

114TH CONGRESS
1ST SESSION

H. R. 2232

To amend the Public Health Service Act to condition receipt by States (and political subdivisions and public entities of States) of preventive health services grants on the establishment of a State requirement for students in public elementary and secondary schools to be vaccinated in accordance with the recommendations of the Advisory Committee on Immunization Practices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2015

Ms. WILSON of Florida introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to condition receipt by States (and political subdivisions and public entities of States) of preventive health services grants on the establishment of a State requirement for students in public elementary and secondary schools to be vaccinated in accordance with the recommendations of the Advisory Committee on Immunization Practices, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Vaccinate All Children
3 Act of 2015”.

4 **SEC. 2. REQUIRING STUDENTS AT PUBLIC ELEMENTARY**
5 **AND SECONDARY SCHOOLS TO BE VAC-**
6 **CINATED.**

7 (a) **REQUIREMENT.**—Section 317 of the Public
8 Health Service Act (42 U.S.C. 247b) is amended by add-
9 ing at the end the following:

10 “(n) **REQUIRING STUDENTS AT PUBLIC ELEMEN-**
11 **TARY AND SECONDARY SCHOOLS TO BE VACCINATED.**—

12 “(1) **REQUIREMENT.**—For a State or a political
13 subdivision or other public entity of a State to be eli-
14 gible to receive a grant under this section, the appli-
15 cant shall demonstrate to the Secretary’s satisfac-
16 tion that, subject to paragraphs (2) and (3), the
17 State requires each student enrolled in one of the
18 State’s public elementary schools or public secondary
19 schools to be vaccinated in accordance with the rec-
20 ommendations of the Advisory Committee on Immu-
21 nization Practices.

22 “(2) **EXCEPTION FOR CHILD’S HEALTH.**—The
23 funding condition described in paragraph (1) shall
24 not apply with respect to a student if a duly reg-
25 istered and licensed physician submits a written cer-
26 tification at the beginning of the school year to the

1 individual in charge of the health program at the
2 student's school—

3 “(A) certifying that the physician has per-
4 sonally examined the student during the pre-
5 ceding 12 months; and

6 “(B) certifying that, in the physician's
7 opinion, the physical condition of the student is
8 such that the student's health would be endan-
9 gered by the vaccination involved; and

10 “(C) demonstrating (to the satisfaction of
11 the individual in charge of the health program
12 at the student's school) that the physician's
13 opinion conforms to the accepted standard of
14 medical care.

15 “(3) DEFINITIONS.—In this subsection:

16 “(A) The term ‘Advisory Committee on
17 Immunization Practices’ means the Advisory
18 Committee on Immunization Practices estab-
19 lished by the Secretary, acting through the Di-
20 rector of the Centers for Disease Control and
21 Prevention.

22 “(B) The terms ‘elementary school’ and
23 ‘secondary school’ have the meanings given to
24 such terms in section 9101 of the Elementary
25 and Secondary Education Act of 1965.”.

1 (b) APPLICATION.—The amendment made by sub-
2 section (a) applies only with respect to fiscal years begin-
3 ning after the date that is 6 months after the date of en-
4 actment of this Act.

○

114TH CONGRESS
1ST SESSION

H. RES. 117

Recognizing the importance of vaccinations and immunizations in the United States.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2015

Mr. SCHIFF (for himself, Mr. DENT, Mr. WELCH, Mr. MARINO, Ms. BASS, Mr. BENISHEK, Mr. BISHOP of Georgia, Mrs. BLACKBURN, Mr. BLUMENAUER, Ms. BORDALLO, Mr. BRADY of Pennsylvania, Mrs. BUSTOS, Mrs. CAPPs, Mr. CÁRDENAS, Ms. CASTOR of Florida, Ms. CHU of California, Mr. CICILLINE, Ms. CLARKE of New York, Mr. COHEN, Mr. CONYERS, Mr. COSTELLO of Pennsylvania, Mr. CROWLEY, Mr. DANNY K. DAVIS of Illinois, Mrs. DAVIS of California, Ms. DEGETTE, Mr. DELANEY, Ms. DELAURO, Mr. DEUTCH, Mrs. DINGELL, Mr. DOGGETT, Ms. DUCKWORTH, Mr. ENGEL, Ms. ESHOO, Mr. FARR, Mr. FOSTER, Mr. GARAMENDI, Mr. GRAYSON, Mr. GRIJALVA, Ms. HAHN, Mr. HASTINGS, Mr. HIMES, Mr. HONDA, Mr. HUFFMAN, Mr. ISRAEL, Ms. JACKSON LEE, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KEATING, Mr. KIND, Mr. KING of New York, Mr. LANGEVIN, Mr. LIEU of California, Ms. LOFGREN, Mr. LOWENTHAL, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. MATSUI, Ms. MCCOLLUM, Mr. McDERMOTT, Mr. MCGOVERN, Mr. MCHENRY, Ms. MENG, Ms. MOORE, Mr. NADLER, Mrs. NAPOLITANO, Ms. NORTON, Mr. PERLMUTTER, Mr. PETERS, Mr. QUIGLEY, Miss RICE of New York, Ms. ROYBAL-ALLARD, Ms. LINDA T. SÁNCHEZ of California, Ms. LORETTA SANCHEZ of California, Mr. SARBANES, Ms. SCHAKOWSKY, Mr. SERRANO, Mr. SHERMAN, Mr. SHIMKUS, Ms. SLAUGHTER, Ms. SPEIER, Mr. TAKANO, Mr. THOMPSON of Mississippi, Mr. THOMPSON of California, Ms. TITUS, Mr. VAN HOLLEN, Mr. VARGAS, Mr. WALZ, Ms. WASSERMAN SCHULTZ, Ms. MAXINE WATERS of California, Ms. WILSON of Florida, Mr. SWALWELL of California, Mr. YARMUTH, Mr. GENE GREEN of Texas, Mr. KINZINGER of Illinois, Mrs. ELLMERS, and Mr. COOPER) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Recognizing the importance of vaccinations and immunizations in the United States.

