BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Case No. 800-2017-035630
Tara Alaina Zandvliet, M.D., ACCUSATION 2991 Kalmia St.
2991 Kalmia St. San Diego, CA 92104
San Diego, CA 92104

Physician’s and Surgeon’s Certificate No. A 71646,

Respondent.

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about May 11, 2000, the Medical Board issued Physician’s and Surgeon’s Certificate No. A 71646 to Tara Alaina Zandvliet, M.D. (Respondent). The Physician’s and Surgeon’s Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2021, unless renewed.

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3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

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5. Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

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(d) Incompetence.

6. Unprofessional conduct under Business and Professions Code section 2234 is conduct that breaches the rules or ethical code of the medical profession, or conduct that is unbecoming
to a member in good standing of the medical profession, and which demonstrates an unfitness to
practice medicine.¹

OTHER RELEVANT STATUTORY PROVISIONS

7. Section 120335 of the Health and Safety Code states:

(a) As used in this chapter, 'governing authority' means the governing board of
each school district or the authority of each other private or public institution
responsible for the operation and control of the institution or the principal or
administrator of each school or institution.

(b) The governing authority shall not unconditionally admit any person as a
pupil of any private or public elementary or secondary school, child care center, day
nursery, nursery school, family day care home, or development center, unless, prior to
his or her first admission to that institution, he or she has been fully immunized. The
following are the diseases for which immunizations shall be documented:

(1) Diphtheria.
(2) Haemophilus influenzae type b.
(3) Measles.
(4) Mumps.
(5) Pertussis (whooping cough).
(6) Poliomyelitis.
(7) Rubella.
(8) Tetanus.
(9) Hepatitis B.
(10) Varicella (chickenpox).

(11) Any other disease deemed appropriate by the department, taking into
consideration the recommendations of the Advisory Committee on Immunization
Practices of the United States Department of Health and Human Services, the

(c) Notwithstanding subdivision (b), full immunization against hepatitis B shall
not be a condition by which the governing authority shall admit or advance any pupil
to the 7th grade level of any private or public elementary or secondary school.

(d) The governing authority shall not unconditionally admit or advance any
pupil to the 7th grade level of any private or public elementary or secondary school
unless the pupil has been fully immunized against pertussis, including all pertussis
boosters appropriate for the pupil's age.

(e) The department may specify the immunizing agents that may be utilized and
the manner in which immunizations are administered.

(g)(1) A pupil who, prior to January 1, 2016, submitted a letter or affidavit on
file at a private or public elementary or secondary school, child day care center, day
nursery, nursery school, family day care home, or development center stating beliefs
opposed to immunization shall be allowed enrollment to any private or public
elementary or secondary school, child day care center, day nursery, nursery school,

family day care home, or development center within the state until the pupil enrolls in the next grade span.

(2) For purposes of this subdivision, ‘grade span’ means each of the following:
   (A) Birth to preschool.
   (B) Kindergarten and grades 1 to 6, inclusive, including transitional kindergarten.
   (C) Grades 7 to 12, inclusive.

(3) Except as provided in this subdivision, on and after July 1, 2016, the governing authority shall not unconditionally admit to any of those institutions specified in this subdivision for the first time, or admit or advance any pupil to 7th grade level, unless the pupil has been immunized for his or her age as required by this section.

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8. Section 120370 of the Health and Safety Code states: 2

(a) (1) Prior to January 1, 2021, if the parent or guardian files with the governing authority a written statement by a licensed physician and surgeon to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician and surgeon does not recommend immunization, that child shall be exempt from the requirements of this chapter, except for Section 120380, and exempt from Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician and surgeon’s statement.

(2) Commencing January 1, 2020, a child who has a medical exemption issued before January 1, 2020, shall be allowed continued enrollment to any public or private elementary or secondary school, child care center, day nursery, nursery school, family day care home, or developmental center within the state until the child enrolls in the next grade span.

For purposes of this subdivision, “grade span” means each of the following:
   (A) Birth to preschool, inclusive.
   (B) Kindergarten and grades 1 to 6, inclusive, including transitional kindergarten.
   (C) Grades 7 to 12, inclusive.

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FACTUAL ALLEGATIONS

9. Respondent practices internal medicine and pediatrics at her solo practice, South Park Doctors.

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2 Effective January 1, 2016, through December 31, 2019, Health and Safety Code section 120370, subdivision (a), stated: “If the parent or guardian files with the governing authority a written statement by a licensed physician to the effect that the physical condition of the child is such, or medical circumstances relating to the child are such, that immunization is not considered safe, indicating the specific nature and probable duration of the medical condition or circumstances, including, but not limited to, family medical history, for which the physician does not recommend immunization, that child shall be exempt from the requirements of Chapter 1 (commencing with Section 120325, but excluding Section 120380) and Sections 120400, 120405, 120410, and 120415 to the extent indicated by the physician’s statement.”
10. Patient A\(^3\) is a male minor child, born in March 2015.

11. At all times relevant to the allegations herein, Patient A received care from providers within the Kaiser Permanente healthcare system ("Kaiser").

12. Respondent saw Patient A on one occasion only, namely, on or about March 24, 2017. On this occasion, Patient A was brought to respondent by his parents "for consultation about vaccines and possible medical exemption" from vaccines. At the time of the visit, Patient A had received no vaccinations.

