

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2003-04

(session year)

Assembly

(Assembly, Senate or Joint)

**Committee on
Colleges and
Universities
(AC-CU)**

(Form Updated: 11/20/2008)

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The Laughter of Our Hearts

Losing a Teen to a Vaccine-Preventable Disease

Originally Published in MCAAP ShotClock • WINTER 2002

Joseph Patrick Kepferle, our oldest son, left us suddenly on March 5, 2000. Patrick's smile and charisma lit every room he entered. He was a natural actor and comedian — intelligent, witty, daring, and restless. He continually challenged us to question our complacency and seek greater visions of what truly could be. Poetic, selfless, caring, and athletic, he captured the imagination of his friends, pushed the limits of his world, and injected his carefree, often irreverent spirit into all facets of our world.

Like too many other children in this country, our Pat died in less than 24 hours from a vaccine-preventable killer, meningococcal meningitis.



The summer before Pat started college, we received information on meningitis in his college paperwork. It probably said something about considering a meningitis vaccination even though there seemed to be little or no concern about the disease. Nonetheless, at his pre-college physical and immunization updates, we asked for the meningitis vaccine.

We were told none was available there, but we were not concerned. Meningitis was supposedly a "rare" disease, and the vaccine wasn't on the CDC or state "required" list. So, we were lulled into a false sense of security.

When Pat started school, we reminded him to get his vaccination, and assured him we would cover the cost of about \$70. He promised he'd get the immunization. But college life was hectic, and it wasn't his top priority.

Our nightmare began the first Sunday night in March when an emergency room doctor contacted us. Pat had been brought in by friends and was extremely sick. The doctor wasn't sure what Pat had and mentioned a rash spreading on his body. We should, he said, come as soon as possible.

We could not fathom what awaited us at the hospital. Pat's college friends filled the hallway as we rushed in. When I saw the priest in the critical care unit, where a nurse finally had taken us, I knew that things weren't good. Although the team was still working on him, Pat was gone. The doctors let us touch his head and tell him how much we loved him. Our

hearts were broken; we had lost our Pat, the laughter of our hearts....

I have searched my soul for what we could have done to save our son. The answer seems simple — ensure that he was vaccinated. But is it? Until weeks after Pat's death I couldn't even pronounce meningococcal meningitis, and I didn't understand the issues related to it, such as the effectiveness or the limitations of the vaccine. I couldn't comprehend that a disease primarily associated with developing countries in Africa could kill a strong, athletic person like my son here in our country. I believed in the myth of American medical infallibility. I didn't realize how many high school and college students have been maimed or killed by meningitis until I reached out to other parents.

Trying to find out why and how I lost my son, I found that many medical personnel know little about meningitis and that much of the information provided to the public is technically accurate but potentially misleading, downplaying the seriousness of the disease and underscoring the rarity of complications.

Some health professionals warned that getting the vaccine would provide a "false sense of security" since it "only" protected against the A, C, Y, and W135 strains and not the B serogroup.

Raising awareness among parents and medical professionals has been challenging. I contend that a shield against four out of five of the major strains is better than nothing at all. Fortunately, recent studies have helped highlight the dangers in the college environment and the growing incidence of meningitis among all teens.

The week after Pat died, the Maryland legislature overwhelmingly passed groundbreaking legislation requiring incoming Maryland college dorm students to be vaccinated or sign a waiver declining the vaccine. Since then, several more states have passed similar laws, most recently in California.

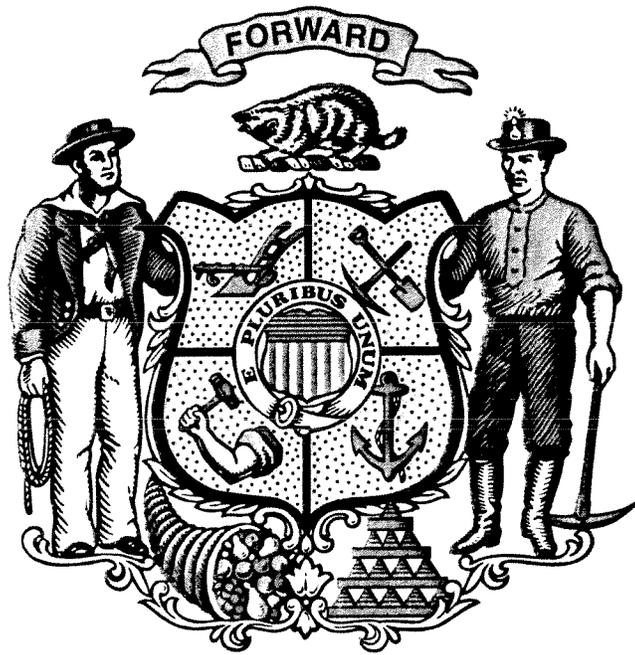
I have talked to many parents who have lost children to meningitis. We want everyone to know the human impact of this "rare" disease. We all desperately want other parents to know that the tragedy we endured could have been prevented.

Pat's laughter is gone, but his presence is all around us. He and all the other victims compel me to write again and again that vaccination and education are the best protection against this killer.

- Mike Kepferle

Patrick's father joined with other parents whose children were victims of meningococcal disease to found the nonprofit National Meningitis Association. He may be reached at www.nmaus.org.

By 2002, fourteen states had passed meningitis vaccination or education laws to help raise awareness and protection in the United States. Leading states are CT, MD, VA, FL, and PA.





Meningitis Among College Students:

The Benefits of Immunizations

The Facts

Scientific studies have shown that certain college students who live in dormitories are at more than a 7-fold risk of contracting meningococcal meningitis.

A readily-available vaccine can protect against this contagious disease.

Proposed Wisconsin Legislation

Wisconsin should enact a law that provides that students who are enrolled in college and reside in on-campus student housing:

- Should be vaccinated against meningococcal disease; or
- Can be exempted from the vaccination requirement if:
 - The college provides the student with detailed information about the disease risks and vaccination effectiveness; and
 - The student signs a written waiver stating he/she has received and reviewed the information provided, but has chosen not to be vaccinated against meningococcal disease.

Thus, a vaccination requirement would be imposed, but an “opt out” would be included.

An example of the form now in use in the state of Maryland is attached.

No fine or penalty would apply for violations of the law.

Additional Information

- Meningitis is a serious risk for college students.
 - Each year, approximately 3,000 cases of meningococcal disease occur.
 - 10-13% of patients die, even if they receive antibiotics early in their illness.

- Of those who do survive, 10% have serious after-effects of the disease.
 - Including hearing loss, loss of limbs and mental retardation (per 10/20/99 press release from the National Center for Disease Control).
- Meningitis is an increasing threat to college students.
 - From 1991 through 1997, cases of meningitis disease in young adults (15-24 years of age) nearly doubled, to 600 per year.
- Freshman living in dorms have a 7.67 times higher risk of meningococcal disease than do college students overall.
 - Per CDC report of 6/30/2000.
- Between 65% and 75% of meningitis disease cases are preventable by vaccination.
 - In the U.S. Armed Forces, routine use of the meningitis vaccine has led to a 90% decline in the number of reported cases.
- The vaccine provides protection for 3-5 years.
- There is no patent on the vaccine. The market is open to new manufacturers who may wish to enter the business.
- Because the vaccine used to prevent meningococcal disease is made from the sugar coat of an encapsulated killed bacteria, it is very safe.
- The immunization recommendation for meningitis has the support of:
 - The American College Health Association (ACHA); and
 - The American Academy of Pediatrics (AAP).

Conclusion

It makes good public policy sense for Wisconsin to enact legislation to impose a meningitis vaccination requirement, with an appropriate "opt out" provision, for students entering college and who will be living in dorms.

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Attachments

CHANNEL3000

Should UW Students Be Required To Get Meningococcal Shots?

Mother Who Lost Son To Disease Wants Bill To Require Vaccinations

POSTED: 12:59 p.m. CDT May 7, 2003

MADISON, Wis. -- The Centers for Disease Control says meningococcal disease affects thousands each year, including the more commonly known meningitis, and the risk is slightly higher for students living in dorms.

State Rep. Rob Kreibich is drafting legislation that would require students entering UW System housing to either be vaccinated or sign a waiver refusing the vaccination.

Some favor the idea, but others call it unnecessary.

Gail Bailey, whose son Eddy died of meningococcal disease last November, supports the bill.

"We're educated people, but we were uneducated about meningitis," she said. "The only way I feel I can honor Eddy's memory is to help other parents so that this doesn't happen to them."

Craig Roberts, an epidemiologist at the UW says they already inform parents about the disease when they're at orientation.

"We provide written materials to students in a mailing that goes out to them in the summer," Roberts said. "In addition, there's language that's put into residence halls handbook for every student who comes to the university and stays in the residence hall."

Roberts says the wording of Kreibich's bill is the same as that of other mandatory vaccinations and calls it unnecessary.

"It mandates something that is not required by public health recommendations," Roberts said. "There is no specific recommendation that everybody get this vaccine. It really is only for people who desire to reduce their risk."

Bailey says a simple handout is not adequate.

"It's your duty, in my mind to educate them and inform them much more so than

in a handout in a packet -- in a five-minute minimizing lecture about this disease," she said.

Roberts says the vaccine is only 60 percent effective -- not a big enough benefit to have everyone get it.

But after losing her son, Bailey says any benefit is worth it.

"Aren't our kids worth that? They're worth it to me," she said.

Kreibich's office told News 3 they are still looking for co-sponsors for the bill.

It will be discussed in committee.

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MENINGITIS CONCERNS & ANSWERS

The vaccine is expensive

- The cost of the vaccine is approximately \$70.00 over four years. The cost of the vaccine provides protection against 70% of meningococcal disease in the United States.

