



The Federal Vaccination Commission in Switzerland: An officially appointed independent commission ensuring evidence-based recommendations and transparent procedures

Virginie Masserey Spicher*

Federal Department of Home Affairs (FDHA), Federal Office of Public Health (FOPH), Communicable Diseases Division, Vaccination Programmes and Control Measures Section, Schwarztorstrasse 96, CH-3007 Berne, Switzerland

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ABSTRACT

The Commission Fédérale pour les Vaccinations (CFV; Federal Vaccination Commission), the Swiss National Immunization Technical Advisory Group (NITAG), was established in 2004 and is comprised of 15 core members and a few *ex officio* members. Its role is to serve as a scientific advisor to the authorities in making vaccination recommendations, and to act as a mediator between the authorities, experts, and the public on questions concerning vaccinations. The CFV requires all members to describe in detail any potential conflicts of interest. The CFV meets approximately five times per year, and the meetings' scope covers all questions concerning immunization. Economic considerations are taken into account when formulating recommendations. The committee disseminates data and information about its activities to the medical profession and the public using press releases, publications, factsheets and a website. Increasing public fears about adverse effects from vaccines has resulted in vaccinations being delayed or not given at all. Swiss health authorities consider it of great importance to clearly explain how their recommendations are made and how the CFV is crucial in this process.

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1. Description and background

Vaccination recommendations were published by the FOPH as early as 1963. These recommendations have always been established in adherence with the federal law on epidemics [1], and in cooperation with a group of experts to ensure that they are regularly updated and that the exacting scientific criteria are met. Initially, advice was provided by a vaccination commission within the Société Suisse de Médecine Interne (SSMI, Swiss Society of Internal Medicine). In the 1980s, this commission was integrated into the FOPH and named the Commission Suisse pour les Vaccinations (Swiss Vaccination Commission). As the importance and work load of this commission kept growing, it was ultimately necessary to replace it with a federal commission, which was established by the Federal Department of Home Affairs (FDHA) with a clear mission statement. Thus, this new commission could perform its advisory function with greater independence.

Abbreviations: CFV, Federal Vaccination Commission; FOPH, Federal Office of Public Health; FDHA, Federal Department of Home Affairs; NITAG, national immunization technical advisory group; SSMI, Swiss Society of Internal Medicine; WHO, World Health Organization.

* Tel.: +41 31 323 87 15; fax: +41 31 323 87 95.

E-mail address: virginie.masserey@bag.admin.ch.

The success of vaccines has reduced public fear of some diseases. However, public fear of the side effects of vaccines, real and perceived, is increasing despite continuous improvements in the quality and regulation of vaccines. These public concerns have resulted in childhood vaccinations being delayed or even not given at all, resulting in potentially serious consequences for the individual and the community at large (e.g., there were recent measles outbreaks in various Swiss cantons and neighboring countries). Adding to this problem, health authorities are constantly adapting vaccination recommendations as new data become available, which contributes to public confusion. To address these issues, health authorities need to be able to clearly explain how their recommendations are developed. The Commission Fédérale pour les Vaccinations (CFV; Federal Vaccination Commission), the Swiss National Immunization Technical Advisory Group (NITAG), is crucial to this process because it serves as an advisor to health authorities, and bases its recommendations on constantly updated scientific data.

The CFV was established on 2 July 2004 by the Federal Council in charge of the Federal Department of Home Affairs (FDHA). The CFV was originally proposed by the Director of the Federal Office of Public Health (FOPH). The Federal Council created this expert commission to address the ever-increasing complexity of vaccination issues. The CFV is charged with two main tasks: (1) to be a scientific advisor to the health authorities for formulating

Table 1

Field of expertise and professional affiliation of current core members of the CFV, appointed from 1st January 2008 with their term in office expiring on 31 December 2011.

