Dear Senate President McColley, Speaker Huffman and House and Senate Members,

Ohio Advocates for Medical Freedom is asking House and Senate members to call for the immediate repeal of ORC Section 3701.13 Department of health - powers (B)(4). This section is which is supposed to "encourage vaccination" is instead is being abused by the Department of Heath to implement state sanctioned segregation of healthy Ohio children and the coercion and punishment of parents who lawfully exercise their right to vaccine exemptions for school attendance.

School districts and parents across Trumbull, Ashtabula, and Geauga County have received letters from Health Director Vanderhoff who issued an ORDER on 2/4/26 citing authority under Section 3701.13 to order healthy unvaccinated children to be excluded from school and all school and sports activities for 21-25 days for ANY reported measles, mumps, rubella, and chickenpox case at the school, regardless of whether the child was exposed. This 21-25 day exclusion RE-STARTS EVERY TIME another case is reported!

Health Director Vanderhoff is setting school EXCLUSION policy for timeframes and infections that are NOT listed in ORC to exclude totally healthy unvaccinated children from school and activities, as a COERCION tactic to BULLY parents into submitting to vaccination against their conscience out of desperation.
"Being fully vaccinated allows your child to remain in the school setting in the unfortunate event of an outbreak."

Vanderhoff knows exactly what he is doing. The average Ohio parent can NOT manage having their child doing school from home remotely for WEEKS to MONTHS. How many students will lose out on sports or other college scholarships because they were obstructed from sports and in person learning. **Did we not learn our lesson during COVID as to the level of damage this cause our children in the name of "public health?"**

Not only is Vanderhoff's order a tyrannical infringement on the right of conscience and religious freedom, it is also devoid of scientific merit.

According to a 2007 **study from the CDC**, there is waning immunity after two doses of the measles, mumps and rubella (MMR) vaccine. This study **showed that 35% of VACCINATED 7-year-olds, 60% of VACCINATED 15-year-olds, and OVER 60% of VACCINATED adults are able to carry and SPREAD MEASLES WITHOUT signs of infection.** Unless the state plans to force vaccinate every man, woman, and child in Ohio with MMR every 5 years, then ***"herd immunity" to measles is nothing but a scientific fairytale***.

It is absurd to discriminate against healthy unvaccinated children when more than 60% of the teachers are able to carry and spread measles to students. If health Director Vanderhoff's concern was preventing transmission of measles then he would require the schools to shut down for the duration of an outbreak rather than just excluding healthy unvaccinated children as a punishment for their parents' choices. For the last 7 years OAMF has made this legislative body aware of these discriminatory practices, and have attempted to pass legislation to correct this injustice... yet nothing has been done. HB 561, our Parental

CHOICE Act would ensure this discrimination no longer occurs, but it too is being held up in committee by Speaker Huffman. The Ohio legislature needs to quickly decide whether or not Ohio is going to be a state that continues to allow the segregation and discrimination of heathy children and the coercion punishment of their parents for exercising their right of conscience.

If Sec. 3701.13 (B)(4) cannot be repealed prior to session resuming in Nov., then **we expect House and Senate Republicans to call on Director Vanderhoff to IMMEDIATELY rescind every part of his order that references school or activity exclusion BEYOND what is allowed under current law Sec. 3313.671 (C).** This section ONLY allows exclusion for "chickenpox" ONLY for a "chicken pox epidemic" which is defined as "the occurrence of cases of chicken pox in numbers greater than expected in the school's population or for a particular period of time." There is NOTHING in state law allowing exclusion of HEALTHY unvaccinated children for Measles, Mumps, or Rubella. *If Vanderhoff refuses to reverse these exclusion requirements then we are asking the House and senate Republican caucus to send a letter to Governor DeWine asking that health Director Vanderhoff be removed and replaced immediately by someone who will respect the right of conscience for Ohio parents and protect children from discrimination and segregation.*

If immediate action is not taken to give relief to these families who are about to have their children excluded from school, we will help these organize a class action lawsuit against the Ohio Department of health for discrimination against Ohio parents for exercising their right of conscience under Ohio law.

Also included in Vanderhoff's "Approved Means of Immunization" 2/4/27 document, he **has set a dangerous requirement for parents to RE-VACCINATE their child if ANY DOSE they received did not occur within 4 DAYS before the "minimum age requirement" and labels 5 day late doses "INVALID".** This requirement, puts children at serious risk of vaccine injury due to over vaccination and places extreme time constraint burdens on parents. This tyrannical, unfounded requirement is another grave abuse of power on behalf of the health director and *it demands immediate attention, reprimand, and REPEAL of order by the legislature.*

As Representatives of the people of this state it is your duty to TAKE ACTION to PROTECT the rights of citizens and the right of children to access a public education free of discrimination and segregation. OAMF is asking for a prompt response on what action Republican leadership will take to ensure that the 5.5% of children around the state utilizing vaccine exemptions are not denied access to education and sports opportunities because of unbridled government over reach by the Ohio department of health.

