

MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE
Tom Harkin Global Communications Center, Kent "Oz" Nelson Auditorium
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Excerpt: Public Comments

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Mr. Daniel Pyron
Aveanna Healthcare
Speaking on Behalf of Himself

I work with Aveanna Healthcare, but I am speaking on my own behalf. As a nurse, I am aware of the importance of public health and disease prevention. So, I want to thank you all for the time and effort you put into the ACIP. I also want to say that there are many who support your work despite the noise and the threats from the few. The benefits of vaccines ought to be very obvious as they reduce suffering, save lives, and reduce healthcare expenditures. Yet we are failing to properly educate parts of the population, allowing fear and misinformation to spread and threaten public health. Exactly how we need to improve our social media presence and conventional media presence, I am not sure. We need to do a better job of getting the message out to those who are on the fence about vaccinations. It seems that a variety of styles and measures are needed to push back against the misinformation, but it is going to be a long and slow process, even though the COVID pandemic serves as a reminder of the dangers of unchecked infectious disease. I thank you for giving me this time and I am looking forward to the session on COVID-19. Thank you much.

Elizabeth Sobczyk, MSW, MPH
Director, Strategic Alliances
Gerontological Society of America (GSA)

Thank you for the opportunity to provide comments today. GSA honors aging across the lifespan and is the oldest and largest multidisciplinary organization devoted to research, education, and practice in the field of aging. GSA hosts the National Adult Vaccination Program (NAVAP) with the purpose of affecting policy and improving adult immunization rates. We routinely bring together stakeholders to make recommendations that address the specific needs of older adults on topics such as influenza vaccination, raising vaccination rates in long-term care facilities (LTCF), and understanding shared clinical decision-making best practices. Despite the health benefits that result from implementation of ACIP recommendations, vaccines have been consistently under-utilized in the adult population. This year, public awareness of the importance of vaccines is heightened as it relates to COVID-19. As influenza season is approaching and education campaigns are advanced, we respectfully request that the CDC communications underscore the importance of older adults receiving all ACIP-recommended vaccines. Likewise, we respectfully request that there is an increased emphasis on the importance of vaccinations of people who care for older adults in close care settings, especially nursing homes and home care. Additionally, we request that specific consideration be given to the unique immunologic challenges that older adults present. Immune responses to influenza vaccines decline with age, reducing effectiveness. We know the evidence that certain vaccines work better for older adults. Finally, we ask for considerations for guidance that makes all adults feel safe in receiving vaccinations in their chosen locations this year and moving forward. Providing these communications through healthcare providers in the Aging Network will give older adults and their caregivers the confidence to receive the recommended vaccinations. GSA recently published a fact sheet titled, [“Aging and Immunity: Why Older Adults Are Highly Susceptible to Diseases Like COVID-19.”](#) This fact sheet highlights the process for developing a COVID-19 vaccine and discusses changes in our bodies as we age that impact immunity, all the more reason to ensure older adults receive all ACIP-recommended vaccines. GSA supports the ACIP’s and the CDC’s efforts to increase vaccination rates in all adults and, in particular, older adults and those who provide care for them. We are please to support your efforts and to work with advocates to amplify those messages through the Aging Network in order to raise

awareness, improve access, and increase utilization of vaccines for adults. Thank you for your dedication and service to this committee and to the public whom you serve.

Ms. Amy Pisani, MS
Executive Director
Vaccinate Your Family (VYF)

Our organization seeks to protect people of all ages from vaccine-preventable diseases. For nearly three decades our organization, along with our partners in public health, have developed many successful strategies to ensure that every individual has access to life-saving vaccines. Vaccines are one of the most important tools we have to keep families and communities protected against highly contagious diseases. We at VYF want to make certain that parents and individuals continue to feel confident that vaccines given to protect lives remain both safe and effective. After a vaccine is licensed and recommended for use in the United States (US), there are 4 systems in place that work together to help scientists monitor the safety of vaccines and identify any rare side-effects that may not be found in clinical trials. We remain highly confident in the robust vaccine safety systems in place here in the US, including the Vaccine Safety Datalink (VSD), Vaccine Adverse Event Reporting System (VAERS), the Post-licensure Rapid Immunization Safety Monitoring Program (PRISM), and the Clinical Immunization Safety Assessment (CISA) Project, all of which are described on our website. VYF has a policy in place expressly supporting the recommendations of the ACIP and the immunization schedules voted on by this well-informed body of independent experts. ACIP's recommendations are the foundation upon which our nation's successful vaccine program is based. In order for the public to have confidence in the safety and effectiveness of future COVID vaccines, it will be critical that decisions be driven by science and the decision-making process must be transparent. To that end, we urge that the ACIP and Vaccines and Related Biological Products Advisory Committee (VRBPAC) be involved in the evaluations of the data of vaccine candidates and deciding whether and how these vaccines should be available to the public. ACIP sets the standard of care for vaccines and providers rely on the committee to set the parameters for clinical care. Insurance coverage is based on the recommendations as well as Vaccines for Children (VFC) coverage. It is, therefore, imperative that any COVID vaccine recommendations for our nation are set forth by the ACIP who can offer detailed recommendations for each population. Only this committee has the history of expertise and the trust of the healthcare community and the public. We remain confident that this committee will take action to monitor safety data on current and future vaccines, including those for COVID-19, to ensure the safety as soon as they begin to be put to use. In closing, the COVID-19 pandemic has shown us what those in public health have suspected for many years. Chronic under-funding and neglect of our public health infrastructure has left us vulnerable to infectious diseases. Unfortunately, vaccines are only effective if people receive them. Yesterday, VYF released a special "[State of the ImmUnion](#)" report of the issue of COVID vaccination preparedness. In this brief report, we examine the 5 steps Congress must take to strengthen our country's vaccine infrastructure and ways to help constituents understand the value of vaccines. We urge members of the public and this committee to read our report by visiting our website: www.vaccinateyourfamily.org. Thank you so much for your time and thank you for what you do every day.

