

**NVIC Written Summary of Oral Public Comments
Advisory Commission on Childhood Vaccines – June 6, 2019
Theresa Wrangham, NVIC Executive Director**

Good afternoon. My name is Theresa Wrangham and I am the Executive Director for the National Vaccine Information Center. Our mission is to prevent vaccine injury and death through public education and to defend the informed consent ethic in U.S. vaccine policies and laws.

In response to questions about adult compensation, NVIC's co-founders worked with Congress to craft and pass the National Childhood Vaccine Injury Act of 1986 and there was no adult schedule at the time, so it was not specifically mentioned in the law. The commissioner who stated it was the language relating to injury from routinely recommended childhood vaccines is correct. Vaccines that are routinely recommended for use in children and which injure adults are subject to the 1986 Act. Due to the fact that no adult schedule existed also influenza statute on the make up of the ACCV and would require a change of statute to allow for a vaccine injured adult position. Certainly, that type of position, given the rise in adult injuries, could be considered for recommendation by the ACCV.

The commission should be commended for their thoughtful recommendations to the Secretary and notes that many of these recommendations remain unacted on by HHS and are beyond the ACCV's control to influence. This is a sad statement, as the role of this committee is important in assuring that awards for vaccine injuries and deaths are awarded, in a generous and expeditious manner, as well as raising awareness to problems within the VICP and recommendations on how to resolve them.

Since I have been personally monitoring this committee for over a decade now, ACCV meeting in person has been restricted, and gone from two days to less than one day. I have monitored the National Vaccine Advisory Committee (NVAC) for the same amount of time and note that the NVAC continues to meet in person for two full days and numerous reports and recommendations are issued and acted on by the Secretary. It is of great concern that ACCV's meeting budget continues to not accommodate meeting in person as it once had, activities dwindle, and recommendations are not acted on in the same manner as those made by the NVAC.

NVIC also shares commission concerns about how few children are in the VICP system and subsequently compensated. We encourage the Commission to look at shifts in definitions within the vaccine injury table that may result in the exclusion of these child vaccine injuries and what can be done to insure that the original focus of compensating childhood vaccine injuries is met. There also continues to be a lack of awareness of the program that contributes injuries not being compensated that could perhaps be undertaken by the workgroup and what can be done to raise awareness outside of relying on healthcare professionals. Review of previously commissioned reports on this topic would likely benefit program awareness discussions.

Ongoing mechanisms to assess the adequacy of compensation awards noted by the Banyan and Altarum reports may also be of benefit to review, as well as how vaccine safety research deficits that contribute to petition backlogs will be resolved. These deficits likely contribute to the majority of VICP claims being litigated as off table claims.

ACCV understands that vaccines have real risks and cause injury and death. Given the continued attacks on informed consent to vaccination, NVIC encourages ACCV's role in acknowledge through recommendation or reports the need for informed consent due to known risks and unknowable risks for injury that cannot be screened for ahead of vaccination and which underscore the need for flexible exemptions within vaccine mandates. Many of the recommendations from the NVAC in the regard contain no such language.

NVIC thanks the Commissioners rotating off the commission for their thoughtful service and the opportunity to provide public comment today.