(American College Health Association 3/00)

The vaccine does not protect against all forms of meningitis

- The meningitis vaccine protects against four main serotypes: A,C,Y and W-135. There is no licensed vaccine to protect against serogroup B. In the past decade 70% of cases affecting individuals 18 – 23 years were caused by serogroups C, Y, or W-135. The vaccine is 85 – 100% effective in preventing disease caused by serotypes included in the vaccine. Nearly two-thirds of the cases occurring on college campuses are vaccine preventable.

(MMWR 6/30/00 and Meningitis Foundation of America)

The immunity offered by the vaccine doesn't last very long

- Generally, the vaccine affords protection for 3 – 5 years and possibly longer in the young adult population. This period of time would protect most students through college, the period of highest risk.

(MMWR 6/30/00)

The vaccine is always in a shortage situation

- There is not a vaccine shortage.

My child doesn't drink, smoke or engage in any other high-risk behavior so he/she shouldn't need to get the vaccine.

- Studies show 15 to 24 year olds are at greater risk of getting meningococcal meningitis, and in recent years there has been an increase in the number of college outbreaks. (Meningitis Foundation of America)
- Recent data also show students living in dormitories, particularly freshmen, have a sixfold-increased risk for the disease. (Meningitis Foundation of America)
- The reality of meningitis is that the bacteria is spread through respiratory secretions and 10% of the population unknowingly carries the bacteria harmlessly in their nose and throat and can spread it to others through coughing and even sharing drinking glasses.

(MMWR 6/30/00)

Meningitis isn't very common.

- About 3,000 Americans a year get meningococcal meningitis. About 300 of them die and another 450 who survive suffer permanent disabilities including the loss of limbs, mental retardation and deafness. Since the disease often presents itself with flu-like symptoms, many victims of the disease die before it is even diagnosed. From 1991 to 1997 the cases of meningitis disease in young adults (15 – 24 years of age) nearly doubled to 600 per year. Freshmen living in dormitories have a 7.67 times higher risk of meningococcal disease than do college students overall.

(MMWR 6/30/00)

It is estimated that 100 to 125 cases of meningitis occur annually on campuses. Because symptoms of the disease are flu-like, diagnosis is very difficult. (Meningitis Foundation of America). Many victims succumb to the disease within hours because it is not diagnosed in a timely manner.

The vaccine has side effects.

- The vaccine is very safe. About 5% of vaccines will get some reaction at the injection site and a few may get low-grade fevers.

(MMWR 6/30/00)

There isn't enough experience with the vaccine.

- The vaccine was developed in 1970 and has been extensively used in the military to control the rate of disease. Crowded living conditions among military recruits are much like dormitory conditions among college freshmen. Routine use of the vaccine in the military has resulted in a 90% decrease in the frequency of cases.

(MMWR 6/30/00)

The vaccine isn't effective.

- Actually, the vaccine is 85 – 100% effective against the four serotypes contained in the vaccine.

(Manufacturer package insert)

My child's college doesn't require the vaccine

- Not all colleges require the vaccine, however, most provide educational information to incoming students. Many colleges have the vaccine listed on their pre-matriculation form and many offer the vaccine for a cost in their health services center. The American College Health Association clearly recommends that freshmen, particularly those who plan to or are living in dorms be informed about meningococcal disease and the benefits of vaccination.
- Additionally, the CDC now recommends college students, particularly freshmen living in dormitories, be educated about meningococcal meningitis and the potential benefits of vaccination. The recommendation further states immunization should be provided or made easily available to those who wish to reduce their risk for the disease.

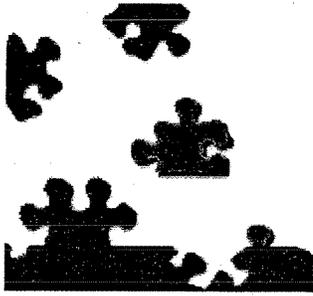
MENINGITIS ON CAMPUS

Know Your Risk

Learn About Vaccination

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in dorms are found to have moderately increased risk for the disease. A U.S. health advisory panel recommends that college students, particularly freshmen living in residence halls, learn more about meningitis and vaccination.

- **What is meningococcal meningitis?** Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.
- **How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.
- **What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.
- **Who is at risk?** Certain college students, particularly freshmen who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.
- **Can meningitis be prevented?** Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals and it does not protect against viral meningitis.
- **For more information:** To learn more about meningitis and the vaccine, contact Student Health Services (865-8218). You can also visit the websites of the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/ncidod/dbmd/diseaseinfo and American College Health Association at www.acha.org



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Meningococcal (muh-NIN-jah-kah-kul) meningitis is a rare but potentially fatal bacterial infection. The disease is most commonly expressed as meningitis, an attack of the brain and spinal cord, or meningococemia, a presence of bacteria in the blood. It can result in permanent brain damage, hearing loss, learning disability, organ failure, loss of limbs or death.

Certain college students have been found to be at increased risk for meningococcal meningitis. In fact, freshmen living in dormitories are found to have a sixfold increased risk for the disease. The Centers for Disease Control and Prevention (CDC) now recommends college students, particularly freshmen living in dormitories, learn more about meningococcal meningitis and consider vaccination. They also recommend other college students who wish to reduce their risk for the disease can also be vaccinated.

Following are some commonly asked questions and answers about meningococcal meningitis, the risk for college students and vaccination:

What causes meningococcal meningitis?

- Meningococcal meningitis is caused by the bacterium *Neisseria meningitidis*, a leading cause of meningitis and/or blood poisoning in teenagers and young adults in the United States.

How common is meningococcal meningitis?

- Meningococcal meningitis strikes about 3,000 Americans each year causing more than 300 deaths annually.
- It is estimated that 100 to 125 cases of meningococcal meningitis occur annually on college campuses and 5 to 15 students die as a result.

How is meningococcal meningitis spread?

- Meningococcal meningitis is transmitted through air droplets and direct contact with infected persons.
- It occurs most often in late winter and early spring—at a time when most college students are away at school.

What are the symptoms of meningococcal meningitis?

- Symptoms of meningococcal meningitis are often misdiagnosed as something less serious.
- Symptoms can resemble the flu and may include high fever, headache, stiff neck, confusion, nausea, vomiting, exhaustion and/or a rash.

- If not detected early, the disease can progress, often within hours of the first signs of symptoms.

Who is at risk for meningococcal meningitis?

- Studies show 15 to 24 year olds are at greater risk of getting meningococcal meningitis, and in recent years there has been an increase in the number of college outbreaks.
- Certain lifestyle factors common among college students appear to be linked to the disease, including communal living (such as dormitories), bar patronage, smoking and irregular sleep patterns.
- Recent data also show students living in dormitories, particularly freshmen, have a sixfold-increased risk for the disease.

What is the CDC's vaccination recommendation for meningococcal meningitis?

- CDC now recommends college students, particularly freshmen living in dormitories, be educated about meningococcal meningitis and the potential benefits of vaccination. The recommendation further states immunization should be provided or made easily available to those who wish to reduce their risk for the disease.
- Other undergraduate students wishing to reduce their risk for meningococcal meningitis can also choose to be vaccinated.

How effective is the meningococcal meningitis vaccine?

- The meningococcal meningitis vaccine is available against four types of the bacteria that cause meningococcal meningitis in the United States, serogroups A, C, Y and W-135.
- These four serogroups account for nearly two-thirds of the cases of meningococcal meningitis in the college-age population.
- The vaccine can be used in adults and children greater than two years old.
- The vaccine is 85 to 100 percent effective in preventing meningococcal meningitis in serogroups A, C, Y and W-135 in older children and adults.
- Protection lasts approximately three to five years—the length of time most students are away at college.
- The meningococcal meningitis vaccine costs between \$55 and \$75.

Where can I get more information about meningococcal meningitis and vaccination?

- Visit the websites of the Meningitis Foundation of America, <http://www.musa.org/>, the American College Health Association, <http://www.acha.org/>, and the Centers for Disease Control and Prevention, <http://www.cdc.gov/>. For information about the vaccine, consult a physician, the college health services center and/or the vaccine manufacturer, Aventis Pasteur, at 1-800-VACCINE (1-800-822-2463).

What is the Meningitis Foundation of America (MFA)?

- MFA provides education to the public and medical professionals about meningitis so that its early diagnosis and treatment will save lives;
- Supports the development of vaccines and other means of treating and/or

- preventing meningitis;
- Provides educational and emotional support to sufferers of meningitis and their families.

[Facts About Meningococcal Disease](#) | [CDC Recommendation](#) | [MFA Statement](#)
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December 1 2002 • Volume 32 • Number 23

Clinical Rounds

24% of cases in 15- to 24-year-olds

Meningitis Incidence Rising Among Teens, Young Adults

Erik L. Goldman
Contributing Writer

CAMBRIDGE, MASS. — Meningococcal diseases are on the rise among adolescents, epidemiologic evidence indicates.

Invasive meningococcal disease is not likely to replace acne or mononucleosis as the most common microbial disease concern among American teenagers, but "we are seeing clusters of cases in college-age kids and young adults, and the median age [of meningococcal disease patients] has risen consistently over the last 12-13 years," Dr. Stephen Pelton said at a conference on pediatric infectious diseases sponsored by Boston University and PEDIATRIC NEWS.

Reviewing statistics from Massachusetts, Dr. Pelton said that the total number of cases has been fairly stable at between 50 and 90 cases per year since the early 1990s. But the median age of the cases is now "in adolescence," he said.

While meningococcal diseases are still most common in the under 5 years and over 50 years age brackets, the rising median age reflects increases in the preteen, teen, and early adult segments of the population.

