

2007 National Influenza Vaccine Summit
April 19--20, 2007
Atlanta, Georgia

Executive Summary

The 2007 National Influenza Vaccine Summit was convened on April 19–20 in Atlanta, Georgia. The Summit, which has been cosponsored by the American Medical Association (AMA) and Centers for Disease Control and Prevention (CDC) since 2001, was well attended; more than 190 experts representing 74 diverse organizations participated. During the 2-day National Influenza Vaccine Summit, attendees were provided updates by experts in several vaccine-related fields, including vaccine manufacturing, vaccine distribution, and vaccine-related legislation. Information regarding innovative initiatives to increase public awareness and increase vaccine uptake also was shared. Throughout the meeting, participants were encouraged to provide feedback and pose topic-specific questions to presenters during organized discussion sessions. Summit attendees also developed a list of influenza vaccine recommendations.

Several supply-related topics were discussed during the 2007 National Influenza Vaccine Summit. Manufacturers and distributors provided rationale for past seasons' shortages and other supply-related challenges and communicated their predications regarding vaccine supply and distribution for the upcoming season. Manufacturers are predicting that an ample supply of vaccine will be produced for 2007-08 (approximately 132 million doses), primarily because of the increasing number of manufacturing companies that have committed to producing influenza vaccine. Several manufacturers are new to the influenza vaccine market, and others have expanded their production capacity. Additionally, manufacturers foresee no delays in vaccine availability for the upcoming season; to date, all three vaccine strains are performing well. Summit participants voiced the need to ensure a consistent and robust supply of vaccine throughout the vaccination season.

Distributors discussed their role in the vaccine-supply chain and addressed providers' misconceptions regarding prioritization of vaccine delivery. The newly created Secure Data Network, established by CDC in response to recommendations issued during the 2006 Influenza Vaccine Summit, indicated that private providers received consistent and equitable supplies of vaccine throughout the 2006-07 season. However, despite these data, many providers working in small practices and clinics perceive that non-traditional vaccinators and larger medical practices (e.g., HMOs) were given priority in the distribution process (i.e., receive more doses of vaccine more quickly). Summit participants were informed that distribution companies do not routinely engage in this practice. Because different providers pre-book vaccine from different distribution companies and manufacturers, often shortages result from chance rather than intent; vaccine availability varies year to year for each manufacturer, each of which experience unique challenges and successes.

Vaccine-related legislation was discussed during the Summit. Participants were informed about many state- and federal-level legislative initiatives that currently are underway in several states, many of which present barriers to achieving higher rates of vaccination throughout the country. Specifically, legislation targeting vaccines containing thimerosal either at preservative levels or at trace levels, as byproduct of the manufacturing process, has passed in some states and been proposed in others. This legislation will result in supply issues, as it requires manufacturers to give preference to the distribution of substantial amounts of thimerosal-free vaccine to states that have enacted this type of legislation. There was also concern raised that other types of legislation may be detrimental to vaccine-related public health objectives, including laws that govern and prioritize the distribution of vaccine. Summit participants concur that organized efforts should be made to educate lawmakers and other community leaders about the vaccine

production and distribution as well as the potential negative impact of legislation. Suggestions were made regarding the formation of a Summit workgroup or some other entity that could aggressively work to further address legislative issues.

Summit attendees heard presentations from the three winners of the 2006 Summit's Immunization Excellence award. These organizations created innovative and successful partnerships to increase vaccination rates. Efforts to increase influenza vaccine uptake involved diverse partners, including nontraditional community organizations (e.g., local food banks), health-care workers, and schools. (Details regarding these programs are available at www.preventinfluenza.org.) Other innovative efforts to increase vaccine awareness also were highlighted, including CDC's creation of the Influenza Vaccination Week and other media campaigns (e.g., the national Faces of Influenza campaign).

