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Testimony in Support of HB 2205

Senate Public Health and Welfare Committee

Honorable Chair – Vicki Schmidt

Vice Chair – Barbara Bollier

Ranking Minority – Laura Kelly

Honorable Committee Members

Good morning Ms. Chairman and other esteemed Senators of the Committee.

Thank you for the opportunity in support of HB 2205.

Meningococcal disease is any infection caused by the bacterium *Neisseria meningitidis*, or meningococcus. Although 1 in 10 people are carriers for this bacteria with no signs or symptoms of disease, sometimes *Neisseria meningitidis* bacteria can cause life threatening illness or death. Meningococcal disease is spread from person to person via the exchange of the bacteria through respiratory and throat secretions during close or lengthy contact.

In the U.S., there are approximately 1,000 to 1,200 cases of meningococcal disease that occur each year. 10 to 15 percent of infected individuals will die, while 11 to 19 percent of those who live will suffer from serious morbidity, including loss of limbs and impacts to the nervous system, including blindness and loss of hearing. Infants under one year of age, as well as young adults between the ages of 16 and 21, are most commonly impacted by this disease.

Vaccination for serogroups A, C, W and Y is routinely recommended by the Centers for Disease Control and Prevention. The Advisory Committee on Immunization Practices (ACIP) is a group of medical and public health experts who develop vaccination recommendations for the United States. ACIP recommends vaccination for adolescents age 11 or 12 years with a quadrivalent meningococcal conjugate vaccine (MenACWY), with a booster recommended at age 16 years. The vaccine is designed to prevent meningococcal disease.

According to National Immunization Survey data summarized by the Centers for Disease Control and Prevention (CDC), Kansas' MenACWY vaccination rate for adolescents age 13-17 years in 2015 was 63.7 percent. In 2014 it was 65.0 percent. Kansas has the lowest rate among peer states in HHS Region VII. Kansas MenACWY adolescent vaccination rates are currently below the rate for the United States, and Kansas is not currently meeting the HP2020 objective.

Figure 2. 2015 MenACWY vaccination rates among adolescents aged 13-17 years

2015 MenACWY Vaccination Rates (%)	
HP2020 Goal	80.0
United States	81.3
Kansas	63.7
Iowa	75.0
Missouri	69.7
Nebraska	78.1

Source: HealthyPeople 2020; Center for Disease Control and Prevention.

According to information compiled by the Immunize Action coalition in 2016, 27 states currently have a MenACWY vaccination mandate, including Missouri. Additionally, 12 states have mandated the provision of educational material related to MenACWY vaccination. I tried to have discussions with KDHE/Secretary Dr. Susan Mosier on this subject, but to no avail. KDHE has the authority under current statute to add this to the list of required vaccinations in Kansas. This Bill is the nudge necessary then to make this happen.

The vaccine effectiveness for MenACWY is between 80 and 85 percent with protection lasting three to four years. Between 2011 and 2016 a total of 25 cases were reported in Kansas. Within these years there was anywhere from one to six reported cases per year. So this disease, while low incidence, is extremely high impact.

No vaccine or medication is not without side effects or untoward effects like ALL vaccinations. So preemptively you may hear from conferees about these untoward effects, adverse outcomes, etc. VAERS (Vaccine Adverse Reporting System) is the official long-standing Federal registry for these 'less than ideal outcomes'. This has been in existence since 1986 as a result of adverse side effects of the then DPT vaccine-which we have not administered in over 25 years. But this sight became the central registry for ALL vaccinations with adverse outcomes.

You can google search virtually all vaccinations and certainly see that all of them have many adverse outcomes listed. MCV-4 (meningitis vaccine) also has many adverse outcomes listed. Most relate to hypersensitivity reactions and very rare cases of Guillain-Barre syndrome--ascending paralysis. All reports that I have reviewed on VAERS related to MCV-4 clearly showed that these were all short term and fully reversed even Guillain-Barre. No long-term effects. Meningitis, on the other hand, is a killer and/or a disease that maims people for life with permanent loss of their vision, hearing, or limbs. I personally have administered hundreds of MCV-4 vaccines and never seen an untoward effect. But I have seen 2 young people die from meningitis and several with loss of hearing and limbs. One victim is a member of the press corps here at the Capitol with dramatic hand and foot deformities.

Madame Chair I greatly appreciate this opportunity to testify as a proponent on HB 2205. I feel strongly that adding this to the list of required vaccines will save adolescent Kansans from permanent life-changing deformities and death.