



Discussion

The history of the United States Advisory Committee on Immunization Practices (ACIP)



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ABSTRACT

The United States Advisory Committee on Immunization Practices (ACIP) is a federal advisory committee that develops written recommendations for use of vaccines licensed by the Food and Drug Administration (FDA) for the U.S. civilian population. Vaccine development and disease outbreaks contributed to the need for a systematized, science-based, formal mechanism for establishing national immunization policy in this country. Formed in 1964, the ACIP was charged with this role. The committee has undergone significant changes in structure and operational activities during its 50-year history. The ACIP works closely with many liaison organizations to develop its immunization recommendations, which are harmonized among key professional medical societies. ACIP vaccine recommendations form two immunization schedules, which are updated annually: (1) the childhood and adolescent immunization schedule and (2) the adult immunization schedule. Today, once ACIP recommendations are adopted by the Director of the Centers for Disease Control and Prevention and the Secretary of the Department of Health and Human Services, these recommendations are published in *Morbidity and Mortality Weekly Report* (MMWR), become official policy, and are incorporated into the appropriate immunization schedule.

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The Public Health Service Advisory Committee on Immunization Practices (ACIP) was formed and its members were appointed by the Surgeon General of the United States in the spring of 1964. The

new committee was charged with providing regular and informed advice on the most effective application of specific immunizing agents in the control of communicable diseases in public health practice. Since its inception 50 years ago, the ACIP has continually made vaccine recommendations for the civilian population in the United States, and has simultaneously undergone notable changes in organization, operational activities, and the scope of its interaction with other organizations and professional societies. The mechanisms ACIP uses to disseminate vaccine recommendations also have undergone significant change over the past half century.

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¹ Under contract with the CDC.

Table 1
Major national public sector immunization initiatives.

Year	Initiative
1938	•President Roosevelt founds the National Foundation for Infantile Paralysis (March of Dimes – www.marchofdimes.com)
1944	•Public Health Service Act (http://www.fda.gov/regulatoryinformation/legislation/ucm148717.htm)
1955	•Polio Vaccination Assistance Act (http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.45.10.1349)
1962	•Vaccination Assistance Act (http://www.gpo.gov/fdsys/pkg/STATUTE-76/pdf/STATUTE-76-Pg1155.pdf)
1964	•Creation of the Advisory Committee on Immunization Practices (ACIP) (http://www.cdc.gov/vaccines/acip/index.html)
1977	•Childhood Immunization Initiative I
1986	•National Childhood Vaccine Injury Act (http://www.hrsa.gov/vaccinecompensation/authorizinglegislation.pdf)
1987	•Creation of the National Vaccine Program (NVP) (http://www.hhs.gov/nvpo/)
	•National Vaccine Advisory Committee (NVAC) (http://www.hhs.gov/nvpo/nvac/)
1988	•Creation of National Vaccine Injury Compensation Program (NVICP) trust (http://www.hrsa.gov/vaccinecompensation/index.html)
	•Center for Biologics Evaluation and Research created within FDA (http://www.fda.gov/AboutFDA/CentersOffices/OfficeofMedicalProductsandTobacco/CBER/ucm123340.htm)
1993	•Childhood Immunization Initiative II (http://www.nap.edu/catalog.php?record_id=2224)
1994	•Creation of National Immunization Program (NIP) at CDC
	•Vaccines for Children (VFC) program (http://www.cdc.gov/vaccines/programs/vfc/about/index.html)
	•National Immunization Survey (NIS) begins collecting data to measure compliance with the ACIP schedule in each state and nationally (http://www.cdc.gov/nchs/nis/about_nis.htm)
1997	•FDA Modernization Act (FDAMA) (http://www.gpo.gov/fdsys/pkg/BILLS-105hr1411ih/pdf/BILLS-105hr1411ih.pdf)
2009	•Affordable Care Act (ACA) signed into law (http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf)

The purpose of this manuscript is to provide an overview of the circumstances that brought about the formation of the ACIP, to highlight the principal aim of ACIP insofar as it makes systematic recommendations for vaccination of the civilian population in the United States, and to review the accomplishments of and changes to the ACIP since 1964.

1. Vaccine recommendations pre-ACIP (1938–1963)

For more than 25 years before the ACIP came into existence, the main body that made recommendations on vaccine use in the United States was the American Academy of Pediatrics' (AAP) Committee on Infectious Diseases (COID)—called the Committee on Immunization Procedures at the time of its inception [1]. The committee's first publication in 1938, an eight-page pamphlet whose red cover gave rise to the publication's official nickname "Red Book," informed physicians on treatment and prevention of eighteen diseases of both children and adults. The diseases were listed in alphabetical order rather than according to any schedule or prevailing order of treatment. At the time of publication of the first Red Book, there were suggested immunization recommendations for only a handful of the diseases—most of these recommendations were not of proven value. Guidance regarding the appropriate age for administration of vaccines to children, if warranted, was provided only in the case of six vaccine-preventable diseases: diphtheria, pertussis, tuberculosis, typhoid fever, varicella, and smallpox (variola) [2]. Immunization against scarlet fever due to Group A streptococcus also was discussed [2].

The Red Book was and continues to be a major resource both for physicians and for government committees such as ACIP. One of the items on the agenda of the first meeting of the ACIP in 1964 was "Relationship to the 'Red Book' Committee."

Vaccine development came into its "golden age" during the second half of the 20th century, when the first viruses grown in tissue

culture led to rapid proliferation of new vaccines. Around this time the first nationally driven efforts to increase availability of vaccines to the public—especially children—were made in the United States. In 1955, the Polio Vaccination Assistance Act was passed by the last session of Congress that year and was signed by President Dwight Eisenhower on August 15. The act allowed Congress to appropriate funds to what was then known as the Communicable Diseases Center (changed in 1970 to the Centers for Disease Control and Prevention [CDC] [3]) to help states purchase poliomyelitis vaccines and to provide for the costs of planning and conducting vaccination programs [4].

Prior to 1964, there was no formal mechanism for establishing national immunization policy, and federal involvement in establishing immunization recommendations for civilians was limited. The U.S. Surgeon General would recommend vaccines for licensure, making them commercially available as per the terms of the Public Health Service Act of 1944 [5]. Though the federal government was involved extensively in tracking pandemics and measuring vaccine efficacy for the armed forces [6], efforts toward civilian vaccination extended only to *ad hoc* groups formed to address individual issues and to work with professional organizations, including the AAP and the American Public Health Association [7]. For instance, prior to the formation of ACIP, the Public Health Service issued recommendations on the oral poliovirus vaccine (OPV) and influenza vaccine usage in 1960 [8,9]. An Advisory Committee on Poliomyelitis Vaccine was commissioned and issued recommendations in 1962 [10,11] and 1964, and an Advisory Committee on Measles Control issued measles vaccination recommendations in 1963 [12].

2. Laying the groundwork: vaccine development and the CDC (1964–1977)

The 1960s bore witness to the licensure of vaccines against three diseases that strike primarily in childhood: measles (1963), mumps

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