

- **Reducing vaccine cost for parents.** To reduce vaccine cost as a barrier to vaccination, the U.S. Department of Health and Human Services will initiate the Vaccines for Children Program on October 1, 1994. This program, legislated by Congress in the Omnibus Budget Reconciliation Act of 1993, will purchase vaccines from the manufacturers and provide them at no cost to participating public and private health care providers for use in children aged 0-18 years who are eligible for Medicaid, are without health insurance, or are Native Americans. Children with health insurance who are served by federally qualified health centers also will be able to receive free vaccine if their insurance does not cover vaccination. State vaccination programs will be permitted to purchase additional vaccines at reduced Federal contract prices.
- **Improving monitoring of disease and vaccination coverage.** An improved system for measuring vaccination coverage at the national, State, and local levels among infants and young children is being established to identify undervaccinated populations and to monitor progress in achieving coverage goals. Clinic- or office-based assessments are being completed to assist health care providers in increasing coverage among the populations they serve. Surveillance for vaccine-preventable diseases will be intensified by investigating each case of disease targeted for elimination to determine how that case might have been prevented and to enable initiation of aggressive control measures when such cases are detected.
- **Improving vaccines and vaccine use.** Further progress in immunization can be achieved by improving the use of existing vaccines, for example by simplifying the schedules on which they are used and encouraging development of combination vaccines, and by improving safety and efficacy.

Goals 3 and 4 of the National Vaccine Plan (primarily objectives 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.5 and 4.6) encompass all the major activities envisaged under the CII. (Priorities of the CDC for implementation of its responsibilities for the CII and for its other immunization-related activities are summarized in appendix 10). Activities of the CII lay the groundwork for a general enhancement of immunization; during FY 1994 and FY 1995, the NVPO with other agencies will identify steps that Federal agencies can take to implement the National Vaccine Advisory Committee report on "Adult Immunization."

VACCINE DEVELOPMENT

The setting of public health priorities in vaccine development over the last few years has been based on Institute of Medicine (IOM) studies (see section III) in conjunction with assessments of emerging scientific opportunities. (For the present status of earlier priorities, see National Institute of Allergy and Infectious Diseases, 1993, pp 3-4). Where a vaccine has not yet been licensed, vaccine candidates previously ranked as priorities remain so. These include vaccines for pertussis (improved), respiratory syncytial virus infection, influenza (improved), malaria, parainfluenza virus infection, pneumococcal disease, rotavirus, shigella, and group B streptococcal disease.

In recent years, priority has also been placed on vaccines to prevent HIV infection (because of the growth in the pandemic in recent years), on other sexually transmitted diseases (in their own right and because they enhance HIV transmission), and on tuberculosis (because of its resurgence). Emphasis has also been increased on combination vaccines (not studied by IOM) that can simplify vaccination delivery; vaccine improvement, particularly to make delivery easier, is included in the CII.

In addition to these specific vaccine candidates, priorities in basic vaccine-related research and in vaccine development infrastructure strengthening have been identified by the National Institute of Allergy and Infectious Diseases (see appendix 6).

A contract for the updating of the prior IOM study on priority setting is expected to start in FY 1994. The analysis should be complete in 2 years from initiation. In the future, the setting of priorities for accelerated