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Testimony in Support of HR2205

## **House Health & Human Services Committee**

**Honorable Chair – Dan Hawkins**

**Vice Chair – Susan Concannon**

**Ranking Minority – John Wilson**

**Honorable Committee Members**

Good afternoon Mr. Chairman and other esteemed Representatives of the Committee.  
Thank you for the opportunity in support of Bill Number 2205.

Meningococcal disease is an 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, especially sensory loss with blindness or hearing loss.

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.

It is critical that students, parents, educators, and health care providers understand the dangers of meningitis and are aware that a vaccine is available to prevent disease resulting from this dreaded disease.

The recent incidence of meningococcal disease has served as a reminder of the critical role vaccinations play in helping to prevent this devastating illness.

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. Additionally, 12 states have mandated the provision of educational material related to MenACWY vaccination.

The vaccine effectiveness for MenACWY is between 80 and 85 percent with protection lasting three to four years. Given this, the Advisory Committee for Immunization Practices recommends an initial dose for adolescents aged 11 or 12 years with a booster dose administered at age 16 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.

Please make this a required vaccination going forward through HB 2205.