
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 906 Session of 2015

INTRODUCED BY FABRIZIO, DONATUCCI, CALTAGIRONE, KIRKLAND, BAKER, DIGIROLAMO, READSHAW, TOOHIL, VEREB, KINSEY, COHEN, REGAN, ROZZI, MACKENZIE, LONGIETTI, MATZIE, PASHINSKI, YOUNGBLOOD, MILLARD, DUSH, SONNEY, V. BROWN, FREEMAN, WATSON, DAVIS, NEILSON, O'NEILL, HENNESSEY, MILNE, MAHONEY, PICKETT, ROSS, GOODMAN, MURT, PAYNE, MARSICO, D. COSTA, DeLUCA, WARD, PHILLIPS-HILL, THOMAS, MAJOR, GILLEN, BRADFORD, BOYLE, BULLOCK, BIZZARRO, BURNS, EVERETT AND KORTZ, MAY 24, 2016

INTRODUCED AS NONCONTROVERSIAL RESOLUTION UNDER RULE 35,
MAY 24, 2016

A RESOLUTION

1 Recognizing the month of May 2016 as "Pediatric Stroke Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Stroke, also known as cerebrovascular disease,
4 happens when blood flow to the brain stops, resulting in tissue
5 injury and loss of brain function; and

6 WHEREAS, A stroke is a medical emergency that can cause
7 permanent neurological damage, or even death, if not promptly
8 diagnosed and treated; and

9 WHEREAS, Stroke is not restricted to adults; and

10 WHEREAS, Stroke is an important cause of neurologic morbidity
11 in childhood; and

12 WHEREAS, Stroke can occur in children of any age; and

13 WHEREAS, According to the American Stroke Association, stroke
14 occurs in approximately 1 out of every 3,500 live births and has

1 an overall annual incidence of 4.6 per 100,000 children 19 years
2 of age or younger; and

3 WHEREAS, Many children with stroke syndromes are misdiagnosed
4 with more common conditions that mimic stroke, such as
5 migraines, epilepsy or viral illnesses; and

6 WHEREAS, Pediatric stroke risk factors include arteriopathy
7 and vascular malformations, congenital heart disease, sickle
8 cell disease and hematologic abnormalities, among others; and

9 WHEREAS, Approximately 60% of infants and children who have a
10 pediatric stroke will have serious, permanent neurological
11 disabilities, including paralysis, seizures, speech and vision
12 problems and attention, learning and behavioral difficulties;
13 and

14 WHEREAS, Those disabilities may require ongoing physical
15 therapy and surgeries; and

16 WHEREAS, Stroke recurs within 5 years in 10% of children who
17 have had an ischemic or hemorrhagic stroke; and

18 WHEREAS, According to the National Center of Health
19 Statistics, stroke in children is at least as frequent as brain
20 tumors and is among the top 10 causes of death in children
21 between the ages of 1 and 14 in the United States; and

22 WHEREAS, The death rate for children who experience a stroke
23 before the age of one is the highest rate for all child age
24 groups; and

25 WHEREAS, The permanent health concerns and treatments
26 resulting from strokes that occur during childhood and young
27 adulthood have a considerable impact on children, families and
28 society; and

29 WHEREAS, There are no approved therapies for the treatment of
30 acute stroke in infants and children; and

1 WHEREAS, Many of the procedures increasingly used in children
2 with cerebrovascular disease have been adapted from studies in
3 adults; and

4 WHEREAS, Accumulating experience with antithrombotic and
5 anticoagulant treatments in children suggests that these agents
6 can be safely used in children, though their efficacy and proper
7 dose still need to be established by controlled trials; and

8 WHEREAS, Thrombolytic agents should be as effective in
9 children as in adults, but safety data is inadequate for the
10 child population; and

11 WHEREAS, The timing of administration and dosage for
12 thrombolytic agents for children and adolescents need to be
13 determined; and

14 WHEREAS, Not enough is known about the cause, treatment and
15 prevention of pediatric stroke; and

16 WHEREAS, Medical research is the only means by which people
17 can identify and develop effective treatment and prevention
18 strategies for pediatric stroke; and

19 WHEREAS, Early diagnosis and treatment of pediatric stroke
20 greatly improves the chances that the affected child will
21 recover and not experience a recurrence; and

22 WHEREAS, Continued coordination and cooperation among
23 researchers, families and the public is needed to improve
24 treatments and prognoses for children who suffer strokes;
25 therefore be it

26 RESOLVED, That the House of Representatives recognize the
27 month of May 2016 as "Pediatric Stroke Awareness Month" in
28 Pennsylvania and urge residents of this Commonwealth to support
29 the efforts, programs, services and organizations that work to
30 enhance public awareness of pediatric stroke.