

September 9, 2016

Karin Bok, MS, PhD
Senior Vaccine Science Advisor
National Vaccine Program Office
Department of Health and Human Services
200 Independence Avenue SW., Room 733G.5
Washington, DC 20201

Re: Maternal Immunizations Working Group Phase II's Draft Report and Draft Recommendations for Overcoming Barriers and Identifying Opportunities for Developing Maternal Immunizations for Consideration by the National Vaccine Advisory Committee

Dear Dr. Bok,

On behalf of the National Association of City and County Health Officials (NACCHO), I am writing to provide comment on the National Vaccine Advisory Committee (NVAC) Maternal Immunizations Working Group Phase II's draft report and recommendation for overcoming barriers and identifying opportunities for developing maternal immunizations. NACCHO is the voice of the 2,800 local health departments across the country that work every day to protect and promote health and well-being for all people in their communities. Local health departments are on the front lines of public health and play a critical role to support healthier choices in areas such as protecting children and adults from infectious diseases through immunization.

NACCHO appreciates the Assistant Secretary for Health (ASH) and NVAC for the recognition regarding the importance and impact of maternal immunizations on public health. NACCHO's comments pertain to policy and pre-clinical and clinical research issues highlighted in the draft report. NACCHO supports focus area 3.2 highlighting the need for the ASH to emphasize a better understanding of the public health burden of disease preventable by maternal immunization. NACCHO agrees that a comprehensive and more thorough understanding of vaccine-preventable disease burden will better inform maternal vaccine development and local health department immunization programs. Successful local health department immunization programs rely on having adequate data to manage the multiple components inherent to programs. There has been a significant increase in requirements on immunization programs in recent years, without additional resources, to update systems, move to electronic inventory, and increase monitoring. It is critical to support this essential infrastructure to minimize vaccine-preventable disease.

In addition, NACCHO supports the strengthening of surveillance systems that are capable of tracking data, estimating disease burden, and informing vaccine safety for pregnant women and infants. Local health departments educate providers and the community about the importance of vaccination for high-risk populations such as older individuals, pregnant women, and those with chronic conditions. Robust immunization information have demonstrated how adequately collecting immunization data



have contributed to the necessary analyses that local health departments conduct to inform actions underlying successful immunization programs. Confidence in the safety of vaccines is also critical to assuring that the vaccines are used as widely, effectively and appropriately as possible. NACCHO supports the expansion of surveillance systems such as Vaccine Safety Datalink (VSD) and post-licensure rapid safety monitoring (PRISM) that are vital to enhancing safety surveillance for maternal immunizations and improve the understanding of outcomes associated to vaccine administration by credible parties and create mechanisms for the exchange of information within and across federal, state and local levels.

Further, NACCHO supports the focus area 2.2 indicating the ASH advocate to the Secretary of Health and Human Services to resolve the uncertainties around coverage under Vaccine Injury Compensation Program (VICP) for vaccines administered to pregnant women that are not recommend for use in children by the Centers for Disease Control and the liability protections for live-born infants born to mothers vaccinated during pregnancy. NACCHO agrees that modifications to the current VICP could encourage innovation and further development of safe and effective vaccinations administered during pregnancy resulting in the reduction of vaccine-preventable diseases. Broadening the VICP to ensure that both the vaccinated mother and infant are permitted to submit a claim under VICP is consistent with the original intent of the Vaccine Injury Compensation Act, which was designed to encourage childhood immunizations by reducing barriers such as litigation and ensuring injured people could be fairly compensated.

The importance of maternal immunization programs and careful considerations around identifying opportunities and overcoming barriers is vital to public health. It is also important to recognize that public health immunization services are primarily provided at the local level. Therefore, NACCHO appreciates the opportunity to provide comments and input on the NVAC Maternal Immunization Working Group report. If you have any questions, please contact Michelle Cantu, Director for Infectious Disease and Immunization, at 202-507-4251 or mcantu@naccho.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Hasbrouck', written in a cursive style.

LaMar Hasbrouck, MD, MPH
Executive Director