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## F I S C A L   I M P A C T   R E P O R T

SPONSOR Candelaria ORIGINAL DATE 2/01/17  
LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_  
  
SHORT TITLE School Info on Meningococcal Diseases SJM 14  
  
ANALYST Chilton

### ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY17	FY18	FY19	3 Year Total Cost	Recurring or Nonrecurring	Fund Affected
Total	NFI	NFI	NFI	NFI		

(Parenthesis ( ) Indicate Expenditure Decreases)

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Higher Education Department (HED)

### SUMMARY

#### Synopsis of Bill

Senate Joint Memorial would request that information about the dangers of meningococcal disease and the availability of meningococcal vaccines be made available to students in public and private high schools, and colleges and universities and to their parents.

### FISCAL IMPLICATIONS

None.

### SIGNIFICANT ISSUES

There are two different types of meningococcal vaccine, each of which is represented by two different products. Two of the vaccines target meningococcal types A, C, W, and Y; the other two target meningococcal type B. As noted in the joint memorial, disease caused by these bacteria can be devastating. Meningococcal disease is most common in the elderly and in the first year of life; there is a smaller peak in late adolescence, the target group for both kinds of meningococcal vaccine.

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All types of meningococcal disease are rare; for unknown reasons the disease began to decline in incidence before meningococcal vaccines (first menACWY; more recently menB) became available, and has continued to decline since the vaccines first became available in 2005. New Mexico has had one to three cases per year of all types each year for the past ten years.

The CDC recommends that menACWY be given to all children at age 11-12 and again five years later, based on recommendations by CDC's Advisory Committee on Immunization Practice (ACIP). When ACIP considered menB vaccine, it recommended (and CDC ratified the recommendation) that the vaccine receive a type B recommendation, meaning that practitioners should consider giving it to their patients, but it was not given a routine, type A, recommendation. Both are expensive vaccines; the ACIP decision to not give menB a Type A recommendation was based on the high cost per quality-adjusted life year saved by the menB vaccine, as well as some concern about safety and effectiveness of the vaccine.

In New Mexico, all vaccines given either a Type A or Type B recommendation by CDC are provided without cost to families through the 2015 Vaccine Purchase Act.

In the last National Immunization Survey – Teen evaluation, approximately 71 per cent of New Mexico 13-17 year olds had received at least one dose of menACWY vaccine, compared with 77 per cent nationally. There are no data on the proportion of young adults and adolescents immunized with menB vaccine. As noted in the memorial, vaccines required for attendance at schools are determined by the Department of Health upon recommendations from its Vaccine Advisory Committee. In recent years, the VAC has repeatedly discussed meningococcal vaccines and has determined to recommend but not require that menACWY be given to teenagers.

## **PERFORMANCE IMPLICATIONS**

The memorial “requests” rather than “requires” that secondary and post-secondary schools prepare and disseminate information about the disease and the vaccine. Several sources of information are available, including from CDC ([www.cdc.gov](http://www.cdc.gov)) and the Immunization Action Coalition (immunize.org) to aid in developing this information.

## **WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL**

Adolescents and their families would continue to receive information about available meningococcal vaccines and the diseases they prevent through their usual sources of medical care.

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