Last name, first name, profession, function	Post
Siegrist, Claire-Anne, pediatrician, immunologist, Professor of Vaccinology, University Hospital	President
Binz, Hans, immunologist, cantonal chief medical officer (<i>profession when appointed to commission</i>)	Vice-President
Aebi, Christoph, pediatrician, specialist in infectious diseases, Professor, University Hospital	Member
Anderau, Rebecca, Internal medicine specialist, substitute cantonal chief medical officer	Member
Bachmann, Gaudenz, Public Health specialist, cantonal specialist in preventive medicine	Member
Diebold, Patrick, pediatrician, private practice	Member
Gallacchi, Martine, internal medicine and travel medicine specialist, private practice	Member
Heininger, Ulrich, specialist in pediatric infectious diseases, vaccinologist, Professor, University Hospital	Member
Landry, Pierre, internist, tropical diseases and travel medicine specialist, private practice	Member
Marty-Nussbaumer, Annalis, pediatrician, cantonal chief medical officer	Member
Matter, Lukas, microbiologist, head of laboratory	Member
Mühlemann, Kathrin, specialist in infectious diseases and hospital hygiene, Professor, University Hospital	Member
Roffler, Jacob, general practitioner, private practice	Member
Stronski Huwiler, Susanne, pediatrician, head of school medicine service	Member
Trefny, Philipp, pediatrician, private practice	Member
Vaudaux, Bernard, pediatrician, specialist in infectious diseases, University Hospital	Member

vaccination recommendations and (2) to act as a major mediator between the authorities, experts, and the public on questions concerning vaccinations.

The commission consists of 15 members (although the current commission consists of 16 members, an exception to the usual practice) in order to ensure an optimal distribution of the different professional backgrounds on the CFV (Table 1).

The Secretariat is based at the Federal Office of Public Health (FOPH) in Bern. The Secretariat staff includes: Virginie Masserey Spicher, a pediatrician and infectious diseases specialist; Hans-Peter Zimmermann, a medical doctor; and Catherine Bourquin, a medical doctor.

2. Terms of reference

An official document titled “Acte d’institution et décision de nomination” (institutional decree for nomination) was signed by the Federal Council in charge of the Federal Department of Home Affairs in 2004, and it defines the commission’s mission and structure. This document is not accessible to the public.

The commission’s mandate is to provide advice, as a consultative body, to the Federal Department of Home Affairs (FDHA) and the Federal Office of Public Health (FOPH) for all questions concerning vaccination, and to promote collaboration and synergy between public, semi-public, and private entities. To achieve these objectives, the commission is charged with the following tasks:

- Counsel the FDHA and FOPH on developing and implementing national vaccination policy as described in the national vaccination program. The purpose is to implement Article 3 of the federal

law on epidemics as it concerns vaccine-preventable diseases, with a particular focus on ensuring that it is in harmony with World Health Organization (WHO) objectives.

- Collaborate with FDHA and FOPH in formulating strategic and operational objectives, establishing priorities, developing alternative strategies, and determining options for vaccine-preventable diseases.
- Develop and periodically update, in collaboration with the FOPH, national vaccination recommendations by integrating and documenting scientific, medical, social, and political aspects (vaccination schedules, supplements, etc.).
- Take into account the most recent scientific developments to develop expertise and proposals for research, when needed, for resolving existing or potential problems.
- Develop official positions on vaccination-related issues.
- Propose changes for vaccination recommendations to the FDHA and FOPH when there are changes in conditions, such as in disease incidence, or advances in current knowledge.
- Contribute to overseeing and improving the implementation of recommendations.
- Relay information to and assist in the training of stakeholders and target groups.

These actions are prepared through the working groups and then discussed in plenary meetings (five or six per year). They lead to the creation of recommendations, official positions, publications, and internal decisions.

The committee decides which documents will be made public. Plenary meeting reports are not made public because deliberations of the committee are considered confidential, but working group evaluation reports are made public. To ensure transparency and to enhance the dissemination of information, the CFV generally makes its work public. It publishes new recommendations, official positions, interviews, and articles prepared by the commission members. More formally, information concerning vaccination recommendations is included in the Swiss vaccination schedule (general information and changes) and specific supplements (more detailed information according to vaccine, disease or other topic).

