



**2022 SESSION  
POSITION PAPER**

- BILL:** **HB 779 - Vaccination Requirements – Provision of Services – Statement of Prior Viral Infection**
- COMMITTEE:** **Health and Government Operations Committee**
- POSITION:** **Letter of Information**
- BILL ANALYSIS:** **HB 779 prohibits a public or private entity that requires a person to be vaccinated against a virus from denying services to a person who signs an attestation statement that they were infected with the virus and no longer have symptoms.**

**POSITION RATIONALE:** HB 779 restricts public and private entities’ ability to require individuals to be vaccinated against a virus to receive services. This bill allows individuals to sign an attestation form stating “to the best of their knowledge” they were previously infected with a virus and therefore are no longer subject to vaccination requirements. This would allow hospital staff to avoid standard of care vaccinations, including vaccines against Influenza, Hepatitis B, Chicken Pox, Rubella, and other diseases that can be fatal to high-risk patient populations, including those undergoing cancer treatment, pregnant women, and newborns. In addition, the bill presumably would let school students evade vaccination requirements by allowing parents to attest that their children had measles, etc., with no objective proof of illness.

While previous infection does confer some degree of immunity, it does not necessarily protect from reinfection. Certain viruses, such as SARS-CoV2, are prone to mutating during replication giving rise to new strains that can result in reinfection.<sup>1</sup> Studies have shown that vaccines provide additional benefits and protections against this virus. One study found that unvaccinated patients that had been infected with SARS-CoV2 between 90-179 days prior had more than 5 times greater odds of being reinfected and hospitalized than patients that had been vaccinated for SARS-CoV2 between 90-179 days prior.<sup>2</sup>

This potential for reinfection exists with many other viruses too. Each year the flu vaccine is reviewed and altered to protect against the viral strains expected to be the most common during the upcoming flu season.<sup>3</sup> Additionally, studies indicate that for many viruses immunity wanes over time and there are no approved tests to reliably determine post-infection protection.<sup>iii</sup> Vaccinations remain the most reliable and safest way to build protection against any virus.

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<sup>1</sup> Sanaie, S., Golipour, E., Shamekh, A., Sadaie, M. R., Mahmoodpoor, A., & Yousefi, M. (2021). Immune response variables and viral mutations impact on COVID-19 reinfection and relapse. *International immunopharmacology*, 100, 108108. <https://doi.org/10.1016/j.intimp.2021.108108>

<sup>2</sup> Bozio CH, Grannis SJ, Naleway AL, et al. Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity — Nine States, January–September 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1539–1544. DOI: <http://dx.doi.org/10.15585/mmwr.mm7044e1external icon>

The Maryland Association of County Health Officers submits this letter of information for HB 779 to provide additional context to using infection-induced immunity as an alternative to vaccination. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

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