



**Senate Higher Education Committee  
Senate Bill 1107  
Presented by Carol Baker, MD  
March 30, 2011**

Hello, my name is Dr. Carol Baker. I would like to thank Chair Zaffarini and the entire Higher Education Committee for hearing this important bill today. It is a privilege for me to speak with you today on behalf of The Immunization Partnership, which provides education and advocacy for immunization topics. I also speak with you today on behalf of the Texas Medical Association, the Texas Pediatric Society, and the Texas Academy of Family Physicians which represent nearly 48,000 physicians and medical students in our state. I am the Chair of the Advisory Committee for Immunization Practices, which is a national advisory panel to the Centers for Disease Control and Prevention that determines all vaccine recommendations in the United States. I am also the past president of the Infectious Diseases Society of America and the National Foundation for Infectious Diseases and the Associate Editor of the American Academy of Pediatrics *Red Book 2009* and soon *Red Book 2012*. In addition to these roles, I serve as the Executive Director of the Texas Children's Hospital Center for Vaccine Awareness and Research as well as Professor of Pediatrics, Molecular Virology and Microbiology at Baylor College of Medicine. I have dedicated my academic career to researching vaccines and have authored over 200 journal articles on a

wide variety of vaccine related topics, with a special interest in Group B Strep which can sometimes cause meningitis and other complications in babies.

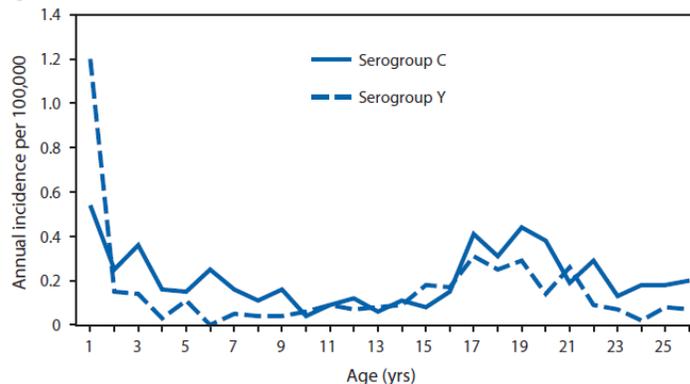
I am here today to discuss a topic that is very important to me as a physician. Meningitis is a disease caused by the inflammation of the protective membranes covering the brain and spinal cord known as the meninges. There are different types of meningitis and today I want to talk to you about meningococcal meningitis, also known as bacterial meningitis. It is caused by an infection of the fluid surrounding the brain and spinal cord. Fortunately meningococcal meningitis is rare but when it strikes it is very serious. The fatality rate for meningococcal disease is 10% but this is higher in adolescents and young adults. Survivors can experience hearing loss, limb or finger and toe amputation, organ failure and brain injury.<sup>i</sup> There are few things that are as sorrowful as watching a person die from a disease that could have been prevented. We don't have a vaccine for every type of meningitis but, fortunately, we do have a vaccine for most serotypes of meningococcal meningitis.

The current vaccines protect against four serotypes of meningococcal meningitis. They have been widely tested and have excellent safety profiles. The most common reaction is pain or redness/swelling at the injection site. A small percentage of people may develop a mild fever. Serious reactions are very rare. People who have had allergic reactions to vaccines in the past should not receive this vaccine.

At the Advisory Committee for Immunization Practices, we study and considered every angle of the risks and benefits of recommending vaccines. Our previous

recommendation was for adolescents to receive an initial dose of the meningitis vaccine at ages 11 or 12 years.<sup>ii</sup> We then recommended a booster dose for certain high risk people, such as those with an abnormal spleen or no spleen, who are at lifelong risk. As we studied the effects of these recommendation and gathered more data about the epidemiology of meningitis, we decided to expand the recommendation. As you can see from the chart that is included in the written version of this testimony, the incidence of meningitis peaks during ages 16 – 21, which is when many individuals are in college. After careful consideration and a great deal of study, we agreed that it is in the best interest of our community to ensure individuals at highest risk of contracting this devastating disease receive a booster dose to fully protect them before they are exposed. **The new recommendation is for all individuals to receive a meningitis vaccine dose at age 11 – 12 years and a booster dose at 16 years of age, which will help to bolster their immunity, so it will last through age 21 years.**<sup>iii</sup> The bill that we are discussing today will require proof that an individual has received a dose of the meningitis vaccine at least 5 years prior to their college entry. This law will act as a driving force to get this age group immunized.

FIGURE. Annual incidence of meningococcal disease (serogroup C and serogroup Y), by age — Active Bacterial Core surveillance (ABCs), United States, 1999–2008



Despite the retraction of a media hyped 1998 study linking vaccines to Autism and the loss of the medical license of the lead author, and despite numerous large

studies proving that vaccines do not cause autism, there is still a small but vocal group of people who believe that getting a vaccine is more risky than going without it. As a physician, I took an oath to first do no harm, which guides my life's work. I can tell you that my peers on the Advisory Committee for Immunization Practices take this oath very seriously as well. We would not make a recommendation if we believed it would do harm. This vaccine is safe, effective and the benefits greatly outweigh the risk. Quite simply this recommendation will prevent many of the heartbreaking stories that are told at this hearing today.

Let me repeat myself one more time: This vaccine is safe, effective and will prevent needless permanent disability and death. I urge you to pass this bill into law. The impact will be significant and the risks are minimal. In the end you will be helping our next generation to become healthy productive Texans.

Thank you for the opportunity to share my testimony today. I would be happy to answer any questions that you have now, or that come up during the course of the remaining testimony.

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<sup>i</sup> CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-7).

<sup>ii</sup> CDC. Updated recommendation from the Advisory Committee on Immunization Practices (ACIP) for revaccination of persons at prolonged increased risk for meningococcal disease. MMWR 2009;58:1042-3.

<sup>iii</sup> CDC. Updated Recommendations for use of Meningococcal Conjugate Vaccines—Advisory Committee on Immunization Practices (ACIP). MMWR 2011;60 (No. 3)