

STATEMENT OF POLICY

UNIVERSAL INFLUENZA VACCINATION

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The National Association of County and City Health Officials (NACCHO) strongly supports implementation of universal influenza vaccination recommendations to include all eligible age groups, irrespective of risk profile. Voluntary universal influenza vaccination will decrease the number and severity of influenza cases, decrease the impact of influenza on the health care system, enable more individuals to protect themselves and their susceptible contacts, decrease the economic impact of influenza, and increase community capacity to deliver vaccine to the general population.

Local public health partnerships must be sustained and improved to help achieve broader acceptance of influenza vaccine and improve demand and capacity. NACCHO will continue to assist local health departments to improve uptake of life-saving vaccines, such as influenza, that will promote better public health.

NACCHO encourages CDC to coordinate a national strategic stepwise plan to implement universal vaccination.

Justification

Influenza vaccine is an effective tool in preventing influenza-related morbidity and mortality,¹ but data show that 36,000 people die and more than 200,000 people are hospitalized annually during interpandemic influenza seasons.² An injection of influenza vaccine saves up to \$85 in direct care costs.³ These factors make getting influenza vaccine to an ever-growing list of priority groups and their contacts an urgent issue.

The current influenza vaccination recommendations⁴ cover particular target and risk-associated groups, but scientific studies and demonstrations show the effectiveness of universal influenza vaccination.⁵ Moreover, universal influenza vaccination recommendations will help public health efforts to improve vaccination rates in health care workers in hospitals, long-term-care facilities, correctional facilities, and emergency service workers.⁶

There have been regular influenza vaccine supply disruptions since 1999.⁷ Stimulating demand for influenza vaccine is an essential component of a national strategy to incentivize expansion of vaccine manufacturing capacities.

Record of Action

Based on Resolution 05-05, proposed by Immunization Subteam of the Community Health & Prevention Advisory Committee

Adopted by NACCHO Board of Directors, May 17, 2005.

Revised July 2006

¹CDC/NIP. Influenza Bulletin #1, March 26, 2004.

²CDC/NIP. MMWR. Prevention and Control of Influenza. Report of the Advisory Committee on Immunization Practices. June 2003. On the Web at: <http://www.cdc.gov/mmwr/PDF/rr/rr5208.pdf>.

³Davis JW, Lee E, Chung RS. Influenza vaccination, hospitalizations, and costs among members of a Medicare managed care plan. *Med Care* 2001;39:1273-80.

³Longini, I. M. Jr., Halloran, M. E. (2005). Strategy for Distribution of Influenza Vaccine to High-Risk Groups and Children. *Am. J. Epidemiol.* 161: 303-306.

⁴Recommendations and Reports. May 28, 2004. Vol 53 RR-6. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). On the Web at: <http://www.cdc.gov/mmwr/PDF/rr/rr5306.pdf>.

⁵Neuzil, K. M., Hohlbein, C., Zhu, Y. (2002). Illness Among Schoolchildren During Influenza Season: Effect on School Absenteeism, Parental Absenteeism From Work, and Secondary Illness in Families. *Arch Pediatr Adolesc Med* 156: 986-991.

⁶Carman WF, Elder AG, et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000;355:93.

⁷National Center for Policy Analysis. What's Behind the Flu Vaccine Shortage, Brief Analysis, #493, 28 October 2004.