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Delegate Dereck E. Davis, Chair
Economic Matters Committee
House Office Building, Room 231
Annapolis, Maryland 21401

RE: House Bill 1171: Labor and Employment – Maryland Employee Protection Plan for Vaccine Refusal

TESTIMONY IN SUPPORT OF HB 1171

Please accept this testimony in support of House Bill 1171. I am a small business owner and have provided legal representation for small business owners in the State of Maryland for the last 15 years. In my 15 years in practice, I have also represented individuals in employment related matters. I urge the House Economic Matters Committee to give House Bill 1171 a favorable report and support passage of this important legislation.

Emergency Use Authorization and the PREP Act

The COVID19 vaccines are approved under an Emergency Use Authorization ("EUA"). With EAU approval comes wavier of liabilities pursuant to the Public Readiness and Emergency Preparedness Act ("PREP Act") permits the Secretary of Health and Human Services (HHS) to limit legal liability for losses related to the administration of medical countermeasures, which include vaccines. As of February 4, 2020, the Secretary of HHS invoked the PREP Act in relation to the COVID19 medical countermeasures. This means that certain covered persons are immune from legal liability from all claims for loss relating to the administration of the COVID19 EUA vaccine. Entities protected from legal liability under the PREP Act include the Federal Government; local governments, manufacturers and distributers of the vaccines; medical personal who administer the vaccine, such as doctors, nurses and other medical personal. The coverage does not include employers who mandate, or who are under a government order to mandate, the COVID19 vaccine.

What does this mean for small businesses and other employers who are required by an Order or require on their own volition the COVID19 vaccine of their employees? It means that business owners are subject to legal liability for injuries suffered by their employees as a result

of a mandated COVID19 vaccine. Maryland small businesses have endured too much of the financial burden of this pandemic as it is, and need protection from such liability. House Bill 1171 will provide that protection, and I urge the Committee to vote in favor of this bill.

Employers Must Be Protected From Vaccine Injury Liability

To date, from 729,533 COVID19 vaccines administered there has been over 25,000 adverse events reported to the CDC from the receipt of the COVID19 vaccine. A copy of the VAERS reporting data is attached. This number is significant in that the COVID19 vaccine has only been available for a few months and if the trend of adverse events continues, the number of adverse events will rise significantly. The question then becomes, who will be responsible for the injuries suffered by individuals from the COVID19 vaccine? The immediate responsibility will be that of the employer who mandated the COVID19 vaccine for their employees in several ways. Foremost the fiscal impact will fall on the employers, hitting small businesses most significantly, when employees miss time work due to side effects from the COVID19 vaccine. For more serious injuries that could possibly result in ongoing medical expenses, or more expensive medical bills and lengthy time off of work for recovery, again the small business owner will bear the financial hardship. Worse, as the PREP Act, the only recourse that many individuals will have to recover costs incurred from any COVID19 vaccine injuries will be to sue their employers.

HB 1171, by placing a moratorium on an employer mandating the COVID19 vaccine as a condition of employment, or continued employment, will provide time for appropriate protections to be put in place to protect employer liability from potential COVID19 vaccine injuries. Further, this moratorium will allow more time for the safety and efficacy of the COVID19 to become more apparent.

For these reasons, I urge the Economic Matters committee to support HB 1171.

