

SUBJECT: Providing information about respiratory syncytial virus

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — Delisi, Laubenberg, Coleman, Dawson, Jackson, McReynolds, Truitt, Zedler

0 nays

1 absent — Solis

WITNESSES: For — Aleta Bonner; Curtis Krause, Medimmune, Inc.; Diane Lominac; Christina Park-Jones; (*Registered, but did not testify:* Syed Ahmed, Living Bank; Ed Berger, Seton Healthcare Network; Jorey Berry, March of Dimes, Texas Chapter; Ari Brown, Texas Pediatric Society; Raif Calvert, Texas Academy of Family Physicians, Jaime Capelo, Pediatrix Medical Group; Greg Herzog, Texas Medical Association; Lisa Whitaker; Lynda Woolbert, Coalition for Nurses in Advanced Practice)

Against — None

On — Dawn Richardson, Parents Requesting Open Vaccine Education; (*Registered, but did not testify:* Susan Penfield, Texas Department of State Health Services)

BACKGROUND: Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. In adults and children older than three years, RSV usually causes symptoms of a simple upper respiratory tract illness or common cold. In children younger than age three, RSV can cause lower respiratory tract illness like bronchiolitis and pneumonia and in more severe cases can lead to respiratory failure. Children born prematurely or who have preexisting lung, heart, or immune problems are at greatest risk to have serious complications from RSV infection.

Health and Safety Code, secs. 161.0095 and 161.010 require the Department of State Health Services (DSHS) to develop continuing education programs for health care providers and the public about

immunizations and vaccines and the importance of immunizing children as well as the risks and contraindications of immunizations.

DIGEST: CSHB 1676 would amend Health and Safety Code, ch. 161, to require the DSHS, in the course of providing information on immunization to the public and providers, to provide information on RSV and the importance of preventative activities for children at risk of contracting the virus, including the prevention of infection in high-risk children.

DSHS also would have to provide information on immunization for RSV when a vaccine was recommended and available.

The bill would take effect September 1, 2005.

SUPPORTERS SAY: RSV results in more than 125,000 hospitalizations and about 2,500 deaths each year at an estimated cost of more than \$500 million. Most of the children hospitalized are under six months of age. Fifty percent of all pneumonia occurring in infants is due to RSV. Because there is currently no vaccine for RSV, medical experts recommend that high risk individuals receive a prophylactic therapy that could prevent them from becoming seriously ill after infection with RSV.

Progress has been made in the recognition and diagnosis of this infection but CSHB 1676 would help save lives and prevent suffering because it would require active education efforts on the part of the state to target parents and health care providers with information on prevention and treatment of the infection. The state has a compelling public health interest in raising awareness of prevention and treatment of RSV. It would help prevent high-risk children from becoming so ill from the infection that they required hospitalization, which would save the state money.

Other factors, including smoking in the home, crowding in the home, day care, and lower socioeconomic status seem to put children at higher risk for the infection. If parents knew more about RSV, they would know the steps they could take to prevent its spread. Many parents and some health care providers know little about RSV. The parents of many high-risk infants, especially newborns, are not getting information on RSV. Medical experts point to a recent survey highlighting that only one in 10 Hispanic and African-American mothers were aware that RSV was an infectious illness that parents of newborn babies should be concerned about. With this bill, when a vaccine was available, a significant number

of parents already would realize the importance of immunizing their children against RSV.

OPPONENTS
SAY:

Children who are at high risk for developing serious illness from RSV already are under the care of medical professionals and should be getting this information from a health care professional. Information about prophylactic measures is best dispensed at the doctor's office.

NOTES:

The substitute modified the original bill by requiring that information be provided about RSV prophylaxes for high-risk children and immunization for RSV when a vaccine was recommended and available.

The companion bill, SB 1211 by Deuell, passed the Senate on the Local and Uncontested Calendar on April 14 and was reported favorably, without amendment, by the House Public Health Committee on April 27, making it eligible to be considered in lieu of HB 1676.

A related bill, HB 1677 by Dukes, which would establish a sentinel surveillance program for RSV, passed the House by 138-0 on April 21 and was reported favorably, without amendment, by the Senate Health and Human Services Committee on May 5.