



December 21, 2016

Bruce Gellin, MD, MPH
Executive Secretary, National Vaccine Advisory Committee
Deputy Assistant Secretary for Health
National Vaccine Program Office (NVAC)
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 733G.3B
Washington, DC 20201

Attn: NVAC Mid-course Review c/o Anju Abraham

Dear Dr. Gellin:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I write in response to provide comments on the “Mid-Course Review Working Group Draft Report and Draft Recommendations for Consideration by the National Vaccine Advisory Committee” as [solicited](#) by the National Vaccine Program Office in the November 22, 2016 *Federal Register*. This regulation seeks comment on the [draft report](#) that will be presented to the NVAC for adoption in February 2017.

Before we provide comments on the draft plan, we request that the AAFP be included in future focus groups like those that resulted in this mid-year review since the AAFP supports the concept that all children and adults, regardless of economic and insurance status, should have access to all immunizations recommended by the AAFP

Regarding the draft plan, we acknowledge that limited resources make it necessary to focus vaccination efforts. Though some original goals are temporarily set aside, the AAFP encourages the NVAC to refocus on these important goals moving forward.

The report focuses on vaccines across the lifespan but the metrics and terminology used continues to focus on infant and child immunizations. While pediatric immunizations are important, the draft report must also address adolescent and adult vaccines which need to be recognized and supported at a national level. We encourage HHS to gather immunization data for the whole lifespan so we can understand progress made as well as barriers to overcome.

The AAFP has made adolescent and adult immunization a continuing priority through its programs and projects. Projects that have shown positive results include the AAFP’s implementation of the Adult and Adolescent Immunization Office Champions, the AAFP’s longstanding Vaccine Science Fellowships program, and a recent immunization summit at AAFP headquarters with representatives from seven vaccine manufacturers that discussed immunization rates, barriers to

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increasing rates, distribution issues, and other related issues.. The purpose of these projects is to educate family physicians and their practice staff about effective evidence-based strategies to increase adult and adolescent immunization rates at the practice level.

As HHS and the NVAC consider vaccination policies, we encourage consultation with the AAFP's policy on [immunization exemptions](#), which states that the AAFP supports immunization of infants, children, adolescents and adults as defined by recommendations set forth in the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices and approved by the AAFP. With the exception of policies which allow for refusal due to a documented allergy or medical contraindication, the AAFP does not support immunization exemption policies.

The AAFP supports immunization policies that ensure communications and safe administration of vaccines with particular attention to the transitions of care where our patients are most vulnerable. Since self-reported information from patients is insufficient, we strongly urge interoperability and interstate data exchange of vaccination administration data.

As a proposed metric for future development, the draft report discusses the creation of a "validated index... to measure vaccine confidence." This would consist of validated measures to evaluate vaccination confidence-related intervention strategies and determine best practices. The AAFP urges HHS to find an appropriate way to acknowledge that vaccine confidence varies by vaccine. Some patients might be dubious of one vaccine while eagerly seeking out other vaccines. Furthermore the AAFP strongly urges HHS to ensure the use of these measures does not add any undue burden on physicians as they administer vaccines.

While the proposed metrics for affordability of vaccines are an important first step, they may not go far enough. For instance, one metric listed in Box 9, page 19, suggests tracking the "percentage of state Medicaid programs that provide coverage of all ACIP/CDC-recommended vaccinations for adults...." This does not address coverage through Medicare, and the significant co-payments required for some adult vaccinations under Medicare Part D.

Finally, the AAFP is glad to see an emphasis on tracking the efforts to develop vaccines for pathogens for which there are no current vaccines.

For any questions you might have, please contact Pamela D. Carter-Smith, MPA, Clinical Policies Project Strategist, at 800-274-2237, extension 3162 or pcarter@aafp.org.

Sincerely,

A handwritten signature in cursive script that reads "Wanda D. Filer, MD".

Wanda D. Filer, MD, MBA, FFAFP
Board Chair