

Michele Roberts, MPH, MCHES
Washington State Department of Health
Olympia, Washington 98504
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April 22, 2020

Dear Ms. Roberts,

Thank you for your response on behalf of the Washington State Department of Health.

I petitioned that the Board/Department of Health develop guidelines to alert WA state vaccine consumers when they are receiving yeast-recombinant vaccines, e.g. Hepatitis B, so that any GI issues (and ensuing behavioral changes in young children) could be monitored and dietary interventions implemented, if needed. You denied my petition based on lack of directions from ACIP and instead advised me to make a report to VAERS.

As far as I know, ACIP does not oversee food consumption safety in vaccinated persons, and therefore your reliance on ACIP to dismiss my petition seems odd. Please note that I do not believe that I 'suffered from contraindications,' as you put it. If I had contraindications, I wouldn't have been given a vaccine in the first place. What I've been suffering from, ever since I received the yeast-recombinant Hepatitis B vaccine, are painful gut reactions from consuming baker's/brewer's yeast-containing food products. Prior to that, I could consume them safely. The VAERS database, where you advised me to report this, does not collect adverse reactions to food and beverages.

I would like to reiterate that gut-damaging non-IgE-mediated gastrointestinal allergy (non-IgE GIFA) is on the rise. In biomedical literature, "it has been demonstrated that isolated gastrointestinal dysmotility (too rapid, too slow, disturbed, or retrograde) is caused by non-IgE-GIFAs in a subset of patients manifesting as pathologic gastroesophageal reflux, vomiting, delayed gastric emptying, diarrhea, constipation, or irritable bowel syndrome." (Nowak-Węgrzyn *et al.*, Journal of Allergy & Clinical Immunology, 2015). Published diagnostic guidelines say that a suspected non-IgE-mediated GIFA can only be identified based on the resolution of symptoms when a suspect food is avoided for several weeks and the return of symptoms upon subsequent food challenge (Muraro *et al.*, AEAACI Food Allergy and Anaphylaxis Guidelines Group, 2014). It is not currently based on any standard lab test and is certainly not diagnosable via IgE-based test, the way typical sensitization is.

While denying the evidence that comes from the members of the public, whose health you are supposed to protect, you are operating under a false assumption that the lack of directions from ACIP is evidence-based and up-to-date. You think it is unwarranted to advise medical providers and parents to monitor GI dysfunction and any related behavioral changes in young pre-verbal children, who cannot tell you about their gut pain, in relation to consumption of specific food products after they had been 'immunized' to those very foods by vaccines they received.

Since you have not produced any evidence from ACIP to justify your dismissal of my concerns,

please provide all studies you believe ACIP has relied upon to determine that none of the pathological manifestations of non-IgE-mediated gastrointestinal food allergy (such as chronic diarrhea/constipation, delayed gastric emptying, gastroesophageal reflux/projectile vomiting, irritable bowel and gut pain) are related to the use of yeast-recombinant vaccines.

I look forward to hearing from you.

Sincerely,

Dr. Tetyana Obukhanych, PhD

cc: Dr. John Wiesman
Dr. Kathy Lofy
Hannah Febach

cc: Sen. Kevin Van De Wege
Rep. Steve Tharinger
Rep. Mike Chapman

cc: Informed Choice Washington