The change in median age also is accompanied by a change in the relative prevalence of various meningococcal serogroups in Massachusetts. From 1994 to 2001, there was a relative decline in serogroup B—the predominant serotype in babies and young children, and an increase in serogroup Y—the most common serogroup in adolescents. Serogroup C pathogens, which account for roughly 50% of all meningococcal disease cases, remained fairly constant, said Dr. Pelton, director of pediatric infectious disease at the university.

The Massachusetts observation jibes with a recent report from researchers at the University of Pittsburgh's Infectious Disease Epidemiology Research Unit. In a population-based surveillance study covering the years 1990-1999, the investigators logged a total of 295 meningococcal disease cases, of which 71 cases (24%) were in people aged 15-24 years. Of these 71 cases, 16 were fatal.

They estimated that the annual incidence rate among 15- to 24-year-olds increased from 0.9 to 2.1/100,000 people over the decade of the 1990s (JAMA 286[6]:694-99, 2001). In this age group, affected individuals are more likely to be male than female (66% vs. 35%), and the infections are somewhat less likely to be fatal, compared with similar infections in children under age 15 years.

College dormitories, which some infectious disease specialists view as "daycare centers for teenagers," have taken some heat as harbors for meningitis in recent years.

It was only in 1998 that the Centers for Disease Control and Prevention began accumulating national data on meningococcal disease in college students. A recently published surveillance project covering all 50 states and involving 231 U.S. colleges indicated that there were a total of 96 cases of meningococcal disease in college

students in the year 1998-1999. The overall incidence was 0.7/100,000 students (JAMA 286[6]:688-93, 2001).

The investigators noted that this was considerably lower than the 1.4/100,000 incidence observed in the general 18- to 23-year-old nonstudent population. However, dorm-dwelling freshmen had the highest overall incidence at 5.1/100,000.

Again, fear of meningitis probably won't eclipse concerns about the "freshman 15" weight gain among the nation's new college students. But the statistics do make a strong case for wider use of the quadrivalent meningococcal vaccine. The CDC investigators noted that of the 79 college cases for which serologic information was available, 68% of the infections involved vaccine-preventable serogroups.

Current CDC guidelines suggest that college-bound teenagers and their families be apprised of the risk of meningitis associated with dorm living, and be offered the quadrivalent vaccine. Dr. Pelton noted that some colleges are now making fairly adamant "suggestions" that students obtain the shots prior to or shortly after arriving on campus.

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LOCAL

Wisconsin State Journal

Friday, March 28, 2003 ★

MINNEAPOLIS

Madison woman dies of meningitis

A University of Minnesota student from Madison died Thursday after contracting meningitis, a university official said.

Kristin Marx was admitted to Fairview-University Medical Center on Tuesday after becoming ill at the sorority house where she lived, university spokeswoman Amy Phenix said. Marx was a sophomore in the university's Carlson School of Management. Her age was not immediately available.

"It's a very tragic situation," Phenix said.

Meningococcal meningitis is a bacterial disease with symptoms such as headaches, confusion, vomiting, fevers and, in some cases, seizures. The disease is spread through exchange of body fluid such as kissing or sharing drinking glasses.

University officials contacted roommates, students and faculty who were in contact with Marx over the past week in search of others who might have contracted the disease. About 65 people have been given oral antibiotics as a precaution.

Marx's parents chose to make the information about their daughter public out of concern for the welfare of other university students.

Doggett, Dawn AvP/US

From: Fonfara, Tom J. [TF2@quarles.com]
Sent: Monday, March 10, 2003 6:42 AM
To: Doggett, Dawn AvP/US
Cc: Kaufman, Sandy AvP/US; Driessen, Anthony H.
Subject: Meningococcal disease hospitalizes man, boy

<http://www.leadertelegram.com/story.asp?id=23788>

Front Page

3/7/2003 1:07:51 PM

Meningococcal disease hospitalizes man, boy**Cases not related, official says****Jennifer Schmidt**

Eau Claire Leader-Telegram Staff

Two cases of potentially fatal meningococcal disease hospitalized a man and a boy this week likely pose no threat to the public, a health official said Thursday.

Arthur Mead, a 49-year-old computer operator from Eau Claire, was admitted Sunday to Sacred Heart Hospital after feeling progressively ill with flulike symptoms for three days. Once critical, he was listed in good condition today. He hopes to be discharged this weekend.

Those with concern
questions about
meningococcal dise
can call a public he
nurse at 839-4718.

The second case involves a boy who was admitted to an unidentified hospital Wednesday. Details and a report on his condition were unavailable this morning.

Jim Ryder, director of the Eau Claire City-County Health Department, said the cases are "totally different scenarios" and are not connected.

People who had close contacts with Mead and boy were promptly interviewed and, as a precautionary measure, given antibiotics. The public is not at risk, Ryder said.

Despite the growing number of cases of bacterial meningococcal disease striking Chippewa Valley residents in recent years, Mead said the possibility of him becoming the next victim never entered his mind.

"I think that's one of the reasons it has such a high mortality rate," said Mead, who was removed from the hospital's critical care unit Wednesday. "People think they have the flu, and by the time they think to get treatment for it, it's too late."

Mead paused after mentioning with difficulty how a doctor told him he "was about an hour away from death.

"That's a little too close," he said shakily.

Mead, who credits the Sacred Heart staff for saving his life, listed in appreciation the names of several employees he knows by first name only.

"It's just a whole nameless parade of people, but they all performed their job very profession. and without them I wouldn't be here," an emotional Mead said from his hospital room.

Anticipating his hospital discharge, Mead said he looks forward to resuming normal activities | taking a shower or putting on a pair of pants without the intense pain he suffers now.

He said most of his initial symptoms have cleared, including the rash he had from his upper c to below his kneecaps. However, his achy hands and right knee still trouble him.

"It's not lack of power. It's the pain that actually stops you from doing anything. I have no ta grip whatsoever," he said, noting how something as simple as signing his name or holding a f is challenging.

He emphasized the disease "is something you definitely do not want" and encouraged others vigilant of suspicious symptoms.

This week's cases are the first reported occurrences of meningococcal disease in Eau Claire C this year. Seven were reported in 2002 and three the year before.

The disease killed three west-central Wisconsin students last year: Sean Coleman, a 19-year-UW-Eau Claire sophomore from Rib Lake; Paul Roth, a 17-year-old Chippewa Falls High Scho junior; and Erik Spindler, a 20-year-old UW-River Falls student from Stillwater, Minn.

Amber Krenz, a 22-year-old UW-Eau Claire junior, died in 2001 of complications from the dise

Schmidt can be reached at 830-5840, (800) 236-7077 or jennifer.schmidt@ecpc.com.



Silent Killers: Meningitis Strikes

Sept. 20, 2002

In March, 2000, John Kach, a college freshman at Salve Regina University in Newport, R.I., was having the time of his life.

"I started concentrating on basketball, started to lift, getting my grades up, going to parties, doing my thing," the young man recalls.

Then, the six-foot-four, 210-pound athlete lost everything in a nightmare that began when he was recovering from what he thought was the flu. Peter Van Sant reports.

"I was in my dorm room on a Friday night. Wasn't feeling all that great, so I stayed in," John remembers. "All of a sudden, my stomach doesn't feel right and, then I started getting real hot, fever."

When John's fever soared to 105, he was rushed to the hospital.

John's mother Paige was more than 150 miles away at her home in Carmel, N.Y., when she got a call from an emergency room doctor.

"I remember falling to my knees saying, 'My God, what's happening? What's wrong?'" Paige said.

John had contracted a rare but often fatal form...of bacterial meningitis that attacked and shut down his major organs.

"There's very little warning and if you don't see someone very early, it can be difficult to prevent death," said Dr. Mitchell Levy, intensive care specialist at Rhode Island Hospital who placed John in an induced coma while he battled the disease with massive amounts of antibiotics.

John most likely caught the disease at college. Bacterial meningitis is spread through saliva. Studies show that college freshmen living in dorms are in the highest risk group. Each year, more than 100 college freshmen like John come down with it.

"Why eight people can be exposed to it and only one person gets it, is still a mystery to medicine," Dr. Levy says. "I've seen young people come in with a sore throat and be dead within 24 hours." Within the first two days John was given his last rites twice.

"I remember going into John's room and he was under and I remember saying to John, 'If you can't do this, if you can't make it through this, you go ahead and go. Mommy'll understand. But, if you want to do this and you want to fight, we will fight this as a family.'"

Even Dr. Levy thought John would die, "not just when he first came in, but honestly, for quite a while after he was in the ICU."

Weeks passed, and the Kach family camped out in the hospital waiting room. John's father, Mike Sr. remembers the fear: "Just, pure, pure fear."

After six weeks of treatment, Dr. Levy decided to bring John out of the induced coma. "It was probably one of the happiest days of my life," says Paige.

But John's physical ordeal was just beginning. The meningitis prevented blood from circulating to John's limbs, causing tissue to die. Amputation was inevitable.

"I have never begged for anything in my life," John says, "but, I did beg the doctor, 'Please be as conservative and frugal as you possibly can.'"

John lost both hands and both legs but not his will. He triumphed over five grueling months in rehab.

"He said to me once, 'Why me, ma? I tried to do it by the book. Why me?' I had no answers," Paige says. "I said, 'Honey I don't know. You did it right.' And, he never asked me that again."

Today, with the help of his family, John can do just about everything, even play basketball.

He is on a mission to let people know that most forms of the disease can be prevented with a single shot.

"I knew about the vaccine," John says. "Didn't get it; wish I did."

John and his mother are now part of a group called Moms on Meningitis. Their message: What happened to John doesn't have to happen to you.

"We have learned of a lot of young people's lives who could have been saved if only we had been vaccinating years ago," says Dr. James Turner, executive director of student health at the University of Virginia, where all incoming freshmen are required to be vaccinated for bacterial meningitis.

