

## HEPATITIS A VACCINE PROGRAM

### House Bill 5817 as passed by the House Second Analysis (1-21-99)

**Sponsor: Rep. Paul Wojno**  
**Committee: Health Policy**

#### ***THE APPARENT PROBLEM:***

Hepatitis A is a liver disease caused by the hepatitis A virus, can occur in isolated outbreaks or in widespread epidemics, and leads to about 100 deaths a years. Symptoms can include fatigue, abdominal pain, diarrhea, and nausea. According to the Centers for Disease Control and Prevention, there are about 125,000 to 200,000 total infections per year nationwide, with about 33 percent of Americans showing evidence of past infection. The cost due to medical expenses and lost work is about \$200 million per year. The primary way that hepatitis is transmitted is through fecal-oral contamination, food or waterborne outbreaks, and occasionally through contact with infected blood.

In March of 1997, Calhoun County experienced an epidemic of hepatitis A from tainted strawberries served to children as part of the hot-lunch program. According to a representative from the Calhoun County Health Department, the county on average sees only one to five cases of hepatitis A a year. By time the epidemic ran its course at the end of December, there had been 328 confirmed cases, with 201 being primary exposure and 127 being secondary exposure. The health department administered 11,750 inoculations of immune globulin -- which gives short-term protection for both pre- and post-exposure from the virus; 10,000 people were inoculated in the first 4-6 weeks of the outbreak. The cost to the community was \$600,000, which was shared between the health department, local hospitals, and the community. Without the help of many volunteers and medical personnel pinch-hitting to coordinate the vaccination project, the incidences of infection could have been much higher. With the last known case being identified in December 1997, the epidemic was officially declared to have ended in January 1998.

However, hepatitis A is often asymptomatic; therefore many people who are contagious do not know that they have the disease, and so can expose a large number of others to the virus. It is possible that many more people than the 328 cases cited above contracted

hepatitis A, but did not realize it. Further, immune globulin provides only a few months of protection, but the cycle of the infection continued for nine months after the initial exposure. Had the hepatitis A vaccine been available in sufficient amounts to inoculate more people in the community, the number of infections occurring after the initial exposure could have been greatly reduced or prevented. Some people believe that a program should be established between the Department of Community Health and local health departments in order to ensure that adequate amounts of the hepatitis A vaccine (which is more effective in preventing illness associated with secondary exposure) would be available in the event that a similar outbreak of hepatitis A infection occurs in the future. Legislation has been offered that would lay the groundwork for such a program.

#### ***THE CONTENT OF THE BILL:***

The bill would amend the Public Health Code to create a voluntary vaccination program for hepatitis A outbreaks. Under the bill, the director of the Department of Community Health would have to make a sufficient amount of hepatitis A vaccine or any other vaccine recommended by the Centers for Disease Control and Prevention (CDC) available to a community pending CDC funding if he or she determined that a hepatitis A outbreak in the community warranted a targeted or widespread vaccination effort. The director would be required to work in cooperation with local health departments in conducting the vaccination program.

The director could apply to the federal CDC for federal funding and other available assistance. Though the vaccination program would be voluntary, if the owner or operator of a food service establishment, child care center, or other business in a targeted community had all of his or her employees vaccinated, the department or local health department could issue the owner or operator a certificate of compliance that could be displayed publicly.

The bill is tie-barred to House Bill 5820, which would amend the Single Business Tax Act (MCL 208.39c) to allow the owner of a food service establishment to claim a tax credit for providing hepatitis A immunizations for the establishment's employees.

MCL 333.9251

### **FISCAL IMPLICATIONS:**

Fiscal information is not available.

### **ARGUMENTS:**

#### ***For:***

Though not as life threatening as other forms of hepatitis infection, hepatitis A infection can still cause serious illness and occasionally death. The primary way to prevent hepatitis A infection is to practice good hygiene, especially when working around food. Once a person is exposed, however, it is very important to get the post-exposure vaccine to prevent the onset of the illness. Last year, a local health department faced an overwhelming challenge when hundreds of school children and others were exposed to hepatitis A through tainted strawberries in school lunches. It is believed that the bill would be an important step in protecting the public health by ensuring that a local health department could quickly obtain the necessary vaccines and possibly support services from the Department of Community Health. The department in turn could apply to the Centers for Disease Control and Prevention for federal funding to help defray the cost.

In addition, the bill would encourage restaurant owners, child care operators, and other businesses to have all employees vaccinated against hepatitis A, which would aid in decreasing transmission of the virus to customers. The business owner would be given a certificate that could be displayed on the premises, thus reassuring patrons that risk of infection transmittal in that establishment would be decreased.

#### ***Against:***

The bill would result in additional and unfunded costs to the Department of Community Health (DCH). Restaurants and other businesses should already be following stringent hygiene requirements, and do not need additional legislation to encourage what common sense and existing laws already mandate.

#### ***Response:***

An amendment adopted on the floor of the House would only require the DCH to make the vaccine available pending funding from the Centers for Disease Control and Prevention. The bill would not, however, prevent the DCH from helping out a county health department in need with state funds. It is not right that a county experiencing a serious health threat should have to shoulder the financial burden alone. Further, under a program that the bill would establish, vaccines could get to the people quicker, possibly decreasing the numbers of people ultimately infected by the outbreak, which would result in decreased spending for medical care. It is not unreasonable to expect that some of the 328 people infected by the Calhoun County epidemic were public pay patients, and that a percent of the 11,750 people inoculated with the immune globulin vaccine were also Medicaid or MichCare eligible. A vaccine takes far less dollars than treatment for the disease it is intended to prevent. Though the program may cost taxpayers a few extra dollars, the cost to fund the program may be lessened by decreasing the overall medical costs that could occur if adequate inoculations were not administered in a timely fashion. And, the department may be able to recover all or part of its costs by obtaining federal funding for state-administered programs.

#### **POSITIONS:**

There are no positions on the House-passed version of the bill.

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■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.