Summit discussion revealed several vaccine-related concerns that must be addressed in upcoming seasons. First, supply and demand must be better balanced. Last year, many providers were unable to vaccinate their patients because of insufficient supplies, while others were left with excess doses of vaccine at the end of the season that eventually were destroyed. There is a need to better understand how many doses are discarded, and by whom, and to redistribute vaccine towards the later part of the season to providers who are still in need of vaccine; Summit members suggested using excise tax refund information to track these data. Ensuring a better balance between supply and demand will eliminate waste and relieve the financial burden being experienced by physicians who pay for doses of vaccine that go unused.

Communication regarding several aspects of influenza vaccination also must be improved. Americans should be better informed about the need for vaccine, regardless of whether they fall into a particular high-risk group. Parents in particular should be engaged in more discussion with their providers about the need to vaccinate their children and other household members. In addition, providers should receive more timely and consistent messages regarding vaccine production and distribution from the government and from private manufacturers and distribution companies. Vaccine production and distribution is complex, and hearing more accurate messages will help alleviate frustration experienced by healthcare providers, who currently are perceived by their patients as providing inconsistent information.

Summit participants debated the ideal setting for the delivery of vaccine. Many providers strongly believe that vaccine should be provided primarily in the medical home, because vaccination in this setting allows for more patient-provider interaction and increased opportunities to offer other needed health services. Other Summit attendees disagreed, believing instead that to better protect the public from influenza, vaccine should be delivered to as many people as possible, regardless of the setting; offering vaccine in nontraditional settings (e.g., pharmacies and retail stores) presents additional opportunities for influenza immunization.

The need to lengthen the current influenza immunization season was discussed in depth at the 2007 Summit. Summit attendees concurred that the season should be expanded at both the front and back ends. Manufacturers and distributors should work to find new technologies and processes that enable vaccine to be delivered to providers by mid-August and September. FDA also could find ways to make its approval and testing processes more efficient, perhaps also through the use of new technologies (e.g., plasmid rescue), which would facilitate earlier delivery of vaccine to patients. An earlier vaccination season would create more opportunity for vaccination (e.g., physicians immunizing children against influenza during routine back-to-school medical visits). The vaccination season also can be broadened into December and beyond, particularly in light of manufacturers' predications for a robust supply of vaccine in the upcoming season. Providers and members of the public should be better educated about the benefits of broadening the influenza vaccination season, including existing data indicating that many influenza seasons do not peak until mid-February. Other efforts could be made to increase improve influenza vaccination throughout the season, including the vaccination of persons traveling to the Southern

Hemisphere and newly vaccinated children who have been recommended to receive second doses of vaccine.

Summit participants also identified the need to improve vaccine coverage rates among many groups of Americans, particularly healthcare workers (HCWs). Vaccinating HCWs not only protects these professionals from influenza-related illness, but helps protect patients and the community at large. In addition, ensuring that HCWs receive influenza vaccine sends a positive message to patients about the need to become vaccinated, regardless of age or other risk factors. The Summit voiced the need to create partnerships with other organizations to help improve HCW vaccination levels (e.g., the National Foundation for Infectious Diseases) and to better publicize and update the website created by the Summit last year to address vaccination in this population. Unique pilot projects aimed at increasing vaccination rates among healthcare workers have been undertaken; details of these initiatives can be obtained by visiting www.preventinfluenza.org.

Participants of the 2007 National Influenza Vaccine Summit developed a list of recommendations for the upcoming influenza season. Primarily, the Summit emphasizes that the Advisory Committee for Immunization Practices (ACIP) should issue a simplified recommendation for influenza vaccination; currently, the Committee's recommendations, which provide detailed recommendations about who should receive vaccine based on risk group, are causing confusion among providers and patients. The Summit supports ACIP's proposal to include the following guideline in its 2007-08 influenza vaccine recommendations: "Vaccination is recommended for persons, including school-aged children, who want to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected." In addition, the Summit will issue the following statement to reinforce and expand ACIP's proposed recommendation: "The National Influenza Vaccine Summit recommends that every year influenza vaccine be administered to all people, including school-aged children, who want to reduce their likelihood of becoming ill with influenza or transmitting it to others, as soon as the year's vaccine becomes available." The statement also will stress that influenza vaccination should continue throughout the influenza season through the winter months and beyond, until the vaccine supply is exhausted.