AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

May 6, 2015

Bruce Gellin, Deputy Assistant Secretary for Health
National Vaccine Program Office
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 733G
Washington, DC 20201

RE: Vaccine Confidence Working Group

Dear Deputy Assistant Secretary Gellin:

On behalf of the American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, I write in response to the solicitation for comments on the National Vaccine Advisory Committee's draft report and draft recommendations for addressing the state of vaccine confidence in the United States as published in the April 6, 2015 *Federal Register*.

Since the scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity, the AAFP appreciates the U.S. Department of Health and Human Services' (HHS) recognizes that immunizations are given across the lifespan of patients and that there are important differences in vaccine acceptance at different stages of life. The AAFP's Health of the Public and Science Subcommittee on Clinical Preventive Services and the AAFP's Vaccine Science Fellows reviewed the draft report and offer the following feedback for consideration by HHS and the National Vaccine Advisory Committee.

The definition of "vaccine confidence" presented in the draft report seems based solely on confidence in or acceptance of the Advisory Committee on Immunization Practices (ACIP) recommended schedule as a whole. While the discussion of measuring and tracking vaccine confidence recognizes that confidence can vary at the community level, the AAFP believes explicit recognition that vaccine confidence can depend on the vaccine also should be included. Family physicians encounter parents who vaccinate their pre-teen children against meningococcus and pertussis at the ACIP-recommended schedule but are hesitant to vaccinate against human papillomavirus (HPV) at the same age. Since the ACIP had initially recommended the RotaShield vaccine, physicians who remember this may continue to be cautious of Rotarix and RotaTeq when they were first added to the ACIP list. Similarly, family physicians treat adult patients who accept vaccination against pneumonia but who decline the influenza vaccine every year. Instead of a single confidence index, the AAFP encourages the development of a method to track confidence at the level of the disease being prevented or at the vaccination technology being used (e.g., live attenuated influenza vaccine vs. inactivated influenza vaccine).

The AAFP also has reservations about language in the draft report regarding personal belief exemptions. While we agree that facilitating the ability for patients to decline vaccines rather than accept them creates

1133 Connecticut Ave., N.W., Ste. 1100 • Washington, DC 20036-4305 • 888.794.7481 • 202.232.9033 • Fax: 202.232.9044 • capitol@aafp.org

perverse incentives on parental behavior, we are concerned with state-mandated counseling on medical issues. Even though we agree that patients and parents should be counseled about the risks of not vaccinating against preventable disease, the AAFP does not believe imposing a mandatory government-regulated curriculum is appropriate or necessary. We also are concerned that states could create various and differing policies to mandate parental education before a vaccine can be declined for reasons of personal belief.

The AAFP believes the best method to combat hesitancy over vaccinations is readily available, easy-to-understand information packets that can be provided to parents. Parents should be required to fill out any applicable forms yearly if they seek exemptions.

We also encourage HHS and the National Vaccine Advisory Committee to explore the untapped resource of social media as a way to encourage use of vaccines. HHS should consider promoting education through social media as a way to improve the public's knowledge on immunizations and dispel fears.

Finally, throughout the document "Healthcare providers" is a term generally used, but there are portions of the document where "provider" is used interchangeably with "physician." This contradicts AAFP policy. We oppose the use of the term "provider" when referring to physicians. Third-party payers should never use the term "provider" as an inclusive term that lumps physicians with non-physician professionals, institutional providers and other service suppliers. We support the use of terms such as "physician" or "primary care physician" to distinguish physicians from other health care professionals and the term "physician" should be reserved for a professional who has earned an MD or DO degree.

For any questions you might have please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Reid B. Blackwelder, MD, FAAFP
Board Chair