

## **Pediatric Infectious Diseases Division**

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March 13, 2017

RE: Support for HB2205

Dear Honorable Chairwoman Schmidt and members of the Senate Public Health & Welfare Committee:

My name is Barbara Pahud, MD, MPH. I am a pediatric infectious disease physician at Children's Mercy Hospital in Kansas City and serve as the Associate Director of the Vaccine Treatment and Evaluation Unit there as well. I also have a vaccine safety fellowship from the CDC and my passion is to ensure vaccines are safe for children. In addition, I am on the Advisory Committee on Childhood Immunization (ACCI) of Missouri. I apologize that I am not able to be there in person to testify at the hearing on Thursday, but I am writing to express my strong support for HB2205, regarding the meningococcal vaccines.

Meningococcal disease impacts between 1,000 and 1,200 individuals in the U.S. each year. Between 10 to 15 percent to infected individuals will die. Among those who survive, as many as 19 percent live with permanent disabilities, such as brain damage, hearing loss, loss of kidney function, or limb amputations. Adolescents and young adults are among those at greatest risk for meningococcal disease. Prevention of meningococcal disease is critical because it can be mistaken for flu or other viral infections and it can rapidly lead to death or disability.

Thirteen serogroups of meningococcal bacteria have been identified. Difference meningococcal vaccines provide coverage against certain specific serogroups. Serogroups B, C, and Y are the major causes of meningococcal disease in the United States, each accounting for approximately one third of cases. Currently, the immunizations against meningococcal disease recommended for routine use only target serogroups A, C, Y and W. (Category A Recommendations). Vaccines are now available that target serogroups B. The CDC's ACIP (Advisory Committee of Immunization Practices) recommends that decisions to vaccinate adolescents and young adults 16 through 23 years of age against serogroup B meningococcal disease should be made at the individual level with health care providers. (Category B Recommendations).

Outbreaks of serogroup B meningococcal disease occurred on the five college campuses from March 2013 to February 2016. These outbreaks, at Santa Clara University, the University of Oregon, Providence College, Princeton University, and the University of California, Santa Barbara resulted in two deaths (Princeton University, University of Oregon). One student had both feet amputated and some students suffered neurological effects, such as memory loss, difficulty retaining information and difficulty concentrating. At least three addition al U.S. college outbreaks happened from 2008 to 2011. It is clear

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**Susana Chavez-Bueno, MD** Assoc Professor of Pediatrics ID Research that the epidemiology of meningococcal disease is changing and the serogroup that seem to be affecting young adults in college campuses is predominantly serogroup B.

I fully support this bill as I believe it is extremely important for students to be protected and for parents and students to be fully informed about the dangers and risks of meningococcal disease, the serogroups (A, C, Y, W, and B) and the 2 vaccines to protect against all strains.

Schools, Colleges and Universities should follow the guidelines set forth by the Advisory Committee on Immunization Practices (ACIP) in receiving meningococcal vaccinations, and hopefully parents and teenagers are properly educated to make an informed decision. Schools shall also provide meningococcal disease vaccination information to the parent or guardian of every student.

Please do not hesitate to contact me with any questions, my information is provided below.

Thank you for your hard work on this very important issue to protect our students.

Sincerely,

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