VACCINE CHOICE CANADA

FORMERLY VRAN

Welcome!

VCC History

- Vaccine Choice Canada (formerly VRAN) continues the work of The Committee Against Compulsory Vaccination challenged Ontario compulsory immunization of School Pupils Act in 1982
- Amendment to the Act guarantees an exemption of conscience from any required vaccine for school aged children
- Help from Members of the Ontario Legislature, the new Charter of Rights and Freedoms and Clayton Ruby
- The amendment was written into the Act in December, 1984
- Current board & members: Edda West, Nelle Maxey, Ted Kuntz (BC), Heather Fraser, Rita Hoffman (Ontario) ~ all of whom have experienced vaccine injury or have vaccine injured children
- Small but dedicated group, the ‘go to’ voice for the media
- Print newsletter to over 600
- Support of long-time members and friends including Heidi & Karl Morley

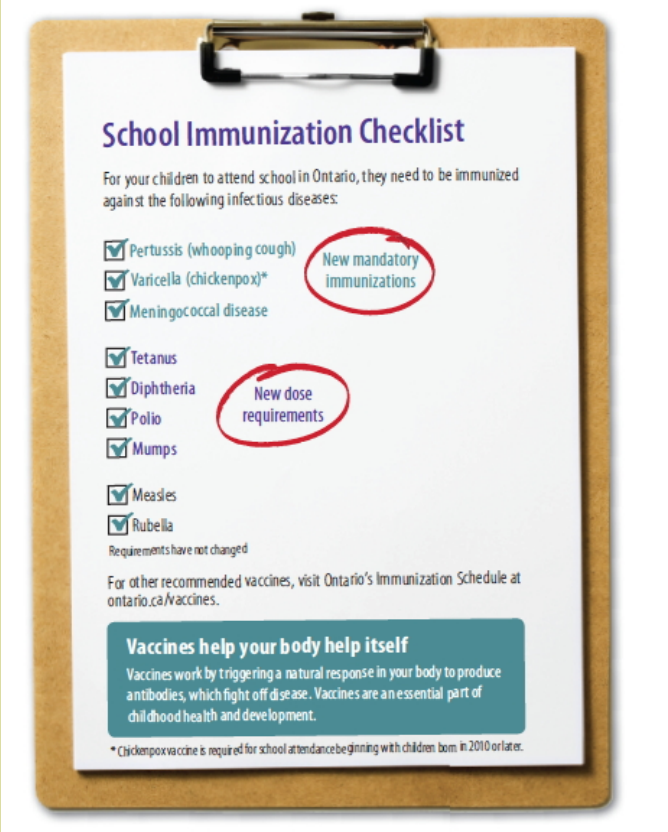
Canadian Charter of Rights & Freedoms

- Quick note on the Charter… merci Pierre.
- Charter enacted 1984 replaced the 1960 Bill of Rights
- Inspiration for the Charter originally to help keep Quebec in the Confederation
- The Canada Act (1982) has two parts: the BNA Act (1867) and the Constitution Act (1982) -- this last contains the Charter
- Would be very difficult for future governments federal or provincial to decrease or limit rights because:
  - The House of Commons, the Senate, and two-thirds of the provinces representing over 50% of Canadians must approve any changes to the Charter or any part of the constitution
- A freedom is a right to live your life without interference from the government unless you impinge on the freedoms of others.

Canadian vaccination legislation

- Ontario with exemptions for conscience, religion or medical
- New Brunswick with exemptions for conscience, religion or medical
- Manitoba (not enforced legislation)
- Other provinces & territories ~ none
- Canadian medical law: informed consent
- … the fundamental right of persons to be free from unwanted physical interference. Medical care is wrongful and a battery unless the patient has given consent to it. … Furthermore, the patient must understand the risks, no matter how statistically insignificant these may be. When a patient reads, understands, and signs a written consent to treatment or surgery there is express consent…" *Canadian Medical Law, Introduction for Physicians, Nurses and Other Health Care Professionals, Second Edition, 1995 Carswell Thompson Professional Publishing.*