The vaccination schedule is developed by the CFV in collaboration with the FOPH and Swissmedic, the Swiss agency responsible for approving and monitoring pharmaceuticals. It is updated regularly to account for new vaccines, new information about vaccine efficacy and safety, changes in the epidemiological situation in Switzerland, and information collected from international experts working under the auspices of WHO. The recommendations included in the vaccination schedule are developed to maximize protection against disease in individuals and the public, while reducing possible risks associated with vaccine administration. Specific supplemental information is published throughout the year and then implemented in the following year’s vaccination schedule. The schedule is published at the beginning of each calendar year, regardless of whether modifications have been made or not.

3. Selection of members

Under its capacity as an advisor to health authorities, the CFV plays a key role in formulating vaccine recommendations based on the most up-to-date scientific data. Members of the CFV are appointed by the Federal Department of Home Affairs based on their individual expertise, but also with the aim of achieving equal representation in terms of gender and geographical region on the committee, as dictated by the laws on extra-parliamentary commissions. Because it is important that the members of the CFV have competencies in all pertinent fields, it includes pediatricians and

general practitioners, as well as specialists in internal medicine, infectious diseases, epidemiology, and public health (Table 1). However, there is no predefined mandate on membership make-up by specialty. On the other hand, members are intentionally selected to avoid representation of special interests of the organizations that they belong to. Members are appointed for one legislative mandate (four years) and can sit for a maximum of 12 years. There are also *ex officio* members, which include FOPH representatives (the commission's Secretariat) and a Swissmedic representative. They can participate in the commission's meetings but they have no voting rights. Representatives of pharmaceutical companies can be invited to present data, but this occurs outside of official meetings, and they do not participate in the meetings.

The CFV members work for the CFV without pay during their four-year legislative mandate, which is in accordance with the Swiss "militia system" (a voluntary public work system). This is a demonstration of their commitment and belief that vaccination issues must be addressed at the highest levels in Switzerland. The members are reimbursed for travel expenses and they receive a nominal compensation for attending meetings.

4. Conflicts of interest

As vaccination recommendations have a significant impact on public health, the CFV aims to ensure that analyses of issues and data, which lead to vaccination recommendations, are carried out independently and free of any direct or indirect pressure. Thus, the CFV deems it necessary to avoid situations where personal or institutional interests, whatever their nature may be (financial or other), may affect the integrity or impartiality of its work. Experts approached for participation in the CFV must describe in detail their relations with the pharmaceutical industry and identify all other potential conflicts of interest. To ensure maximum transparency, the FDHA only appoints experts who are deemed to be free of such conflicts of interest.

Each member of the CFV must declare any interests that could constitute real, potential or apparent conflicts of interest with industry, either at the individual level or at the institutional level (i.e., the institute that the member is employed by). Members make a formal declaration of interest when they are appointed to the commission, as well as at each CFV meeting. A procedure exists for taking action if a member or chairperson has any apparent interests regarding a vaccine or intervention being discussed. Depending on the situation, a member could be asked to refrain from participating in certain discussions or working groups, or to leave the meeting during certain evaluations, or to be allowed to participate but asked to disclose publicly any interests that might be perceived as a conflict. Description of the directives employed to ensure the integrity and impartiality of CFV's work can be found in the *Déclaration d'intérêts pour les membres de la commission fédérale pour les vaccinations* [2] (declaration of interests for members of the Federal Vaccination Commission). While members are required to respect confidentiality, they are not required to sign any documents to that effect.

5. Process of meetings

The CFV has five plenary meetings per year, which are scheduled one year in advance, in addition to numerous working group meetings. *Ad hoc* sessions are possible. The meetings are held in Bern and are closed to the public. Minutes are available on a confidential basis to members and invited participants.

Meetings are prepared by the Secretariat of the CFV, which is supported by the Vaccination programmes and control measures section of the FOPH. The Secretariat is responsible for assessing and providing specific budget requests (e.g., to engage an expert or

conduct a study). Funding is relatively limited, as it is for preventive health in general. The Secretariat is responsible for preparing the sessions (agenda and topics) in cooperation with the CFV President and has experts at its disposal who are capable of preparing documents to serve as a background for committee discussions (literature reviews, epidemiological data, etc.). These experts also write recommendations and other communications materials. The budget is sufficient for the publication and dissemination of the commission's recommendations and promotional materials.