The vaccine was first developed in the 1960s after a series of meningitis outbreaks in crowded military barracks.

"About 1971, every single military recruit started receiving this vaccine, and the outbreaks of the disease virtually stopped," Dr. Turner says.

Today, crowded college dorms are the breeding ground for the disease, but only 14 states now mandate that all incoming freshman be vaccinated. The cost of mandatory vaccinations is between \$70 and \$80 per student.

Dr. Turner hopes that someday, all 50 states will make the shot mandatory.

"It's a God-awful disease," he says. "And, I have sat in the intensive care units with families as they've watched their children cling to life and it's terrible. And to think that for \$70 to \$80, we can prevent that, it's a no-brainer."

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The Laughter of Our Hearts

Losing a Teen to a Vaccine-Preventable Disease

Originally Published in MCAAP ShotClock • WINTER 2002

Joseph Patrick Kepferle, our oldest son, left us suddenly on March 5, 2000. Patrick's smile and charisma lit every room he entered. He was a natural actor and comedian — intelligent, witty, daring, and restless. He continually challenged us to question our complacency and seek greater visions of what truly could be. Poetic, selfless, caring, and athletic, he captured the imagination of his friends, pushed the limits of his world, and injected his carefree, often irreverent spirit into all facets of our world.

Like too many other children in this country, our Pat died in less than 24 hours from a vaccine-preventable killer, meningococcal meningitis.



The summer before Pat started college, we received information on meningitis in his college paperwork. It probably said some-thing about considering a meningitis vaccination even though there seemed to be little or no concern about the disease. Nonetheless, at his pre-college physical and immunization updates, we asked for the meningitis vaccine.

We were told none was available there, but we were not concerned. Meningitis was supposedly a "rare" disease, and the vaccine wasn't on the CDC or state "required" list. So, we were lulled into a false sense of security.

When Pat started school, we reminded him to get his vaccination, and assured him we would cover the cost of about \$70. He promised he'd get the immunization. But college life was hectic, and it wasn't his top priority.

Our nightmare began the first Sunday night in March when an emergency room doctor contacted us. Pat had been brought in by friends and was extremely sick. The doctor wasn't sure what Pat had and mentioned a rash spreading on his body. We should, he said, come as soon as possible.

We could not fathom what awaited us at the hospital. Pat's college friends filled the hallway as we rushed in. When I saw the priest in the critical care unit, where a nurse finally had taken us, I knew that things weren't good. Although the team was still working on him, Pat was gone. The doctors let us touch his head and tell him how much we loved him. Our

hearts were broken; we had lost our Pat, the laughter of our hearts....

I have searched my soul for what we could have done to save our son. The answer seems simple — ensure that he was vaccinated. But is it? Until weeks after Pat's death I couldn't even pronounce meningococcal meningitis, and I didn't understand the issues related to it, such as the effectiveness or the limitations of the vaccine. I couldn't comprehend that a disease primarily associated with developing countries in Africa could kill a strong, athletic person like my son here in our country. I believed in the myth of American medical infallibility. I didn't realize how many high school and college students have been maimed or killed by meningitis until I reached out to other parents.

Trying to find out why and how I lost my son, I found that many medical personnel know little about meningitis and that much of the information provided to the public is technically accurate but potentially misleading, downplaying the seriousness of the disease and underscoring the rarity of complications.

Some health professionals warned that getting the vaccine would provide a "false sense of security" since it "only" protected against the A, C, Y, and W135 strains and not the B serogroup.

Raising awareness among parents and medical professionals has been challenging. I contend that a shield against four out of five of the major strains is better than nothing at all. Fortunately, recent studies have helped highlight the dangers in the college environment and the growing incidence of meningitis among all teens.

The week after Pat died, the Maryland legislature overwhelmingly passed groundbreaking legislation requiring incoming Maryland college dorm students to be vaccinated or sign a waiver declining the vaccine. Since then, several more states have passed similar laws, most recently in California.

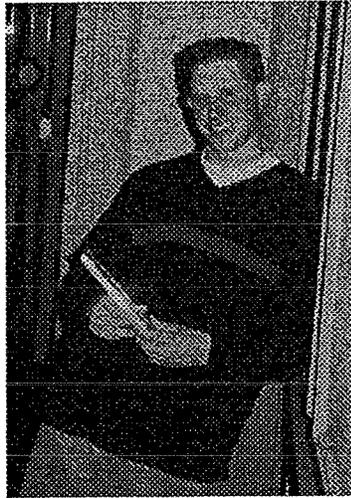
I have talked to many parents who have lost children to meningitis. We want everyone to know the human impact of this "rare" disease. We all desperately want other parents to know that the tragedy we endured could have been prevented.

Pat's laughter is gone, but his presence is all around us. He and all the other victims compel me to write again and again that vaccination and education are the best protection against this killer.

- Mike Kepferle

Patrick's father joined with other parents whose children were victims of meningococcal disease to found the nonprofit National Meningitis Association. He may be reached at www.nmaus.org. By 2002, fourteen states had passed meningitis vaccination or education laws to help raise awareness and protection in the United States. Leading states are CT, MD, VA, FL, and PA.

EVAN'S FINAL STORY



March 25, 1998, is a day that my husband and I will never forget. It was a day marked by events that have left a permanent hole in our hearts. It was the day our son, Evan, called from college to tell us that he had a migraine headache. Evan was 20 years old, a college junior and honor student, and a pitcher on his college baseball team at Georgia Southwestern University. He complained of a horrible headache, the worst headache he'd ever had, and was nauseated. He said he couldn't hold anything down. He said that the light in his dorm room hurt his eyes. Evan had never had a migraine before, but migraines do run in the family, so we weren't overly alarmed. By dinnertime, Evan was still feeling awful. We told him to get one of his friends to take him to the emergency room. We thought that at least he could get something for his nausea. During the next few hours, we talked to his baseball coach, who had gone to see Evan at the hospital, and the ER physician, who told us that Evan had a little virus. The hospital had decided to keep Evan overnight so that he could have a quiet night to get more rest.

The next morning, I called Evan about 7 AM. The nurse answered, and said that Evan felt too sick to talk to me. I asked her to put the phone up to his ear. I asked him if he wanted us to pick him up and take him home for the weekend. He said he did. Evan was on spring break, but really didn't get much of a chance to have one because his baseball team had games scheduled during that time. We figured he must be tired, and a weekend home with us where he could rest and eat good food was what he needed. My husband and I were making arrangements to meet back at our house when I received a phone call just after arriving at work. I was told that Evan had meningococcal meningitis and was in critical condition. When you get a phone call like this, your mind can't even absorb what you're being told. I knew so little about meningitis, that when the doctor said that it was bacterial, I thought that was the better type to have. I thought, well, at least there were antibiotics. I didn't realize that bacterial meningitis, especially the meningococcal meningitis that Evan had, was much more deadly. My husband and I drove the 3 hours to Evan, not knowing if he would be alive when we got there. We stopped mid way to call the hospital to check his condition. At that time, we didn't have a cell phone to keep in constant contact with the hospital.

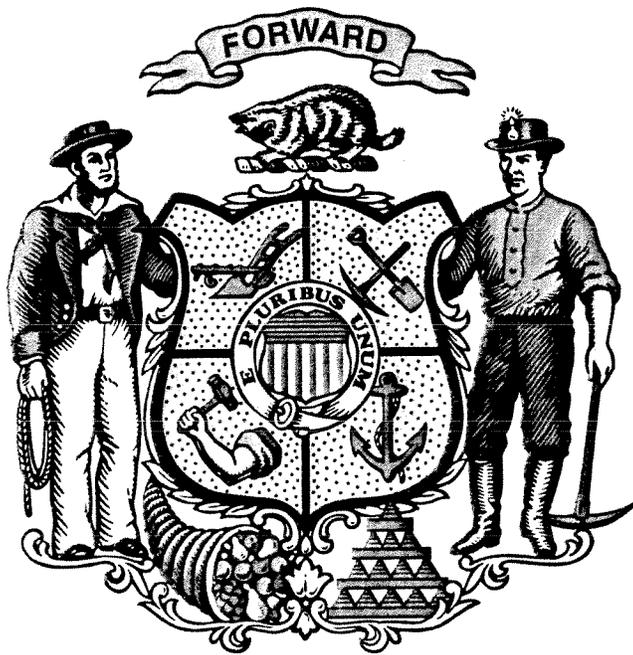
When we got to the hospital, administrators were waiting to talk to us. They wanted to prepare us for the way Evan looked and the criticality of his condition before we were allowed to see him. That frightened us even more. Evan was in quarantine and was receiving oxygen with very labored breathing. He was covered with the telltale purple rash. He could barely speak; he was so tired. He told us that it took every ounce of energy he had just to roll over. We were told that the next 24 hours were critical. My husband and I started the countdown. One hour down, 23 more to go. Calling our relatives to let them know what was going on. Trying to reach our younger son, Ryan, who was on spring break with friends in Panama City, Florida. After a few hours, the doctors decided to transfer him to a larger hospital about 40 miles away, better equipped to handle bacterial meningitis. As he was taken to the ambulance, I said, "Love you, Evan." As weak and sick as he was, he said, "Love you, Mom." Those were the last words he said to us.

When Evan arrived at the hospital in Albany, Georgia, he was put on a ventilator and put into a drug-induced coma. It wasn't long before his kidneys shut down, then his liver and lungs, and eventually affecting all of his organs. His fingers, his toes, his ears, his nose, all turning black. Then his entire hands were black; then his entire feet; and the gangrene kept spreading up his limbs.

