Public Health and Preventive Medicine Interest Group at the Ohio State University College of Medicine
Opponent
House Bill 248
Ohio House Health Committee

Thank you Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the House Health Committee. Our names are Hayley Dunlop, MPH, Daniel Brook, Allison Yan, MSc, and Alexia Martin, MPH and we would like to provide testimony in opposition to House Bill 248 on behalf of the Public Health and Preventive Medicine Interest Group at the Ohio State University College of Medicine.

As students of medicine and public health, we have dedicated our lives and careers to keeping patients and communities healthy. Immunization plays a vital role in this work, as we have seen in the COVID-19 pandemic. COVID-19 infections in Ohio have dropped below early Fall 2020 levels since the introduction of the COVID-19 vaccine. However, continued vaccination efforts are necessary to establish herd immunity in the state of Ohio so that all Ohioans are protected against COVID-19. While the public health efforts and vaccination campaigns thus far have been successful, it is important that these efforts continue to ensure that our community and loved ones remain safe and healthy.

The privilege of serving as physicians providing care for patients comes with significant responsibility demanding professionalism, ethical practice, compassion, and service to one's patients and community. Physicians are guided by and responsible for upholding the core medical ethics of Autonomy, Beneficence, Non-maleficence, and Justice. Informed consent, an integral component of Autonomy, requires absence of coercion as well as education including benefits, risks, and alternatives. As medical students, we understand the critical role of informed consent and ensuring each of our patients are fully informed about their medical care. In the case of vaccinations, there is further policy supporting such requirements. The National Childhood Vaccine Injury Act (NCIVA) necessitates provision of a Vaccine Information Statement (VIS), including a description of the disease and the benefits and risks of the vaccination, by healthcare providers administering a vaccination including with each dose of a multiseries vaccination (CDC Vaccine Safety).

Despite allegations from proponents of HB248, patients are free to refuse any medical treatment, including to decline vaccinations, and are not discriminated against for exercising this choice. Both medical and non-medical vaccination exemptions already exist in Ohio vaccination legislation.

Immunization is a personal choice, but this decision has public consequences--especially impacting the most vulnerable communities in Ohio. This bill would disincentivize parents to immunize their children and would cause Ohio's immunization rates to suffer. Immunization rates have already been dropping in Ohio, 94% in 2010 to just 88% in 2017 (ODH). Rates in Ohio are already below those required for herd immunity, those necessary to prevent community-spread of infection, for numerous vaccine-preventable diseases (VPDs) (Table 1, Vanderslott, 2019). Without sufficient vaccination rates in a community, these deadly diseases will return. We've already seen the negative consequences of low vaccination rates with outbreaks of Mumps (https://www.usatoday.com/story/news/nation/2014/04/16/mumps-ohio-outbreak/7746049/) and Measles (Gastañaduy, 2016) in Ohio in the past few years. Evidence has already demonstrated these consequences such as the resurgence of whooping cough in Japan following drops in vaccination rates in 1979 (Vaccines, CDC). While individuals have the right to decline vaccination, this decision directly impacts not only the individual, but also the communities they live in. Existing legislation (e.g., exemption laws) already protects individual rights to decline. HB248 seeks to undermine public health placing the health of the community, and individuals within it, at risk.

Disease	Transmission	Basic reproduction number	Herd Immunity Threshold
Measles	Airborne	12–18	92–95%
Pertussis	Airborne droplet	12–17	92–94%
Diphtheria	Saliva	6–7	83–86%
Rubella	Airborne droplet	6–7	83–86%
Smallpox	Airborne droplet	5–7	80–86%
Polio	Fecal-oral route	5–7	80–86%
Mumps	Airborne droplet	4–7	75–86%
SARS	Airborne droplet	2–5	50–80%
Ebola	Bodily fluids	1.5–2.5	33–60%
Influenza	Airborne droplet	1.5–1.8	33–44%

Table 1. Disease Transmission (Vanderslott, 2019)

Vaccine injuries are incredibly rare and far more people are harmed (sometimes fatally) by vaccine-preventable diseases. All medications carry a certain risk for side-effects. Serious adverse reactions following vaccination are exceedingly rare, estimates of

allergic reactions associated with the MMR vaccine 3.5 per 10 million doses. To place this into context, allergic reactions in the commonly prescribed antibiotics, Beta-Lactams (e.g., Amoxicillin), occur at significantly higher rates (1-5 per 10,000 courses of treatment) (Montanez, 2017).

Further, such reactions following vaccination are orders of magnitude less common than serious reactions occurring in the setting of natural infection with these vaccine-preventable diseases (VPDs). Measles infection yields far higher rates of serious complications including death (1 per 1,000), post-infectious encephalomyelitis (2 per 1,000) with half resulting in permanent central nervous system impairment, and Subacute sclerosing panencephalitis (SSPE) (0.2-0.7 per 1,000) (Meissner, 2019, WHO, MMR VIS). Subacute sclerosing panencephalitis (SSPE), the progressive neurodegenerative disorder caused by Measles virus in children and young adults, is fatal in nearly all cases and for which prevention of measles infection is the only cure (NINDS, SSPE). While currently rare in the United States today, SSPE remains common in countries without widespread vaccination (2.2-51 cases SSPE per million population) (Jaffri, 2018).

Continued prevention of SSPE, as with other serious VPDs, depends on high vaccination rates and coordinated public health efforts as demonstrated by the resurgence of measles, as well as the horrible complications of the virus, in 1989-1991 (Meissner, 2019). As demonstrated by the widespread consequences of the COVID-19 pandemic, including over 20,000 Ohioan lives lost, these deadly diseases have the potential for resurgence (ODH COVID-19 Mortality Metrics). Prevention of these deadly diseases hinges on widespread vaccination and strong, coordinated public health efforts. As described by former CDC Director, Tom Frieden, M.D., M.P.H., “Current outbreaks of measles in the U.S. serve as a reminder that these diseases are only a plane ride away. Borders can’t stop measles, but vaccination can” (CDC).

HB248 would cripple state public health efforts in management of infectious disease outbreaks including prohibiting health authorities from prevention of further spread through integral outbreak control measures including quarantine and isolation of medically exposed, allowing lawmakers to overrule public health orders without Governor approval, and losing reliable immunization data required for effective public health efforts including outbreak control responses (Zuckerman 2021). A strong public health framework is essential for a healthy community and state. HB248 would annihilate Ohio’s public health infrastructure and capacity to prevent outbreaks of serious diseases with the potential for resurgence of deadly, vaccine-preventable diseases. Following the devastating COVID-19 pandemic, now is the time to be

strengthening, not weakinging, our investment and commitment to public health and protection of Ohioans.

In closing, we hope that you understand that risks and complications from vaccine preventable diseases pose a much more significant risk to the health and freedom of all Ohioans than do the vaccines themselves. We as students of medicine and public health are deeply concerned about this legislation. On behalf of the Public Health and Preventive Medicine Interest Group at the Ohio State University College of Medicine, we hope you will oppose this harmful legislation. Thank you for your time and thoughtful consideration.