

HOUSE BILL REPORT

HB 1282

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to creating a school-based influenza vaccination pilot program.

Brief Description: Creating a school-based influenza vaccination pilot program.

Sponsors: Representatives White, Rodne, Cody and Kenney.

Brief History:

Committee Activity:

Health Care & Wellness: 2/3/09, 2/6/09 [DPS].

Brief Summary of Substitute Bill

- Establishes a school-based influenza vaccination pilot program.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 9 members: Representatives Cody, Chair; Bailey, Campbell, Clibborn, Green, Kelley, Moeller, Morrell and Pedersen.

Minority Report: Do not pass. Signed by 1 member: Representative Ericksen, Ranking Minority Member.

Staff: Jim Morishima (786-7191)

Background:

Influenza, also known as "the flu," is caused by the influenza virus. The flu is a respiratory illness that causes mild to severe symptoms, or even death. The flu can be spread from contact with infected persons or through touching surfaces infected with the virus. According to the U.S. Centers for Disease Control (CDC), 5 to 20 percent of the population of the United States gets the flu every year. Over 200,000 people per year are hospitalized from flu complications (e.g., pneumonia, ear infections, and sinus infections) and about

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36,000 die from the flu. Older people and children are at particular risk for flu complications.

According to the CDC, the best way to prevent the flu is to be vaccinated each year. There are basically two types of vaccines: a vaccine containing killed virus that is administered via injection and a vaccine with live, weakened virus (also called live attenuated influenza) that is administered via nasal spray.

Summary of Substitute Bill:

The Department of Health (DOH) and the Office of the Superintendent of Public Instruction (OSPI) must jointly establish a school-based influenza vaccination pilot program. The pilot program must utilize both killed injected vaccine and live attenuated nasal vaccine in one urban school district and one rural school district. Parents participating in the pilot program must be given their choice of which vaccine their child will receive in order to help assure maximum participation. The DOH and the OSPI may seek, receive, and spend money received through an appropriation, grant, donation, or reimbursement from any public or private source to fund the program.

To plan the program, the DOH must convene a working group. The working group must consist of representatives from:

- the Washington chapter of the American Academy of Pediatrics;
- the Washington Academy of Family Physicians;
- each school district in which the program operates;
- the OSPI; and
- the state Medicaid medical director.

The DOH and the OSPI must submit a report to the Governor and the appropriate committees of the Legislature that contains the results of the program, as well as recommendations to continue, expand, or terminate the program.

The pilot program expires on July 1, 2011.

Substitute Bill Compared to Original Bill:

The substitute bill clarifies that the killed vaccine be injected and the live attenuated vaccine be administered nasally. The substitute bill also requires that parents be given the choice of which vaccine their children will receive in order to help assure maximum participation.

Appropriation: None.

Fiscal Note: Requested on 2/2/09.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Nationwide, 200,000 people are hospitalized for the flu every year and 36,000 die. The U.S. Centers for Disease Control (CDC) recommends vaccines for children up to age 18. The purpose of this bill is to examine the possibility of using the public schools to increase vaccination rates. Programs like this have been successful in the past.

(Opposed) Mercury, which is present in many vaccinations, is not healthy for children. Our children are the most vaccinated in the world, yet rates of diseases and learning disabilities are on the rise. Children should not be vaccinated until age 2 and should only be given single-dose vaccines.

Persons Testifying: (In support) Representative White, prime sponsor; Peggy Sue Spencer, Kelso Schools; and Paul Nielsen, MedImmune.

(Opposed) Ann Clifton, Mercury Awareness Team.

Persons Signed In To Testify But Not Testifying: None.