We watched our son fight to breathe, fight to live. After two more weeks, Evan was transferred to a third hospital, which had a burn unit. The damage to Evan's organs from the meningococemia was similar to the damage that burn victims suffer. One day later, Evan's arms were amputated above the elbows and his legs above the knees. We had to sign consent forms allowing the doctors to amputate as much as was necessary to save his life. We had no choice; we would do anything to save Evan. Several days later, Evan suffered 10 hours of grand mal seizures. The seizures caused irreversible brain swelling. Evan was brain-dead. This son of ours, loved more than we can put into words, had to be disconnected from the machines that were keeping him alive...had to be put into a body bag in front of our eyes.

After Evan died, we found out to our astonishment that a vaccine was available, a vaccine that would have saved Evan's life. Not a new vaccine, but one used very successfully and safely by the military to control meningitis outbreaks for over 30 years. The vaccine protected against four of the five strains of meningococcal meningitis. If we had known about this vaccine, Evan would have received it and Evan would be here today.

Please don't let this happen to your child. Immunize and protect your loved ones. There is no getting over the loss of a child. It's a wound with a scab that never completely heals.





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UNVIERSITY OF WISCONSIN SYSTEM
Testimony of David L. Miller
Assistant Vice President, University Relations
on Assembly Bill 344

Assembly Committee on Colleges and Universities

Thank you Chairman Kreibich and members of the committee for an opportunity to speak in support of this legislation today. I have with me Kathleen Poi, Director of Student Health Services at UW-Madison who would also be glad to answer any questions you may have.

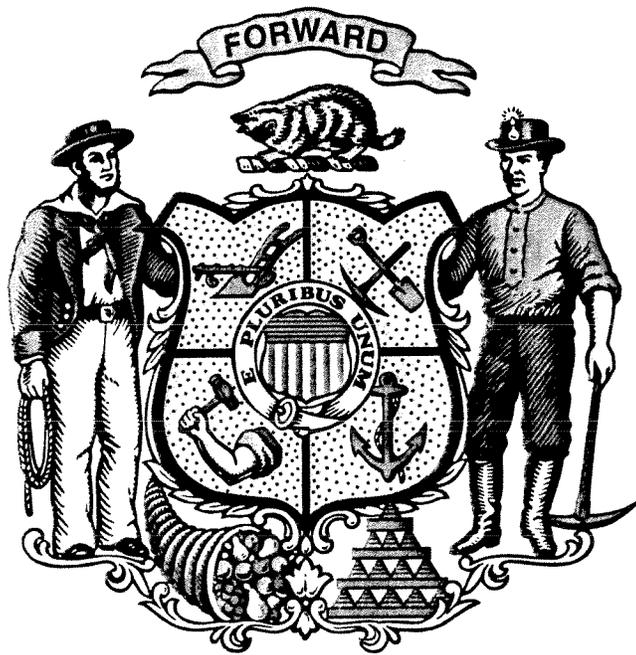
Assembly Bill 344 would ensure that every student living in a residence hall or dormitory would make an informed personal decision about obtaining a meningococcal vaccination.

The UW System would like to thank the author of the bill, Chairman Kreibich for working so diligently with us in drafting language to make the bill easier to administer and benefit the broadest number of students.

Currently, every UW campus provides information about meningococcal disease to all resident hall students in various forms. Many campuses ask students to provide immunization records, but this is not required for enrollment or housing. I have surveyed the campuses to obtain the information they provide to students and have heard from ten of the 13 four-year universities. All ten send a letter to all incoming freshmen regarding immunizations and emphasize the meningococcal vaccine. This bill will require that students are given information and then make an informed decision about whether to have the vaccine if they have not already had it before they can assume residency on campus.

Anticipating passage of this bill, we will be directing UW System campuses to begin to revise procedures to implement the bill and to notify residing students as early as possible of the requirement.

Again, I want to thank the Chairman for working closely with us on writing a bill that allows for maximum compliance by our students and institutions. We would be glad to answer any questions you may have.



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CANAM CONSTRUCTION
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State Wide

CONFIRMED CASES

2002 - 51 Total 11 University ^{5 Deaths} ~~University~~ Students 3 College

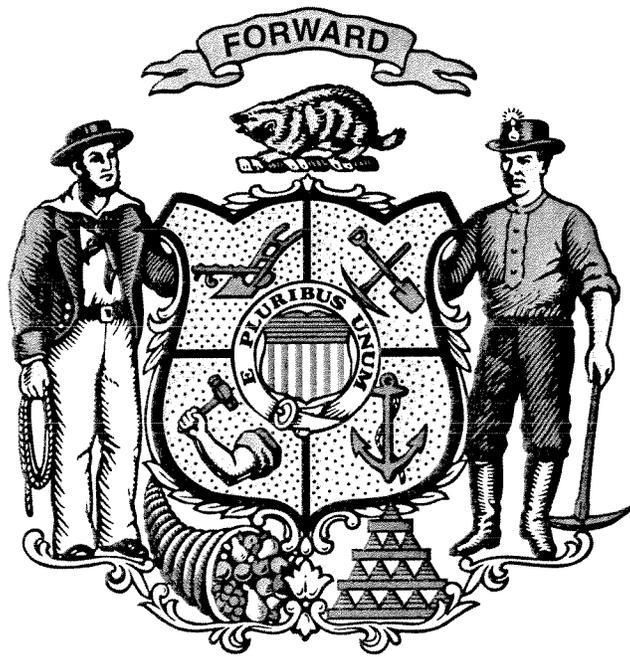
2001 52 Total 6 College, 4 Deaths 1 College students

2000 ~~44~~ total 0 College 4 Deaths

CDC.gov Left Health topics

good

279 Beersu Bill



Rep. Rob Kreibich
P.O. Box 8952
Madison, WI 53708
Phone: (608) 266-0660
Fax: (608) 282-3693

**State Representative
Robin Kreibich 93rd**

Fax

To: Christy Wallace **From:** State Representative Kreibich
Fax: 271-0860 **Date:** _____
Phone: _____ **Pages:** _____
Subj: _____ **CC:** _____

Urgent For Review Please Comment Please Reply Per Request

•Comments:

Brad Hub
Research and Policy
State Representative Kreibich
93rd Assembly District
Phone: (608) 266-0660
Fax: (608) 282-3693
E-Mail: Brad.hub@legis.state.wi.us

Meningitis Among College Students:

The Benefits of Immunizations

The Facts

Scientific studies have shown that certain college students who live in dormitories are at more than a 7-fold risk of contracting meningococcal meningitis.

A readily-available vaccine can protect against this contagious disease.

Proposed Wisconsin Legislation

Wisconsin should enact a law that provides that students who are enrolled in college and reside in on-campus student housing:

- Should be vaccinated against meningococcal disease; or
- Can be exempted from the vaccination requirement if:
 - The college provides the student with detailed information about the disease risks and vaccination effectiveness; and
 - The student signs a written waiver stating he/she has received and reviewed the information provided, but has chosen not to be vaccinated against meningococcal disease.

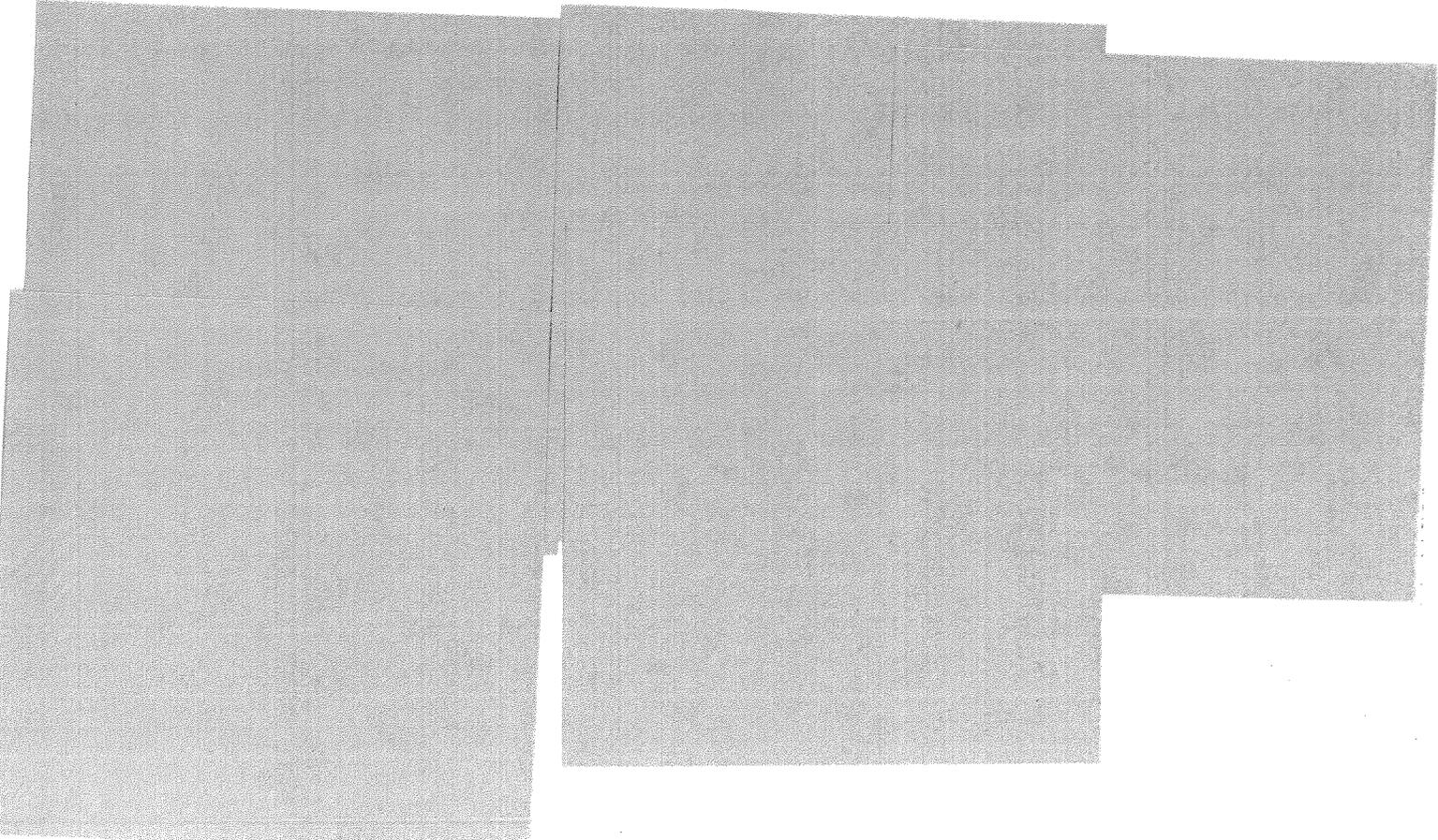
Thus, a vaccination requirement would be imposed, but an “opt out” would be included.

