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LEGISLATIVE EDUCATION STUDY COMMITTEE BILL ANALYSIS

53rd Legislature, 1st Session, 2017

| Bill Number | SJM14 | Sponsor Candelaria | |
|---|--------------|---------------------|-----------------|
| Tracking Nu | mber206174.1 | Committee Referrals | SRC/SEC |
| Short Title School Info on Meningococcal Diseases | | | |
| | | Origi | nal Date 2/9/17 |
| Analyst Bedeaux | | Last | U pdated |
| | | | |

BILL SUMMARY

Synopsis of Joint Memorial

Senate Joint Memorial 14 (SJM14) requests public and private high schools, colleges, and universities provide information to students and parents about meningococcal diseases, including the disease serogroups, symptoms, the risks and benefits of vaccination, and treatment. Each school would be requested to recommend that entering students are vaccinated against meningococcal diseases.

FISCAL IMPACT

Joint memorials do not contain appropriations.

SUBSTANTIVE ISSUES

Meningococcal diseases are a category of diseases affecting the meninges, the membrane covering the brain. Meningococcal diseases caused by bacteria are also called meningitis. Although several different bacteria are known to cause meningitis, the one with the largest potential to cause epidemics is a bacteria known as Neisseria meningitidis. Twelve serogroups of the bacteria have been identified. According to the World Health Organization (WHO), six of the serogroups (A, B, C, W, X, and Y) have caused epidemics, or an increase in the number of cases of a disease above what is normally expected in an area. Three of these strains (B, C, and Y) are common in the United States. The bacteria can be transmitted by droplets of respiratory or throat secretions, through actions like kissing, coughing, sneezing, or sharing eating or drinking utensils.

The Federal Centers for Disease Control and Prevention (CDC) explain that meningitis is often associated with flu-like symptoms including fever, headaches, and nausea. The disease is also characterized by a stiff neck, sensitivity to light, rash, and confusion. Bacterial meningitis is treatable in the United States. However, according to the WHO, even with early diagnosis and treatments, 5 percent to 10 percent of patients die, typically within 24 to 48 hours of the onset of symptoms. Teens and young adults can carry the bacteria without exhibiting symptoms, and are

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able to pass it on to others. This presents an increased risk of the disease spreading in schools and on college campuses.

For this reason, the best treatment for meningococcal disease is prevention – the CDC recommends certain populations receive vaccinations to prevent outbreaks. There are two types of meningitis vaccines: a menACWY general vaccine targeting serogroups A, C, W, and Y, and a menB vaccine targeting serogroup B. According to the CDC, 11- to 12-year-old children should be vaccinated with a general meningococcal conjugate vaccine, followed by a serogroup B vaccine for teens and young adults. Some populations of younger children and adults should also be vaccinated, especially those who have HIV or are traveling to countries where the disease is common.

New Mexico is lagging behind the national vaccination rate for the disease. The 2015 Morbidity and Mortality Weekly Report on adolescent vaccinations published by the CDC reports 72.5 percent of adolescents age 13 to 17 in New Mexico received the menACWY vaccine, versus 81.3 nationally. The report does not list percentages for menB vaccinations. The United States Department of Health Vaccine Advisory Council does not list menACWY as a required vaccine, but considers it a recommended vaccine. The council does not list menB as required or recommended.

Students and parents would benefit from increased meningococcal disease education. A Taiwanese study of meningococcal disease knowledge published by Oxford found that, while more than 90 percent of college students participating in the study believed preventing meningococcal disease was important, fewer than 50 percent of them accurately answered six of nine questions assessing their knowledge of the disease. Only 17.3 percent knew the correct management strategy after close contact with patients. The study concluded that the students had generally poor knowledge of the disease. According to a separate 2016 United States survey, 83 percent of parents did not know that there was a difference between serogroup B and other serogroups; only 53 percent of parents knew that meningococcal disease was spread by saliva; and close to 50 percent of parents did not know the common symptoms of meningococcal disease.

RELATED BILLS

Related to SB223, Essential Health & Disease Functions, which would repeal and enact sections of statute related to conditions of public health importance and communicable diseases, as well as school health care oversight

Related to HB160, School District Full-Time Nurses, which would require every school district to employ at least one registered nurse

SOURCES OF INFORMATION

- LESC Files
- World Health Organization
- CDC
- Oxford Journal of Travel Medicine
- National Meningococcal Disease Awareness Survey

TCB/rab