



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE March 3, 2008

Richard Edmonds, Chief, Public Health Initiatives Branch 509-7655

Senate/House Bill SB 463 - An Act Concerning Informational Materials on Meningococcal Meningitis and Shingles

The Department of Public Health provides the following information with regard to Senate Bill 463

This bill has two components: 1) education by school systems of parents of all children in secondary schools re: meningococcal disease using materials developed in collaboration with DPH, and 2) education of the general public via a public information campaign and providers re: shingles. The former is unnecessary, and the latter could be expensive and time-consuming, could not be done without additional resources, and does not address the current barriers to wider use of the shingles vaccine.

The former is unnecessary because meningococcal vaccine is already being offered to all children by their pediatricians as part of the required 7th and 10th grade health assessments and, as a vaccine recommended for all secondary school students to protect against a disease that can be transmitted in the school setting, DPH is planning to begin requiring it for 7th grade entry starting in August 2009. As part of getting offered vaccine that is supplied by DPH (includes meningococcal vaccine), parents/guardians receive an Important Information Statement about the particular vaccine, its importance and possible side effects.

As for shingles, the shingles vaccine is recommended for all persons 60 years and older. In the five years after giving it, it can reduce the occurrence of shingles in vaccinees by about 50% and the pain that can persist afterwards by 67%. The manufacturer, Merck & Co., has already done and continues to do public and health professional information campaigns. DPH would need a substantial amount of funding to build on what they have done already, at least \$130,000 for a mailing to all physicians followed by evaluation and for several public service announcements. DPH does receive a number of calls from individuals looking for where to get the shingles vaccine. The biggest problems are with its availability. Many providers do not carry it because it requires a deep-freeze that they do not have, it is relatively costly (currently, about \$200 per dose), it comes in 10 dose packages (if you only use 2-3 doses or it spoils because of freezer failure, you can lose a lot of money), and insurance only variably covers it. Thus, if there is legislative interest in getting the elderly to be more aware of the vaccine and to ask for it, the most important thing that could be done would be to first make it more available by mandating that its cost be fully covered by insurance and to have an incentive for adult care providers to invest in having a freezer in their office. Finally, there are cost-benefit issues. Many individuals will not pay \$200 out of pocket for a vaccine that is only 50% efficacious, may not provide lasting immunity and works best for persons in their 60s, at lower risk for shingles, than for persons who are older and more at risk.

Thank you for your consideration of the Department's views on this bill.

Phone:



Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

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