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IDSA Headquarters 4040 Wilson Boulevard Suite 300 Arlington, VA 22203 TEL: (703) 299-0200 FAX: (703) 299-0204 EMAIL ADDRESS: info@idsociety.org

WEBSITE: www.idsociety.org



David Kim, MD
Office of Infectious Disease and HIV/AIDS Policy
Department of Health and Human Services
200 Independence Ave SW
Washington, DC 20201

December 3, 2020

Dear Dr. Kim,

The Infectious Diseases Society of America (IDSA) thanks you for the opportunity to provide comments on the Vaccines National Strategic Plan 2021-2025.

IDSA is a community of over 12,000 physicians, scientists and other public health and health care professionals who specialize in infectious diseases. Our members work across a variety of health care settings on the frontlines of the COVID-19 pandemic, including hospitals, academic medical centers, long-term care facilities, publicly funded clinics and private practice, as well as in public health departments.

We applaud the plan's focus on improving vaccine confidence, including the plan's goals to combat vaccine misinformation. We also strongly agree with the plan's emphasis on addressing access barriers in communities of color that experience significant health disparities, including removing financial barriers by ensuring that all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for adults do not require co-pays or other cost-sharing. We also applaud the proposals to support health care providers in making strong recommendations about vaccines to their patients and ensure diverse clinical trial participation.

IDSA is pleased to support the implementation of the plan's five goals.

Goal 1: Foster innovation in vaccine development and related technologies.

We support utilizing lessons learned from the development of several COVID-19 vaccine candidates to inform continued improvements to vaccine research and development. Sustained federal funding is needed to build upon the progress made in the last decade toward new and improved vaccines and technologies, including progress toward a universal flu vaccine and improvements to existing seasonal flu vaccines.

As COVID-19 vaccine development is likely to change the vaccine research and development landscape, we reiterate that vaccine review processes must be fully transparent and not circumvent existing regulatory standards.

Thorough, transparent review and open, clear communication with the public is essential to improve vaccine confidence. We urge ongoing communication about the development of vaccines and the systems in place to monitor their safety and efficacy. It will be important to ensure vaccine providers also have confidence in the data supporting a vaccine's authorization or licensure and tools to help them discuss safety and efficacy with their patients.

Goal 2: Maintain the highest possible levels of vaccine safety.

We reiterate our support for transparency in the communication of vaccine safety data to build confidence and improve vaccine uptake. Vaccines should be adequately studied in populations impacted by disparities in health care and outcomes, including the elderly; individuals with chronic conditions; and Black/African American, Latinx, Indigenous, and other communities of color. Additionally, children, pregnant women and other populations in which vaccines may perform differently, such as transplant recipients and those receiving cancer chemotherapy and other immunobiologics, should be a priority of study.

Goal 3: Increase knowledge of and confidence in all routinely recommended vaccines.

Increasing knowledge of and confidence in recommended vaccines will be key to achieving the plan's success. Greater attention and effort is needed in adult populations toward education and awareness of the importance of immunizations and should be linked with efforts to improve access. Additional tools are needed to disseminate vaccine information, including publication of evidence-based recommendations, use of mass media and new media and provider education and training. We commend the recognition of investment needed to build out efforts to provide public health partners, health care providers, policy makers and other stakeholders the tools necessary to work together to improve awareness and confidence. We will need to use effective communication strategies to build understanding and support for the individual and societal benefits of vaccination.

Federal public health agencies, in collaboration with immunization partners and trusted community leaders and organizations, must be proactive, clear, consistent and highly visible in their communications to keep the public informed of recommended vaccines, safety processes and approval and recommendation criteria. Communications should be localized and flexible in their ability to reach different communities of color and those who may have limited English proficiency. Evidence-based metrics should be used to measure whether activities are culturally appropriate and reflect the access needs of specific target populations. Targeted, sustained resources need to be dedicated to enable local leaders to test and tailor messaging while countering mis- and disinformation that may infiltrate communities.

Goal 4: Increase access to and use of all routinely recommended vaccines.

