, which may result in my child being excluded from school. The rule goes on to say that if a substantial outbreak occurs according to this definition the school or child care central shall “exclude all students who have not received all required immunizations against the disease” and that this “exclusion shall last until the student is immunized or **until the department determines** the outbreak has subsided”. Again, the vagueness and subjectivity by which this rule would be enforced by an agency granting itself such broad power is quite concerning.

Varivax, the currently approved vaccine against chicken pox, is a live attenuated vaccine, which uses a weakened form of the virus that causes the illness. Research has repeatedly demonstrated that this weakened virus continues to have the ability to infect the individual who takes it as well as shed the illness to others around them (*I have included links to that research below*). This should be no surprise because the package insert for Varivax specifically states under warnings and precautions to “avoid close contact with high-risk individuals because of the possible transmission of varicella vaccine virus.” The insert also states that “vaccine recipients should attempt to avoid, whenever possible, close association with susceptible high-risk individuals for up to **six weeks** following vaccination.” If both vaccinated as well as unvaccinated children can get and transmit chicken pox, it seems entirely unfair and discriminatory to exclude unvaccinated children from school due to a “substantial outbreak”.

It is amazing how, at a time of such medical advancement and knowledge, a “trivial childhood illness” has somehow transformed into a deadly and terrifying “disease”. In the Pictorial Medical Guide from 1948 chicken pox is defined as an “acute, infectious, contagious disease, commonly of childhood that usually runs a mild course”. It goes on to state that “immunity usually develops after one attack and treatment includes isolation of the patient, bed rest, soft diet plenty of fluids, cutting nails and general cleanliness. Itching is relieved by calamine or starch lotions”. Taber’s Cyclopedic Medical Dictionary from 1970 defines chicken pox as a “mild, highly contagious disease”. Doctor Mendelsohn in his 1984 book “How to raise a health child ...in spite of your doctor” talks about chicken pox, his “favorite childhood disease”, by saying it is “relatively innocuous and very common in children. The first signs are usually a slight fever, headache, backache and loss of appetite. After a day or two,

small red dots appear and become blisters. Ultimately a scab forms and peels off within a week or two. Calamine lotion may be applied or cornstarch baths given to relieve itching”. He then clearly states that “it is not necessary to seek medical treatment for chicken pox”, but rather, the sick child should be isolated to prevent spreading the disease

My questions to the committee and DHS are:

- 1) What is the point of isolating healthy children? This trend has increased over the past few years and it simply cannot be the answer. People who are sick should stay home. Healthy children should be allowed to attend school regardless of vaccination status.
- 2) Why should only unvaccinated children be punished during a “substantial outbreak” of a minor childhood illness? Vaccinated children are also vulnerable to illness and they may actually be the ones causing the outbreak due to shedding following vaccination. Would DHS consider recommending that children wait 6 weeks before returning to school following vaccination due to potential shedding? It is actually the opposite. DHS says a child may return to school immediately following vaccination.
- 3) What is the data on vaccine derived chicken pox and naturally acquired or wild strain chicken pox? That seems like data we should have access to when making decisions about restricting children from school.
- 4) When do these vaccine requirements for school stop? How many is too many and who gets to decide?

I am an advocate for medical freedom. If a parent wants to keep their child home due to an outbreak, they should be able to. If a parent wants to send their child to school during an outbreak, they should be able to. If a parent wishes to take their child to the doctor for whatever reason, they should be able to. If a parent is able to treat their child at home, then they should be able to. Myself, as well as many others, refuse to buy into the fear and panic propaganda. DHS has effectively turned a mild childhood illness into a “deadly disease” by way of lies and propaganda. We don’t trust them. At. All. It may be a good time to start focusing their efforts on why childhood chronic illness is over 50%. I promise it isn’t because of chicken pox.

References:

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