

Universal vaccination plans under scrutiny

by Linda Everett

In 1986, a federal law mandated that the U.S. Department of Health and Human Services establish a National Vaccine Program to "achieve optimal prevention of human infectious diseases through immunization." There was an obvious need for such a program, for at the time, the proportion of infants who had received a single dose of polio or of diphtheria, tetanus, and pertussis (DTP) vaccine was lower than in 1980, and incidence of measles was reported at 1,200 cases. The National Vaccine Program was to present to Congress its plan to achieve "optimal immunization" by January 1987. But, the report was never filed. The initiative was not given the support of either the Reagan or the Bush administrations.

A year later, a measles epidemic began to rage, lasting three years and striking nearly 60,000 victims. This totally preventable disease killed 130 and hospitalized 8,000 more. Instead of the 1,200 measles cases nationally, we saw 1,200 cases reported in Philadelphia alone in 1990. By 1991, the country saw a 509% increase in cases of rubella. In the same year, a Centers for Disease Control (CDC) survey of nine major cities found that only 10 to 42% of children starting school have appropriate preschool vaccinations. A study released in 1992 by the United Nations International Children's Education Fund (Unicef) ranked the United States 17th in the world in the percentage of one-year-olds fully vaccinated against polio. When the proportion of non-white infants in the United States fully immunized against polio is compared with overall rates of other nations, the United States ranks 70th, behind Burundi, Nicaragua, and Trinidad and Tobago.

Now comes a host of proposals from Congress, the Clinton administration, and advocacy groups like the Children's Defense Fund, to tackle the issue and assure immunization for all children. The proposals, most only at the exploratory stage, are being developed with an eye toward a total health reform package, since the contributory causes of this crisis are access to adequate health care, costs of the immunization package, lack of health insurance, and the fact that most health insurance plans do not pay for basic immunizations. *EIR* reported on March 20, 1992 that other factors, like the declining standard of living, increased poverty, the devastation of state and local budgets, and the willingness to throw thousands off disability support and welfare, have all contributed to placing families "at greater risk than were they to live in many Third World countries."

One of the main obstacles in any plan to vaccinate all

children is the cost of a full immunization package, which has skyrocketed in the last decade, far outstripping legitimate liability costs and inflation increases. The price for DTP to private patients increased 2,921% between 1981 and 1991. One survey found that 84% of pediatricians and 66% of family practitioners say they must refer some of their paying middle-class patients to already-overwhelmed public clinics for immunizations. Most state Medicaid programs typically underpay physicians by \$40 for a single office visit for immunizations for a 15-month-old child. The CDC reports that the "catalog" price for a battery of immunizations that physicians and other providers pay for, increased from \$23 in 1982 to \$244 in 1992. The "contract" or discounted price which the CDC and others pay for large bulk purchases to be distributed at public clinics, increased from \$7 in 1982 to \$129 in 1992.

Universal purchase

All of the universal immunization proposals consider some form of universal purchase of vaccines, in which the federal government, or the federal government with the states, would purchase the nation's total vaccine supply at a discounted rate, and then distribute it free to clinics and physicians. One estimate says the plan would cost the government \$300-500 million a year over the \$175 million it now spends on vaccine purchases. Other plans, like that being considered by Sen. Edward Kennedy (D-Mass.), chairman of the Senate Labor and Human Resources Committee, includes more costly infrastructural supports to educate families and to establish a registry that tracks children who have not received immunizations. The percentage of the population needing immunization may be much higher than thought, given that *no* national surveys on immunization have been conducted since funding for them was terminated during the Reagan era.

The "universal purchase" proposal is hotly criticized by the Pharmaceutical Manufacturers Association, which says that privately purchased vaccines actually subsidize the government's discounted bulk purchases. If the total vaccine supply were "discounted," the manufacturers say, it would severely cut their profits, undermine research and development, and bar initiatives to develop new vaccines. Not so, says the National Vaccine Program Office. The increased numbers of vaccines sold and the larger patient base receiving them would make up any profit loss in the purchasing price. The drug companies have considerable profit margins on vaccines, because, the Vaccine Office says, the government gave them lengthy and profitable patent rights to vaccines that were actually researched in government labs at the government's expense.

Many worthy options for implementing universal immunization are under scrutiny. But, since the Clinton administration wants "everything on the table" to slash the budget, it will take a fight to assure that saving our children is not achieved by sacrificing our elderly.