



May 7, 2007

Ms. Emma English  
Program Analyst  
National Vaccine Program Office  
Department of Health and Human Services  
200 Independence Avenue, SW  
Room 443-H  
Washington, DC 20201

Submitted via email

Dear Ms. English,

We commend the National Vaccine Advisory Committee (NVAC) for addressing the challenges of adolescent immunization. The dynamic of immunizations is changing from a model focusing on infants to one recognizing the increasing importance of vaccinations for adolescents and adults. We respectfully submit the following points for consideration.

Influenza and other immunizations

We note that the report does not address annual seasonal influenza vaccination. The Advisory Committee on Immunization Practice (ACIP) and the American Medical Association (AMA) influenza summit are advancing an agenda to broaden routine influenza vaccination for children and adolescents from 6 months to 18 years as early as this fall. The proposed agenda is to move in a stepwise manner to full universal vaccination of the U.S. population by 2012 as follows:

- 2007-08: ACIP to consider expanding the recommended groups to include all children (6 months – 18 years).
- 2010-11: possible expansion of recommendations to include household contacts and caregivers of school-aged children.
- 2012-13: expected date to expand the recommendations to universal coverage.

The report issued by NVAC on adolescent immunization should address the challenges of seasonal influenza in the adolescent population that soon will be recommended for annual vaccination, and also plan for a possible universal recommendation. According to the Centers for Disease Control, 5.5 million high-risk children aged 5-17 currently are recommended to receive the vaccine however only 37% of that population received the

vaccine in the 2005/2006 season.<sup>1</sup> In the entire 2 to 17 year age group, the current vaccination rate is only 29%. Reaching these children and adolescents on an annual basis is a logistical challenge that differs fundamentally from the already recognized complications of establishing a routine adolescent vaccination visit. Furthermore, highlighting the value and challenges of seasonal influenza vaccination could serve to reinforce the broader value of preventative care in the adolescent population.

In addition to influenza vaccine, there are other vaccines that can be important contributions to adolescent healthcare, such as the Hepatitis A and Pneumococcal vaccines. We suggest the value of these immunizations also be recognized in the NVAC report.

#### Meningococcal vaccine

Additionally, under the section on *Meningococcal Vaccine*, we suggest the following revision, which is intended to amplify the epidemiological basis for meningococcal immunization.

*Meningococcal disease is the leading vaccine-preventable cause of bacterial meningitis, severe and devastating sepsis of infants, children and adolescents<sup>2</sup>. Of the 2600 individuals in the US who contract meningococcal disease each year, 10-15% will die despite aggressive treatment. Of those who survive, debilitating side effects are common, including loss of limbs, deafness, mental retardation, seizure disorders, and strokes. Although the majority of these cases are in infants and young children, adolescents are also at increased risk for acquiring the disease. A meningococcal conjugate vaccine, licensed in 2005, is available and recommended for all children at their routine recommended early adolescent visit (11-12 years of age) as well as those entering high school and for college freshmen living in dormitories<sup>3,4</sup>*

#### A New Era in Adolescent Immunization: Adolescent Healthcare Utilization

To further enhance adolescent health, we suggest that NVAC consider the concept of an adolescent prevention screening visit as a way of including immunization in overall healthcare. This is a concept that has been discussed by the American Academy of Pediatrics (AAP) in their "Bright Futures Initiative."

#### A New Era in Adolescent Immunization: New Ideas for Old Problems

We commend the Committee's recognition of the value of increasing adolescent immunization rates. We suggest that the following statement be added to the section on New Ideas for Old Problems: "In an era of growing attention to the many health needs of adolescents (e.g. obesity) we encourage partnerships with non-immunizing organizations to ensure that immunizations are included in other efforts to improve the health of teens."

#### School Mandates

Finally, we note that school entry vaccination requirements have been a key factor in the prevention and control of vaccine-preventable diseases in the United States, and we suggest that the report more strongly note their historical value in improving immunization coverage. With the increasing number of vaccines and booster doses to be given in the adolescent age group, middle school or junior high school mandates could

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<sup>1</sup> CDC Estimates of Influenza Vaccination Target Population Sizes in 2006 and Recent Vaccine Update Levels, July 17, 2006.

play an increasingly important role in achieving vaccination coverage goals.<sup>2</sup> We recognize the policy issues that are being addressed as additional vaccines become available for the school-aged population, and that school mandates are promulgated and administered through State initiatives. However, because the opinions of NVAC on school mandates can influence future State policy implications, we encourage the historic value of mandates to be appropriately weighed in the Committee's findings.

Respectfully submitted,

Chris Colwell  
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<sup>2</sup> Malone, Kevin and Hinman, Alan R., 13 Vaccination Mandates: The Public Health Imperative and Individual Rights.