The commission's scope covers all questions concerning vaccination and immunization. It makes decisions as to whether the use of new vaccines should be recommended or not (e.g., human papillomavirus, rotavirus, zoster), and makes recommendations about vaccination schedules, such as for the national schedule [Prevnar (2 + 1), hepatitis B virus (two doses for adolescents) and pandemic influenza vaccines (two doses for certain population groups)]. It recommends vaccinations for high-risk groups (e.g., chickenpox, pneumococcus, influenza, etc.), and it also makes recommendations beyond the infant schedule for all vaccine-preventable diseases, although there is a separate independent *ad hoc* expert committee on travel health, which specifically addresses vaccination recommendations for travelers. In addition, the CFV makes recommendations about conducting additional studies to aid decision making, such as surveys on acceptability of individual vaccines and economic cost-benefit studies (e.g., for the hepatitis B vaccine).

As part of its role as a mediator between health authorities, stakeholders, and the public concerning questions about vaccinations, the CFV may take positions on diverse topics that are under its realm of specialties. For example, there is a brochure printed by the Stiftung für Konsumentenschutz (Foundation for Consumer Protection) that some parents have consulted for additional information on vaccination. This foundation has historically been perceived as a reputable information source, and thus this brochure was perceived as a balanced source of information. In 2005, a group of pediatric infectious disease specialists found that this brochure was not factually sound. Subsequently, they spent a considerable amount of time gathering information in order to accurately respond to issues raised in the brochure. Their response was published in the Bulletin of the Association of Swiss Physicians (FMH), and was subsequently distributed by CFV to physicians. Available on the Internet, it informs the public on the non-objectivity of the brochure as it relates to vaccination questions. Indeed, a group of experts made up of members of the CFV has provided responses to questions raised by the brochure in a document titled *Guide sur les vaccinations: évidences et croyances* [3] (a guide for vaccinations: evidence and beliefs).

Preparation of meetings, including setting agendas and proposing areas of work, is shared between the committee and the Secretariat under the auspices of FOPH, within the Federal Department of Home Affairs. FOPH and external bodies can make suggestions but cannot impose them; theoretically, proposals can come from different political or medical groups, such as medical societies concerned with occupational health.

At each meeting, the CFV identifies issues for future discussion. These issues may be identified during the commission's work meetings, or be requested by other commissions, specialist groups, physicians or other involved parties. All topical requests that fall under the competencies of the CFV, in particular those concerning vaccines, prevention strategies and applications, can be brought to the CFV's attention through the Secretariat.

6. Development of recommendations and the basis for decision making

Vaccination recommendations must be based on scientific evidence, integrating whenever possible a hierarchical classification

system for study validity. This analytical framework is used as a foundation for discussions within the CFV, as well as for approaching the federal commission concerning the benefits of compulsory health insurance. The potential benefits of each vaccine for individual and public health are identified by the CFV, in collaboration with the FOPH, after a rigorous assessment of numerous parameters in response to a series of analytical questions.

The working group for new vaccines has decided to develop an analytical framework allowing for a systematic and exhaustive assessment of all factors pertinent to the decision-making process and ultimately for the recommendation of a vaccine. A similar process was already established in Quebec and was made available to the commission. Quebec's process was adapted to Swiss needs and is comprised of a series of essential questions as well as a list of elements requiring analysis.

The questions are as follows [4]:

- Do the properties of the vaccine allow for the establishment of an efficacious and safe recommendation?
- Will the proposed recommendation be able to attain the established objective?
- Is the cost-efficacy ratio of the proposed recommendation reasonable and comparable to other health interventions?
- Does the proposed vaccination recommendation respond to a strong demand?
- Will the recommendation be well-received?
- Can the proposed recommendation be implemented?
- Can the various aspects of the proposed recommendation be evaluated? Can important outstanding questions influence the implementation of the proposed recommendation?
- Does the proposed recommendation ensure equal access to the vaccine for all target populations?
- Can legal issues influence the implementation of the proposed recommendation?
- Does the proposed recommendation conform to existing or planned national and international recommendations?