Whereas the contributions of Louis Pasteur and Edward Jenner to the discovery of the principles of vaccination and immunology are among the most consequential health findings in human history;

Whereas vaccines have made it possible for the world to have eradicated smallpox, saving approximately 5,000,000 lives annually, and for the international community to be on the brink of eradicating polio and to have saved an estimated 5,000,000 people from this incurable disease over the past 2 decades;

Whereas vaccines have dramatically reduced the spread of many more crippling and potentially life-threatening diseases such as diphtheria, tetanus, measles, mumps, and rubella, and vaccines prevent the spread of commonly infectious and potentially fatal diseases such as chickenpox, shingles, influenza, hepatitis A, hepatitis B, meningococcal disease, pneumococcal, rotavirus, and whooping cough (pertussis);

Whereas the scientific and medical communities are in overwhelming consensus that vaccines are both effective and safe, and the dissemination of unfounded, and debunked, theories about the dangers of vaccinations pose a great risk to public health, and scientifically sound education and outreach campaigns about vaccination and immunization are fundamental for a well-informed public;

Whereas an estimated 43,000 adults and 300 children die annually from vaccine-preventable diseases or their complications in the United States, and the health and liveli-

hood of young children, seniors, individuals with immunodeficiency disorders, and those who cannot be vaccinated, is particularly compromised by communities with low vaccination rates;

Whereas substantial research has shown that vaccination is a highly cost-effective form of preventive medicine, and the Centers for Disease Control and Prevention (CDC) estimates that vaccinations will save nearly \$295,000,000,000 in direct costs and \$1,380,000,000,000 in total societal costs in the United States;

Whereas it is estimated that vaccinations will prevent more than 21,000,000 hospitalizations and 732,000 deaths among children born in the last 20 years, and that more than 100,000,000 children all over the world are immunized each year and vaccines have saved an estimated 2,500,000 children annually;

Whereas 1 in 5 children worldwide still lack access to even the most basic vaccines and as a result, an estimated 1,500,000 children a year die from vaccine-preventable conditions such as diarrhea and pneumonia or suffer from permanently debilitating illnesses;

Whereas a strong investment in medical research to improve existing vaccines and develop many more life-saving vaccines is beneficial to all, both at home and abroad, and a robust immunization infrastructure is essential to the public health and well-being of the people of the United States by preventing and isolating outbreaks of contagious diseases where they start;

Whereas encouraging high vaccination rates in the United States protects our citizens from contracting vaccine-pre-

ventable diseases that are pandemic in countries with low vaccination and immunization rates;

Whereas routine and up-to-date immunization is the most effective method available to prevent the infection and transmission of potentially fatal diseases; and

Whereas the United States has been a leader in promoting vaccinations around the world through U.S. Agency for International Development, the CDC, Gavi, the Vaccine Alliance, the Global Polio Eradication Initiative, UNICEF, the World Health Organization, and a host of other multilateral and non-governmental organizations: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) commends the international community,
3 global and domestic health organizations, the private
4 sector, school and community leaders, and faith-
5 based organizations for their tireless work and im-
6 mense contributions to bolstering our global and do-
7 mestic health through vaccination;

8 (2) affirms vaccines and immunizations save
9 lives and are essential to maintain the public health,
10 economic and national security of the people of the
11 United States;

12 (3) recognizes that the lack of vaccination can
13 cause a true public health crisis, and that there is
14 no credible evidence to show that vaccines cause life-
15 threatening or disabling diseases in healthy children
16 or adults;

1 (4) encourages a continued commitment to re-
2 search to improve vaccines and to develop new vac-
3 cines against other infectious and fatal diseases; and

4 (5) urges parents, in consultation with their
5 health care provider, to follow the scientific evidence
6 and consensus of medical experts in favor of timely
7 vaccinations to protect their children and their com-
8 munity.