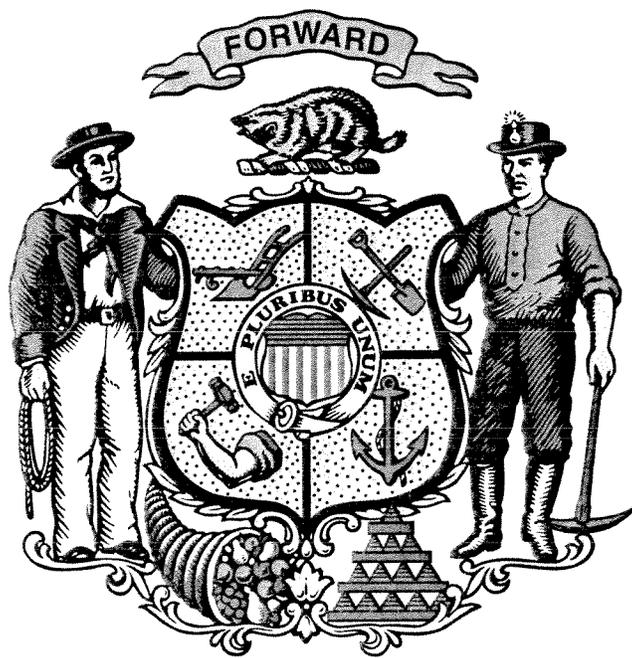
An example of the form now in use in the state of Maryland is attached.

No fine or penalty would apply for violations of the law.

Additional Information

- Meningitis is a serious risk for college students.
 - Each year, approximately 3,000 cases of meningococcal disease occur.
 - 10-13% of patients die, even if they receive antibiotics early in their illness.

- Of those who do survive, 10% have serious after-effects of the disease.
 - Including hearing loss, loss of limbs and mental retardation (per 10/20/99 press release from the National Center for Disease Control).
 - Meningitis is an increasing threat to college students.
 - From 1991 through 1997, cases of meningitis disease in young adults (15-24 years of age) nearly doubled, to 600 per year.
 - Freshman living in dorms have a 7.67 times higher risk of meningococcal disease than do college students overall.
 - Per CDC report of 6/30/2000.
 - Between 65% and 75% of meningitis disease cases are preventable by vaccination.
 - In the U.S. Armed Forces, routine use of the meningitis vaccine has lead to a 90% decline in the number of reported cases.
 - The vaccine provides protection for 3-5 years.
 - There is no patent on the vaccine. The market is open to new manufacturers who may wish to enter the business.
 - Because the vaccine used to prevent meningococcal disease is made from the sugar coat of an encapsulated killed bacteria, it is very safe.
- 



Alabama introduces vaccination or waiver bills in March 2003. See HB 367 and SB 250.

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Arkansas

Enacts meningitis and vaccination education law in 1999. See AR Law. 

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California

Passes SB212 for vaccine and education study, and AB1452 to inform about vaccination with waiver option - OCT 2001

See CA Law (SB212).

See CA Law (AB1452).

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Connecticut

Passes Strong Vaccination or Waiver Law - June 2001. See CT Law.

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Delaware

Passes Meningitis Education and Waiver Law - June 2001. Search for DE Law.

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Florida

Passes Vaccination or Waiver Law - May 2002. See FL Bill 871. 

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Georgia

Seventh state to enact vaccination or waiver law May 28, 2003. See HB521.

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Illinois

Vaccination and education bill signed July 2001. See IL Law.

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Indiana

Passes Vaccination and Education Law 2002. See IN Law HB1161.

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Maryland

Groundbreaking vaccination law signed May 2000! Requires vaccination or signed waiver for incoming college dorm students. See MD Law Fact Sheet.

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Massachusetts

Legislators commit to passing meningitis vaccination and education bills.

acknowledgement law - May 2003.

Mississippi and Minnesota enact meningitis education laws - May 2003.

Washington enacts meningitis education only law after Governor Locke vetoes acknowledgement provision - May 2003.

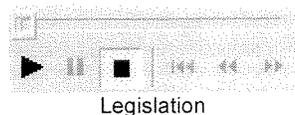
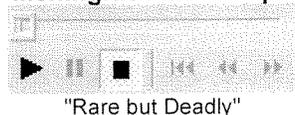
North Carolina and Missouri legislatures pass bills, awaiting governor signatures - May 2003

New York and Ohio reintroduce vaccination or waiver bills in 2003.

Alabama, Massachusetts and Wisconsin meningitis bills are introduced by May 2003.

New Jersey and Texas move to upgrade laws to vaccination or waiver in 2003.

Meningitis Audio Clips



Senator Hart introduces Senate Bill 526 to help protect children in schools and camps and Senate Bill 525 to protect college students.

Representative Wagner introduces HB3523 for immunization. Public hearing to be held on July 2nd, 2003 in Boston. See HB3523. 

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Michigan

Passes High School and College Meningitis Education Law November 2001. See MI Law.

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Minnesota

Enacts meningitis education only law - May 2003. See Article 2 of SB675.

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Mississippi

Mississippi Enacts Law on Meningitis Education April 2003. See HB 1087 

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Missouri

Passes vaccination or waiver law May 2003. Awaiting governor's signature. See SB686.

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Nebraska

Enacts meningitis education and signed acknowledgement law May 28, 2003. See Final LB513. 

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New Jersey

Education law enacted May 2000. New Jersey Assembly just passed their version of an updated bill on January 23, 2003. It now goes to the Senate.

See New Jersey Bill
See New Jersey Law.

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New York

New York tries again for the third straight year. Assemblyman Brodsky reintroduces bill that requires camps, secondary schools, and colleges which have housing for students to provide information and students elect vaccination or waiver. Senator Nozzolio introduces very similar bill in NY Senate in 2003.

NY Assembly Bill 501
NY Senate Bill 312

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North Carolina

North Carolina introduces meningitis education bills. Awaiting governor signature

May 2003. See Senate bill 876 and House bill 825.

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Ohio

Ohio vaccination or waiver bill reintroduced in March 2003. See HB 142 and SB60.

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Oklahoma

Eighth state to enact vaccination or waiver law - May 2003. See SB787. 

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Pennsylvania

Passes Vaccination or Waiver Law - June 2002. See PA Law.

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South Carolina

Passes Vaccination Recommendation and Education Law June 2002.
See SC Law Information.

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Tennessee

Sixth state to enact a vaccination or waiver law – May 2003. See TN Law. 

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Texas

Passed law for meningitis education for all families May 10, 2001. See TX Law.

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Virginia

Passes Vaccination or Waiver Law - March 19, 2001. See VA Law.

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Washington

Governor Locke vetoes requirement for students to acknowledge meningitis information. Education only bill enacted May 2003. See WA law. 

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Wisconsin

Introduces vaccination or waiver bills in May 2003. See AB344 and SB172.

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NMA

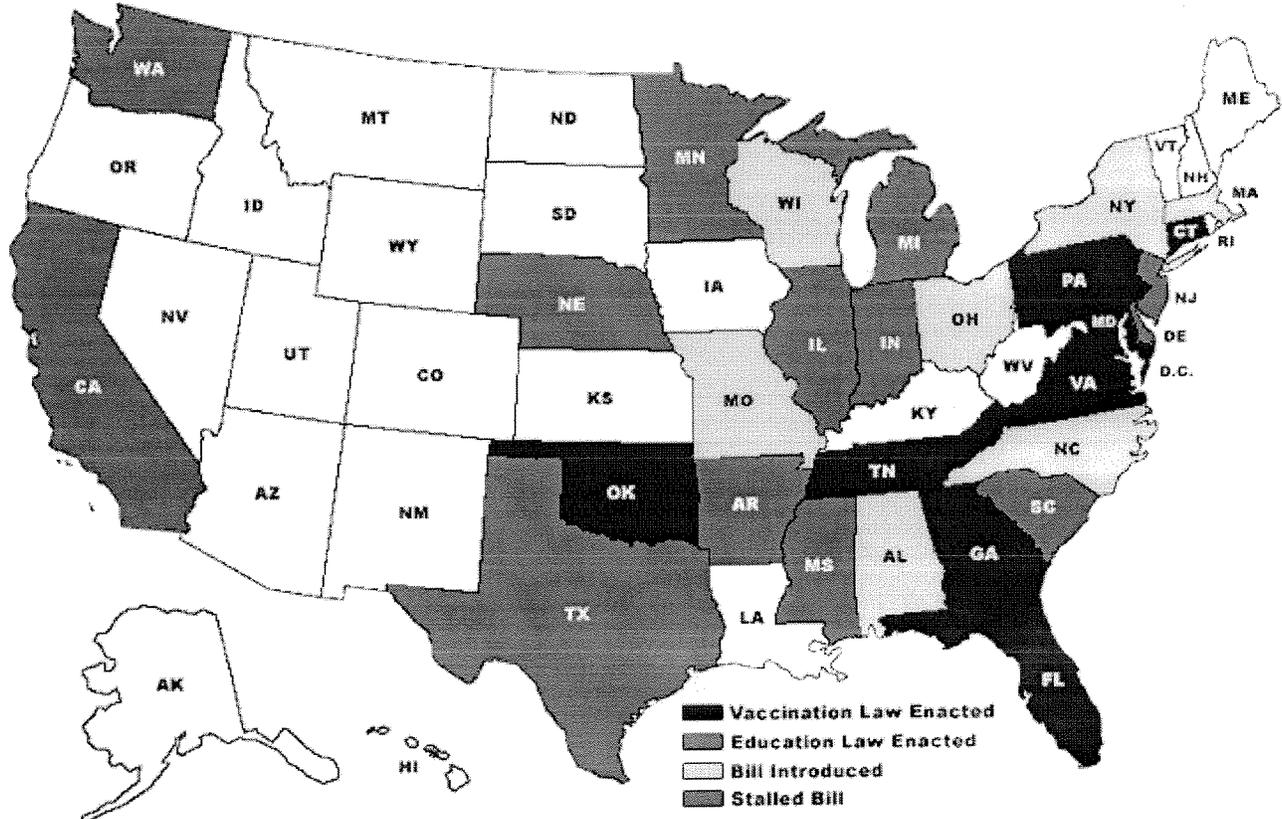
NATIONAL MENINGITIS ASSOCIATION

"Vaccinate - Educate - Protect"



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Legislation



Click on a state name to view the detailed progress

National Efforts

Senator Kay Bailey Hutchison (R-Texas) introduces new Meningitis Immunization Awareness Act – US Senate Bill 583 - on March 10, 2003.

"Search the US Congress Site for Meningitis Legislation"

May 2003 - 21 states have enacted vaccination or education laws. Starting with Maryland's ground breaking "vaccination or waiver" law in the Spring of 2000, as of May 2003 eight states have now passed laws requiring meningitis vaccination for college students or signed waivers. Four other states require signed acknowledgement that the students and/or parents understand the facts about the disease and the vaccine, and another nine states provide for education at various levels including parents of younger children. Ten more states are actively pursuing similar vaccination and education requirements.

Alabama

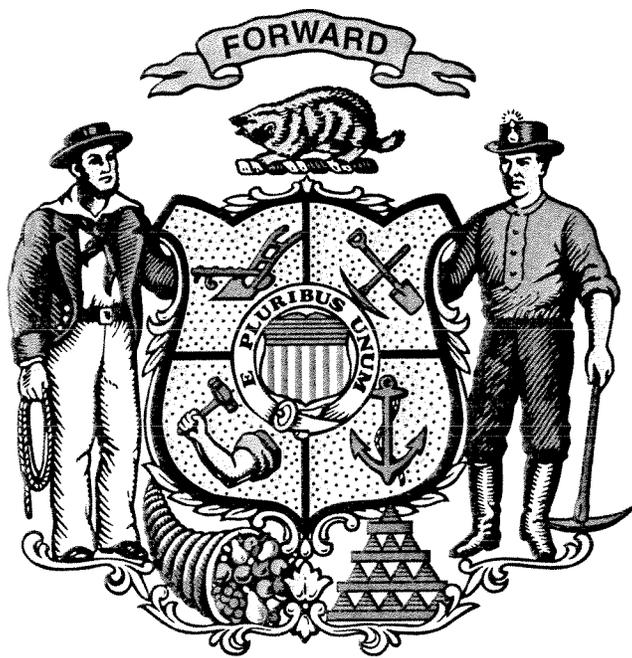
Recent News

Over Half of the Country Has Passed or Is Now Working on Meningitis Immunization or Education Legislation.

Oklahoma is the eighth state to enact a vaccination or waiver law.

Tennessee and Georgia become sixth and seventh states to enact vaccination or waiver law - May 2003.

Nebraska enacts meningitis education and



Hub, Brad

Subject: FW: TITLE 15 , CHAPTER 1 , Sec.

LII

legal information institute

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US CODE COLLECTION

[search](#)[TITLE 15 > CHAPTER 1 > Sec. 13.](#)[Prev |](#)**Sec. 13. - Discrimination in price, services, or facilities****(a) Price; selection of customers**

It shall be unlawful for any person engaged in commerce, in the course of such commerce, either directly or indirectly, to discriminate in price between different purchasers of commodities of like grade and quality, where either or any of the purchases involved in such discrimination are in commerce, where such commodities are sold for use, consumption, or resale within the United States or any Territory thereof or the District of Columbia or any insular possession or other place under the jurisdiction of the United States, and where the effect of such discrimination may be substantially to lessen competition or tend to create a monopoly in any line of commerce, or to injure, destroy, or prevent competition with any person who either grants or knowingly receives the benefit of such discrimination, or with customers of either of them: Provided, That nothing herein contained shall prevent differentials which make only due allowance for differences in the cost of manufacture, sale, or delivery resulting from the differing methods or quantities in which such commodities are to such purchasers sold or delivered: Provided, however, That the Federal Trade Commission may, after due investigation and hearing to all interested parties, fix and establish quantity limits, and revise the same as it finds necessary, as to particular commodities or classes of commodities, where it finds that available purchasers in greater quantities are so few as to render differentials on account thereof unjustly discriminatory or promotive of monopoly in any line of commerce; and the

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[Parallel authorities \(CFR\)](#)
[Topical reference](#)

foregoing shall then not be construed to permit differentials based on differences in quantities greater than those so fixed and established: And provided further, That nothing herein contained shall prevent persons engaged in selling goods, wares, or merchandise in commerce from selecting their own customers in bona fide transactions and not in restraint of trade: And provided further, That nothing herein contained shall prevent price changes from time to time where in response to changing conditions affecting the market for or the marketability of the goods concerned, such as but not limited to actual or imminent deterioration of perishable goods, obsolescence of seasonal goods, distress sales under court process, or sales in good faith in discontinuance of business in the goods concerned.

(b) Burden of rebutting prima-facie case of discrimination

Upon proof being made, at any hearing on a complaint under this section, that there has been discrimination in price or services or facilities furnished, the burden of rebutting the prima-facie case thus made by showing justification shall be upon the person charged with a violation of this section, and unless justification shall be affirmatively shown, the Commission is authorized to issue an order terminating the discrimination: Provided, however, That nothing herein contained shall prevent a seller rebutting the prima-facie case thus made by showing that his lower price or the furnishing of services or facilities to any purchaser or purchasers was made in good faith to meet an equally low price of a competitor, or the services or facilities furnished by a competitor.

(c) Payment or acceptance of commission, brokerage, or other compensation

It shall be unlawful for any person engaged in commerce, in the course of such commerce, to pay or grant, or to receive or accept, anything of value as a commission, brokerage, or other compensation, or any allowance or discount in lieu thereof, except for services rendered in connection with the sale or purchase of goods, wares, or merchandise, either to the other party to such transaction or to an agent, representative, or other intermediary therein where such intermediary is acting in fact for or in behalf, or is subject to the direct or indirect control, of any party to such transaction other than the person by whom such compensation is so granted or paid.

(d) Payment for services or facilities for processing or sale

It shall be unlawful for any person engaged in commerce to pay or contract for the payment of anything of value to or for the benefit of a customer of such person in the course of such commerce as compensation or in consideration for any

services or facilities furnished by or through such customer in connection with the processing, handling, sale, or offering for sale of any products or commodities manufactured, sold, or offered for sale by such person, unless such payment or consideration is available on proportionally equal terms to all other customers competing in the distribution of such products or commodities.

(e) Furnishing services or facilities for processing, handling, etc.

It shall be unlawful for any person to discriminate in favor of one purchaser against another purchaser or purchasers of a commodity bought for resale, with or without processing, by contracting to furnish or furnishing, or by contributing to the furnishing of, any services or facilities connected with the processing, handling, sale, or offering for sale of such commodity so purchased upon terms not accorded to all purchasers on proportionally equal terms.

(f) Knowingly inducing or receiving discriminatory price

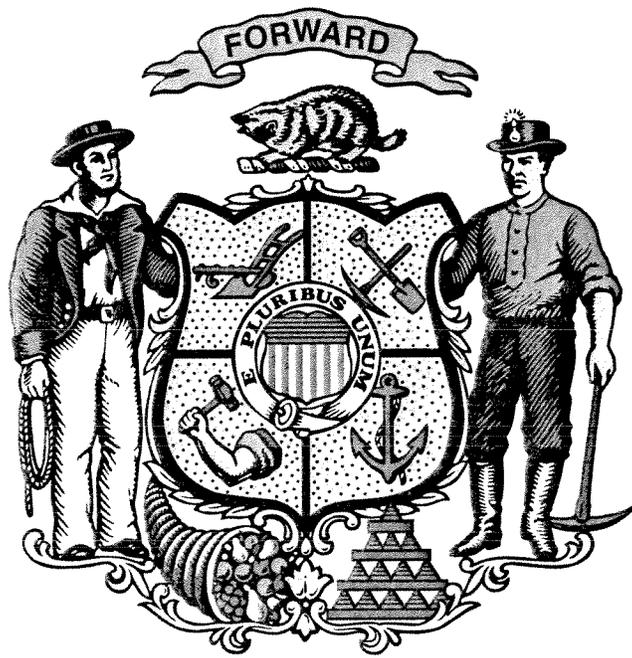
It shall be unlawful for any person engaged in commerce, in the course of such commerce, knowingly to induce or receive a discrimination in price which is prohibited by this section

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PROTECTING STUDENT HEALTH: FAQ'S ABOUT AB344

What Assembly Bill 344 Does: It requires each public and private college and university in Wisconsin with a residential campus to provide information on meningococcal meningitis to each student enrolling and planning to live in on campus housing. It requires that prior to assigning a student to a dorm, each student must be immunized against meningococcal disease or sign a waiver stating they have received the information, are aware of the risks and have chosen not to be vaccinated. The intention of this bill is to reduce the morbidity and mortality associated with meningococcal disease on college campuses and to provide every student entering a Wisconsin school the resources to make an informed choice about vaccination.

