

01-05

## STATEMENT OF POLICY VACCINE SAFETY

### Policy

Confidence in the safety of the vaccines used to protect the residents of our nation is critical to assuring that the vaccines are used as widely, effectively and appropriately as possible. Assuring this safety, from the manufacturing to the administration stages, is a shared responsibility of all levels of public health and the private sector. In order to attain and sustain the necessary level of assurance, the National Association of County and City Health Officials (NACCHO) urges the following:

- Vigorous post-licensure safety monitoring and subsequent sharing of safety-related data with local health departments (LHDs) for all vaccines currently on the market;
- Increased federal support to help LHDs identify gaps in vaccine use patterns through vaccine use and disease incidence data;
- Increased federal support to LHDs to improve understanding of vaccine safety and hesitancy concerns among populations within their jurisdictions;
- Increased federal support to LHDs to translate research on responding to vaccine hesitancy and instituting evidence-based interventions to counter vaccine hesitancy due to safety concerns;
- Increased federal support for locally-driven educational efforts geared towards physicians and other health care workers regarding the safety of vaccines, true contraindications, and the importance of and process for reporting adverse events;
- Increased federal support for LHDs to describe to medical care providers as well as the public what safety monitoring systems are in place, how data is analyzed, and how results are disseminated; and
- Increased federal capacity to conduct standardized clinical evaluations of reports to Vaccine Adverse Event Reporting System (VAERS), expand the Vaccine Safety Datalink (VSD) beyond the current three percent of the U.S. population, increase opportunities for independent research studies involving vaccine risks by credible parties other than the Centers for Disease Control and Prevention (CDC), and create mechanisms by which LHDs can access the subsequent results.

### Justification

Vaccines are the best defense we have against infectious diseases. Their widespread availability and acceptance has prevented a huge burden of disease, complications, and deaths from polio, measles, pertussis, pneumococcal disease, tetanus, diphtheria, mumps, rubella and other diseases.<sup>1,2</sup> Vaccines are extensively tested and monitored to ensure that they are safe and effective. Indeed, the vast majority of vaccine adverse events are minor and temporary. Adverse events are extremely infrequent and statistically less likely than the risk of clinical repercussions caused by the associated disease.



The CDC monitors and assesses vaccine safety in a number of ways: (1) through VAERS, which receives reports of vaccine side effects and adverse events from parents, health care professionals, and vaccine manufacturers; (2) through the VSD which contains comprehensive medical and immunization histories of over 8 million people<sup>3,4</sup>; (3) Rapid Cycle Analysis (RCA), an active surveillance system that monitors adverse events following vaccination in near real time so the public can be informed quickly of possible risk<sup>5</sup>; (4) through monitoring of certain populations by other federal agencies such as the Department of Defense, the Veterans Administration, and the Centers for Medicare and Medicaid Services, and; 5) special studies and reviews (including those conducted by the Institute of Medicine) specifically designed to investigate whether a relationship exists between vaccination and certain health problems.<sup>6</sup>

The success of vaccines in the 20<sup>th</sup> century has led to many people having little direct knowledge or memory of the dangers of these diseases in the 21<sup>st</sup> century. Consequently, it is easier to “see” and focus on the adverse events following immunizations rather than to “see” the disease that has been prevented.<sup>7</sup> In addition, some think that “the social contract” of our shared responsibility to protect each other, which is at the core of public health philosophy, is being tested by a more individual-centered ethic. It is therefore imperative that greater support is made available to LHDs to increase their surveillance of vaccine coverage locally, to identify gaps in such coverage; to understand when those gaps are being created by vaccine safety concerns; to understand those concerns; and to develop and implement evidence-based interventions to minimize the extent and impact of such gaps in the community’s immunity against diseases that, despite the record low incidence levels, are not yet relegated to the pages of history books.

<sup>1</sup> Roush SW, Murphy TV and the Vaccine-Preventable Disease Table Working Group. Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA. 2007;298(18):2155-2163

<sup>2</sup> Ten great public health achievements – United States 1900-1999. Retrieved October 11, 2010 from [www.cdc.gov/mmwr/preview/mmwrhtml/mm4850bx.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4850bx.htm)

<sup>3</sup> Vaccine Adverse Event Reporting System (VAERS) Bibliography: CDC/FDA Publications. 2010. Available on the Web at <http://vaers.hhs.gov/resources/bibliographyfiles/2010february>

<sup>4</sup> Vaccine Safety Datalink (VSD) Project. CDC. 2010.

Retrieved October 11, 2010 from <http://www.cdc.gov/vaccinesafety/Activities/vsd.html>

<sup>5</sup> Rapid Cycle Analysis. CDC. 2010.

Retrieved October 11, 2010 from <http://www.cdc.gov/vaccinesafety/Activities/vsd/rca.html>

<sup>6</sup> Institute of Medicine (IOM)—Immunization Safety Reviews. 2001-2004. Retrieved October 11, 2010 from <http://www.iom.edu/Reports.aspx?search=immunization%20safety>

<sup>7</sup> Chen RT, Rastogi SC, Mullen JR et al. The Vaccine Adverse Event Reporting System (VAERS). Vaccine. 1994;12:542-550

## **Record of Action**

*Adopted by NACCHO Board of Directors March 1, 2001*

*Updated September 2004*

*Updated October 2010*