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### **I am opposed to HB 1084 - COVID-19 Response Act of 2022.**

I have worked in health care public policy for 25 years. This has included four years with the United State Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (HHS/ASPR), the federal pandemic response authority. At HHS/ASPR I served on the H1N1 pandemic response and the 2014 Ebola response. I wrote the H1N1 pandemic after-action report, which consolidated all federal pandemic response knowledge in preparation for the next pandemic (i.e., COVID). During Ebola I was the HHS point of contact for all US hospitals and physicians seeking patient treatment information, and working with CDC to develop treatment and infection safety protocols.

Novel pandemic viruses spread quickly because by definition a "novel" virus has never before been encountered by the human population, and thus there is no inherent immunity. Therefore, savings lives and preventing disease-related injuries during a pandemic or epidemic is dependent on the timely delivery of *effective* medical countermeasures (MCMs), especially personal protective equipment (PPE) and vaccines. To be effective, PPE must be rated for the specific virus, fit-tested to the user and not leak air; and unless an individual is trained in its use, self-infection will occur. Vaccines are only effective if they have high efficacy and are delivered rapidly to the general population.

It is to the point of vaccine efficacy that renders vaccine passports moot. A vaccine passport is useless whether the vaccine is effective or not:

- **Assume the vaccine is 100% effective.** Given that 74% of the Maryland population is considered fully vaccinated<sup>1</sup>, we are far above the COVID-19 herd immunity threshold of 60% to 66%<sup>2</sup> simply by means of vaccination alone. Thus, there is no need for a vaccine passport.
- **Assume the vaccine is not 100% effective.** As the State of Maryland reports, "Approximately 39.17% of all confirmed COVID-19 cases in Maryland since January 2021 have been among fully vaccinated individuals."<sup>3</sup> (Note that it is likely higher than 39%, as individuals who are not showing signs of illness are not as likely to present to be tested and confirmed for COVID.) If nearly half of Marylanders with a valid vaccine passport can have COVID anyway, then a passport confirming their vaccination status is useless.

Finally, it should be pointed out that after nearly two years of Marylanders mixing freely in the company of their friends, neighbors, and families, the actual threat from COVID does not warrant a vaccine passport among the general population; state hospital occupancy rates show this to be true. After two years, even Ebola and H1N1 would be long gone under these circumstances, as both of these viruses spread at approximately the same rate as COVID-19.

Vaccine passports are merely an exercise in inefficiency, a complete waste of money and time. I urge the committee to reject HB 1040.

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<sup>1</sup> <https://usafacts.org/visualizations/covid-vaccine-tracker-states/state/maryland>

<sup>2</sup> Herd immunity threshold formula is  $1 - (1/R_0)$ .  $R_0$  for SARS2 is between 2.5 to 2.9. Plugging in 2.5 and 2.9 for  $R_0$  returns a herd immunity threshold for the general population of 60% to 66%.

<sup>3</sup> <https://coronavirus.maryland.gov/>