Ontario legislation for school pupils & day nurseries



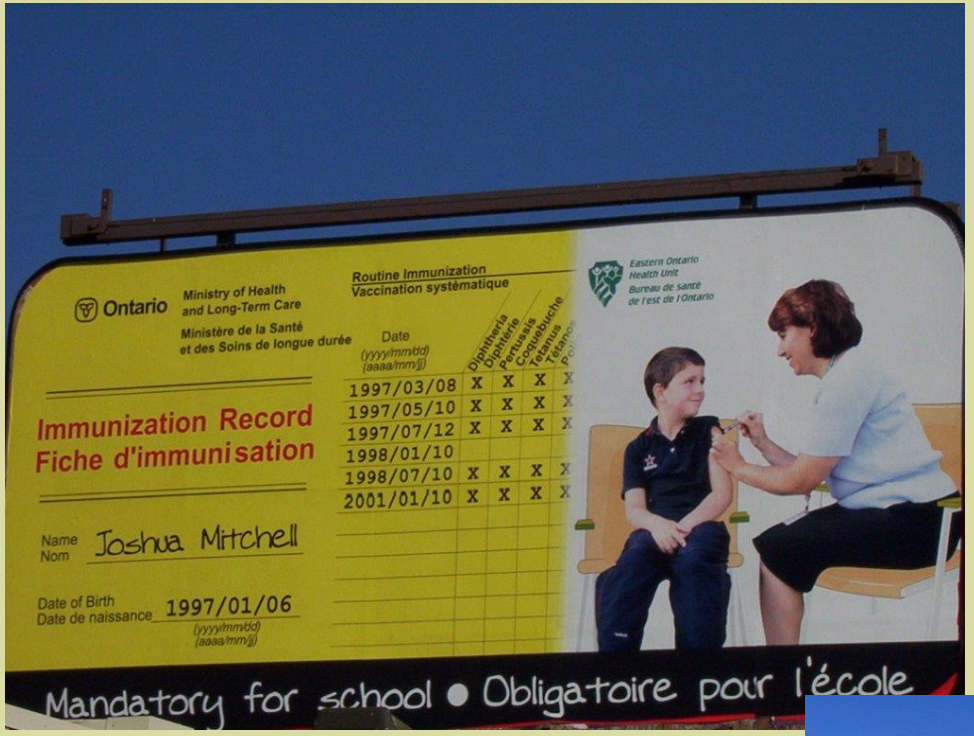
- **Immunization of School Pupils Act R.S.O. 1990, revised 2013 to include additional vaccines**
- Duty of parent. (1) The parent of a pupil shall cause the pupil to complete the prescribed program of immunization in relation to each of the designated diseases. R.S.O. 1990, c. I.1, s. 3 … **Subsection (1) does not apply to a parent who has filed a statement of conscience or religious belief with the proper medical officer of health. R.S.O. 1990, c. I.1, s. 3**
- Ontario Day Nurseries Act has a provision for legal exemption from vaccination using Statement of Conscience or Religious Belief Affidavit 4897-64E contained in the Immunization of School Pupils Act. This affidavit must be signed and stamped by a commissioner of oaths, notary public or a justice of the peace.

Purposes of VCC

- Vaccine Choice Canada recognizes that vaccines are not without risk and supports the right of each individual to adequate disclosure prior to providing consent.
- Vaccination is a medical procedure with known injuries and risk of injuries (pkg insert, med literature)
- VCC provides information on risks to individuals, media, journalism students
- Maintain constant presence challenging assumptions regarding vaccination safety
- Poised to take action should challenge be made to exemptions, restrictions ie. tying vax to taxes, benefits
- Help balance the narrative:
  - Specific vaccine histories PENTA 1994-97
  - Point to, reprint research outside mainstream that challenges safety/efficacy: Dr. S. Humphries, Dr. R. Obomsawin
  - Cost is barrier to a Canadian compensation program (cf. US Childhood Vaccine Injury Act 1986)
  - No legal liability assumed by gov't, doctor nor manufacturer