Using answers to these questions as a basis, the CFV has established four categories of vaccines for recommended use:

1. Basic vaccines – they are essential to individual and public health, and offer a level of protection that is indispensable to people's well-being (e.g., diphtheria, tetanus, pertussis, polio, MMR, HBV, HPV). Physicians must recommend these vaccines to their patients in accordance with the Swiss vaccination schedule.
2. Complementary vaccines – they maximize individual protection and are meant for individuals seeking protection from well-defined risks (e.g., conjugate pneumococcal vaccine and conjugate meningococcus C vaccine). Physicians must inform their patients of the existence of these vaccines in accordance with the Swiss vaccination schedule.
3. Vaccines for high-risk groups – they are vaccines for people who are likely to benefit from their administration. Physicians must make the necessary efforts to reach high-risk people to recommend these vaccines in accordance with the Swiss vaccination schedule.
4. Vaccines that have not been recommended for use – they have not yet been subjected to formal assessment, or the benefits demonstrated by the assessment are insufficient to justify their recommendations. These vaccines are on the market and can be used but they are not subject to official recommendation. If there is any assessment by the commission on these vaccines, the physicians and the general population will be informed about the possible benefits.

Vaccines recommended in the categories 1, 2, and 3 are also assessed to determine the public health interest of their integration into the Health Care Benefits Ordinance (Article 12) (vaccines targeting travelers are not considered). Such a request for integration would then be evaluated by appropriate independent commissions (see below).

The commission obtains technical data and expertise for deliberation from a variety of sources, including official commission members, national reference centers such as the national influenza center or the influenza working group, and invited national *ad hoc* experts. Use is made of WHO position papers, as well as national position statements and information found on websites, such as the European Centre for Disease Surveillance and Control (ECDC) and the U.S. Centers for Disease Control and Prevention (CDC). Recommendations from other NITAGs such as the U.S. Advisory Committee on Immunization Practices are taken into account.

Working groups set up by the commission are a preferred source of information and expertise (Table 2), some of which are permanent, while others are set up for a specific period of time. They provide a foundation for decisions in adherence with the analytical framework (see above). Membership in a working group is voluntary and is decided upon by the commission members; any commission member can chair and participate in a working group. External experts can be invited to join as well. People from the pharmaceutical industry may be consulted but they cannot participate in a working group. The working group creates a basic document that functions as a strategic pre-position statement. It is then circulated among the membership of the commission. Members can ask questions and give feedback, after which the document is presented in a plenary meeting. The Secretariat verifies the references used, as well as independence of the work.

In making its assessments, the commission considers the following vaccine-preventable outcomes, which are ranked in order of descending importance: mortality, hospitalizations, overall morbidity, epidemic potential, and equity and disability-adjusted life years (DALYs) or quality-adjusted life years (QALYs) lost. Disease burden is an evaluated criterion for each vaccine, but there are no predefined limits on criteria. The criteria are *ad hoc*, and are made according to the disease and on the synthesis of all available data. A vaccine is recommended only if its benefits, in terms of morbidity and mortality (diseases and their complications), are significantly greater than the risk of it causing adverse effects.

Recommendations are usually decided upon by open vote, but occasionally a secret vote may be held. If experts do not agree on issues, they are resolved on a case-by-case basis. There has never been a case where the commission has failed to follow WHO recommendations for vaccine use, but there are cases where the recommendations needed to be adapted to the local situation. Indeed, the commission evaluates numerous issues, including the specificities of national epidemiology, organizational and legal issues, acceptance or feasibility of different implementation strategies, etc. Once the decisions are made, the recommendations are transmitted directly to the FOPH by the Secretariat, which is a part of FOPH. The recommendations are made public via official publications, the website, and through press releases.

The work of the CFV falls within a national and international context, and brings together numerous partners with the shared objective of improving individual and public health by preventing infectious diseases and their transmission. Responding to this context involves relationships with NITAGs in other countries, although there is no formal mechanism for this. The interactions among the CFV and other NITAGs during WHO conferences, meetings and other forums tend to be informal and personal. Some members of the Swiss committee are also members of other committees, but any information they obtain from the other committees falls under the confidentiality requirement of the CFV.

