

# Ohio Chapter

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*Testimony of Dr. Kristin Dinkelaker MD*

## 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 on HB 561. My name is Kristin Dinkelaker, and I am here today on behalf of the Ohio Chapter of the American Academy of Pediatrics and its 2,9000 members. I have been a general pediatrician for 12 years, and I currently work in a small private practice on the west side of Cincinnati. I am also a mom to three young kids, and I understand a parent's desire to have transparency around medical decisions for their child, including when it comes to vaccines. Through my testimony today, I hope to show how HB 561 does not actually protect the health of Ohio's children or grant parents more transparency around vaccines. Rather, it has the very likely possibility of putting Ohio's children at unnecessary risk and interfering with parents' ability to make informed decisions about their child's vaccinations.

Whether intentional or not, HB 561 makes exempting from vaccines the path of least resistance and the most convenient option for parents. Purposely promoting and calling attention to the opt-out option risks worsening our vaccine rates and making Ohio's children more susceptible to harmful and deadly outbreaks. A check of a box and signature on a form is much easier and less expensive for a busy parent than scheduling and taking time off work to take their child to the doctor. Even the most well-intentioned parents may tell themselves that they will schedule that appointment when life slows down, but that time never comes and those potentially life-saving vaccines are missed.

The consequences of a parent intentionally or unintentionally exempting their child from a vaccine can have harmful effects on not just their own child, but also other children in the community. There are situations where individuals cannot receive a vaccine either because they are too young or the vaccine is medically contraindicated. In addition, no vaccine is 100% effective. Individuals who cannot be vaccinated and those who have a suboptimal response to a vaccine rely on the community to keep them safe through something called herd immunity. Herd immunity is a concept that occurs when enough people in a community have immunity to a germ, whether it be a virus or bacteria, such that the germ has a hard time finding a new host to infect. When vaccine rates drop below a certain percentage, herd immunity is lost and a community is at risk of having an outbreak. Measles, for example, requires a 95% vaccination rate for a community to achieve herd immunity. Of note, the measles vaccine rate for Ohio kindergarteners enrolling in the 2024-2025 school year was a worrisome 88.3%!

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When an outbreak in a school does occur, the top priority is to stop the spread of the disease. The provision in this bill that prohibits the exclusion of an unvaccinated child in the event of an outbreak of varicella, measles, mumps, or rubella interferes with the health department's ability to efficiently and effectively prevent or contain an outbreak. This long-standing public health practice is not done to discriminate or punish, but rather to protect the most medically vulnerable and the community as a whole. Though it is not ideal to miss school or extracurriculars like football, the consequences of a temporary absence in the rare event of an outbreak pale in comparison to the potentially harmful and sometimes deadly effects of these vaccine-preventable diseases. In addition, it is not an effective strategy to exclude an unvaccinated child only once they exhibit symptoms because disease can be spread during the incubation period when an infected individual is shedding a germ but does not yet feel ill.

Lastly, I am concerned that this bill will unintentionally cause parents to opt out of vaccines without receiving all the information they need to make such an important medical decision. Vaccines are so effective that many parents are unaware of the devastating health consequences that the diseases they prevent can have. Parents are also often exposed to misinformation on social media that sows unnecessary fear and mistrust around vaccines. Over the past year for example, our practice has seen a significant rise in the number of parents refusing the Hepatitis B vaccine because they have heard on social media that the virus is only transmitted through IV drug use or sexual contact. Parents are surprised when I share that this virus can be transmitted to a healthy child in a childcare setting when a break in the skin comes in contact with infected blood or bodily fluids on contaminated items or even from a bite. After learning this, most parents consent to the vaccine for their child. These conversations between parents and their child's trusted medical practitioner are integral in combating vaccine misinformation and promoting true transparency around vaccines. Promotion of the opt-out option by daycares and schools under HB 561, however, may lead parents to make decisions about vaccines based off of inaccurate information and without an understanding of the risks incurred by forgoing a recommended vaccine.

