

During testimony in the Public Health committee on April 1st, we observed a lack of transparency and accountability in the testimony provided to the committee by the Indiana Immunization Coalition and the Indiana Pharmacy Association. To counter this misinformation and protect truth and transparency in the legislative process, we have put together a list of the top 3 most egregious claims and provided our rebuttal.

Claim #1:

“Extensive scientific research has demonstrated that the safety of receiving multiple vaccines at the same time is completely fine and numerous studies have evaluated the effects of administering various vaccine combinations.” - Indiana Immunization Coalition testimony

The Truth:

There are no controlled trials, and very few observational studies, that have determined the impact of vaccination schedules on overall health. Recent studies suggest links between multiple vaccinations and increased risks of diverse multisystem health problems, including allergies, infections, and neuropsychiatric or neurodevelopmental disorders.

Evidence:

“A growing number of vaccines are administered at the same time or in close succession, increasing the complexity of assessing vaccine safety [...] To date, no controlled trials and very few observational studies have determined the impact of vaccination schedules on overall health [...] Recent studies worryingly suggest links between multiple vaccinations and increased risks of diverse multisystem health problems, including allergies, infections, and neuropsychiatric or neurodevelopmental disorders [...] Further studies of health outcomes in vaccinated and unvaccinated groups are urgently needed, to increase understanding of the pathophysiology and treatment of vaccine injury, to identify the risk factors and screen for vaccine injury, to inform public health policy on potential hazards related to vaccination schedules, and to optimize the safety and benefits of vaccines.” ¹

Claim #2:

Vaccines are approved by the FDA “basically the same way” as drugs. - Indiana Pharmacy Association testimony

The Truth:

Drugs and vaccines are classified differently, with vaccines being regulated as “biologics”. While drugs must adhere to scientific gold standards for safety testing, there has never been a double-blind, placebo-controlled study comparing a vaccine to an inert, saline placebo. Instead, the control group receives another vaccination to compare for safety. Also, the WHO has stated it’s unethical to withhold vaccination from the control group, which further discourages researchers from using a true placebo in clinical trials.

Evidence:

“Placebo use in vaccine trials is clearly unacceptable when (a) a highly efficacious and safe vaccine exists and is currently accessible in the public health system of the country in which the trial is planned and (b) the risks to participants of delaying or foregoing the available vaccine cannot be adequately minimized or mitigated.” ²

Claim #3:

Pharmacists don't need access to a patient's medical history before administering a vaccine. -Indiana Pharmacy Association testimony

The Truth:

There are long lists of contraindications and precautions for vaccination.

Examples include:

- allergy to a component of the vaccine (such as egg protein or gelatin) or a previous dose of the vaccine
- individuals with severe immunodeficiency
- pregnancy
- family history of congenital or hereditary immunodeficiency
- recent receipt of immune globulin or blood products
- symptomatic or asymptomatic tuberculosis infection
- bleeding disorders
- individuals with asthma
- individuals with a current or recent illness
- individuals taking antiviral medications

Patients are unaware of their specific contraindications and rely on expert guidance by a healthcare professional with full knowledge of their particular health history who can evaluate the risks and benefits of vaccination on a case-by-case basis.

Evidence:

See the chart of contraindications and precautions on the CDC's website. 3

Other false claims:

1. Pharmacist administered vaccinations don't discourage Hoosiers from finding a medical home. - IN Immunization Coalition
2. Marion County lost all of their federal money for the vaccine program. - IN Immunization Coalition
3. State legislatures can't give up health authority to the federal government because they never had the authority in the first place (due to federal supremacy and preemption). - IN Pharmacy Association
4. State legislatures can't ban a particular vaccine or drug, only the FDA can. - IN Pharmacy Association
5. Pharmacists have a better relationship with patients than their doctors because they see the pharmacist more frequently. - IN Pharmacy Association
6. People don't see billboards for vaccines and just decide to get them. - Representative Bauer

Due to space limitations, please contact us for a full rebuttal to any of these points.

Additional Comments:

The bill was pitched as a way to expand the list of vaccines pharmacists can administer to reach rural populations and protect public health through herd immunity. However, the representative from the Indiana Pharmacy Association admitted after questioning that the bill would only expand access to the RSV vaccine for adults aged 60+ and for travel vaccines. What the Indiana Pharmacy Association representative did not mention is that this bill would also add administration authority to pharmacists for any of the 286 vaccines currently in development that receive approval at some point in the future. 4

Also, supporters of the bill suggest that it's too onerous for the legislature to continue modifying the named list of vaccines in code that pharmacists can administer which is why they support deferring to the list of vaccines approved by the federal ACIP committee. However, the Indiana Pharmacy Association representative also acknowledged that the current named list has only been amended four times in the last 18 years since its inception in 2007. Since the public health and welfare of citizens is a power retained by the states rather than enumerated in the list of powers granted to the federal government, Indiana lawmakers have a duty to regulate our public health policies and not defer this responsibility to the federal government. One review every 4.5 years is not overly burdensome to lawmakers in exchange for ensuring sound health policy for the protection of its citizens.

REFERENCES:

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2. World Health Organization. "Ethical Considerations for Clinical Trials on Prophylactic Vaccines for Infectious Diseases." WHO Expert Committee on Biological Standardization, September 2014. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4157320/>.
3. Centers for Disease Control and Prevention. "Contraindications and Precautions." *Epidemiology and Prevention of Vaccine-Preventable Diseases*. Updated February 20, 2024. <https://www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html>.
4. International Federation of Pharmaceutical Manufacturers & Associations. "Delivering the Next Generation of Medicines and Vaccines for a Healthier Future." Accessed April 3, 2025. <https://www.ifpma.org/insights/delivering-the-next-generation-of-medicines-and-vaccines-for-a-healthier-future/>