Table 2
Topics that have been or are being investigated by CFV's working groups.

Titles of topics under investigation	Start date	Anticipated duration at the time of initiation
<i>Hepatitis A and B vaccination recommendations</i> Working group studying recent epidemiological data, including vaccination recommendations	06/2005	6 months
<i>Vaccinations for health professionals</i> Working group updating vaccination recommendations for health professionals and students	06/2005	6 months
<i>2006 vaccination schedule</i> Working group responsible for preparing the upcoming vaccination schedule	04/2005	8 months
<i>Vaccination documentation</i> Working group preparing documents on vaccination information	01/2005	12 months
<i>Vaccinations and pregnancy</i> Working group updating recommendations for vaccination before, during and after pregnancy	01/2005	12 months
<i>Tick-borne encephalitis vaccine (FSME)</i> Working group preparing new vaccination recommendations (particularly booster frequency)	11/2004	12 months
<i>Communications</i> Working group studying CFV communications methods	9/2004	Permanent
<i>Adverse effects of vaccines</i> Working group responsible for issues concerning the surveillance, reporting, analysis, and communication of adverse effects of vaccines	9/2004	Permanent
<i>New vaccines</i> Working group responsible for assessing new vaccines	9/2004	Permanent

7. Role of economic analysis in decision making

Economic considerations have a place in committee deliberations, beginning with the issue of the cost of the vaccine. Economic analysis is done on a case-by-case basis to assess cost-effectiveness, cost-benefit and cost-utility, as well as the overall affordability and sustainability of the immunization program. However, there is no benchmarking (i.e., no predefined threshold). The issue of whether or not the vaccine should be reimbursed through social health insurance is also addressed.

The committee does not have immediate access to health economics experts, and therefore, economic analyses consist of approximate estimations, literature reviews, or work outsourced to external companies. The evaluation process takes approximately one year, and decisions are made on a case-by-case basis. When general vaccinations are being considered, the time taken for economic analysis is even longer.

The committee uses results from international economic studies but assesses them for possible differences under the Swiss context, as well as for possible differences compared with its own studies. Pharmaceutical companies and manufacturers can also provide economic assessments, but in this case, the committee consults with an independent expert to verify the reliability of their assumptions and calculations.

Economic evaluations are used in different ways by the CFV in the decision-making process. For example, if the vaccine's cost-utility ratio compares favorably with that of other health interventions, it constitutes an additional favorable point in the global evaluation. On the contrary, if the vaccine is considered to be very expensive compared to its benefits, it is unlikely that it will be reimbursed by health insurance. Thus, recommending the vaccine may lead to health inequities as only persons who can afford to buy the vaccine will be able to follow the vaccine recommendation if it is issued by the CFV.

8. Role of the committee and other key players in the ultimate decision-making process

The role of the commission is advisory; in practice, the government has always followed CFV's recommendations, either immediately or after clarification of questions concerning implementation,

organization, financing, and other issues. In Switzerland, new vaccines are registered and distributed at the request of pharmaceutical companies after marketing authorization is granted by Swissmedic. This marketing authorization is independent of national recommendations that could be possibly made by CFV and FOPH. After an official recommendation has been made, the FDHA then makes a decision on integration of the vaccine on to the list of services reimbursed by health insurance, after consultation has been made with the Commission fédérale des prestations générales (federal commission for general services). Currently there are several (new) vaccines available on the market that are not recommended by the FOPH (rotavirus, herpes zoster), or vaccines that are only recommended and reimbursed for certain at-risk groups (hepatitis A).

The FOPH also oversees social health insurance. This function of the FOPH sets reimbursement levels for pharmaceuticals, after consultation with the Commission fédérale des médicaments (federal commission for pharmaceutical products). This process involves comparing prices with those applied in neighboring countries, as well as negotiating prices with manufacturers. Cantonal authorities can also play a role, as they are responsible for implementation and they can conduct purchase-price negotiations for cantonal programs.