The Vaccine Adverse Event Reporting System (VAERS) Results

COVID19

Vaccine Type	Events Reported	Percent (of 729,533)
ADENOVIRUS TYPE 4 &7 VACCINE, LIVE ORAL (ADEN_4_7)	137	0.02%
ADENOVIRUS VACCINE LIVE ORAL TYPE 7 (ADEN)	11	0.00%
ANTHRAX VACCINE (ANTH)	9,113	1.25%
BACILLUS CALMETTE-GUERIN VACCINE (BCG)	194	0.03%
CENTRAL EUROPEAN ENCEPHALITIS (CEE)	1	0.00%
CHOLERA VACCINE (CHOL)	172	0.02%
COMVAX (HBHEPB)	5,414	0.74%
COVID19 VACCINE (COVID19)	25,246	3.46%
DENGUE TETRAVALENT VACCINE (DENGVAXIA) (DF)	1	0.00%
DIPHTHERIA AND TETANUS TOXOIDS ACELLULAR PERTUSSIS POLIOVIRUS INACTIVATED HAEMOPHILUS INFLUENZA B AND HEPATITIS B VACCINE (HEXAVAX) (6VAX-F)	191	0.03%
DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (DTAP)	56,076	7.69%
DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE + INACTIVATED POLIOVIRUS VACCINE (DTAPIPV)	8,497	1.16%
DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE + HEPATITIS B + INACTIVATED POLIOVIRUS VACCINE (DTAPHEPBIP)	11,052	1.51%
DIPHTHERIA AND TETANUS TOXOIDS AND ACELLULAR PERTUSSIS VACCINE + INACTIVATED POLIOVIRUS VACCINE + HAEMOPHILUS B CONJUGATE VACCINE (DTAPIPVHIB)	8,285	1.14%
DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE (DTP)	20,780	2.85%
DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE + INACTIVATED POLIOVIRUS VACCINE + HAEMOPHILUS B CONJUGATE VACCINE (TETANUS TOXOID CONJUGATE) (DTPPHIB)	51	0.01%
DIPHTHERIA AND TETANUS TOXOIDS PERTUSSIS AND HAEMOPHILUS INFLUENZA B VACCINE (HEXAVAX) (DTPHIB)	6,077	0.83%
DIPHTHERIA AND TETANUS TOXOIDS, PEDIATRIC (DT)	2,377	0.33%
DIPHTHERIA TOXOID (DTOX)	76	0.01%
DIPHTHERIA/PERTUSSIS/POLIO (ORAL [LIVE] OR INACTIVATED NOT NOTED) (DPP)	197	0.03%
DIPHTHERIA/TETANUS/PERTUSSIS/HEPATITIS B (DTPHEP)	40	0.01%
DIPHTHERIA/TETANUS/WHOLE PERTUSSIS-INACTIVATED POLIO VIRUS-HAEMOPHILUS INFLUENZA B (PENTACOQR) (DTPIHI)	57	0.01%
DT-IPV COMBINED DT AND IPV VACCINE (DTIPV)	28	0.00%
DTP-IPV COMBINED DTP AND IPV VACCINE (DTPIPV)	86	0.01%
HAEMOPHILUS B CONJUGATE VACCINE (HIBV)	48,276	6.62%
HAEMOPHILUS B POLYSACCHARIDE VACCINE (HBPV)	258	0.04%
HEPATITIS A (HEPA)	36,262	4.97%
HEPATITIS A AND HEPATITIS B VACCINE (HEPAB)	3,003	0.41%
HEPATITIS A AND TYPHOID VACCINES (HEPATYP)	5	0.00%
HEPATITIS B VACCINE (HEP)	58,241	7.98%
HUMAN PAPILLOMAVIRUS (TYPES 6, 11, 16, 18) RECOMBINANT VACCINE (HPV4)	36,893	5.06%
HUMAN PAPILLOMAVIRUS (TYPES 6, 11,16, 18, 31, 33, 45, 52, 58) RECOMBINANT VACCINE (HPV9)	13,633	1.87%
HUMAN PAPILLOMAVIRUS VACCINE (HPVX)	1,042	0.14%
HUMAN PAPILLOVAVIRUS BIVALENT (HPV2)	261	0.04%
INFLUENZA (H1N1) MONOVALENT (INJECTED) (FLU(H1N1))	8,489	1.16%
INFLUENZA (H1N1) MONOVALENT, (INTRANASAL SPRAY) (FLUN(H1N1))	2,889	0.40%
INFLUENZA VIRUS VACCINE, NO BRAND NAME (FLUX(SEASONAL))	19,802	2.71%
INFLUENZA VIRUS VACCINE, QUADRIVALENT (INJECTED) (FLU4(SEASONAL))	29,569	4.05%
INFLUENZA VIRUS VACCINE, QUADRIVALENT (INTRANASAL SPRAY) (FLUN4(SEASONAL))	2,989	0.41%
INFLUENZA VIRUS VACCINE, QUADRIVALENT, ADJUVANT (INJECTED) (FLUA4(SEASONAL))	691	0.09%
INFLUENZA VIRUS VACCINE, QUADRIVALENT, CELL-CULTURE-DERIVED (INJECTED) (FLUC4(SEASONAL))	4,390	0.60%
INFLUENZA VIRUS VACCINE, QUADRIVALENT, RECOMBINANT (INJECTED) (FLUR4(SEASONAL))	1,741	0.24%
INFLUENZA VIRUS VACCINE, TRIVALENT (INJECTED) (FLU3(SEASONAL))	93,169	12.77%
INFLUENZA VIRUS VACCINE, TRIVALENT (INTRANASAL SPRAY) (FLUN3(SEASONAL))	5,810	0.80%
INFLUENZA VIRUS VACCINE, TRIVALENT, ADJUVANT (INJECTED) (FLUA3(SEASONAL))	2,345	0.32%
INFLUENZA VIRUS VACCINE, TRIVALENT, CELL-CULTURE-DERIVED (INJECTED) (FLUC3(SEASONAL))	997	0.14%
INFLUENZA VIRUS VACCINE, TRIVALENT, RECOMBINANT (INJECTED) (FLUR3(SEASONAL))	198	0.03%
INFLUENZA(H1N1) MONOVALENT, UNKNOWN MANUFACTURER (FLUX(H1N1))	2,009	0.28%
JAPANESE ENCEPHALITIS VIRUS VACCINE (JEV)	486	0.07%
JAPANESE ENCEPHALITIS VIRUS VACCINE (NO BRAND NAME) (JEVX)	38	0.01%
JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, ADSORBED (JEV1)	364	0.05%
LYME VACCINE (LYMERIX) (LYME)	2,222	0.30%
MEASLES AND MUMPS VIRUS VACCINE, LIVE (MM)	66	0.01%
MEASLES AND RUBELLA VACCINE (MER)	161	0.02%
MEASLES VACCINE (MEA)	640	0.09%
MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE (MMR)	75,894	10.40%
MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (PROQUAD) (MMRV)	15,635	2.14%
MENINGICOCCAL GROUP C & Y + HIB (MNQHIB)	21	0.00%
MENINGOCOCCAL B VACCINE (MENB)	5,863	0.80%
MENINGOCOCCAL CONJUGATE VACCINE (MNC)	1	0.00%
MENINGOCOCCAL GROUPS C AND Y + HAEMOPHILUS B TETANUS TOXOID CONJUGATE VACCINE (MENHIB)	18	0.00%
MENINGOCOCCAL POLYSACCHARIDE VACCINE (MEN)	2,695	0.37%
MENINGOCOCCAL VACCINE (MENACTRA) (MNQ)	23,087	3.16%
MUMPS AND RUBELLA VIRUS VACCINE, LIVE (MUR)	28	0.00%
MUMPS VIRUS VACCINE, LIVE (MU)	155	0.02%
PANDEMIC FLU VACCINE (H5N1)	4	0.00%
PERTUSSIS, ADSORBED VACCINE (PER)	141	0.02%
PLAGUE VACCINE (PLAGUE)	28	0.00%
PNEUMOCOCCAL VACCINE, POLYVALENT (PPV)	58,065	8.08%