Michelle Cantu, MPH
Director, Infectious Disease and Immunization
National Association of County and City Health Officials (NACCHO)

Thank you to the Advisory Committee on Immunization Practices for your commitment to providing evidence-based recommendations, your votes today, and for the presentations on COVID-19 vaccinations this afternoon. Our mission is to improve the health of communities by strengthening and advocating for the nation's nearly 3000 local health departments. We know that nearly 90% of local health departments provide direct immunization services to both adults and children. Further, they conduct essential immunization activities such as surveillance, providing education, and developing communication campaigns. As the world and nation face this historic pandemic, it is important to highlight that local health departments have been and continue to be on the frontlines supporting their communities. In a recent assessment, NACCHO explored the impact of COVID-19 on local immunization programs. Results indicated that 88% of local immunization program staff were re-assigned to respond to COVID-19, nearly 90% indicated that essential immunization program services have been impacted, and 62% reported a noticeable decline in vaccination coverage rates. Alarming, state and local public health officials have reported an increase in job losses, resignations, and threats from the public as they recommend public health guidance to mitigate the threat of COVID-19 in their communities. Regardless, public health remains committed and dedicated to addressing vaccine coverage, prioritizing health equity, promoting vaccine confidence, and preparing for the upcoming flu season. During this unprecedented time, and in preparation for a COVID-19 vaccine, local health departments are being called upon to review vaccination protocols and explore strategies to reach vulnerable populations. In addition, we are focused on vaccine confidence, which is critical to assuring that vaccines are widely accepted. NACCHO commends the ACIP for your quick assembly of an ACIP COVID Work Group. As the ACIP continues to factor evidence-based recommendations for COVID-19 vaccination and weighs vaccine prioritization, NACCHO encourages the continued consideration of these implications as public health and partners prepare to implement them and ensure confidence among the communities they serve. To ensure the successful deployment of vaccine and acceptance among the population, the field turns to the ACIP for clear guidance, defined priority populations, strong recommendations that assure safety and efficacy of the COVID-19 vaccine, and support for the established coordinated vaccine delivery systems. Thank you for this time and for your dedication to this work and these continued considerations.

Mrs. Karen Anklam, MS
Light Up the Night for Norah

I am a healthcare professional with a Master of Science in Nurse Anesthesiology and a mother of 4. Four years ago yesterday on June 23, 2016, I took my healthy, vibrant, 1-year-old twins to their 1-year pediatrician appointment. At that appointment, they received a clean bill of health as well as PCV-13, *Hib*, HepA, and MMRV immunizations. What we did not receive that day was informed consent. Informed consent would have included that MMRV carries double the risk of febrile seizures as MMR and V given separately. This would have been useful information as my son had a history of febrile seizures. I believe that this was recommended in the sake of compliance because I had asked that day for the first time since becoming a parent to split or delay some of those shots. Nora died 7 days later on the night of June 30th into July 1st of what experts now believe was a terminal febrile seizure. The known peak of febrile seizures after measles-containing vaccinations is day 7 to 10. Her fraternal twin sister, Lucy, continued with a fever day 8 post-vaccination to day 15 post-vaccination, which was the day of Nora's funeral. ACIP already recommends that ProQuad[®] not be given to kids under age 2 unless at the

request of a parent. I have now met other parents whose children had their first febrile seizure post-MMRV, later dying official of indeterminant causes. Febrile seizures are typically thought to be innocuous and that children grow out of them. However, a study published in *JAMA* in April 2019 found that almost 30% of deceased children of unexplained causes had a history of febrile seizures compared with 3% of the general population. In *Pediatrics* July 2010, they concluded that there is an additional 1 febrile seizure for every 2300 MMRV vaccinations given. That additional febrile seizure was my daughter, Nora, and it ended her life. What I am asking for today is that my understanding is that this committee approves the recommended schedule in October. What I am asking for today is that a Work Group be made to re-evaluate MMRV's use in kids under age 2. Once your family or child is a statistic, the numbers are no longer comforting. It has been 1454 days since my daughter died. Please consider removing ProQuad® for kids under age 2. The risk of febrile seizure is known to be double. Thank you for the opportunity to speak to you today.