Before I conclude my testimony, I would like to leave you with a heartwarming story that illustrates how effective collaboration and conversations about vaccines between caregivers and a medical practitioner can be. Several months ago, I saw a 12-month-old boy for his well check. He was accompanied by both his mom and his grandfather. It did not take long to see that this little chubby cheeked toddler had his grandfather wrapped around his finger and that his grandfather was very endearingly and fiercely protective of him. When the topic of vaccines came up at the end of the visit, grandpa was adamant that he did not want his grandson receiving any additional vaccines. He cited concerns about them weakening his immune system and questioned the necessity of the vaccines. He did not understand why his grandson needed vaccines for illnesses he did not see as a threat, logically asking me, "Why does he need a polio vaccine if polio is not even in Cincinnati?". But

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after I explained how vaccines work and he understood how they actually strengthen one's immune system, he softened a little. And when we talked about how the effectiveness of the polio vaccine is the reason why people in Cincinnati do not become paralyzed or die from polio, he softened even more. He then shared with me that he became very ill when he was four years old from bacterial meningitis and that he still remembered the weeks he spent recovering at Cincinnati Children's Hospital. He was so amazed to learn that we now have a vaccine against Haemophilus influenzae type B (HiB) which prior to the advent of the vaccine, was the most common cause of bacterial meningitis for kids under the age of five. I excitedly explained to him that, thanks to the vaccine, HiB meningitis is now rare and not nearly as many kids have to suffer from it like he did as a child. After this, he was sold on vaccines! When he received the correct information presented in a way that he understood and connected to, he realized how vaccines would help keep his grandson healthy. He went from being skeptical and fearful of vaccines to wanting ALL the vaccines for his grandson. In fact, I had to reassure him multiple times that his grandson was not due for any additional doses of HiB vaccine at his 12 month check-up.

I hope that my testimony today has shown you that HB 561 will not improve the health of Ohio's children but instead has the very real and worrisome possibility of making our children and communities more susceptible and vulnerable to disease outbreaks and inhibit our ability to control those outbreaks. With measles cases increasing by the day in levels our country has not seen since 1991 and six verified cases right here in Columbus, now is not the time to promote legislation that could contribute to Ohio's already low and falling vaccine rates. If you are dedicated to the health and well-being of Ohio's children and truly want to improve transparency around vaccines, I implore you to listen to my fellow pediatricians and family medicine practitioners as well as Ohio's nurses, infectious disease experts, public health officials, school administrators, and the 87% of Ohioans who believe it is important that parents vaccinate their children, and vote to oppose Bill 561.

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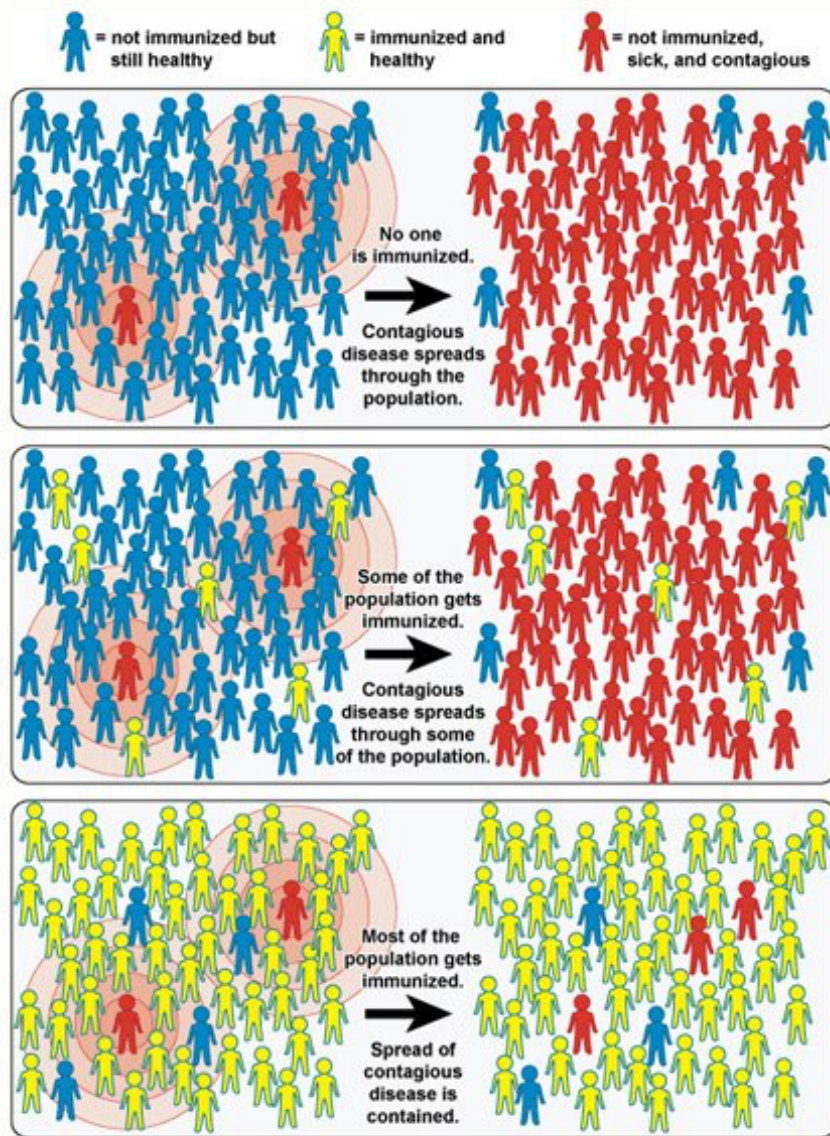
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## HERD IMMUNITY



