

**Summary of the
December 3, 2015 ACCV Meeting
For Presentation at the NVAC Meeting on February 2 & 3, 2016**

The Advisory Commission on Childhood Vaccines (ACCV) conducted its 98th quarterly meeting by teleconference and Adobe Connect on December 3, 2015. The morning began with program updates from the Division of Injury Compensation Programs (DICP) and the Department of Justice (DOJ). The morning session continued with a presentation from Dr. Melissa Houston (DICP) and Mr. Vince Matanoski (DOJ) regarding impact of increased claims filed with the National Vaccine Injury Compensation Program. Since 2005, the number of claims filed with the program has increased significantly. Dr. Houston stated that the increased number of claims filed has increased the workload of the program. Strategies available to HRSA to accommodate the increased workload include staff earning credit and compensatory for extra hours worked, using technology to improve the efficiency of processing claims and making payments, and hiring additional medical officers to review claims.

The ACCV then reviewed a petition to add food allergies to the Vaccine Injury Table (Table). Dr. Narayan Nair, Chief Medical Officer of the DICP, presented a summary of current published literature regarding the addition of food allergies to the Table. None of the reviewed literature discussed the development of food allergies as a result of vaccination. After a brief discussion, the ACCV decided to not recommend that food allergies be added to the Table.

The afternoon session began with an update from the Adult Immunization Workgroup. Dr. Villarreal, the Chair of the Workgroup stated that the workgroup was formed to explore whether vaccines which are recommended for routine administration to adults only should be covered by the program. These vaccines are: herpes zoster and pneumococcal polysaccharide. The workgroup decided to not recommend these vaccines for coverage under the program due to data limitations, claims limitation and potential unintended consequences of allowing amendments to the National Childhood Vaccine Injury Act of 1986. The workgroup did recommend that in the future the ACCV be open to revisiting this issue and considering recommendations regarding adding new vaccines for coverage, especially vaccines that would be routinely recommended for pregnant women solely for the benefit of a live born child.

As part of its mandate, the ACCV also reviewed revisions to Centers for Disease Control and Prevention (CDC) Vaccine Information Statements (VISs) for hepatitis A and hepatitis B vaccines and many comments were provided to CDC staff. Finally, program updates from the Immunization Safety Office (CDC), the National Institute of Allergy and Infectious Disease (NIH), the Center for Biologics, Evaluation and Research (FDA) and the National Vaccine Program Office (NVPO) were presented.