Respectfully,
Stephanie Stock
Stephanie Stock
President, OAMF

(NOTE: a Feb. 2026 national poll conducted by Zogby Strategies shows 66.7% of parents with children under 17 believe should they should be able to opt children OUT of school vaccine mandates. Party breakdown was 37% Republican, 36% Democrat, and 27% Independent.)

Waning Immunity and the MMR Vaccine

Nearly 50% of Vaccinated Schoolchildren Can Become Infected with Measles

PHYSICIANS FOR INFORMED CONSENT
Delivering Data on Infectious Diseases & Vaccines™

Susceptibility to Measles in School

= **Vaccinated, susceptible to *subclinical infection* and spread of measles**
35% of 7-year-olds
60% of 15-year-olds
>60% of adults

Subclinical measles infection: Cases can develop illness without rash, with or without symptoms that include fever, cough, sore throat, and diarrhea.

= **Vaccinated, susceptible to *clinical infection* and spread of measles**
Projected 33% of adults by age 24–26

Clinical measles infection: Cases develop illness with fever and rash, with other symptoms that can include cough, runny nose, and eye irritation.

= **Vaccinated and immune**
65% of 7-year-olds
40% of 15-year-olds
<40% of adults

Nearly 50% of schoolchildren and most adults vaccinated with two doses of the MMR vaccine can still be infected with measles virus and spread it to others, even with mild or no symptoms of their own.[1-4]

DOES IMMUNITY FROM THE MMR VACCINE WANE OVER TIME?

Yes. In 2007, the Centers for Disease Control and Prevention (CDC) conducted a study on **waning immunity after two doses of the measles, mumps and rubella (MMR) vaccine**.[1] The results, published in *Archives of Pediatrics and Adolescent Medicine*, show:

- About **35%** of vaccinated 7-year-olds are susceptible to ***subclinical* infection** with measles virus.
- About **60%** of vaccinated 15-year-olds are susceptible to ***subclinical* infection** with measles virus.
- By age 24–26, a projected **33%** of vaccinated adults are susceptible to ***clinical* infection**.

Consequently, **nearly 50% of schoolchildren and most adults** vaccinated with the MMR vaccine can still be infected with measles virus and **spread it to others**, even with mild or no symptoms of their own.[1-4] *(See figure above.)*

WOULD ANOTHER BOOSTER SHOT SOLVE THE PROBLEM OF WANING MMR VACCINE IMMUNITY?

No. The CDC conducted another study in 2016, published in *The Journal of Infectious Diseases*, which concludes that a third dose (booster shot) of the MMR vaccine is short-lived, lasting only one year.[5] The authors state:

"MMR3 [a third dose of MMR] is unlikely to solve the problem of waning immunity in the United States... We did not find compelling data to support a routine third dose of MMR vaccine."

Note: Children with measles antibody levels less than 900 mIU/mL are susceptible to subclinical infection with measles virus but not to clinical infection. About 35% of vaccinated children 7 years of age have a measles antibody level less than 900 mIU/mL. This level steadily declines through childhood, resulting in about 60% of children 15 years of age with a measles antibody level less than 900 mIU/mL. Consequently, nearly 50% of schoolchildren ([35%+60%]/2) and most adults (greater than 60%) are susceptible to infection with measles virus.[1]

Source: https://physiciansforinformedconsent.org/wp-content/uploads/2024/08/WaningImmunityMMR-PSA.pdf

All references are available at physiciansforinformedconsent.org/mmr-waning-immunity.

These statements are intended for informational purposes only and should not be construed as personal medical advice.

REFERENCES

1. LeBaron CW, Beeler J, Sullivan BJ, Forghani B, Bi D, Beck C, Audet S, Gargiullo P. Persistence of measles antibodies after 2 doses of measles vaccine in a postelimination environment. Arch Pediatr Adolesc Med. 2007 Mar;161(3):294-301. https://pubmed.ncbi.nlm.nih.gov/17339511/.
2. Chen RT, Markowitz LE, Albrecht P, Stewart JA, Mofenson LM, Preblud SR, Orenstein WA. Measles antibody: reevaluation of protective titers. J Infect Dis. 1990 Nov;162(5):1036-42. https://pubmed.ncbi.nlm.nih.gov/2230231/.
3. Pedersen IR, Mordhorst CH, Glikmann G, von Magnus H. Subclinical measles infection in vaccinated seropositive individuals in arctic Greenland. Vaccine. 1989 Aug;7(4):345-8. https://pubmed.ncbi.nlm.nih.gov/2815970/.
4. Mizumoto K, Kobayashi T, Chowell G. Transmission potential of modified measles during an outbreak, Japan, March–May 2018. Euro Surveill. 2018 Jun 14;23(24):1800239. https://pubmed.ncbi.nlm.nih.gov/29921344/.
5. Fiebelkorn AP, Coleman LA, Belongia EA, Freeman SK, York D, Bi D, Kulkarni A, Audet S, Mercader S, McGrew M, Hickman CJ, Bellini WJ, Shivakoti R, Griffin DE, Beeler J. Measles virus neutralizing antibody response, cell-mediated immunity, and immunoglobulin G antibody avidity before and after receipt of a third dose of measles, mumps, and rubella vaccine in young adults. J Infect Dis. 2016 Apr 1;213(7):1115-23. https://pubmed.ncbi.nlm.nih.gov/26597262/.

