

**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION**

**IN SUPPORT OF**

**L.D. 424, Resolve, Directing the Department of Education and the Department of Health and Human Services To Adopt Rules Requiring a Tetanus, Diphtheria and Pertussis Booster Vaccination in School-age Children.**

Joint Standing Committee on Health and Human Services  
Room 209, Cross State Office Building  
9:00 a.m., Monday, March 16, 2009

Good afternoon Senator Brannigan, Representative Perry, and Members of the Joint Standing Committee on Health and Human Services. I am Kellie Miller, Director of Public Health Policy of the Maine Medical Association (MMA), a professional organization representing more than 3000 physicians, residents, and medical students whose mission is “*to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine citizens.*”

Dr. Larry Losey, an active member of the Maine Chapter of the American Academy of Pediatrics had planned to be here this morning to testify, however, he was not able to change his patient schedule, therefore, I will read his testimony on behalf of the Maine Medical Association and the Maine Chapter of the American Academy of Pediatrics and the Maine Immunization Coalition, speaking in support of L.D. 424, *Resolve, Directing the Department of Education and the Department of Health and Human Services To Adopt Rules Requiring a Tetanus, Diphtheria and Pertussis Booster Vaccination in School-age Children.*

I am writing in support of this bill as a pediatrician who has been caring for children in Maine since 1976. Pertussis continues to be a significant problem in Maine. We are currently having about one hundred confirmed cases of pertussis annually. There are several times as many cases that are not confirmed. Pertussis in teens and young adults remains a significant reservoir for illness. The people most vulnerable to peruses are young infants, for whom it is a life-threatening disease, with frequent long-term neurological sequelae. If we are to protect the fragile infants from pertussis, it must be kept out of the community. The only effective way to prevent this bacterium from becoming established and spread in a

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population is through maintenance of a high level of immunization in the entire population.

Until recently, there was not a safe and effective pertussis immunization for people over seven years old. There are now two manufacturers producing a vaccine for use in adults and children over seven to boost their immunity against tetanus, diphtheria, and pertussis. It is recommended that this vaccine be given to all children at eleven years of age, and as needed for a tetanus booster later if it was not given at eleven. The vaccine is only modestly more expensive than the

tetanus-diphtheria vaccine that we were previously giving at this time. Most of us providing care for children have been giving this Tdap vaccine for the past two or three years.

I urge your support for this legislation mandating Tdap vaccine for school children, as this will protect adolescents from a very uncomfortable, aggravating disease. I recently had a University of Southern Maine nurse practitioner student from China, and when we were discussing this issue, she told me that the Chinese name for pertussis translated into English as “hundred day cough.”

This is a very apt description of the illness for adolescents and adults—a months’ long deep, unstoppable, aggravating cough. The biggest benefit from this vaccine, however, is to reduce the risk to vulnerable infants who have a high risk of death and permanent neurologic damage if they are infected with pertussis.

Thank you for your time and consideration. I regret that I am unable to be with you personally to discuss this. I would welcome any questions from you or your staff.

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