*Courtesy: The National Institute of Allergy and Infectious Disease (NIAID)*

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Graphic displayed in our exam rooms to educate parents on some of the devastating consequences of vaccine preventable disease.

**Help protect children from serious diseases.** #4  
**Vaccinate on time, every time.**

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## Chickenpox

Vaccine: *Varicella*

Chickenpox is a disease caused by a virus that causes itchy blisters and sores all over their body. It is spread person-to-person through the air and is very contagious. It can cause serious skin infections, pneumonia, brain damage and even death.



## Diphtheria

Vaccine: *DTaP*

Diphtheria is caused by a bacteria that can cause a sore throat, fever, and a thick coating at the back of the throat, which can make it difficult to breathe or swallow. 5%-10% of all people with diphtheria die.



## Hib (Haemophilus influenzae type b)

Vaccine: *Hib*

Hib is caused by a bacteria that typically infects children younger than age 5 years. It is spread through person-to-person contact, sometimes by people who may not appear sick. Hib can cause meningitis and lead to permanent deafness and brain damage.



## Hepatitis A

Vaccine: *HepA*

Hepatitis A is a serious liver disease caused by the HepA virus and is spread person-to-person through contaminated food or water. Serious complications may include liver disease, liver failure and death.

## Hepatitis B

Vaccine: *HepB*

Hepatitis B is a serious liver disease caused by the HepB virus. It can be spread by coming in contact with an infected person's blood or body fluids. The virus can enter the bloodstream, attack the liver and cause severe illness.



## Influenza

Vaccine: *Flu*

Influenza is a virus that can cause high fever, chills, headaches, exhaustion, sore throat, cough and body aches. Thousands of people die each year from the flu. Babies, small children, the elderly and people with serious health conditions are at the highest risk of death.

## Measles

Vaccine: *MMR*

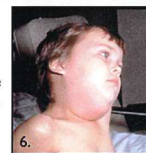
Measles is caused by a virus that is spread person-to-person through the air by infectious droplets. It can cause pneumonia, seizures, brain damage and death.



## Mumps

Vaccine: *MMR*

Mumps is a disease caused by a virus and is spread by droplets of saliva or mucus from the mouth or nose. It can be spread when someone coughs, sneezes or talks. It can lead to deafness, brain or spinal cord infection and painful swelling of the testicles or ovaries. Photo courtesy: CDC.



## Pertussis (whooping cough)

Vaccine: *DTaP*

Pertussis causes a long-term cough, sometimes causing a high-pitched "whoop" sound. It is highly contagious and is spread through the air. It can be very serious, especially for infants, who are the most likely to die of whooping cough.



## Pneumococcal disease

Vaccine: *PCV*

Pneumococcal disease can lead to serious infections in the lungs, blood and brain. It is most dangerous in young children. It is hard to treat because some bacteria have become resistant to antibiotics.

## Polio

Vaccine: *IPV*

Polio is a disease spread in contaminated food or water, or by putting contaminated objects in your mouth. The virus can paralyze the legs, arms and breathing muscles. Tens of thousands of people died from polio in the 1950s.



## Rotavirus

Vaccine: *RV*

Rotavirus is one of the most serious causes of diarrhea in infants and young children. The virus can live on surfaces for months. It spreads when contaminated hands, toys, or other objects touch the mouth. Rotavirus kills a half million children each year worldwide.

## Rubella (German measles)

Vaccine: *MMR*

Rubella is caused by a virus that causes a rash, fever and swollen glands. The biggest concern is if a pregnant woman contracts Rubella, it can cause miscarriage or serious birth defects.



