

Aventis Pasteur Principles to Strengthen Vaccine Supply: February 2002 – Present

At the February 2002 National Vaccine Advisory Committee Meeting, Aventis Pasteur US, offered the following 10 principles to ensure a stronger vaccine supply in the U.S.

<i>Principle</i>	<i>Current Status</i>
1. Manufacturers should pledge to give advance notice if they voluntarily plan to cease production of a vaccine	This principle is working voluntarily. Aventis Pasteur (AvP) took this pledge publicly. Another manufacturer made a decision to cease production of a major vaccine and provided advance notice to the marketplace.
2. The CDC should be empowered to confidentially share proprietary supply information	It was determined that with a manufacturer's permission, key federal agencies can share proprietary information regarding potential shortages that could adversely affect public health. Agencies have acted on this need since 2002. NVAC endorsed this principle.
3. The CDC should have additional funding for the establishment of expanded stockpiles for use if supplies are disrupted	In the FY 2004 budget, the Bush administration proposed stockpile funding adequate for a six-month supply of routine vaccines. This budget is pending, and CDC needs to develop an administrative stockpile plan.
4. The expertise of manufacturers should be used to help formulate sound immunization policy	There is progress with the FDA and NVAC regarding manufacturer input. Relevant federal agencies have attempted to include manufacturers in advance on select issues that affect vaccine supply and, in the process, avoid conflicts of interest. Unfortunately, CDC committees/working groups have yet to progress further on this topic.
5. Government and policy advisory bodies need to act with greater predictability	Public and private stakeholders appear to agree that transparent processes are needed for public policy-making. These stakeholders also recognize the importance of allowing public comment for proposals that affect vaccine supply.
6. FDA funding in the area of vaccine testing research needs to be increased	Vaccine research, development and manufacturing include a range of evolving statistical/testing procedures. CBER has limited funding available to train FDA scientists on how to perform state-of-the-art testing procedures essential for rapid approval of vaccines.
7. Industry is ready to respond to RFPs for limited market products	AvP and other companies have responded to government biodefense RFPs issued to date. However, there are clear concerns about the lack of indemnification and flexibility for commercially relevant contract procedures. Some improvements are included in the current draft of Bioshield legislation, which has not yet been approved.
8. The Vaccine Injury Compensation Program should be strengthened	There is advisory committee (NVAC) support for legislative provisions to strengthen VICP. However, legislation stalled in 2003.
9. Strengthen the message that prevention is the most desirable intervention	A coalition of advocacy groups, health organizations, and physicians successfully persuaded the Center for Medicare and Medicaid Services (CMS) to increase, and not reduce, influenza vaccine administration payments in 2002, and again in 2003. This is an important step in persuading providers to remain interested in achieving the Healthy People 2010 preventive goals. Adequate reimbursement levels remain at risk.
10. Heed the warning signs of a real and present danger – increasing lack of confidence in immunization	NVAC and other authorities have encouraged public education campaigns, which target parents and emphasize the safety/value of immunizations.