○

Early report

Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children

A J Wakefield, S H Murch, A Anthony, J Linnell, D M Casson, M Malik, M Berelowitz, A P Dhillon, M A Thomson, P Harvey, A Valentine, S E Davies, J A Walker-Smith

Summary

Background We investigated a consecutive series of children with chronic enterocolitis and regressive developmental disorder.

Methods 12 children (mean age 6 years [range 3–10], 11 boys) were referred to a paediatric gastroenterology unit with a history of normal development followed by loss of acquired skills, including language, together with diarrhoea and abdominal pain. Children underwent gastroenterological, neurological, and developmental assessment and review of developmental records. Ileocolonoscopy and biopsy sampling, magnetic-resonance imaging (MRI), electroencephalography (EEG), and lumbar puncture were done under sedation. Barium follow-through radiography was done where possible. Biochemical, haematological, and immunological profiles were examined.

Findings Onset of behavioural symptoms was associated by the parents, with measles, mumps, and rubella vaccination in eight of the 12 children, with measles infection in one child, and otitis media in another. All 12 children had intestinal abnormalities ranging from lymphoid nodular hyperplasia to atrophic ulceration. Histology showed patchy chronic inflammation in 11 children and reactive ileal lymphoid hyperplasia in seven, but no granulomas. Behavioural disorders included autism (nine), disintegrative psychosis (one), and possible postviral or vaccinal encephalitis (two). There were no focal neurological abnormalities and MRI and EEG tests were normal. Abnormal laboratory results were significantly raised urinary methylmalonic acid compared with age-matched controls ($p=0.003$), low haemoglobin in four children, and low serum IgA in four children.

Interpretation We identified associated gastrointestinal disease and developmental regression in a group of previously normal children, which was generally associated in time with possible environmental triggers.

Lancet 1998; **351**: 637–41

See Commentary page

Inflammatory Bowel Disease Study Group, University Departments of Medicine and Histopathology (A J Wakefield FRCS, A Anthony MB, J Linnell PhD, A P Dhillon MRCP, S E Davies MRCP) **and the University Departments of Paediatric Gastroenterology** (S H Murch MB, D M Casson MRCP, M Malik MRCP, M A Thomson FRCP, J A Walker-Smith FRCP), **Child and Adolescent Psychiatry** (M Berelowitz FRCPsych), **Neurology** (P Harvey FRCP), and **Radiology** (A Valentine FRCP), **Royal Free Hospital and School of Medicine, London NW3 2QG, UK**

Correspondence to: Dr A J Wakefield

Introduction

We saw several children who, after a period of apparent normality, lost acquired skills, including communication. They all had gastrointestinal symptoms, including abdominal pain, diarrhoea, and bloating and, in some cases, food intolerance. We describe the clinical findings, and gastrointestinal features of these children.

Patients and methods

12 children, consecutively referred to the department of paediatric gastroenterology with a history of a pervasive developmental disorder with loss of acquired skills and intestinal symptoms (diarrhoea, abdominal pain, bloating and food intolerance), were investigated. All children were admitted to the ward for a week, accompanied by their parents.

Clinical investigations

We took histories including details of immunisations and exposure to infectious diseases, and assessed the children. In 11 cases the history was obtained by the senior clinician (JW-S). Neurological and psychiatric assessments were done by consultant staff (PH, MB) with HMS-4 criteria.¹ Developmental investigations included a review of prospective developmental records from parents, health visitors, and general practitioners. Four children did not undergo psychiatric assessment in hospital; all had been assessed professionally elsewhere, so these assessments were used as the basis for their behavioural diagnosis.

After bowel preparation, ileocolonoscopy was performed by SHM or MAT under sedation with midazolam and pethidine. Paired frozen and formalin-fixed mucosal biopsy samples were taken from the terminal ileum; ascending, transverse, descending, and sigmoid colons, and from the rectum. The procedure was recorded by video or still images, and were compared with images of the previous seven consecutive paediatric colonoscopies (four normal colonoscopies and three on children with ulcerative colitis), in which the physician reported normal appearances in the terminal ileum. Barium follow-through radiography was possible in some cases.

Also under sedation, cerebral magnetic-resonance imaging (MRI), electroencephalography (EEG) including visual, brain stem auditory, and sensory evoked potentials (where compliance made these possible), and lumbar puncture were done.

Laboratory investigations

Thyroid function, serum long-chain fatty acids, and cerebrospinal-fluid lactate were measured to exclude known causes of childhood neurodegenerative disease. Urinary methylmalonic acid was measured in random urine samples from eight of the 12 children and 14 age-matched and sex-matched normal controls, by a modification of a technique described previously.² Chromatograms were scanned digitally on computer, to analyse the methylmalonic-acid zones from cases and controls. Urinary methylmalonic-acid concentrations in patients and controls were compared by a two-sample *t* test. Urinary creatinine was estimated by routine spectrophotometric assay.

Children were screened for antindomycal antibodies and boys were screened for fragile-X if this had not been done