Ms. Elizabeth Ann Ditz
Redwood City Women's Club (RWCWC)
Speaking of Behalf of Herself

Good morning. Greetings esteemed members of the committee and persons listening online. Thank you for giving me the opportunity to speak. I am speaking with you from my home in San Mateo County, California. I support and am involved with a number of public health advocacy organizations, such as Voices for Vaccines (VFV), VYF, and Vaccinate California, today I am speaking only for myself. I have just one point today. I have been observing the grassroots opposition to immunization for over 2 decades. This opposition is extremely well-funded unlike the pro-public health, pro-science, pro-vaccination organizations such as those I mentioned previously, VFV, VYF, and state-level organizations such as Vaccinate California. In my opinion, the opposition to routine vaccination is an enormous threat to public health in ordinary times. In these extraordinary times, it is even more threatening. My ask is simple. Could there be an ACIP Working Group on Advancing Immunization Acceptance. Increasing confidence in the safety and efficacy of immunization across the lifespan is always critical, but in this setting, paramount. Having a Work Group to understand the opposition to immunization would do a great deal to advance the acceptance of immunization. Thank you all to members of the committee.

Robert Blancato
National Association of Nutrition and Aging Services Programs (NANASP)

I am pleased to make my testimony to ACIP. On behalf of the National Association of Nutrition and Aging Services Programs (NANASP) and the 4 million adults that we serve every day, I am here to make a specific request of the committee. My request is to suspend until the end of the pandemic your June 2019 recommendation for shared clinical decision-making between patients and providers of the PCV-13 pneumococcal vaccine. I make this recommendation for the following reasons. The first is a new reality caused by the pandemic with fewer older adults visiting any healthcare provider (HCP) where the shared clinical decision-making discussion would take place. The second real concern and consequence in maintaining shared clinical decision-making is that fewer older adults will be vaccinated against pneumonia at a time when we should be striving for greater vaccination rates. As we have noted previously, there is approximately a 66.9% overall pneumococcal vaccination rate for older adults. For African American and Hispanic older adults, the rate for PCV-13 vaccination is a full 10% and 15% lower than for white older adults, respectively. This pandemic has exposed the degree to which health disparities have contributed to the disproportionate rates in older minority adults who

have contracted COVID-19. We cannot maintain policies that by their nature exacerbate disparities. Finally, we note that the guidelines for shared decision-making fail to address the very real issue raised in a Health Affairs article which noted that in a survey of over 650 family physicians, only 24% were able to correctly identify the definition of a clinical decision-making recommendation. In this time of great uncertainty for older adults, we certainly do not need any more confusion about an important issue such as being vaccinated. We urge you to add this recommendation to suspend to your agenda today or schedule it for some time in the very near future so it can be communicated to CDC. We are only a few months away from what is expected to be an active flu and pneumonia season. We need to do all we can to protect older adults from either and certainly from COVID-19. I also repeat our support for an earlier recommendation that ACIP add at least one member with expertise in geriatrics to better inform the work of the committee on issues of special significance to older adults. That expertise would have been beneficial during the June 2019 PCV-13 vote and would still carry important significance today. Thank you very much.

Acronyms

ACIP	Advisory Committee on Immunization Practices
COVID-19	Coronavirus Disease 2019
CDC	Centers for Disease Control and Prevention
CISA Project	Clinical Immunization Safety Assessment Project
GSA	Gerontological Society of America
HCP	Health Care Provider
Hib	Haemophilus Influenzae Type B
JAMA	<i>Journal of the American Medical Association</i>
LTCF	Long-Term Care Facilities
MMRV	Measles, Mumps, Rubella, and Varicella
NACCHO	National Association of County and City Health Officials
NANASP	National Association of Nutrition and Aging Services Programs
NAVAP	National Adult Vaccination Program
PCV	Pneumococcal Conjugate Vaccine
PRISM	Post-licensure Rapid Immunization Safety Monitoring Program
RN	Registered Nurse
RWCWC	Redwood City Women's Club
US/USA	United States of America
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children
VFV	Voices for Vaccines
VRBPAC	Vaccines and Related Biological Products Advisory Committee
VSD	Vaccine Safety Datalink
VYF	Vaccinate Your Family