VCC activities

- Ombudsman complaint: compiled info over 10 years
- Ministry of Health 2014 communications registering concerns ensuring parents aware of exemptions
- Legal letter to Ont. Chief Medical Health Officer 1999: “VRAN enlisted the services of Toronto law firm of Goodman and Carr in an attempt to address our very serious concern that the Ontario Ministry of Health is failing in its duty to adequately inform parents and legal guardians of the availability of exemptions to vaccination for school entry.”
- Media responses in Feb./March: interviews for CBC radio, TV, CTV, CityTV, newspapers, magazines across Canada
- FB, twitter, web site with loads of info, exemption form
- Responding to requests for information
- Twice yearly newsletter, Monthly V-bulletin to which one subscribes



- 2004 Cornwall billboard included in Ombudsman complaint
- Vaccination is not mandatory in Canada

Oh, Canada ~ war of words

- Ont. Minister Hoskins reported by CBC as 'reviewing' exemptions but stated to VCC no formal review occurring
- Mainstream media polls, articles, news, interviews ~ largely one sided, risks/injuries dismissed
- TVO "there are not two sides to this"
- Alberta Lib leader Swann MD called for mandatory vax but rejected by Min. Mandel who stated "it is a parental decision" (see comments)
- Brandon Manitoba school board trustee resolution for all students to show proof of vaccination quashed at their meeting

"Parents who choose not to vaccinate will have limited options as what to do with their kids. No need to make it illegal not to vaccinate, just make it very difficult to function in society without it.

"Mandatory vaccinations would have a lot of problems, including infringing on human rights but also causing problems for how to deal with allergic reactions, people who can't receive vaccinations and other issues.

"This is a tricky subject. On the one hand you want people to have the right to make their own decisions, but on the other, people have to be held accountable for their actions. Not having mandatory vaccinations is no different than allowing people to drink and drive. You're placing a loaded gun out in the community that has the capability of harming not only the children who are not vaccinated, but those who are too young to be vaccinated as well.

Would you say it's more or less tricky than allowing my kid to bring a peanut butter and jelly sandwich to school?

Perhaps the outright refusal of vaccinations with no medical reasoning should place you outside publicly funded healthcare.

Oh say, US phenomenon

- Measles hysteria sparked orchestrated challenge to exemptions in 31 US states
- Health Choice, US

States in play	Bills attacking parental/p: Personal belief exemptior	Bills supporting parental/patient rights Religious exemption	Expand vaccine mandates	Expand provider rights/prote	Restrict privacy/ expand pressure		
New England/ Mid Atlantic							
Maine	LD 471/HP 310		LD 473/HP 312				Key
Vermont	S 87	H 212	H 266	S 9?	H 98/S 53		Passed
New Hampshire			SB 108		SB 130	HB 383	Withdraw
Massachusetts						SB 1495	In hearin
Connecticut			HB 5488				Exemptic
New York			A 791/S 509/ A 1822/A 2712/ A 1528			A 943/A 0224	
New Jersey		S 1147/A 1931			A 3890/S 275	A 1534/A 2570	
Pennsylvania	TBA		SB 407				
Maryland		**HB 687**	SB 597		SB 598		
South							
Virginia			SB 1083/HB 2194				
Tennessee			HB 458/SB 513				
North Carolina		SB 346					
South Carolina			H 2304/SB 278				
Mississippi						HB 130	
Texas		TBA	HB 212/SB 298	SB 538	HB 1674/SB 547/HB 1593/SB 29/HB 465		
Midwest							
Illinois		SB 1410		SB 751	HJ 26/HR 144		
Indiana			SB 461		HB 1359		
Missouri			SB 329		HB 976/HB 946		
West Virginia			SB 286/HB 2556				
Minnesota	SF 380/HF 393						
Nebraska			LB 650				
West							
California	SB 277						
Oregon		**SB 442**	SB 505				
Washington	**HB 2009**				SB 5143		
Hawaii				HB 253	HB 458		
Arizona			SB 1398		HB 2466	SB 1311	
New Mexico		HB 522		SB 121	SB 362		
Nevada			SB 117				
Colorado						SB 077	
Montana			HB 524/HB 158		HB 73		
South Dakota					HB 1059		

