National Vaccine Advisory Committee (NVAC) February 6, 2009 Meeting on the draft strategic National Vaccine Plan: Goal 3 - Support informed vaccine decision-making by the public, providers, and policy-makers

Participants:	
Marie McCormick	NVAC member and Moderator
Gus Birkhead	NVAC member
Kristine Sheedy	CDC
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Julie Morita	NACCHO representative
Rich Greenway	Every Child By Two
Jessica Bernstein	NIH, NIAID
Christine Metter	Visiting Nurses Association of America
Melia Sandler	Health Industry Distributors Association (HIDA)
Amy Michael	HIDA
Steven Gregory	American Health Care Association
Jennifer Zavalinksy	Every Child By Two
Amy Geller	Institute of Medicine
Stuart Feldman	sanofi Pasteur
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Lisa Randall	
Jeanna Reed	
James Strickland	
Katherine Walker	
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## Summary of Comments:

- 1. Research strategies need to address cultural appropriateness for the many varied populations they will be utilized in. The diversity of the population and differences in health literacy must be incorporated.
- 2. When discussing education, there needs to be an awareness of the tension around balancing informed decision making and encouraging vaccine uptake.
- 3. Resources and education need to be provided to the public regarding the access and evaluation of scientific literature. This education also needs to address ways in which vaccines are studied and tested, and vaccine-related supply issues.
- 4. Adults need to be included in the equation because of the importance of adult immunization. Also, adults in non-traditional settings (long-term care, institutionalized adults) need to be addressed.

- 5. There needs to be a general reconsideration of who is included in the goal. There does not seem to be appropriate emphasis on professional organizations and non-governmental organizations when discussing immunization education.
- 6. It needs to be clear that this is not a one-step process, and that these strategies need to be on-going.
- 7. There seems to be a large amount of overlap with other goals, and overlap within the strategies of Goal 3, that needs to be addressed.
- 8. There needs to be a focus on all reasons for under-immunization, aside from just safety concerns.
- 9. Non-traditional vaccine providers must be addressed with regard to their role in immunization practices (e.g., obstetricians/gynecologists and nurse-midwives).