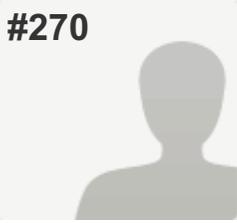


# Ending the Epidemic Task Force Recommendation Form

#270



**COMPLETE**

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**Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)**

First Name	Lyndel
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**Q2: Title of your recommendation** Require meningitis vaccination for youth in sixth grade

**Q3: Please provide a description of your proposed recommendation**

Amend public health law to require meningitis vaccination for youth in sixth grade, with a booster in eleventh grade. This is a critical public health issue for GMHC because of the high incidence and mortality of meningococcal disease among people living with HIV/AIDS (PLWHA).

Model legislation: 2013 (A.9347/S.7348)

HIV is associated with increased risk for Invasive Meningococcal Disease (IMD), a serious and life-threatening bacterial infection of the brain and spinal cord. According to the CDC, the incidence of IMD is 13 times higher among individuals with an AIDS diagnosis than in the general population. A study published by the American College of Physicians in 2014 found even greater risk. Among 265 individuals aged 15 to 64 living in New York City and diagnosed with IMD from 2000 to 2011, the relative risk for IMD among PLWHA was nearly 26 times greater.

**Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)**

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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**Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)**

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

New policy

**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Statutory change required

**Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?**

Within the next year

**Q9: What are the perceived benefits of implementing this recommendation?**

Sickness, death, and health care costs associated with IMD are avoidable through vaccination. For the health and safety of people living with HIV/AIDS, as well as all New Yorkers, GMHC urges implementation of this policy change. Data from the New York City Department of Health and Mental Hygiene show the dangerous and life-threatening impact of IMD on PLWHA. Over half (55%) of IMD infections that occurred in New York City from August 2010 to March 2013 were among HIV-positive New Yorkers, and a greater proportion of deaths occurred among those who were HIV positive (32%) than those who were HIV negative (20%).

These data provide compelling support for increased immunization that reduces the incidence of IMD. This bill follows the guidance of the CDC's Advisory Committee on Immunization Practices (ACIP), a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the U.S. In 2013, the ACIP released revised meningitis vaccination recommendations that include all youth ages 11 to 18.

**Q10: Are there any concerns with implementing this recommendation that should be considered?**

Please see above

**Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?**

This policy change should not result in addition costs to the State.

**Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?**

Please see #9 above.

## Ending the Epidemic Task Force Recommendation Form

### **Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?**

Invasive Meningococcal Disease (IMD) is important to GMHC because of the high incidence and mortality of IMD among people living with HIV/AIDS.

IMD incidence is 13 times higher among individuals with an AIDS diagnosis than in the general population. Among 265 individuals aged 15 to 64 living in New York City and diagnosed with IMD from 2000 to 2011, the relative risk for IMD among PLWHA was nearly 26 times greater. Over half (55%) of IMD infections that occurred in New York City from August 2010 to March 2013 were among HIV-positive New Yorkers, and a greater mortality rate occurred among those who were HIV positive (32%) than those who were HIV negative (20%).

In 2013 the CDC's Advisory Committee on Immunization Practices (ACIP) released revised meningitis vaccination recommendations that include all youth ages 11 to 18.

### **Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?**

None.

### **Q15: This recommendation was submitted by one of the following**

Other (please specify)  
Gay Men's Health Crisis (GMHC)