## Tetanus (lockjaw)

Vaccine: *DTaP*

Tetanus is a toxin found in soil and in the feces of household and farm animals and humans. It enters the body through a puncture wound. It can cause jaw muscle spasms, stiffness of the neck and difficulty swallowing. About 10% of people who contract tetanus will die.



Photo Captions:  
1. Child with varicella (chicken pox) lesions. Courtesy AAP.  
2. Child with pain, thick coating over back of throat from diphtheria. Courtesy CDC.  
3. Baby with severe vasculitis with blood clots and gangrene of the hand, secondary to Hib septicemia. Courtesy AAP.  
4. Woman suffering from liver cancer caused by hepatitis B. She is not pregnant. Courtesy CDC.  
5. Child with measles. Courtesy CDC.

6. Child with very swollen jaw and cheeks due to mumps. Courtesy CDC.  
7. Child with broken blood vessels in eyes and bruising on face due to pertussis coughing. Courtesy CDC.  
8. Child with a severely deformed leg due to polio. Courtesy CDC.  
9. Infant with congenital rubella syndrome. Courtesy CDC.  
10. Child has painful muscle contractions from tetanus. Courtesy CDC.

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## Immunization rates among Ohio children are falling

Fewer children statewide are being vaccinated against preventable diseases, like polio or measles, according to the Ohio Department of Health.

..... Total number of kindergarten students who met all requirements

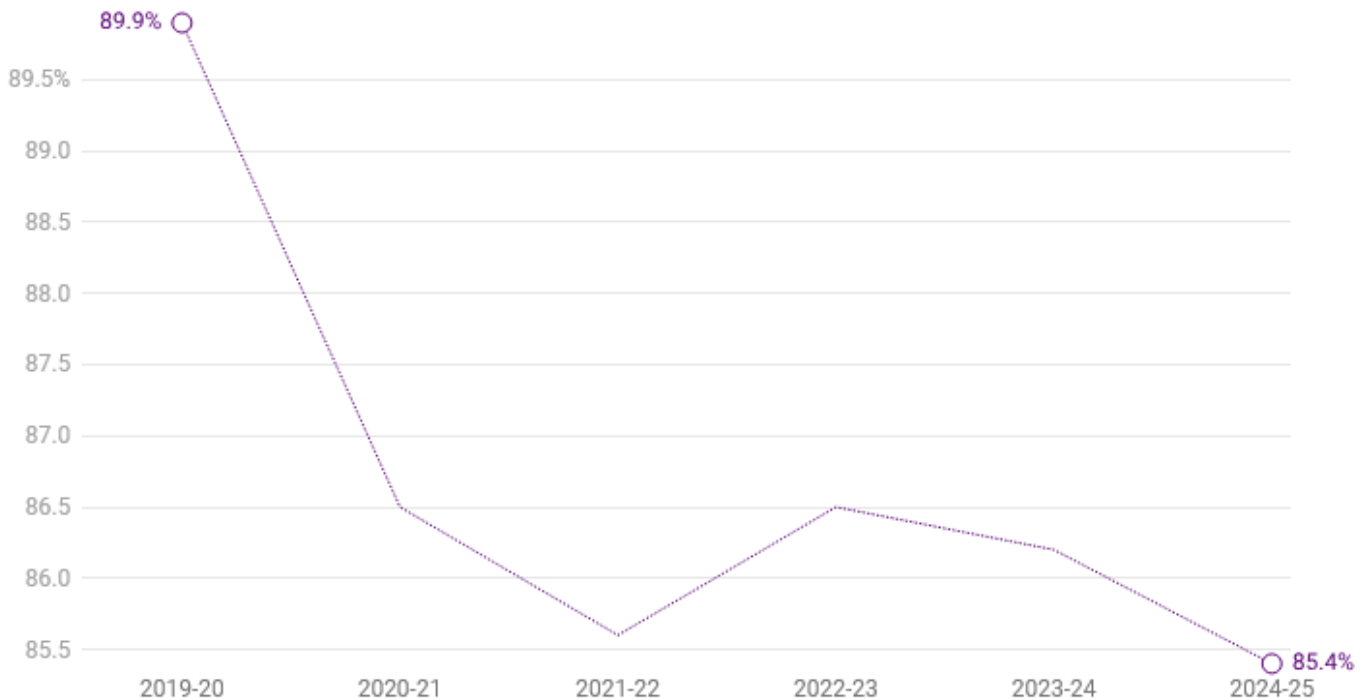


Chart: Sarah Donaldson • Source: Ohio Department of Health • Created with [Datawrapper](#)

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