

Ohio Chapter

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Testimony of Elise Berlan, MD, MPH

House Health Committee Hearing on House Bill 561

Chairwoman Schmidt, Vice Chair Deeter, Ranking Member Dr. Somani and members of the House Health Committee, thank you for the opportunity to provide testimony today in on HB 561. My name is Dr. Elise Berlan. I am a pediatrician and Adolescent Medicine specialist at Nationwide Children's Hospital, and I am here today on behalf of the 2,900 members of the Ohio Chapter of the American Academy of Pediatrics (Ohio AAP), a statewide organization that promotes the health, safety and well-being of children and adolescents so they reach their full potential.

I am board certified in general pediatrics and in Adolescent Medicine, and I have a master's degree in public health. I have worked in the Columbus area for 19 years – I care for adolescent and young adult patients in my office, as well as in the hospital setting. I am a professor, teaching medical students and medical trainees on most days of the week, and I have practical experience in public health, having worked with Nationwide Children's Hospital leadership, the city of Columbus and Columbus Public Health as well as community agencies on various public health priorities. I am also a parent of two adolescent boys and like many of you, have had conversations about vaccines with our pediatrician and submitted numerous day care, school, and camp forms over the years.

As a pediatrician, I want every child and adolescent in Ohio to thrive – and that means reducing their risk of acquiring communicable diseases. One of the best defenses that we have against communicable diseases is vaccination. Vaccines are considered one of the most important public health discoveries of the 20th century and have saved hundreds of millions of lives. It's important that Ohio has vaccine policy that is grounded in science and reflective of Ohioans values. Fortunately, according to recent poll done of Ohio voters, 87% of Ohioans think that it's very important or important that parents get their kids vaccinated and a similar number believe routine vaccinations are very safe or safe for most children.

The State of Ohio allows exemptions to vaccine requirements for medical reasons and reasons of conscience. Ohio's vaccine exemption policy should be clear, understandable, and feasible to execute for parents, educators, and health professionals. We trust that legislators and health experts can work together to find solutions that advance respect for parents, support educators, and promote child and adolescent health. However, HB 561 is not the answer.

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It's important that legislators making vaccine policy understand some key concepts around infection transmission and herd immunity.

The first concept I want to discuss is the timing of infection transmission. What many people may not understand is that vaccine preventable diseases, like measles, chicken pox, whooping cough, influenza, mumps and rubella, can be transmitted before the person has any symptoms. For example, measles is highly contagious (meaning that up to 90% of unvaccinated people exposed to the virus will become infected) and transmission begins about 4 days before the rash appears, when people are feeling well. Preventing and controlling the spread of measles in an outbreak is important because measles is not a mild illness; it can cause severe complications – about 1 in 20 children develop pneumonia, 1 in 1,000 develop brain swelling, and 1 to 3 in 1,000 die. This is why we need to act before symptoms appear and before we know a child is contagious.

The second concept is community immunity, or what sometimes is referred to as herd immunity. Here's an analogy: Imagine your community as a field that needs to be protected from wandering predators (the infectious disease). Along the edge of that field stands a line of fence posts — each post representing a vaccinated person. When enough strong fence posts are standing side-by-side, the fence is solid. Even if a predator tries to slip through, there are so few gaps that it can't easily enter the pasture or move very far. This protects everyone inside, including newborns, the elderly and other people with weakened immune systems, and people who can't be vaccinated for medical reasons. These individuals depend on the strength of the surrounding fence. If a few fence posts are missing here and there, the fence can still hold. But as more and more posts disappear, gaps widen. Eventually, there are big openings, and predators can easily walk right in and move across the field unchecked. Also, vaccinations are not 100%, so the more gaps there are the more infection is wandering around, the more people get sick. You don't need a fence that is perfect, but you do need enough posts close enough together to keep the threats out. This is how vaccination protects individuals AND communities.

Current Ohio policy allows school officials to remove vaccine-exempted students from school during an outbreak. HB 561 removes that important public health tool and allows unvaccinated students to remain in school until they show symptoms of infection. This is problematic for several reasons.

-First, due to their lack of immunity, unvaccinated students are at increased risk of acquiring the infection and related complications.

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-Second, infected students then may spread the outbreak around the school community before showing any symptoms. Using measles as an example, one infected person can spread it to 12 to 18 others.

-And third, back to our fence-post example of community immunity, having unvaccinated students as part of the fence during an outbreak means that medically vulnerable students who have been unable to be vaccinated for medical reasons or have weakened immune systems AND vaccinated students have an increased risk of becoming infected, worsening the spread of the outbreak and health consequences.

For the reasons I've described above, the limitations to school exclusion during outbreaks that exist in HB 561 remove a critical public health tool to limit the spread of communicable disease and are not good policy.

Thank you Madame Chairwoman, and I am happy to answer any questions.

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