Vaccine Type	Events Reported	Percent (of 729,533)
PNEUMOCOCCAL VACCINE, POLYVALENT (PPV)	30,965	4.24%
PNEUMOCOCCAL, 10-VALENT VACCINE (SYNFLORIX) (PNC10)	37	0.01%
PNEUMOCOCCAL, 13-VALENT VACCINE (PREVNAR) (PNC13)	26,723	3.66%
PNEUMOCOCCAL, 7-VALENT VACCINE (PREVNAR) (PNC)	23,338	3.20%
POLIOVIRUS VACCINE INACTIVATED (IPV)	36,363	4.98%
POLIOVIRUS VACCINE TRIVALENT, LIVE, ORAL (OPV)	23,697	3.25%
RABIES VIRUS VACCINE (RAB)	4,037	0.55%
ROTAVIRUS (NO BRAND NAME) (RVX)	871	0.12%
ROTAVIRUS VACCINE (ROTASHIELD) (RV)	698	0.10%
ROTAVIRUS VACCINE, LIVE, ORAL (RV1)	2,384	0.33%
ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT (RV5)	18,670	2.56%
RUBELLA VACCINE (RUB)	884	0.12%
SMALLPOX VACCINE (SMALL)	5,693	0.78%
SUMMER/SPRING ENCEPHALITIS VACCINE (SSE) (SSEV)	3	0.00%
TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (BOOSTRIX/ADACEL) (TDAP)	37,386	5.12%
TETANUS AND DIPHTHERIA TOXOIDS, ADULT (TD)	17,488	2.40%
TETANUS TOXOID (TTOX)	3,206	0.44%
TETANUS, DIPHTHERIA AND ACELLULAR PERTUSSIS, AND INACTIVATED POLIO VIRUS (TDAPIPV)	8	0.00%
TETRAMUNE (DTAPH)	703	0.10%
TICK-BORNE ENCEPHALITIS VACCINE (TBE) (TBE)	3	0.00%
TYPHOID VACCINE (TYP)	7,741	1.06%
VARIVAX-VARICELLA VIRUS LIVE (VARCEL)	78,230	10.72%
YELLOW FEVER VACCINE (YF)	3,389	0.46%
ZOSTER VACCINE (VARZOS)	82,968	11.37%
UNKNOWN VACCINES (UNK)	6,734	0.92%
Total	1,094,887	150.08%

