

DRAWING ATTENTION TO RECOMMENDED BUT UNFUNDED VACCINES

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DISCLOSURE STATEMENT

- CAIRE receives annual unrestricted grants from GSK, Sanofi Pasteur, Novartis, Pfizer and Merck Frosst
- Workshop described herein was funded mainly by pooled grant funds
- Companies had no role in design, conduct or reporting of the Workshop
- Industry representatives were invited to attend, shared their views
- Authors have no relevant conflicts to disclose



“RECOMMENDED BUT UNFUNDED” VACCINES

- A new, unfamiliar phenomenon since 2000
- Affected all of NACI’s newly recommended vaccines since then
- Resulted in multi-year delays in program implementation, varying by province
- Allowed ongoing occurrence of preventable morbidity and mortality



Delayed Implementation of NACI Recommended Vaccines

Vaccine	NACI Statement	All Provinces
PCV7	2001	2005-6
MenC	2001	2005-6
Varicella	1999	2007
Rotavirus	2008	Not yet
Zoster	2010	None



WHY ARE LONG PROGRAM DELAYS ACCEPTED?

- **BLESSED ARE THE MEEK**, for they are us
- Unused to long delays, we have no social mechanism to object, to hold governments to account for delays
- Public health employees are understandably reluctant to protest in public delays by own government
- Health care sector too diffused to lobby effectively
- General public already hesitant re new vaccines



CAIRE RUV Workshop 2012

- **Objectives:** to explore contributors to program delays; identify potential alternatives when they occur; and encourage research on knowledge gaps
- **Format:** multi-disciplinary participation (38): providers, policy makers, professional organizations, economists, ethicists, researchers, manufacturers
- Plenary sessions explored situation, group discussions identified alternatives, priorities
- Workshop summary distributed, published



RUV Workshop Results

- Participants identified 10 challenges in coping with RUV's (see abstract)
- **MAIN INSIGHT is that RUV's are here to stay, as:**
 - Products delayed or declined for public programs
 - Result of limited program eligibility, catch-up
 - Growing number of specialty products for limited populations (“personalized medicine”)



KEY WORKSHOP OBSERVATIONS

- Major attitudinal changes are required to accept, promote and deliver RUV's to those who could benefit
- While population protection remains the ideal, securing **individual protection** from available, recommended vaccines ought to be possible, encouraged as an equity issue
- Parallel with other personal protections (eg car seats, bike helmets) that are self-pay but promoted by public health and other organizations



Unfunded Vaccines Should Not be a Secret or Ignored

If a vaccine is licensed in Canada and recommended by NACI, eligible individuals should be informed about the vaccine and be able to access it for their own protection

Example: Zoster vaccine for seniors



Facilitators of RUV Use

- Public Health promotion of ALL recommended vaccines, funded or not, akin to CMPA charge to physicians
- Greater vaccine advocacy by professional organizations to providers and the public eg Immunize Canada
- Engagement of pharmacists as vaccine providers (supply, provision, cost recovery)
- Pharmacare coverage for low-income families, inclusion in private health insurance plans, tax breaks (?) for others



RUV Issues Needing Research

- Professional education
- Social marketing of RUV's to a public already wary about vaccines
- Acceptable means and sources of direct-to-consumer advertising and consumer education
- Effectively motivating funding for cost-effective vaccines for any age
- Delivery strategies for adult programs (maternal, younger adults, seniors)



CONCLUSIONS

- A multi-disciplinary workshop effectively drew attention to RUV's and how to derive greater benefit from them
- Workshop summary paper in Vaccine* was widely read (>1,800 views), suitable means of knowledge translation
- Catalyzed range of subsequent advocacy activities and advocates but much remains to be done to change attitudes, practices

*Vaccine 2014; 32:766-770