- 31 US states have over 100 bills pending on restrictions to or removal of vaccination exemptions introduced since Jan.
- This flurry of bills sparked by measles event at Disneyland that has since subsided; as it has in Canada (last year about 400 cases of measles across the country)

Healthy People 2020

- Dr. S. Tenpenny suggests the ‘attack’ on exemptions was planned
- Bills recently defeated in Oklahoma, Oregon
- http://drtenpenny.com/2015/03/09/healthy-people-2020-and-the-decade-of-vaccines/
- **Trust for America’s Health** brought private and government resources together to address national health issues (Robert Wood Johnson Fdn, J&J)
- Began in 1980, together they set measurable health goals for each decade: reduction in smoking, obesity, vaccination and pandemic preparedness
- Meet twice yearly on **Healthy People** objectives (Healthy People 1990, 2000, 2010, 2020)
- In 2010, they set Healthy People 2020: WHO declared this the decade of vaccines and the US public health has a National Vaccine plan for the 21st century which includes getting everyone vaccinated children and adults by 2015

Healthy People 2020

RECOMMENDATIONS: Increasing Vaccination Rates

Improving the nation's vaccination rates would help prevent disease, mitigate suffering, and reduce healthcare costs. TFAH recommends a number of actions that can be taken to increase vaccination rates for children, teens and adults around the country, including:

- **Minimize vaccine exemptions:** States should enact and enable universal childhood vaccinations except where immunization is medically contraindicated. Non-medical vaccine exemptions, including personal belief exemptions, enable higher rates of exemptions in those states that allow them.
- **Increasing public education campaigns about the safety and effectiveness of vaccines:** Federal, state and local health officials, in partnership with medical providers and community organizations, should conduct assertive campaigns about the importance of vaccines, particularly stressing and demonstrating the safety and efficacy of immunizations. Targeted outreach should be made to high-risk groups and to racial and ethnic minority populations where the misperceptions about vaccines are particularly high.[211]
- **Routinizing adult vaccination recommendations and referrals:** Private providers and health systems should have standing orders for vaccinations so every provider of care for adults can assess the need, recommend, and either provide directly or refer to another provider for vaccination. Vaccine locator systems should be expanded to build an effective vaccine referral system so providers can ensure the vaccine is administered, just as for mammograms or other preventive services. EHRs should provide reminder recalls to patients and providers through text messages or other communications. A routine adult vaccination schedule should be established, where healthcare providers are expected to purchase, educate, advise about and administer immunizations to patients.
- **Expand alternate delivery sites:** The National Vaccine Advisory Committee (NVAC) has recommended including expansion of vaccination services offered by pharmacists and other community immunization providers, vaccination at the workplace, and increased vaccination by providers who care for pregnant women.[212]
- **Increasing provider education:** Professional medical societies and medical and nursing schools should support ongoing education and expanded curricula on vaccines and vaccine-preventable diseases, and expand standard practice for providers to discuss and track vaccination histories for all patients — including adults — and offer vaccinations to adults during other doctor and hospital visits.
- **Bolstering immunization registries and tracking:** States should take steps to integrate immunization registries and EHRs to help track when patients receive vaccines, improve information sharing across providers, remind providers to routinely provide recommended vaccinations, remind patients of vaccinations and address gaps. State health information exchanges can make this process simpler by integrating registries into EHRs and enabling Immunization Information Systems (IIS) data exchange between states. Measures must be taken to encourage greater participation by healthcare providers, particularly private providers, in registries. Lifespan registries would also help better track patients' medical history to ensure they have received all needed vaccinations throughout their lives — to help improve and track vaccination rates for both children and adults.
- **Supporting expanded research and use of alternatives to syringe administration of vaccination.** Experiences with alternative delivery methods, such as using the nasal mist intranasal administration of live-attenuated influenza vaccine (LAIV), have been well-received by the public and have contributed to increased uptake in pediatric and adult vaccinations.[213,214]
- **Ensuring first dollar coverage of all recommended vaccines under Medicare and Medicaid:** Vaccines recommended by ACIP should be covered under both Medicare Part B and Part D without cost sharing, to ensure complete, equitable access to vaccines for all Medicare beneficiaries. States that have not already done so should expand their Medicaid programs to ensure more low-income Americans have access to life-saving vaccines.

