I am a licensed physician in West Virginia. I am testifying to provide perspective to the Connecticut Legislature regarding whether to eliminate the religious exemption to compulsory vaccination for school entrance. West Virginia is one of only 5 states that does not have a religious exemption; it only has a medical exemption. It has the lowest medical exemption and overall exemption rate in the country at 0.1%. Connecticut has an exemption rate of 2.5% including medical and religious exemptions. The national average is also 2.5%.

West Virginia’s medical exemption rate is so low because West Virginia only accepts the CDC’s recommendations for contraindications for each specific vaccine. These are a severe allergic reaction after a previous dose of the vaccine or a vaccine component, and for DTaP and Tdap shots, the development of encephalopathy (coma, decreased level of consciousness, or prolonged seizures) within seven days after receipt of a previous dose of DTaP or Tdap. For live vaccines including MMR and chicken pox, pregnancy and severe immunodeficiency are also contraindications. The consequences of this policy in West Virginia is that children who can be predicted to be at high risk from vaccination need to become VACCINE INJURED before they can get a medical exemption. So, for example, if a West Virginia child’s pediatrician has grave concerns about vaccination because the child has a difficult-to-control seizure disorder and the vaccine—let’s say MMR—is known to increase the risk of seizures, the pediatrician who files a request for medical exemption is overridden by a State Immunization Officer who has never seen the child and whose duty is to review requests for medical exemptions according to the CDC
recommendations. If the child has a severe allergic history with multiple episodes of anaphylaxis, but has not had an anaphylactic reaction to a particular vaccine which was not given before, the pediatrician’s request for medical exemption will be overridden. If the child’s family history is strongly positive for vaccine reactions, the State Immunization Officer will deny the medical exemption request until after the child has had a severe reaction and is vaccine injured. The result of so many denials is that it is nearly impossible to find a pediatrician in West Virginia who is willing to write a medical exemption request regardless of the child’s condition. Hence that is the reason according to CDC data for the 2018-2019 school year, there were only 21 kindergartners in WV with medical exemptions of the 17,000 kindergartners in the state. By the way, your HB6423 proposes to use the same CDC recommendations for vaccine contraindications and to establish an Advisory Committee for Medically Contraindicated Vaccinations to advise the Commissioner for Public Health regarding exemptions written by children’s providers for conditions other than the CDC recommendations.

The consequences of West Virginia’s rigid medical exemption process without the allowance of a religious exemption are twofold: the number of homeschoolers in the state has risen by 29% (3,220 students) in the five years since the State Immunization Officer position was established and medical exemptions became extremely difficult to obtain; and there are a number of families every year who are leaving West Virginia because they are moving to a state that allows religious exemptions.

My understanding is that Connecticut is already concerned about losing population and potentially losing a House of Representatives seat in Congress. West Virginia has the same concern because of its falling population and is likely to lose a Congressional district as a result of the 2020 Census. A lot more is at stake in Connecticut besides continuing to allow families to
exercise their right to freedom of religion. Connecticut’s population, economy, and school system will potentially take hits not to mention that your number of vaccine-injured children will surely rise. The question is, does Connecticut want to eliminate its religious exemption when it is not excessive but average for states who grant them and take these risks? Does Connecticut want to adopt a system for medical exemptions from compulsory vaccination that forces children who can be predicted to be at high risk for vaccine injury by their physicians to be injured before they can get a medical exemption? Thank you for allowing me to present my testimony. I am happy to answer questions.

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My opinions are my own and do not represent those of my employer.