THE HISTORY OF HERD IMMUNITY THEORY

Public health officials use the theory of "herd immunity" as the rationale behind vaccine mandates. The theory was promoted by Dr. A.W. Hedrich who studied measles outbreaks in the 1930s and noticed that when 55% of Baltimore children had measles, the rest of the community appeared to be protected. Inspired by Hedrich's discovery, the U. S. Public Health Service planned to vaccinate over 55% of the population against measles in the 1960s, fully expecting to eradicate it by 1967. When outbreaks continued, target vaccination rates were increased to 70-75%, then 80%, and 90%, 1 to the current goal of 95%. However, measles outbreaks still occur in the places where the vaccination rate is 99%.

The original herd immunity theory was founded on communities which had attained NATURAL immunity through the course of an infection, not those with vaccine-induced response that fades over time. Historically, children would experience illnesses from wild virus exposure, and non-vaccinated adults were naturally re-exposed to the wild virus as they cared for sick children, thus boosting the adult's natural immunity. This type of immunity is generally lifelong and can be transmitted from mothers to infants through breastfeeding, thus protecting them until they are old enough to acquire the wild virus naturally and begin building their own lifelong immunity.

sources: http://business.financialpost.com/fp-comment/junk-science-week-vaccinating-the-herd
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3930734/
http://www.vaccinationcouncil.org/2012/07/05/herd-immunity-the-flawed-science-and-failures-of-mass-vaccination-suzanne-humphries-md-3

Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons

G A Poland et al. Arch Intern Med. 1994.

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Abstract

Background: Measles is the most transmissible disease known to man. During the 1980s, the number of measles cases in the United States rose dramatically. Surprisingly, 20% to 40% of these cases occurred in persons who had been appropriately immunized against measles. In response, the United States adopted a two-dose universal measles immunization program. We critically examine the effect of vaccine failure in measles occurring in immunized persons.

Methods: We performed a computerized bibliographic literature search (National Library of Medicine) for all English-language articles dealing with measles outbreaks. We limited our search to reports of US and Canadian school-based outbreaks of measles, and we spoke with experts to get estimates of vaccine failure rates. In addition, we devised a hypothetical model of a school where measles immunization rates could be varied, vaccine failure rates could be calculated, and the percentage of measles cases occurring in immunized students could be determined.

Results: We found 18 reports of measles outbreaks in very highly immunized school populations where 71% to 99.8% of students were immunized against measles. Despite these high rates of immunization, 30% to 100% (mean, 77%) of all measles cases in these outbreaks occurred in previously immunized students. In our hypothetical school model, after more than 95% of schoolchildren are immunized against measles, the majority of measles cases occur in appropriately immunized children.

Conclusions: The apparent paradox is that as measles immunization rates rise to high levels in a population, measles becomes a disease of immunized persons. Because of the failure rate of the vaccine and the unique transmissibility of the measles virus, the currently available measles vaccine, used in a single-dose strategy, is unlikely to completely eliminate measles. The long-term success of a two-dose strategy to eliminate measles remains to be determined.

OUTBREAKS WITH "HERD IMMUNITY"

Failure to reach the goal of measles elimination. Apparent paradox of measles infections in immunized persons G A Poland et al. Arch Intern Med. 1994.
https://pubmed.ncbi.nlm.nih.gov/805378/

Difficulties in Eliminating Measles and Controlling Rubella and Mumps: A Cross-Sectional Study of a First Measles and Rubella Vaccination and a Second Measles, Mumps, and Rubella Vaccination

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Editor: Martyn Kirk[4]

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Background

The reported coverage of the measles–rubella (MR) or measles–mumps–rubella (MMR) vaccine is greater than 99.0% in Zhejiang province. However, the incidence of measles, mumps, and rubella remains high. In this study, we assessed MMR seropositivity and disease distribution by age on the basis of the current vaccination program, wherein the first dose of MR is administered at 8 months and the second dose of MMR is administered at 18–24 months.

Results

Over 95% seroprevalence rates of measles were seen in all age groups except <7 months infants. Children aged 5–9 years were shown lower seropositivity rates of mumps while elder adolescences and young adults were presented lower rubella seroprevalence. Especially, rubella seropositivity was significantly lower in female adults than in male. Nine measles cases were unvaccinated or unknown vaccination history. Among them, 66.67% (6/9) patients were aged 20–29 years while 33.33% (3/9) were infants aged 8–12 months. In addition, 57.75% (648/1122) patients with mumps were children aged 5–9 years, and 50.54% (94/186) rubella cases were aged 15–39 years.

OUTBREAKS WITH "HERD IMMUNITY"

Source: https://pmc.ncbi.nlm.nih.gov/articles/PMC3930734/