Note: Submitting a report to VAERS does not mean that healthcare personnel or the vaccine caused or contributed to the adverse event (possible side effect).

Notes:

Caveats: VAERS accepts reports of adverse events and reactions that occur following vaccination. Healthcare providers, vaccine manufacturers, and the public can submit reports to VAERS. While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness. The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Most reports to VAERS are voluntary, which means they are subject to biases. This creates specific limitations on how the data can be used scientifically. Data from VAERS reports should always be interpreted with these limitations in mind.

The strengths of VAERS are that it is national in scope and can quickly provide an early warning of a safety problem with a vaccine. As part of CDC and FDA's multi-system approach to post-licensure vaccine safety monitoring, VAERS is designed to rapidly detect unusual or unexpected patterns of adverse events, also known as "safety signals." If a safety signal is found in VAERS, further studies can be done in safety systems such as the CDC's Vaccine Safety Datalink (VSD) or the Clinical Immunization Safety Assessment (CISA) project. These systems do not have the same limitations as VAERS, and can better assess health risks and possible connections between adverse events and a vaccine.

Key considerations and limitations of VAERS data:

- Vaccine providers are encouraged to report any clinically significant health problem following vaccination to VAERS, whether or not they believe the vaccine was the cause.
- Reports may include incomplete, inaccurate, coincidental and unverified information.
- The number of reports alone cannot be interpreted or used to reach conclusions about the existence, severity, frequency, or rates of problems associated with vaccines.
- VAERS data are limited to vaccine adverse event reports received between 1990 and the most recent date for which data are available.
- VAERS data do not represent all known safety information for a vaccine and should be interpreted in the context of other scientific information.

Some items may have more than 1 occurrence in any single event report, such as Symptoms, Vaccine Products, Manufacturers, and Event Categories. If data are grouped by any of these items, then the number in the Events Reported column may exceed the total number of unique events. If percentages are shown, then the associated percentage of total unique event reports will exceed 100% in such cases. For example, the number of Symptoms mentioned is likely to exceed the number of events reported, because many reports include more than 1 Symptom. When more then 1 Symptom occurs in a single report, then the percentage of Symptoms to unique events is more than 100%. More information. (/wonder/help/vaers.html#Suppress)

Data contains VAERS reports processed as of 02/26/2021. The VAERS data in WONDER are updated weekly, yet the VAERS system receives continuous updates including revisions and new reports for preceding time periods. More information. (/wonder/help/vaers.html#Reporting)

Help: See The Vaccine Adverse Event Reporting System (VAERS) Documentation (/wonder/help/vaers.html) for more information.

Query Date: Mar 5, 2021 11:56:27 AM

Suggested Citation:

United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - 02/26/2021, CDC WONDER On-line Database. Accessed at http://wonder.cdc.gov/vaers.html on Mar 5, 2021 11:56:27 AM

Query Criteria:

Title: COVID19
State / Territory: The United States/Territories/Unknown
Group By: Vaccine Type
Show Totals: True
Show Zero Values: False