SUBJECT: Establishing a sentinel surveillance program for respiratory syncytial virus

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — Delisi, Laubenberg, Coleman, Dawson, Jackson, McReynolds, Truitt, Zedler

0 nays

1 absent — Solis

WITNESSES: For — Aleta Bonner; Kathleen Spalti-Fucik; *(Registered, but did not testify:* Ed Berger, Seton Healthcare Network; Jorey Berry, March of Dimes, Texas Chapter; Ari Brown, Texas Pediatric Society; Raif Calvert, Texas Academy of Family Physicians; Jaime Capelo, Pediatrix Medical Group; Greg Herzog, Texas Medical Association; Vicki Perkins, Christus Santa Rosa Children's Hospital; Lynda Woolbert, Coalition for Nurses in Advanced Practice)

Against — None

On — Susan Penfield, Texas Department of State Health Services

BACKGROUND: Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under one year of age. In adults and children older than three years, RSV usually causes symptoms of a simple upper respiratory tract illness, or common cold. In children younger than age three, RSV can cause lower respiratory tract illness like bronchiolitis and pneumonia and in more severe cases, can lead to respiratory failure. Children who were born prematurely, or who have preexisting lung, heart, or immune problems, are at greatest risk to have serious complications from RSV infection.

DIGEST: CSHB 1677 would add ch. 96 to the Health and Safety Code to require the executive commissioner of the Health and Human Services Commission to establish in the Department of State Health Services (DSHS) a sentinel surveillance program to identify RSV infection in children and maintain a central database of laboratory-confirmed cases of RSV that could be used to investigate the incidence, prevalence, and trends of RSV.

When establishing the surveillance program for RSV, the commissioner would be required to consider the number and geographic distribution of children in the state, the location of health facilities that collect local RSV information, and the use of existing data collected by health facilities.

Data collection. To ensure an accurate source of data, the commissioner would be authorized to require a health facility or health professional to make medical records or other information relating to the occurrence of RSV available for review by DSHS. Information collected and analyzed by the department could be put in a central database to facilitate information sharing and provider education. DSHS would be authorized to use the database to design and evaluate measures to prevent the occurrence of RSV and other health conditions and to provide information and education to providers on the incidence of RSV infection.

Confidentiality. Any reports, records, and information furnished to DSHS that related to cases or suspected cases of RSV would be confidential and could be used only for the surveillance program. They would not be considered public information nor could they be released or made public on subpoena except as authorized by CSHB 1677.

DSHS could release medical, epidemiological, or toxicological information for statistical purposes but only if released in a manner that prevented anyone from being identified. Information could be released to medical personnel, appropriate state agencies, health authorities, regional directors, and city and county public officers in order to comply with the requirements of the bill. Information could also be released to appropriate federal agencies, including the Centers for Disease Control and Prevention of the United States Public Health Service.

Cooperation of governmental entities. Other state boards, commissions, agencies, or governmental entities that could assist in the carrying out of the requirements of the bill would be required to cooperate with DSHS and provide expertise, services, and facilities to the surveillance program.

Limitation of liability. CSHB 1677 would limit the civil or criminal liability of a health professional or facility, administrator, officer, or employee of a health facility from divulging information that is required to be released by the bill, except in cases of gross negligence or willful misconduct.

The commissioner would be granted authority to adopt rules to govern operation of the program and rules that specified a system for selecting the area in which the department collected information as well as the manner in which data were reported to the department.

The commissioner would be required to adopt rules relating to the creation of the RSV surveillance program by November 1, 2005.

The bill would take effect September 1, 2005.

SUPPORTERS SAY:

Each year, RSV infections lead to more than 125,000 hospitalizations and about 2,500 deaths, at an estimated cost of more than $500 million. The majority of the children hospitalized for RSV infection are under six months of age. According to the Texas Health Care Information Council, respiratory distress syndrome, often caused by RSV, is the most expensive condition treated in Texas hospitals, with the average length of stay of 27 days and an average cost of more than $105,000.

Using data already being collected by individual children's hospitals, CSHB 1677 would generate accurate and useful information for the entities that need to determine the level of RSV present in their communities. RSV occurs seasonally, usually during the fall through the spring. The Centers for Disease Control (CDC) consider RSV a significant enough infectious disease that RSV seasonality data are included in their panel of infectious diseases tracked on a nationwide basis. The data has so far shown that the onset and termination of the RSV season varies from one geographic region to another, which is why the surveillance program and data collection in Texas is so important. Being able to track the incidence of the infection would alert health care providers when to provide prophylaxis and enhanced prevention measures.

There is currently no vaccine for RSV but medical experts recommend that high risk individuals receive a prophylactic therapy that could prevent them from becoming seriously ill after infection with RSV. Medical experts point to a recent study that says the hospitalization of infants age 32-35 months decreased by 80 percent because of the use of prophylaxis, and hospitalization of all infants decreased by 55 percent, so it is clear that RSV prophylaxis saves lives and money.

Determining the onset of RSV season has been problematic for the Texas Medicaid Program as well, which has resulted in some high-risk Medicaid

patients being denied the prophylactic therapy because the RSV "season" had not officially begun here. CSHB 1677 would allow the state to track patterns of occurrence and assist in the Medicaid policy process to ensure that the patients who need the treatment could get it.

Concerns that the bill would allow confidential health information to be released are understandable but unfounded with respect to CSHB 1677. The program would report only the incidence of RSV in the aggregate, and the federal privacy act, HIPAA, permits the collection of data for public health purposes.

DSHS has the authority to exchange information with the CDC and this bill would augment that ability.

OPPONENTS SAY:

The surveillance program could pose confidentiality concerns. Too many organizations would have access to private health information, and some people might worry that the information might be used against them by an insurer or some other group.

OTHER OPPONENTS SAY:

The bill is a good first step. However, in addition to authorizing a central database of laboratory-confirmed cases, it also should authorize the use of other laboratory databases, such as the database at the CDC.

NOTES:

The substitute modified the original bill by making technical name changes. It also added that laboratory-confirmed cases of RSV could be used to investigate the incidence, prevalence, and trends of RSV. The substitute also added that the commissioner would have to use existing data collected by health facilities when establishing the program.