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@ASTHO

December 18, 2019

Alex M. Azar II  
Secretary of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

Re: Comments on Executive Order on Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health

Dear Secretary Azar,

On behalf of the Association of State and Territorial Health Officials (ASTHO), we appreciate the opportunity to comment on the Sept. 19 Executive Order (EO) "Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health."

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as the 100,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. ASTHO takes a great interest in national policies that prevent the spread of disease.

ASTHO appreciates HHS' interest in improving seasonal and pandemic influenza prevention. Our members are on the front lines of this work, and pandemic influenza remains an especially consistent worry among ASTHO members as a threat to our population and the health security of the United States.

As you know, influenza is a contagious and potentially deadly virus that is responsible for up to 79,000 deaths a year and costs the United States more than \$10 billion in direct medical expenses and more than \$16 billion in lost earnings annually. CDC estimates that during the United States' 2009 H1N1 pandemic, approximately 60.8 million individuals contracted influenza, 274,304 were hospitalized, and 12,469 died. While these estimates are not extraordinary compared to a typical influenza season, this pandemic diverged from the typical influenza presentation by most seriously affecting those under 65, illustrating a pandemic's potential impact on the economy, societal stability, and national security. While we commend the EO's long-term plan, we propose that the EO also include a short-term plan to improve seasonal influenza vaccine uptake while technology advances to improve the seasonal and pandemic vaccines over the longer term.

Below are comments and insights from the state and territorial public health perspective, which we hope are helpful as the administration implements the EO.

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### **Section 3. National Influenza Vaccine Task Force**

Section 3 of the EO establishes a task force to reinforce the statement in Section 2 that it is the policy of the United States to modernize the domestic influenza vaccine enterprise. ASTHO recommends that the leadership of this task force have a strong public health background and ties to the state, territorial, local, and tribal public health agencies that prepare for and respond to emerging infectious disease outbreaks.

At every step of disease prevention and response, public health stakeholders work diligently to improve public awareness of disease transmission and risk reduction. ASTHO therefore appreciates that the task force “may consult” with outside stakeholders, and recommends that outside stakeholders, partners, and state and territorial health officials have an opportunity to be actively engaged with the task force throughout its period of service. As the first responders to public health emergencies at the state level and leaders of routine seasonal vaccine campaigns, state and territorial health officials bring expertise and insight that could prove vital to the EO’s mission.

### **Section 4. Agency Implementation and Public Health Infrastructure Strengthening**

A comprehensive and effective immunization program requires a robust infrastructure, including a vast array of federal, state, territorial, and local partners. The nation’s immunization infrastructure strengthens vaccination practices in both the public and private sectors, assesses the impact of immunization programs through disease surveillance and diagnostic capacity, provides credible evidence-based information to healthcare consumers, supports outbreak investigation and control, and monitors vaccine coverage, effectiveness, and safety. In addition, improving the quality of data and coordinating immunization delivery among healthcare providers requires greater utilization of immunization information systems (IIS) and bidirectional, real-time data exchange between the system and electronic health records. A successful influenza vaccine program requires a robust immunization infrastructure that invests in governmental public health staff and resources and nurtures partnerships in the private and nonprofit sectors to increase opportunities for education and access to immunizations.

ASTHO applauds that Section 4(a)(iv) of the EO seeks to expand CDC’s flu vaccine development activities. It is important to note that appropriations for this program has remained flat at \$187 million since FY15, despite 2017-2018 being one of the worst flu seasons in 40 years. We applaud President Trump for including a request for a \$10 million increase in his FY20 budget request for CDC’s work to improve the effectiveness of the seasonal flu vaccine and address high priority activities and reduce barriers to seasonal influenza vaccination.

Furthermore, ASTHO urges support for increased funding for the CDC 317 immunization program, which serves as the backbone for surveillance, reporting, and response activities for a wide variety of stakeholders across the healthcare system. Funding for that immunization program line at CDC has remained at \$610 million since FY15. These dollars provide a critical source of funding for state and local public health to invest in vaccine purchase and delivery to fund IIS, effectiveness monitoring, educating the public and supporting providers, and vaccinating people not covered by under other programs.

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In particular, IIS should serve as an integral part of pandemic response plans. These confidential, population-based, computerized systems can record immunization doses administered by participating providers to persons residing within a given jurisdiction. They provide state and local public health agencies with aggregate data on immunization coverage rates for disease surveillance and program operations. This includes timely vaccine uptake monitoring for federally purchased vaccines, the capability to track multi-dose vaccines, access to population-based vaccination coverage data and estimates, and reporting mechanisms that include provider verified data. These systems are typically operated and managed by state and local health departments. IIS are a vital component of emergency preparedness and response activities and optimal tools during a flu pandemic or other emerging infectious disease event that can enable communication with providers, identify variations in immunization access and utilization, and empower communities to implement targeted strategies during emergency preparedness and response activities.

We would also like to call attention to Section 4(iv), which references that the director of CDC “increase influenza vaccine use through enhanced communication and by removing barriers to vaccination; and (E) enhance communication to healthcare providers about the performance of influenza vaccines, in order to assist them in promoting the most effective vaccines for their patient populations.” ASTHO recommends that public health continue to foster and facilitate efforts to strengthen knowledge and confidence in vaccines. Given the recent measles and hepatitis A outbreaks and the rise in non-medical immunization exemptions, it is more important than ever for public health programs and healthcare providers to increase communication efforts aimed at improving education about vaccine-preventable diseases and confidence in vaccines. HHS should encourage the development of tools and resources for public health programs to increase evidence-based, culturally appropriate communication materials to address the needs of target populations.

More generally, ASTHO recommends that HHS helps alleviate financial barriers and optimize access to the influenza vaccine. Influenza vaccines should be accessible, with adequate reimbursement for providers and limited out-of-pocket costs for individuals. Priority should be given to methods that reduce financial and access barriers for both providers and individuals. A focus on implementing third party billing systems, especially among local public health departments and schools, to improve access for individuals who delay vaccination due to lack of affordable services would boost access to influenza vaccines. Because many individuals are not reliably linked to healthcare providers, strategies should emphasize interventions and tailored programs to reduce disparities in immunization coverage rates, and HHS should streamline federal partnerships with alternative providers within the immunization neighborhood (e.g., pharmacies and other clinical sites) to support suitable alternative venues for vaccination.

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Thank you again for the opportunity to comment on the EO. If you have any questions or require additional information please contact Carolyn McCoy, ASTHO's senior director of federal government affairs, at [cmccoy@astho.org](mailto:cmccoy@astho.org).

Sincerely,

A handwritten signature in black ink, appearing to read "N. Smith", is positioned above the typed name.

Nate Smith, MD, MPH  
Secretary of Health, Arkansas Department of Health  
President, Association of State and Territorial Health Officials

Cc: Robert Kadlec, MD, MTM&H, MS  
Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services

Robert R. Redfield, MD  
Director, Centers for Disease Control and Prevention  
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