

October 21, 2019

[Submitted electronically]

Office of Infectious Disease and HIV/AIDS Policy
Office of the Assistant Secretary for Health
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201
email: NVP.RFI@hhs.gov

RE: Request for Information (RFI) From Non-Federal Stakeholders: Developing the 2020 National Vaccine Plan

On behalf of the National Association of County and City Health Officials (NACCHO), representing the nearly 3,000 local health departments across the country, I write to submit comments supporting the development of the 2020 National Vaccine Plan for the 2020-2025 timeframe. NACCHO appreciates the opportunity to comment and provide a perspective on how local public health contributes to the progress in achieving the established goals and objectives.

Overall, NACCHO strongly believes that achieving the goals and objectives outlined in the 2020 National Vaccine Plan will require a multi-disciplinary and collaborative approach among various stakeholders at all levels. Local health departments across the nation are on the frontlines of public health and play a vital role in providing immunizations, investigating cases of vaccine-preventable disease, and maintaining high immunization coverage rates. According to NACCHO's 2016 *National Profile of Local Health Departments*, adult (90%) and childhood (88%) immunizations are the clinical services most often provided by local health departments across the country.¹ Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations and strengthening the coordination between public, professional, and private sector stakeholders. As vaccines are considered a significant and effective public health intervention, advancing the goals and priorities of the National Vaccine Plan will require the efforts of multiple government agencies and stakeholders (including, but not limited to, vaccine manufacturers and researchers, health information technology, pharmaceutical and health insurance partners, maternal-child health and cancer prevention, and organizations/individuals that provide vaccines at the local level).



The 2010 National Vaccine Plan and the associated implementation plan have been integral in guiding evidence-based immunization strategies and the allocation of vaccine resources. To accommodate the rapidly changing vaccine landscape, the nation will require a tailored plan to address newly emerging and salient issues in immunization. The proposed 2020 National Vaccine Plan should build upon the established goals and objectives of the 2010 plan as well as incorporate an updated, comprehensive strategy to address vaccination across the lifespan. In response to the *Request for Information (RFI) From Non-Federal Stakeholders: Developing the 2020 National Vaccine Plan*, NACCHO recommends the inclusion of the following priorities listed in accordance within the outlined goals of the 2020-2025 framework:

- **Facilitate access to and uptake of routinely recommended vaccines across the lifespan:** Maintaining a strong immunization infrastructure is highly dependent upon the functions of effective and efficient health information technology. The National Vaccine Plan should prioritize bi-directional, interoperable immunization information systems and electronic health records to monitor vaccination coverage, identify pockets of un/under immunized individuals, and assess areas of needed improvement to inform intervention strategies. Though vaccination coverage is assessed at the national and state level, local jurisdictional level data are often not available or standardized due to insufficient funding for data systems or insufficient support for the local public health workforce. In the case of local public health agencies, they often serve as the frontline of defense against vaccine-preventable disease cases and outbreaks. It is imperative that local-level surveillance be timely and fully operational to effectively and rapidly respond to routine and emergency immunization situations. It is also imperative that these departments have the staff to collect, analyze, and act on the data to ensure vaccinations reach those in need and address vaccine-preventable outbreaks quickly. Unfortunately, local health departments have lost almost a quarter of their workforce in the past decade,ⁱⁱ and yet in some ways the challenges of this work—especially in light of increased vaccine hesitancy—have increased. It is critical that the Plan address the need for investments in the public health workforce, particularly at the local and state level, to ensure we have the professional in place to keep our nation moving forward. In addition, the plan should include strategies to ensure a stable vaccine supply for routine use and emergency preparedness situations. This is critical for public health infrastructure, the ability to respond to outbreaks, and to ensure the safety of the public.

We also recommend that alternative approaches to vaccine service delivery be further explored to further support vaccine delivery by existing traditional partner (providers, local health departments, etc). Though childhood vaccination rates remain relatively high and stable, immunization data reveal lags in aspects of maternal, adolescent, and adult vaccination coverage. As many future parents make their decisions regarding the immunization of their infant before that child's birth, it is important to prioritize the prenatal period as an opportunity to establish a foundation of confidence in vaccines throughout an individual's lifespan.ⁱⁱⁱ It is imperative that the National Vaccine Plan

include the development of a strategy to alleviate access and financial barriers to immunization for all segments and ages of the population.