Occasionally, the effect of external, contextual influences can be significant, and the case of the HPV vaccine is a very good example of potential complexities that lie in the decision-making process. In this instance, the HPV vaccine received heavy media coverage during its assessment by CFV, and between the time the CFV issued its recommendation to the public and implementation of vaccination. The CFV wanted to make its recommendations public well before financing issues were settled by social health insurance because social health insurance was hesitant about moving forward, as it was trying unsuccessfully to negotiate a lower price for the vaccine. A solution was finally found whereby reimbursement was linked to the creation of cantonal programs including a central procurement of vaccines. However, this solution was communicated to the public before the cantons had the chance to set up such programs. This all resulted in creating a lot of public impatience and confusion, and in certain circles, there were suspicions of pressure from the pharmaceutical industry and conflicts of interest within the CFV. The Parliament intervened several times as well.

Professional organizations may take official positions regarding specific vaccines and programs, and these are duly noted by the CFV. Manufacturers and representatives of the pharmaceutical industry can be invited to provide information to the CFV but only outside of official commission meetings. None of these groups provide any funding or material support of any kind to the CFV or its members.

9. Communications activities and training practices

The committee disseminates data and information about its activities to the medical profession and the public using a variety of means. Press releases, and other government publications and decrees are supplemented by publications jointly issued by the committee and the FOPH, such as chapters of its handbook titled *Directives and recommendations* [5], as well as individual factsheets. The FOPH partially funds an electronic newsletter called *Infovac* that serves as an expert information site, and it maintains a website. These all contribute to disseminating official recommendations and answers to questions from medical professionals.

Pharmaceutical or private companies, including insurance companies, occasionally distribute CFV brochures or relay CFV recommendations in their own brochures. Information is also disseminated at professional medical meetings. Members of the committee communicate with each other at meetings and via email and conference calls. Information is shared with other NITAGs informally.

10. Challenges and limitations

The committee's work has sometimes experienced certain limitations, such as lack of available funding for conducting studies, lack of sufficient expertise available to the committee relating to economic analysis, or insufficient human resources for the timely updating of some of the CFV's recommendations. There is also limited coordination between the division of the FOPH, which issues the official recommendations concerning vaccines and immunization, and the division whose responsibility is to assess the integration of these services into health insurance benefits. Sufficient coordination can also be found lacking between the federal health authorities, which are responsible for the vaccination recommendations and the decisions regarding reimbursement, and the cantonal health authorities, which are responsible for implementation of the necessary measures.

As mentioned above, new vaccines are registered and distributed in Switzerland following requests by the pharmaceutical industry after marketing authorization is granted, independent of CFV or FOPH recommendations. The FDHA then decides on the vaccine's integration into the compulsory health insurance program after consultation with the Commission fédérale des prestations

générales (Federal Commission for General Services). Thus, several new vaccines that are available on the market are only recommended by the FOPH for certain high-risk groups. This calls into question the possibility of equal access to some efficacious and safe vaccines (e.g., vaccines against tick-borne encephalitis or vaccines for travelers).

11. Conclusion: assessment of the CFV's work and perspectives for the future

The decrease in public perception of the risks of infectious diseases, and the increase in the fear of secondary effects from vaccines, despite the continual improvement of vaccines available on the market, has resulted in vaccination delays or refusals to vaccinate. To address this issue, health authorities must be in a position to clearly explain how their vaccination recommendations are established. The role of the CFV is crucial to this process, and it is well-regarded and has high credibility among health professionals and the general public.

In order to further improve evidence-based decision making, it is crucial that appropriate resources are allocated to the CFV in order to further improve and expedite the preparation of evidence-based information by the working groups and by commission members themselves prior to voting on specific topics. Likewise, improvements in CFV communications activities and in the disclosure of potential conflicts of interest of members are needed, and they are being addressed by the committee.

The CFV is free to express itself, giving its points of view and explaining the basis for its recommendations whatever the opinions of the federal administration may be. Thus, it is not just "another office in Bern," but rather an important link in the chain of stakeholders supporting disease prevention through vaccination.

Conflict of interest statement

The authors state that they have no conflict of interest.

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