A concerted approach to adult immunization with clear benchmarks and expectations of success is essential to increase vaccine utilization and coverage targets. We support the plan's objective regarding the importance of removing patient barriers to vaccine access, incentivizing vaccination and creating new strategies for offering vaccination. Federally supported supplemental vaccination sites would be beneficial in high-risk communities and should promote new strategies for mass vaccination, including drive-thru clinics and nontraditional locations that are safe and easy to access.

We know that health inequity limits access to health care resources needed in communities of color, including Black/African American, Latinx and Indigenous communities. Recently, these same populations have experienced a greater risk of severe COVID-19 illness and death. Continued research is needed on race and ethnicity, age, socio-economic, cultural and other factors that contribute to disparities in vaccination rates and develop targeted interventions to address them. Building confidence in vaccination requires strong support from state and local health department efforts to study local immunization disparities and strengthen community engagement.

Immunization information systems (IIS) should be enhanced to meet new and changing data standards, and access to IIS should be expanded to more providers and settings across the health care system. Some IIS face challenges and policy barriers that limit their ability to maximize their use. IIS should include all vaccinations received during each person's lifetime, contain a person's consolidated immunization history and fully meet the standards recommended by CDC and the American Immunization Registry Association (AIRA) to support clinicians in efforts including administering multi-dose vaccines. Coordination, interoperability and bidirectional communication between IIS and electronic health records, electronic case reporting and health information exchange networks is essential.

We strongly agree with the plan's objective of reducing financial and systems barriers for providers to facilitate the delivery of routinely recommended vaccines. Medicaid and Medicare reimbursement must be adequate to cover the cost of vaccine administration counseling; inadequate reimbursement discourages health care providers from proactively offering immunizations and results in missed opportunities and declining immunization rates. Reducing financial barriers will also help create equity in access, including eliminating financial barriers for Medicaid and Medicare beneficiaries in addition to beneficiaries of all federal programs. Removing co-pays, cost sharing and other financial barriers in health care plans for all routinely recommended vaccines will provide a clear financial and health benefit and will help to improve our national public health preparedness. There should also be a baseline of consistent and reliable access to immunizations for the uninsured, and reliable Medicaid coverage of vaccines made available to adult populations across the state.

Goal 5: Protect the health of the public by supporting global immunization efforts.

We applaud the plan's focus on strengthening uptake of immunizations globally and support objectives on strengthening research and development, addressing vaccine hesitancy and bolstering global immunization systems and coordination with global partners. We strongly agree that supporting global immunization efforts is key for protecting American health security and ensuring health security globally. While great strides have been made to expand access to vaccines globally over the past two decades, efforts have stalled in recent years and almost 20 million children worldwide still lack access to basic vaccines. Vaccine uptake must be strengthened to reach the children who are missed; platforms must be prepared to rapidly distribute new vaccines during global health emergencies.

We support the objective aimed at strengthening vaccine research and development, particularly in strengthening international partnerships to provide technical assistance and work with multilateral agencies to secure sustainable financing. This objective should also include an emphasis on supporting global vaccine development partnerships, including Gavi, the Vaccine

Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI). Both organizations require robust and sustained resources to develop needed vaccines and distribution platforms that can also be leveraged during global health emergencies. CEPI works to develop vaccines for high consequence pathogens while Gavi works to strengthen vaccine access for vulnerable populations – both essential activities to strengthen immunization globally while protecting American health security.

We support the objectives focused on addressing vaccine hesitancy and building confidence. Efforts to combat vaccine misinformation and disinformation must go hand in hand with efforts to strengthen access to vaccines. We support the objective on conducting research to identify knowledge gaps and the development of vaccine confidence campaigns tailored to populations at risk of under-immunization.

We agree with objectives focused on strengthening global coordination and collaboration, including strengthening global disease surveillance networks and networks to monitor vaccine coverage. With the strongest capacity to provide technical and scientific assistance to strengthen immunizations globally, the U.S. must lead collaborative efforts within multilateral agencies and continuously work to strengthen global capacity to scale up immunization delivery.

Conclusion

We appreciate your consideration of our comments. If you have any questions or would like additional information, please feel free to reach out to Haley Payne, IDSA's Public Health Policy Manager, at hpayne@idsociety.org.

Sincerely,

Barbara Alexander, MD, MHS, FIDSA

President, IDSA