Minimizing exemptions

Healthy People 2020

who came of age before the vaccine was widely available, along with Americans born to mothers who have the disease or are immigrants from other countries where the vaccine is not widely used, are at risk for HBV. Seven medications have been approved for treating HBV and though they often do not result in a full cure, they can significantly reduce liver damage particularly if treatment is started early. Successful therapy of patients with advanced disease can prevent liver cancer, reduce the need for liver transplants and save lives. [57, 58]

Infant and Preschooler Immunization Gaps: Requirements for vaccinations before attending school mean around 95 percent of school-aged children receive a vaccination –but there is a much bigger gap in preschooler vaccination rates. The failure to vaccinate all preschoolers with all of the recommended immunizations on time leaves more than 2 million young children unnecessarily vulnerable to preventable illnesses.[59]

INFANT VACCINATION GAPS		PRESCHOOLER VACCINATION GAPS	
Recommended Vaccination (by 13 months unless otherwise noted)	% NOT Receiving	Recommended Vaccination (19-to-35 month olds)	% NOT Receiving
Hepatitis B- first doses within 3 days of birth.*	25.8%	Childhood full series 4:3:1:3:3:1:4	27.4%
Measles, mumps, rubella	45.0%	Rotavirus	27.4%
Varicella (chickenpox)	43.2%	Pneumococcal	18.0%
Pneumococcal	12.6%	Diphtheria, tetanus and whooping cough	16.9%
Hib (meningitis, pneumonia, epiglottis)	10.7%	Hepatitis B – all three doses*	9.2%
Diphtheria, tetanus and whooping cough	10.6%	Varicella (chickenpox)	8.8%
Hepatitis B – three doses	15.4%	Measles, mumps, rubella	8.1%
Polio	6.3%	Polio	7.3%

**Note: the first vaccination dose of Hepatitis B is recommended to be administered within 3 days of birth; many children receive their first dose after the recommended schedule. By preschool age, there is a recommendation children should receive 3 scheduled doses of the vaccine.*

VACCINE SAFETY

Vaccines go through rigorous review and testing for effectiveness and safety by the Food and Drug Administration (FDA) before they are released to the market. The safety of vaccines is also tracked post-FDA licensure through several monitoring systems to keep track of potential patterns of adverse side effects.

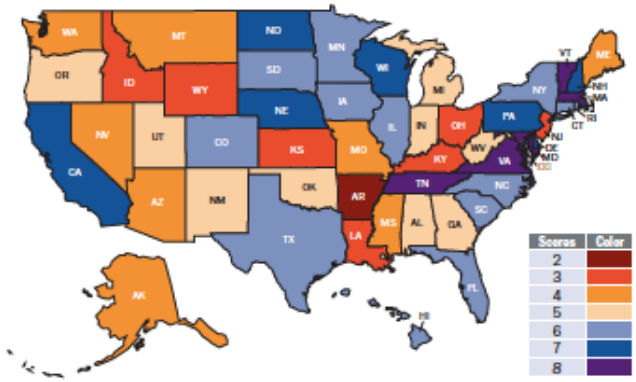
The Vaccine Adverse Event Reporting System (VAERS) is a joint CDC and FDA program that collects reports from manufacturers, healthcare providers, and members of the public about possible adverse events that people experience following vaccinations.[60] In addition, the Vaccine Safety Datalink (VSD) project is a collaboration between CDC's Immunization Safety Office (ISO) and nine large managed care organizations to monitor safety and answer scientific questions about health concerns that might be related to vaccines.[61, 62]

There have been numerous independent studies confirming the safety of recommended childhood vaccines. In 2004, the Institute of Medicine (IOM) released its eighth report from the Immunization Safety Review Committee, which concluded vaccines, specifically the MMR vaccine and thimerosal-containing vaccines, do not have any causal link to autism.[63] An updated review published by the IOM in 2012 re-confirmed their earlier conclusion.[64] Reviews in 2013 in the Journal of Pediatrics and 2014 in Pediatrics, also found no link between childhood vaccines and autism and that serious adverse events are very rare.[65, 66] Researchers from CDC concluded that even when giving multiple vaccinations on the same day, there is no association with any risk of developing autism.[67]

