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Testimony on House Bill 2205
Regarding Mandating Meningitis Vaccinations

Senate Committee on Public Health and Welfare

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Madam Chair and members of the committee, I am Jennifer VandeVelde, Director of the Bureau of Disease Control and Prevention for the Kansas Department of Health and Environment (KDHE). Thank you for the opportunity to provide neutral testimony relative to House Bill 2205.

The Kansas Department of Health and Environment (KDHE) is generally in support of all immunizations as a means to prevent the detrimental effects of vaccine-preventable diseases. It is well established that meningitis infections can have devastating effects for the individuals they affect. On average, Kansas experiences 5 cases of meningitis (including meningitis serogroup B) per year. There is currently a Kansas statute (K.S.A 76-761a) requiring meningitis vaccinations for students in college, the highest-risk population for meningitis infection. All other required vaccinations are delineated in regulation not statute. This is to allow the agency the flexibility to respond to changes in vaccine requirements in a timely manner.

There are two different types of meningitis vaccines, MCV4 (a quadrivalent meningococcal vaccine) and serogroup B meningococcal vaccine. MCV4 vaccine is recommended for vaccination at 11-13 years of age, with a booster dose after 16 years of age. The serogroup B vaccine is also a two-dose vaccination series, given to high-risk individuals starting at age 10, with general population vaccination recommended at 16-18 years of age with a second dose 1-6 months after the first dose. As written, this bill does not define which vaccine(s) and how many doses of each are required.

The MCV4 quadrivalent vaccine protects against subtypes A, C, W, and Y. Individuals vaccinated with MCV4 demonstrated clinical efficacies of 85% or more. This means that up to 15 % of individuals vaccinated are not protected from contracting the disease. Clinical protection has not been documented for serotypes W and Y. However, vaccination with W and Y polysaccharides includes production of bacterial antibodies.[1] In a randomized, controlled trial of the serogroup B vaccine, 88% of participants (aged 18-24 years) had an immunogenic response 1 month following the second dose of the vaccine.

[1] Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wofe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

This response dropped to 66% at 11 months after the second dose.[2] This means that 34% of individuals will no longer be immune from serogroup B 11 months after completing the second dose.

The most commonly reported side effects for the different types and presentations of meningitis vaccine are generally similar to other vaccines. The most commonly reported side effects include: injection site erythema (redness), injection-site swelling, and syncope (fainting). Rare, but serious, side effects include severe allergic reaction, serious injury and death.

[2] Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds 13th ed., Supplement. Washington D.C. Public Health Foundation, 2017.