- **Ensure a clear focus on health equity in vaccination access and coverage across the lifespan:** There is an immediate need to implement effective services and strategies to improve health equity in immunization across the lifespan. Available data indicate that socio-economic, geographic, and racial-ethnic disparities and barriers are significant impediments to vaccine access and uptake. Recent outbreaks, including hepatitis A, are evidence that access goes beyond vaccine provision and demonstrates the environmental and behavioral barriers to full immunization for many individuals. The Vaccine Plan's priorities should align to address social determinants and health inequities that plague many individuals and communities. Prioritization in surveillance is also critical here as recent measles outbreaks highlighted the disease burden faced by communities with pockets of low vaccination.
- **Enhance vaccine knowledge and confidence through the delivery of communications to vaccine providers and the public:** An effective communication strategy to enhance knowledge of the immunization system implemented locally among the health care professionals and the public is needed. Vaccine misinformation is a significant threat to confidence in and uptake of vaccines. Research to identify effective communication strategies and messaging to diverse populations across the lifespan should be prioritized. The strategy should also support communications not only on vaccine risks and benefits, but also highlight the risks, long-term effects and financial burden of vaccine-preventable diseases. As a medical provider's guidance and recommendation is a significant influencer of a patient's vaccine acceptance and beliefs, training in effective vaccine communication should also be encouraged among this group. In addition, NACCHO recommends exploration in academic detailing to support the provider community in sharing best practices in the delivery of communication messaging. NACCHO also recommends that the strategy include details regarding the identification, coordination, and mobilization of federal agencies and relevant stakeholders to disseminate important communication information to specific audiences. Overall, the National Vaccine Plan should prioritize and ensure that important vaccine information be delivered to individuals/groups in a timely and culturally appropriate manner.
- **Foster vaccine development and technology innovation:** Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. Though substantial progress has been made towards reducing and eliminating diseases through vaccination, the presence of newly emerging and ongoing threats continues. Newly developed and improved vaccines to combat infections such as influenza, arboviruses, and measles are critical to ensuring optimal public health. To better guide vaccine development and innovation, NACCHO recommends that the plan incorporate a process

for identifying and prioritizing new and improved vaccines to meet public health needs. This is critical to the work of local health departments, which play a vital role in ensuring communities are vaccinated. In addition to vaccine development, innovation in vaccine technology such as for delivery, storage, production, and surveillance should also be prioritized. These components are vital to vaccine delivery, administration, and ensuring we have strong systems in place to maintain high immunization coverage.

- **Improve global coordination for preventing and controlling vaccine preventable diseases:** As demonstrated by recent measles outbreaks, it is evident that disease knows no borders. In a highly transient society, the risks for transmitting vaccine-preventable diseases is increased, and therefore there is a need to also increase national and global disease control and prevention activities. These efforts should include prioritizing the development of enhanced disease surveillance systems, support for vaccine delivery and access, as well as support for global immunization capacity-building efforts.

NACCHO commends the Department of Health and Human Services' (DHHS) efforts to establish a coordinated plan to achieve optimal immunization rates and increase awareness of vaccine-preventable diseases. Thank you for the opportunity to provide feedback on the development of the 2020 National Vaccine Plan and for your consideration of our comments. We look forward to working with DHHS and other immunization stakeholders on implementation of the final plan. For more information or if you have any questions, please contact Michelle Cantu, NACCHO's Director for Infectious Disease and Immunization, at mcantu@naccho.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Tremmel Freeman". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Lori Tremmel Freeman, MBA
CEO

ⁱ National Association of County and City Health Officials. (2017). *2016 National Profile of Local Health Departments*. Retrieved March 12, 2018, from http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport_Aug2017_final.pdf

ⁱⁱ Robin N, Leep CJ. NACCHO's National Profile of Local Health Departments Study: Looking at Trends in Local Public Health Departments. *J Public Health Manag Pract*. 2017;23(2):198-201.

ⁱⁱⁱ Veerasingam P, Grant C, Chelimo C, Philipson K, et al. (2017). Vaccine Education During Pregnancy and Timeliness of Infant Immunization. *Pediatrics*. 140(3). Retrieved October 23, 2019, from <https://pediatrics.aappublications.org/content/140/3/e20163727#xref-ref-3-1>