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American Academy of Pediatrics
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Maryland Chapter



MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS
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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Christopher T. Adams

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: March 9, 2017

RE: **OPPOSE** – House Bill 1262 – *Pharmacists – Administration of the Influenza Vaccination – Age Requirement*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **opposition** for House Bill 1262.

Under current law, a licensed pharmacist may administer an influenza vaccine to anyone age 9 and older. House Bill 1262 lowers the minimum age from age 9 to age 5. In 2011, legislation was enacted that provided pharmacists the authority to administer the flu vaccine. This authority was granted to expand access to the flu vaccine but was purposely limited to age 9 in recognition of the fact that children under age 9 required two doses of the vaccine. There was concern that access through the pharmacy could not appropriately ensure a determination of whether a second dose was indicated, or to ensure that if indicated, a second dose would be administered. The requirements for the administration of the flu vaccine for children under age 9 has not changed.

The Centers for Disease Control (CDC) recommends that all individuals six-months of age and older get a seasonal flu vaccine. The CDC recommendations include special vaccination instructions for children ages six-months through age 8. Children ages six-months through age 8 who are getting vaccinated for the first time, and those who have only previously gotten one dose of vaccine, should get two doses of vaccine. The first dose, which “primes” the immune system, should be given as soon as the vaccine becomes available. The second dose, which provides immune protection, should be given at least 28-days after the first dose. Children who only get one dose but need two doses can have reduced or no protection.

The basis for the age restriction reflected in the current law remains unchanged and there is no evidence of a lack of access to the flu vaccine for children between the ages of 5 and 9 that warrants risking the failure to provide two doses of the vaccine when required. An unfavorable report is requested on House Bill 1262.

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