13. Patient A’s family history was recorded in his chart by respondent as follows:
   a. Second cousin – “bee sting allergy epi pen”
   b. Cousin #1 – penicillin allergy
   c. Cousin #2 – Hashimotos
   d. Great aunt – “food allergies”
   e. Great grandmother – “food allergies”
   f. Great grandfather – polyarteritis Nodosa
   g. Maternal grandmother – “RA, lupus”
   h. Mother – “[consistent with] Hashimotos, no confirmation yet”

Patient A’s chart contains what respondent regards as documentation that supports the family history for the first six persons listed above (13a through 13f).

14. Patient A’s past medical history, as recorded by respondent in his chart, reflects “asthma, allergies – possibly food, definitely environmental.”

15. Patient A’s medical records at Kaiser reflect no known allergies. He received treatment (Zyrtec and Flovent) for environmental allergies, but testing for environmental allergies at age 2 years identified only animal (dog and cat) dander as allergy triggers. He was also hospitalized at age 2 for asthma exacerbation and discharged after one day. He visited the emergency room for diarrhea at 9 months of age.

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\(^3\) For the sake of patient privacy, the patient concerned is designated herein only as "Patient A." His identity is known to all parties involved herein.
16. Patient A was diagnosed with hand foot mouth disease at 12 months, and had
pertussis when he was 2 ½ years old (January 4, 2018), for which both he and his entire family
required antibiotic treatment. Pertussis is a vaccine preventable disease.
17. Respondent did not, at any stage, consult Patient A’s providers at Kaiser or review his
Kaiser medical records.
18. In considering the request for a vaccine exemption, respondent looked for “evidence
that the family was of an allergic or atopic autoimmune type.” Since respondent found that
Patient A has asthma and allergies, she considered him more likely to have anaphylaxis to many
different things, including vaccines.
19. Based on “a family history of hyperimmunity and autoimmunity,” respondent’s
opinion was “to vaccinate slowly, [but she wrote] an exemption for school attendance. Choice to
vaccine is up to parents.” Respondent “encouraged a slow schedule.”
20. On or about March 24, 2017, respondent prepared the following document, providing
Patient A with a permanent medical exemption from all vaccines currently on the Center for
Disease Control and Prevention’s (“CDC”) recommended list as well as from any future vaccines:

[Patient A] DOB 3/[xx]/15 has a strong family history of Autoimmune diseases
like polyarteritis Nodosa and hyperimmune conditions like anaphylaxis. Given the
level of immune dysfunction in him and the family, I feel he is at a high risk of
adverse reaction to vaccines. If there is an imminent medical threat in the community
we can consider a single vaccine in a controlled medical environment, however, the
benefits to him and the community must greatly outweigh his very real personal risk.
This medical exemption for vaccines is permanent. It includes, but is not limited to,
DtaP, TdaP, Polio, Varicella, MMR, Hep B and A, HiB, HPV, Influenza, and
Meningitis, and includes all current vaccines on the CDC recommended vaccine list
and any future vaccines placed on the list.
21. At an interview conducted on behalf of the Medical Board (“the subject interview”),
respondent explained that she made the exemption permanent because family history “does not
change for the better, it just gets worse as we diagnose more things …; the diagnoses won’t
disappear.” Also, the reason she made the exemption for all vaccines, both the (known) current
ones and any unknown future vaccines, is because “the schools and the law require they all be
listed” and the schools “wanted broad letters.” In addition, since the immune system of Patient A,
“based on personal history and family history is more of an atopic nature, [he] would be at a
higher risk of anaphylaxis and allergic reaction to any vaccine because of the immune process; it’s not vaccine specific.”

22. Respondent’s explanation and/or rationale for providing Patient A with an exemption from all vaccinations, current and future, was not consistent with, and was in direct opposition to, the recommendations of the CDC, American Academy of Pediatrics (“AAP”), and/or other guiding bodies. In fact, patients with allergies (for instance, asthma or eczema) are at greater risk from the vaccine preventable diseases (for instance, influenza in the case of patients with asthma, and varicella in the case of patients with eczema), so that vaccine is highly recommended in these patients, not contraindicated or cautioned against.

23. Respondent has estimated that, between the passing of California Senate Bill 277\(^4\) and June 2019, she provided roughly 1,000 medical exemptions. At the subject interview, she was unable to provide any approximation of the breakdown between permanent and temporary exemptions.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

24. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that she committed gross negligence in her care and treatment of Patient A, which includes, but is not limited to, granting a permanent vaccine exemption for Patient A based on a remote and irrelevant family medical history.

SECOND CAUSE FOR DISCIPLINE

(Incompetence)

25. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (d), of the Code, in that she demonstrated incompetence in her care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 24, above, which are hereby realleged and incorporated by this reference as if fully set forth herein.

\(^4\) California Senate Bill 277 was a California bill that removed personal belief exemptions to vaccination requirements for entry to private or public elementary or secondary schools in California, as well as day care centers. It was passed in the California State Senate in June 2015 and signed into law by Governor Jerry Brown on June 30, 2015.
THIRD CAUSE FOR DISCIPLINE
(Unprofessional Conduct)

26. Respondent is further subject to disciplinary action in that she has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct that is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 25, above, which are hereby realleged and incorporated by this reference as if fully set forth herein.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 71646, issued to Respondent Tara Alaina Zandvliet, M.D.;

2. Revoking, suspending or denying approval of Respondent Tara Alaina Zandvliet, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Tara Alaina Zandvliet, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: AUG 13 2020

WILLIAM PRASILKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant