**South Carolina General Assembly**

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**S. 769**

**STATUS INFORMATION**

Concurrent Resolution

Sponsors: Senator Lourie

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Introduced in the Senate on June 4, 2013

Currently residing in the Senate Committee on **Education**

Summary: Vaccinations

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

6/4/2013 Senate Introduced ([Senate Journal‑page 12](file:///h:\SJ%20Archive\2013\06-04-13.docx))

6/4/2013 Senate Referred to Committee on **Education** ([Senate Journal‑page 12](file:///h:\SJ%20Archive\2013\06-04-13.docx))

**VERSIONS OF THIS BILL**

[6/4/2013](file:///p:\pprever\2013-14\769_20130604.docx)

**A** **CONCURRENT RESOLUTION**

URGING THE STATE DEPARTMENT OF EDUCATION AND THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL TO ENCOURAGE ALL SCHOOLS TO PARTICIPATE IN A SCHOOL‑BASED INFLUENZA VACCINATION PROGRAM.

Whereas, the South Carolina General Assembly finds:

(1) Influenza is a contagious respiratory illness caused by influenza viruses, and the best way to help prevent seasonal influenza is by being vaccinated each year.

(2) Every year in the United States, on average, more than 200,000 people are hospitalized from influenza‑related complications and about 36,000 people, mostly elderly, die from influenza‑related causes.

(3) The Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention recommended, effective July 1, 2008, routine seasonal influenza vaccinations for all children ages six months to eighteen years, inclusive.

(4) Children and young adults ages five years to nineteen years, inclusive, are three to four times more likely to be infected with influenza than adults.

(5) School‑aged children are the population group most responsible for the transmission of contagious respiratory viruses, including influenza.

(6) The elderly are the most vulnerable population to suffer severe illness from influenza due to weaker immune response to vaccination.

(7) School‑based vaccination programs may be an effective way to vaccinate children while reducing transmission and infection rates to the larger community and reducing rates of school absenteeism due to children being infected with influenza.

(8) Increased focus on providing influenza vaccine to children targeted for immunization may assist efforts to build a sound foundation for future vaccination efforts.

(9) Schools may be an effective infrastructure tool to improve pandemic planning by identifying known and effective pandemic vaccination centers.

(10) School‑based programs may help facilitate mass immunization clinics and build partnerships with local public health teams in the event of a public health emergency, such as a pandemic.

(11) Although experience has demonstrated the feasibility and success of school‑based influenza vaccination programs in vaccinating children, funding and logistical issues, particularly involving the delivery of vaccine to children with private insurance coverage, are issues with program sustainability. Now, therefore,

Be it resolved by Senate, the House of Representatives concurring:

That the South Carolina General Assembly, by this resolution, urges the State Department of Education, in consultation with the South Carolina Department of Health and Environmental Control, to strongly encourage all public K‑12 schools to participate in a school‑based influenza vaccination program with these attributes:

(1) The program must be run entirely by health care providers or community immunizers, or both.

(a) Health care providers and community immunizers shall order vaccine for children (VFC) influenza vaccine through the South Carolina Department of Health and Environmental Control for purchasing non‑VFC influenza vaccine from manufacturers.

(b) Health care providers and community immunizers shall acquire insurance information and make application for the administration of the vaccine to the appropriate public or private insurer. Reimbursement to providers must be determined under the terms and conditions of each individual’s insurance benefit plan.

(c) No child, regardless of insurance, may be refused a vaccine.

(2) The program must be designed to administer influenza vaccine consistent with the recommendations of the Advisory Community Immunization Practices of the United States Centers for Disease Control and Prevention for the annual vaccination of school‑aged children ages five years to nineteen years, inclusive.

(3) The program may be implemented by any willing provider with the ability to order and administer both VFC and non‑VFC influenza vaccines in accordance with state law.

(4) Only federal Food and Drug Administration approved influenza vaccines may be used in the program.

(5) Individual student participation must be voluntary and the vaccine may only be administered to a student with the written consent of the student’s parent or legal guardian.

(6) Information on the school‑based influenza program and a consent for vaccination form must be included by each participating local board of education in the applicable Student/Parent Information Guide provided to each student at the beginning of each school year.

(7) The program may not restrict the discretion of a health care provider or community immunizer, or both, to administer seasonal influenza vaccine approved by the federal Food and Drug Administration for use in pediatric populations.

(8) Influenza vaccination must be offered to all children as soon as the vaccine becomes available, before the start of the influenza season, and must continue to be offered throughout the entire influenza season.

Be it further resolved that a copy of this resolution be provided to Mick Zais, Superintendent of Education and Catherine Templeton, Director of the Department of Health and Environmental Control.

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