

- SUBJECT:** Hepatitis A immunization requirement for border region children
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 9 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Hilderbran, Maxey, McClendon, Uresti
- 0 nays
- WITNESSES:** For — None
- Against — None
- On — Diane Simpson M.D., Texas Department of Health
- BACKGROUND:** State law requires schoolchildren to be immunized against diphtheria, rubeola, rubella, mumps, tetanus, and poliomyelitis, subject to certain exceptions. The Texas Department of Health (TDH) can require additional immunizations for admission to a facility under its regulation or to any elementary or secondary school.
- Hepatitis A is a liver disease caused by the hepatitis A virus, which is spread through feces, water, and blood. An estimated 33 percent of all Americans, 10 percent of all U.S. children, and 67 percent of all Hispanic-Americans have immunity to Hepatitis A which is evidence of past infection.
- DIGEST:** CSHB 1725 would provide an immunization program to protect against Hepatitis A for younger children residing in the Rio Grande Valley area. This region would be defined by a list of 32 counties located along or near the Texas-Mexico border. Elementary school children between the ages of two and seven residing in the border region would have to be fully immunized against Hepatitis A, subject to existing exceptions.
- The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house and would apply beginning with the 1999-2000 school year.

SUPPORTERS
SAY:

CSHB 1725 would require children between the ages of two and seven living in the border region to receive Hepatitis A immunizations. This 32-county region of Texas has a much higher incidence of Hepatitis A than the national rate. Border region youth have a rate of this disease three times higher than the average for American children. TDH statistics show that in 1996, an estimated 9.6 percent of Texas' population lived in the 14 counties adjacent to the Rio Grande. However, these same counties reported 27.5 percent of the state's Hepatitis A cases.

Hepatitis A can cause extended periods of sickness characterized by fever, malaise, jaundice, anorexia, nausea, and liver damage. It can cause children to miss weeks or even months of school. Also, they can spread the disease to others before symptoms actually appear. Hepatitis A should be prevented, especially among Texas' higher risk kids, and this bill would help achieve that goal.

CSHB 1725 would immunize all border region children between the ages of two and seven in the year 2000. In subsequent years, only two-year-olds or children who move into the area would be immunized. This is why the cost of immunization would be high the first year, but much less each year after that. Federal funding would pay for 92 percent of the Hepatitis A vaccine costs while the state would cover only 8 percent.

TDH established a Hepatitis A immunization requirement in its rules last month, to be implemented fall of 1999, contingent on state funding. However, all other state-mandated immunizations are specified in statute. It would make sense to put into law all the immunizations that TDH requires for children and students.

The Hepatitis A vaccine has been in use for five to seven years and has been licensed for use by the FDA. The virus in the vaccine is not alive, and a person cannot get Hepatitis A from the vaccine. There have been no reports of long-term adverse effects.

Immunization of a child would not be required for anyone objecting to it on religious grounds.

OPPONENTS
SAY:

CSHB 1725 would take away the right of parents to make the very personal decision on what immunizations, if any, their children should receive. CSHB 1725 would require that young children must be immunized for Hepatitis A. But the vaccine simply has not had enough comprehensive, long-term tests for the public to feel confidence about it. If this bill is enacted, border region children would be required to submit to a vaccine that has not had a long-term, proven track record. It is imperative that the state be very careful about health care measures that it mandates for children, lest more health problems be caused than are prevented

The state would do better to work toward improving the basic sanitation and hygiene awareness level in the border region. The key to Hepatitis A prevention lies in teaching good sanitation skills, as well as making potable water and other essential plumbing facilities available to everyone. This is where the state should invest its money.

As with chicken pox, those who contract Hepatitis A recover, and then demonstrate a natural immunity to the virus for the rest of their lives. It would seem reasonable to let this situation continue, and allow the natural immunity to build up those people who have contracted Hepatitis A. This almost always protects the individual from a future case of the virus. In contrast, vaccinated individuals may or may not truly be immune and can still contract Hepatitis A.

NOTES:

The committee substitute would require immunization in specific counties of the border region, while the original bill would have required immunization in all counties 60 miles from the international border with Mexico. The substitute would require each elementary student under the age of seven to be fully immunized against Hepatitis A, with a few standard exceptions, while the original bill would have required Hepatitis A immunization for every student in the designated area.

The companion bill, SB 615 by Zaffirini, was referred to the Senate Border Affairs Committee on February 22.

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Article 2 of the House-passed version of HB 1 by Junell, the general appropriations bill, includes a rider that would appropriate \$800,000 for fiscal 2000-01 to provide vaccinations against Hepatitis A to preschoolers and adolescents, who are not eligible for Medicaid, in area of high incidence.