Public health officials and scientific researchers continue to stress the importance of parents vaccinating their children. By choosing to delay or skip vaccinations parents put both their children and others at greater risk of illness and death.[68]

- Multiple vaccines given on same day is safe, it has been rigorously studied
- Screening?
- Pediatric schedule has never been tested for safety
- Risks minimized, dismissed

MAJOR INFECTIOUS THREATS AND KEY FINDINGS



SCORES BY STATE

8 (5 states)	7 (7 states)	6 (13 states)	5 (9 states & D.C.)	4 (8 states)	3 (7 states)	2 (1 state)
Maryland	California	Colorado	Alabama	Alaska	Idaho	Arkansas
Massachusetts	Delaware	Connecticut	D.C.	Arizona	Kansas	
Tennessee	Nebraska	Florida	Georgia	Maine	Kentucky	
Vermont	New Hampshire	Hawaii	Indiana	Mississippi	Louisiana	
Virginia	North Dakota	Illinois	Michigan	Missouri	New Jersey	
	Pennsylvania	Iowa	New Mexico	Montana	Ohio	
	Wisconsin	Minnesota	Oklahoma	Nevada	Wyoming	
		New York	Oregon	Washington		
		North Carolina	Utah			
		Rhode Island	West Virginia			
		South Carolina				
		South Dakota				
		Texas				

INDICATOR SUMMARY

Indicator	Finding
1. Public Health Funding Commitment	28 states increased or maintained funding for public health from Fiscal Year (FY) 2012 to 2013 to FY 2013 to 2014.
2. Incident and Information Management	27 states met or exceeded the average score for Incident Information and Management in the National Health Security Preparedness Index™ (NHSPI™).
3. Childhood Vaccinations	35 states and Washington, D.C. met the Healthy People 2020 target of 90 percent of children ages 19-35 months receiving the recommended ≥3 doses of HBV vaccine.
4. Flu Vaccination Rates	14 states vaccinated at least half of their population (ages 6 months and older) for the seasonal flu from fall 2013 to spring 2014.
5. Climate Change and Infectious Disease	15 states currently have completed climate change adaptation plans that include the impact on human health.
6. Healthcare-Associated Infection Control	16 states performed better than the 2012 national standard infection ratio (SIR) for central line-associated bloodstream infections.
7. Healthcare-Associated Infection Control	Between 2011 and 2012, the standardized infection ratio (SIR) for central line-associated bloodstream infections decreased significantly in 10 states.
8. Public Health Laboratories – Capabilities During Emergencies or Drills	47 state public health laboratories and Washington, D.C. reported conducting an exercise or utilizing a real event to evaluate the time for sentinel clinical laboratories to acknowledge receipt of an urgent message from the state's laboratory (from July 1, 2013 to June 30, 2014).
9. HIV/AIDS Surveillance	37 states and Washington D.C. required reporting of all (detectable and undetectable) CD4 (a type of white blood cell) and HIV viral load data to their state HIV surveillance program.
10. Food Safety	38 states and Washington, D.C. met the national performance target of testing 90 percent of reported Escherichia coli (E. coli) O157 cases within four days.

Draft Report

National Adult Immunization Plan

National Vaccine Program Office

DRAFT:
National Vaccine Program Office
February 5, 2015

Table 1. Healthy People Objectives Specific to Adult Vaccination, 2012 Coverage, and 2020 Targets

Objective: IID-12: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza.	2012 Percentage	2020 Target Percentage*
Adults age ≥18 years	39†	70
Health care personnel	62†	90
Pregnant women	52‡	No target, in development

Objective: IID-13: Increase the percentage of adults who are vaccinated against pneumococcal disease.	2012 Percentage	2020 Target Percentage*
Noninstitutionalized adults age ≥65 years	60§	90
Noninstitutionalized high-risk adults age 18–64 years	20§	60
Institutionalized adults age ≥18 in long-term care or nursing homes	66‖	90

