

Advisory Committee for Immunization Practices – June 24, 2015 National Vaccine Information Center Public Comment

Thank you for the opportunity to provide public comment today. Founded in 1982, the non-profit National Vaccine Information Center advocates for the institution of vaccine safety and informed consent protections in public health policies and laws. We support the availability of all preventive health care options, including vaccines, and the right of consumers to make educated, voluntary health care choices.

Meningococcal disease is devastating to those stricken and the public has a right to utilize Men B vaccines. As the committee considers routinely recommending Men B vaccines, please consider the following information.

The current U.S. population is estimated to be over 321¹ million, and according to the CDC, meningococcal disease in the U.S. ranges from 800-1,200 cases annually. A third of these cases are serogroup B,² with 60 percent of serogroup B cases occurring in children too young to benefit from Men B vaccines.³ The CDC has also acknowledged that humans are the only natural reservoir for *N. meningitides*, and that as children grow to adulthood the vast majority will have bactericidal antibodies against this disease.⁴

Additionally, a CDC report published in 2000 revealed that routine recommendation of meningococcal vaccines for college freshman living in dormitories was not cost-effective. The report stated it would take 300,000-500,000 doses of vaccine annually to prevent 15-30 cases of disease and one to three deaths. The costs were \$600,000 to \$1.8 million to prevent one case of disease, and \$7 million to \$20 million to prevent one death.⁵ Although this report precedes licensure of Men B vaccines, Men B vaccine cost-effectiveness findings would be similar.

Because ACIP's routine recommendations often translate into legal vaccine mandates in many states,⁶ choice and recommendations versus vaccine requirements were unifying themes noted in the CDC's 2011 stakeholder report on meningococcal vaccines.⁷

We have listened with deep sympathy to experiences shared by parents, whose children and families have been devastated by invasive meningococcal disease. During ACIP meetings and the CDC's 2011 public engagement on meningococcal vaccines, some parents said their health care providers did not make them aware of meningococcal vaccine availability. These parents had a right to know about the benefits and risks, and availability of meningococcal vaccines so they could make an informed decision for their children.

However, with regard to ACIP recommending that all children get Men B vaccines, the data is clear that a universal use recommendation is not justified. It would have far reaching consequences that will be costly and unnecessarily burdensome to parents, adults and government agencies.

NVIC respectfully requests the ACIP to vote against a Men B vaccine universal use recommendation. We encourage the ACIP and CDC to revisit the stakeholder report and the need for greater flexibility in ACIP recommendations.

¹ U.S. Census Bureau. [U.S. & World Population Clock](#).

² CDC. [Epidemiology and Prevention of Vaccine-Preventable Diseases The Pink Book: Course Textbook](#). 13th Edition (2015). CDC updated Jun. 17, 2015.

³ Ibid

⁴ CDC. [Manual for Surveillance of VPD: Chapter 8: Meningococcal Disease](#). CDC updated Apr. 1, 2014.

⁵ CDC. [Meningococcal Disease and College Students: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)](#). *MMWR* - 49(RR07;11-20). Jun. 30, 2000.

⁶ National Conference of State Legislatures (NCSL). [Meningitis Laws at a Glance](#). NCSL updated 2012.

⁷ CDC. [Engagement Project Report: Meningococcal Vaccines and Infants/Toddlers](#). Executive Summary. Summer 2011.