



National Association of County & City Health Officials

The National Connection for Local Public Health

02-10

STATEMENT OF POLICY

Vaccine Supply and Distribution

Policy

The National Association of County and City Health Officials (NACCHO) urges the federal government to develop an integrated set of policies that will ensure an uninterrupted supply of vaccines needed for sustaining and improving the immunization rates of the population of this nation. NACCHO also urges recognition of, and support for, the unique role local health departments play in this endeavor.

NACCHO urges the federal government to:

- Embark on a bold, far-reaching examination of how the nation can ensure a reliable supply of essential vaccines through federal purchase and distribution.
- Engage in a candid, public discussion about needed public-private collaboration and how that can protect against inequities in coverage due to unequal access to vaccines and vaccine administrators.
- Encourage transparency and timeliness in communications between the federal government and state and local health officials, including complete disclosure of what is and isn't known about vaccine supply.
- Promote flexibility in implementation so that local health departments can make decisions that best meet the needs of their varied communities.
- Exchange information on new vaccines between the U.S. Food and Drug Administration and the Advisory Committee on Immunization Practices to enhance vaccine recommendations.

NACCHO urges the federal government to develop a comprehensive set of federal policies to:

- Minimize the likelihood of vaccine shortages from recurring and prevent any future shortages through a standard evaluation of vaccine manufacturing interruptions.
- Increase the supply of vaccines.
- Prevent and correct inequitable geographic distribution of vaccines.
- Ensure availability of vaccines for high risk individuals when vaccine shortages cause usage limitations.

In addition, NACCHO urges ongoing federal government support for local health departments to contribute to an ensured and sustained vaccine supply by supporting their capacity to:



Public Health
Prevent. Promote. Protect.

- Monitor vaccine availability at the local level.
- Ensure equitable vaccine access among all segments of the population.
- Intervene when necessary to correct inequitable distribution, particularly during shortages and supply disruptions.
- Increase vaccine confidence and reduce vaccine hesitancy.
- Support innovative approaches to maximize vaccine distribution and improve access

Justification

The use of vaccines has transformed the health of individuals and communities in the United States by converting serious infectious diseases, often with epidemic potential, into diseases of much reduced incidence and impact.^{1, 2} Shortages of childhood and adult vaccines negatively impact these efforts and have recurred consistently over the past few decades^{3, 4, 5, 6}. Vaccines that have had supply issues or shortages include the DTaP-IPV-Hib, MMR, hepatitis A, varicella, influenza, and COVID-19 vaccines⁷. Multiple factors can and have converged to cause shortages in vaccines available to local communities, including: the price per dose, production problems, reduction in the number of vaccine manufacturers, increased number of recommended vaccines; increased costs to purchase vaccines, and unexpected overwhelming demand for certain vaccines.^{5, 6, 8, 9, 10, 11, 12} Vaccines coupled with immunization programs have contributed immensely to public health practices and are a cost-effective public health tool. Prevention of supply problems to ensure timely and uninterrupted access to vaccines is a critical component in the fight to prevent the resurgence of debilitating diseases such as mumps, measles, rubella, pertussis, polio, tetanus, HPV and diphtheria, as well as the annual threat of influenza.¹³

References

1. Roush SW, Murphy TV and the Vaccine-Preventable Disease Table Working Group (2007). Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *Journal of the American Medical Association*. , 298(18):2155-2163.
2. US Centers for Disease Control and Prevention. Ten great public health achievements – United States 1900-1999. Retrieved February 9, 2021, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4850bx.htm>
3. Sloan, F., Berman, S., Rosenbaum, S., Chalk, R., and Giffin, R. (2004). The Fragility of the U.S. Vaccine Supply. *New England Journal of Medicine*. . 351(23):2443-2447.
4. Jacobsen SH, Sewell EC, Proana RA (2006) An analysis of the pediatric vaccine supply shortage problem. *Health Care Management Science*. Nov 9 (4):371-389.
5. Hinman AR, Orenstein WA, Santoli JM, Rodewald LE, Cochi SL (2006)Vaccine shortages: history, impact , and prospects for the future. *Annual Review of Public Health*, 27:235-259.
6. Ridley DB, Bei X, Liebman EB (2016). No Shot: US Vaccine Prices And Shortages. *Health Affairs* ;35:235-41.
7. Lance E. Rodewald, Walter A. Orenstein, Dean D. Mason, Stephen L. Cochi, Vaccine Supply Problems: A Perspective of the Centers for Disease Control and Prevention, *Clinical Infectious Diseases*, Volume 42, Issue Supplement_3, March 2006, Pages S104–S110, <https://doi.org/10.1086/499587>
8. Hammer LD, Curry ES, Harlor AD, Laughlin JJ, Leeds AJ, Lessens HR, Rodgers CT, Granado-Villar DC, Brown JM, Cotton JH, Gaines BM, Gammon TB, Gitterman BA, Gorski PA, Kraft CA, Marino RV, Paz-Soldan GJ, Zind B, and Committee on Practice and Ambulatory Medicine, Council on Community Pediatrics (2010). Increasing immunization coverage. *Pediatrics*. 125(6):12951304.
9. Gellin B, Shen A (2009). Financing Vaccines: Cornerstone of Prevention. *Pediatrics*. 124(Supplement 5): S457- S458
10. Truong VA (2012). The pediatric vaccine stockpiling problem. *Vaccine* 30:6175-9.

11. Saadatian-Elahi M, Bloom D, Plotkin S, Picot V, Louis J, Watson M (2017). Vaccination ecosystem health check: achieving impact today and sustainability for tomorrow. *BMC Proceedings* 11: (Suppl 2): 1.
12. Muzumdar JM, Cline RR (2009). Vaccine supply, demand, and policy: a primer. *Journal of the American Pharmacists Association* 49:e87-99.
13. Shrestha SS, Wallace GS, Meltzer MI (2010). Modeling the national pediatric vaccine stockpile: supply shortages, health impacts and cost consequences. *Vaccine* 28:6318-32.

Record of Action

Proposed by NACCHO Immunization Workgroup

Adopted by NACCHO Board of Directors November 10, 2002

Updated July

2004

Updated May

2005

Updated July 2006

Updated October 2010

Updated October 2013

Updated September 2017

Updated February 2021