

01-05

STATEMENT OF POLICY

Vaccine Safety

Policy

Confidence in the safety of vaccines is critical to assuring that the vaccines are used as widely, effectively and appropriately as possible to protect the residents and visitors of our nation. Assuring this safety, from the manufacturing to the administration stages, is a shared responsibility of all levels of public health, the medical community, 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 sharing of safety-related data with local health departments for all vaccines on the market.
- Increased federal funding and support to help local health departments identify gaps in vaccine use patterns through vaccine use and disease incidence data.
- Increased federal funding and support to local health departments to improve understanding of vaccine safety and hesitancy concerns among populations within their jurisdictions.
- Increased federal funding and support to help local health departments translate research on vaccine hesitancy, develop effective messaging, and institute evidence-based interventions to counter vaccine hesitancy due to safety concerns.
- Increased federal funding and support for locally-driven educational efforts geared towards physicians and other health care personnel regarding the safety of vaccines, true contraindications, the risks of delayed vaccine schedules, and the importance of and process for reporting adverse events.
- Increased federal funding and support for local health departments to educate medical care providers as well as the public about safety monitoring systems, including how data is analyzed and disseminated.
- 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 local health departments 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.^{1, 2, 10} 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 rare and significantly less likely to occur than clinical repercussions caused by the associated disease.

The CDC monitors and assesses vaccine safety in a number of ways, including: (1) The Vaccine Adverse Event Reporting System (VAERS), an early warning system, that monitors reports of possible vaccine side effects and adverse events from patients, parents, health care professionals, and vaccine manufacturers; (2) Vaccine Safety Datalink (VSD), a collaboration with managed care organization that uses Rapid Cycle Analysis (RCA)⁵ to monitor adverse events following vaccination in near real time and contains comprehensive medical and immunization histories of more than 9 million people;^{3, 4} (3) through monitoring of certain populations by other federal agencies such as the Department of Defense, the Department of Veterans Affairs, the Indian Health Service, and the Centers for Medicare and Medicaid Services, and; (4) special studies and reviews (including those conducted by the Institute of Medicine) designed to investigate whether a relationship exists between vaccination and certain health problems;^{6, 7, 8} (5) the Clinical Immunization Safety Assessment (CISA) project, which conducts clinical research to identify adverse events risk factors and offers consultation to help healthcare professionals with vaccine decision-making.¹¹

The success of vaccines in the 20th century has led to many people having little direct knowledge or memory of the dangers of these diseases in the 21st 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.⁹ 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. Despite the success and strong safety record of vaccines, vaccine hesitancy has been increasing, as reflected in increases in non-medical exemptions to school immunization requirements and findings from cross-sectional surveys.¹³ For instance, in the 2010 HealthStyles survey, about a quarter of parents with young children reported concern that the ingredients of vaccines are unsafe and thirty percent reported concern that vaccines cause learning disabilities, such as autism.¹⁴ Such concerns can lead to vaccine refusals, which have been associated with outbreaks of vaccine-preventable diseases, including measles, pertussis, and varicella.¹³ It is therefore imperative that greater support is made available to local health departments to increase their surveillance of vaccine coverage locally, to identify gaps in coverage; understand vaccine safety concerns and their impact; and to develop and implement evidence-based interventions to increase vaccine confidence and uptake. This support can help to close 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.

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Record of Action

Proposed by NACCHO Immunization Workgroup

Adopted by NACCHO Board of Directors March 1, 2001

Updated September 2004

Updated October 2010

Updated June 2013

Updated January 2017