What AB344 Does Not Do: It does **not** require any student to receive a vaccination, it does **not** require the state, a college or university to pay for or provide the vaccine.

Who Supports AB344: The Wisconsin Medical Society, the Association of Private Colleges and the University of Wisconsin System all support this bill.

Why is AB344 necessary: In 1997 the American College Health Association made a recommendation that college health services take a more proactive role in alerting students and their parents about the dangers of meningococcal disease and that college students consider vaccination against potentially fatal meningococcal disease. Since that time the Centers for Disease Control and Prevention have issued similar recommendations advising providers to alert students living in on-campus housing about the increased risk of disease and the availability of a vaccine. Furthermore, they advise that any student wishing to reduce his or her risk of contracting meningococcal disease be vaccinated.

In Wisconsin since 1999 there have been 28 cases of meningococcal disease in the college age group, which may have been vaccine preventable. Since these recommendations have been issued some colleges have taken a proactive role in informing students, while others have not. This legislation would ensure all incoming students would have the same opportunity to make an informed decision about being vaccinated. Education is important, however vaccination is the only tangible way to prevent this deadly disease.

Meningococcal Meningitis is caused by a bacteria which invades the lining surrounding the brain, (the meninges), or enters the blood stream and rapidly destroys organs and tissue, often in a matter of hours.

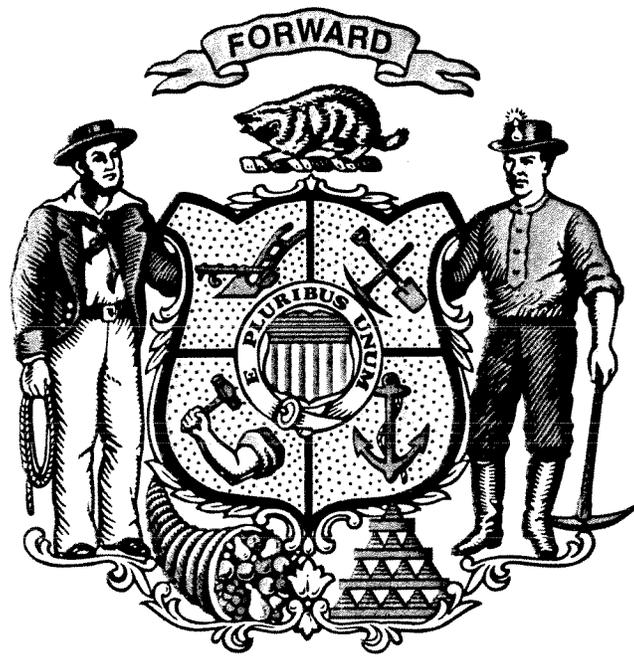
- Nearly one-third of the approximately 3,000 annual cases in the United States result in fatalities or severe disabilities such as limb amputations and organ damage.
- Studies have shown a recent increase in the number of adolescent cases and deaths in the 1990's. A recent study in the August 2001 Journal of the American Medical Association (JAMA) concluded that **during the 1990's the death rate from meningococcal disease among teens and young adults was significantly higher than the rest of the population.**
- College students living in dormitories are at increased risk.
- There is a safe, approved vaccine, which can help prevent the **majority** of adolescent cases. This vaccine lasts for 3-5 years and is 85-95% effective against the disease strains most common in the United States. There are no reported serious side effects from the vaccine. Typical side effects are redness at the vaccination site, and sometimes a slight fever.

(Source for the above information: The National Meningitis Association.)

Many health/medical organizations support education and vaccination to protect college students, particularly freshmen, living on campus.

- **Centers for Disease Control (CDC):** "The Advisory Committee on Immunization Practices (ACIP) has modified its guidelines for use of the polysaccharide meningococcal vaccine to prevent bacterial meningitis, particularly for college freshmen who live in dormitories... Vaccination should be provided or made easily available to those freshmen who wish to reduce their risk of disease."
- **American College Health Association (ACHA):** "The Advisory Committee on Immunization Practices (ACIP) now recommends that medical professionals as well as colleges and universities educate parents and college students, particularly freshmen living in residence halls, about the disease, the potential benefits of vaccination, and provide access to the vaccine for those who wish to reduce their risk of disease. These recommendations are now included in the ACHA guidelines."
- **American Academy of Pediatrics:** "Recent epidemiologic studies have demonstrated an increased risk of disease in college students living in dormitories, particularly among freshmen, compared with similarly aged persons in the general population. At least 60% of these cases are potentially preventable by vaccination with the ...polysaccharide vaccine. These findings support immunization of college students, particularly freshmen living in dormitories. Vaccine should be made available to those requesting immunization. College and university health services also should facilitate implementation of educational programs concerning meningococcal disease and availability of immunization services."
- **The National Foundation for Infectious Diseases:** "Studies have demonstrated that college freshmen, particularly those who live in dormitories or residence halls, have an increased risk of meningococcal disease compared to other persons in the same age group. The polysaccharide vaccine will

decrease the risk for meningococcal disease in those who wish to be immunized. Immunization should be made readily accessible and provided to those freshmen that wish to reduce the risk of meningococcal disease. . Additional information about meningococcal disease and the availability of the vaccine should be available from colleges and universities for freshmen who plan to live in dormitories or residence halls.”

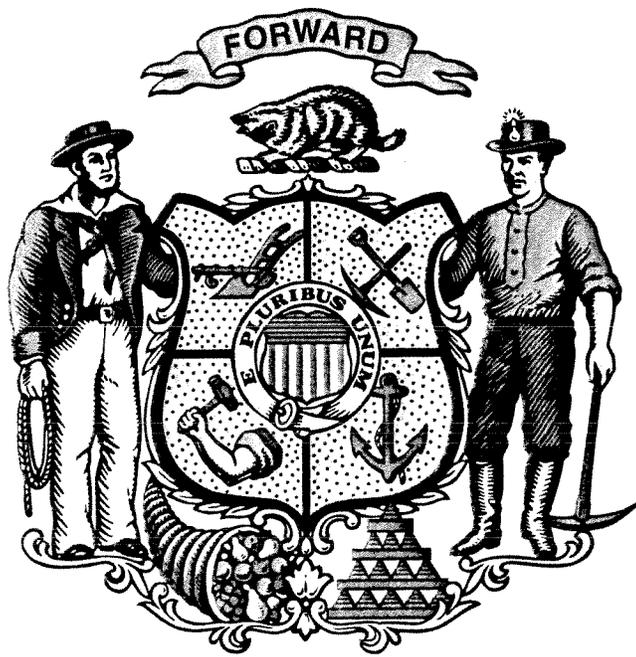




CHAIR: ASSEMBLY COMMITTEE ON COLLEGES AND UNIVERSITIES

CONCERNS WITH LRB a 0627/1 ASSEMBLY AMENDMENT

- * Vaccine manufacturers in the United States must comply with CGMP (Current Good Manufacturing Practices). Ongoing investments are required to keep in compliance with these measures set forth by the Food and Drug Administration. Companies who do not keep up or cannot continually make the additional investments required leave the market place. In the last two years two manufacturers of pertussis vaccine which is a vaccine for children and is required for school and daycare entry in all states, left the market. One of only two manufacturers of Tetanus vaccine left the market. A manufacturer of flu vaccine left the market. Federal law makers are working with industry to strengthen the nations vaccine supply and keep manufacturers in the market.
- * Most of what is sold in Canada is not manufactured there, it is imported from the US. therefore the costs associated with continually upgrading manufacturing facilities to stay in compliance with the regulations here are not imposed in Canada. If meningococcal vaccine were sold in the US for the price it is sold in Canada, most likely there would not be a vaccine available at all.
- * The regulatory environment in Canada is much different, there are vaccines available in that country that are not approved for use here. For example, there is a vaccine that has routinely been given to infants for the last seven years in Canada that provides 5 antigens in only one shot and would significantly reduce the number of shots given to children in the US, but it has not been approved by the FDA.
- * Research is critical in the development of vaccines for diseases like AIDS and SARS, it is also critical to making better, more effective vaccines that can prevent disease in a wider range of ages and provide longer immunity. Aventis Pasteur has recently invested roughly 30 million dollars on a facility to produce the next generation meningococcal vaccine without even having a product license from the FDA. There is no guarantee this product will ever be approved by the FDA. Research for future vaccines must be funded from current rather than future profitability, the investment in the facility to test, fill, package and distribute that vaccine must be done in advance of ever gaining FDA approval.
- * In Canada there are three other meningococcal vaccines available. in the US there is only one. There is no patent in the United States, any company is welcome to produce and sell a vaccine against meningococcal disease.
- * In the United States the only time the government (with the exception of the military) purchases the vaccine is during an outbreak at which time the vaccine is discounted 10%. The bulk of purchase in Canada is done by the government, they charge a lower price and then tax it at a much higher rate.



Another option for amending provisions of Section 2 of AB 344 into current law might be in ch. 146, Miscellaneous Health Provisions.

The relevant draft language in AB344 could be amended as follows:

Section 2. Section 146.____ of the statutes is created to read:

146.____ Meningococcal disease—private colleges and universities. A private college or university may not permit an undergraduate student to occupy a dormitory or residence hall unless one of the following occurs:

(1) etc.

(2) etc.