Objective: IID-14: Increase the percentage of adults age ≥60 who are vaccinated against zoster (shingles).	2012 Percentage	2020 Target Percentage*
Adults age ≥60 years	20§	30

Objective: IID-15: Increase hepatitis B vaccine coverage among high-risk populations.	2012 Percentage	2020 Target Percentage*
Health care personnel age ≥19 years	64¶	90

*Sources: *Healthy People 2020[7]; †National Health Interview Survey as Reported by Healthy People 2020[7]; ‡ Most recent published statistics for 2013-2014 influenza season; This estimate is from an Internet panel survey. The study sample did not include women without Internet access; results might not be generalizable to all pregnant women in the United States. Also, the estimate might be biased if the selection processes for entry into the Internet panel and a woman's decision to participate in this survey were related to receipt of vaccination; Ding (2014)[12]; §National Health Interview Survey (2012)[3]; ‖ Minimum Data Set data from 2005-2006 as reported by Healthy People 2020[7]; ¶National Health Interview Survey data from 2008 as reported by Healthy People 2020[7]*

Notes: IID = Immunization and Infectious Diseases. The objective for influenza vaccination for pregnant women is developmental, and no target has been set. Some, but not all, of the ACIP-recommended vaccines are included among Healthy People 2020 objectives.

In addition to achieving higher vaccination rates, the childhood vaccination program in the United States has been largely successful at reducing or eliminating racial and ethnic disparities in vaccination coverage. As a

Impact on Canada?

- How do US initiatives impact Canada? New legislation? Influx of Americans!
- Regular communication US & Canadian officials 'germs have no borders'
- Tracking of infectious disease threats globally: mandating vaccines for children and adults in light of laws around terrorism, pandemic threats
- No conspiracy theories please
- Challenges to vaccination exemption here given US events?

Department of Defense and Fighting Infectious Threats

DoD, while primarily responsible for the health and protection of its service members, contributes to global disease surveillance, training, research and response to emerging infectious disease threats.[190] For instance, within DoD, the United States Army Medical Research Institute of Infectious Diseases (USAMRIID) researches and develops medical countermeasures (MCMs) — vaccines, drugs, diagnostics and information — to protect service members from biological threats. USAMRIID has Biosafety Level 3 and Level 4 laboratories, expertise in the generation of biological aerosols for testing candidate vaccines and therapeutics, and fully accredited animal research facilities.[191] USAMRIID was involved in the discovery of Ebola-Reston. It was found lethal to monkeys, but harmless to humans. Researchers from USAMRIID have been in West Africa since 2006 working on diagnostic tests for Lassa fever. In response to the Ebola outbreak, they have helped set up diagnostic labs in Liberia and Sierra Leone.[192]

In addition, the Defense Threat Reduction Agency (DTRA) — DoD's official Combat Support Agency for countering weapons of mass destruction across the entire Chemical, Biological, Radiological, Nuclear and high-yield Explosives (CBRNE) spectrum — has been active in the Ebola response.[193] Its programs include basic and applied research and development as well as operational support. Since 2003, DTRA and United States Strategic Command Center for Combating Weapons of Mass Destruction has invested over $300 million to develop MCMs for hemorrhagic fever viruses. DTRA contracts — along with support from NIH and BARDA — helped fund the development of the drug ZMapp, a monoclonal antibody therapeutic cocktail discovered in January of 2014, in collaboration with USAMRIID, Mapp Biopharmaceutical Inc., Defyrus LLC, and the Public Health Agency of Canada.[194] ZMapp was given to seven Ebola patients, five of whom survived. It is expected to enter clinical trials in early 2015.[195] In late October 2014, DTRA posted a Broad Agency Announcement (BAA) to solicit Ebola-related science and technology proposals.[196]

Charter

- Charter of Rights & Freedoms used:
  - Limiting police powers, 2012 struck down law allowing police tap without warrant
  - Women's reproductive rights, recognized reality of women's lives 1988
  - Recognition of LGBT community 1998 Civil Marriage Act
  - Strengthening aboriginal rights and land claims 1990
- Vigilance required
- Nothing has actually happened!

Thank you & discussion!

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