



## Pharmaceutical Representatives and State/City/Territorial Immunization Programs

### Memo of Understanding

**Statement of Philosophy:** It is the understanding of both parties that an underlying goal of our work is to assure that children and adults receive protection against vaccine-preventable diseases.

**Memo of Understanding:** Representatives of and lobbyists for the pharmaceutical companies (PRs) and of the health departments (HDs) will conduct themselves in accordance with the highest standards of integrity and ethics. Both parties will respect the promotion of business objectives by the PRs and public health objectives by the HDs in their interactions.

#### General Operating Procedures:

1. Professional interactions:
  - a. It is understood that all communication will be open, frank, and honest. Further, while there are many common goals, there may be times when disagreement is unavoidable; however, this too will be respected and communicated.
  - b. When appropriate, the HD's program manager will be informed of, and expected to participate in, all intended communication by the PR with the HD unless he/she otherwise declines (i.e., the PR should not go to a higher level first without communicating with the program manager). The manufacturer reserves the right to contact the National Immunization Program management team at any time.
  - c. If conflicting information is shared by the PR with the HD, expeditious attempts to resolve the differences will be made by the PR (e.g., referring HD staff to the proper company contact when appropriate, referring HD staff to company web sites).
2. Moving vaccine recommendations into general accepted practice:
  - a. In order to achieve a balance between the business objectives of the PRs and the public health objectives of the HDs, both parties will carefully and accurately represent the other's position when communicating with local medical providers.
  - b. Until it is clear that state or local health policy makers have adopted a national vaccine recommendation, in all communications with providers and others, PRs will be clear that the recommendations have not yet been adopted at the state (or local) level. For example, if a PR is calling on providers in a state to inform them of a recent recommendations of the ACIP to vaccinate an entire cohort of children with a newly licensed vaccine, they will be clear that it is a

recommendation of the ACIP and not as yet one of the state or local health department.

- c. When feasible, the PRs will inform the HD of their position and will seek to reach concurrence prior to undertaking activities in a state concerning legislation, regulation or other immunization policy change (e.g., vaccination requirements).

3. Collaborative activities:

- a. Health departments will accommodate and allow for information sharing between their programs and the PRs. Such sharing may be through individual meetings, educational seminars, or electronic communication (e.g., telephone, email). All PRs will be treated equally in this regard.
- b. PRs will consider requests from HDs to partner on projects that further public health goals (e.g., providing or supporting speakers at educational forums, providing unrestricted educational grants, distributing HD literature, etc.).
- c. When feasible and before information regarding a specific brand of vaccine is communicated to the VFC provider community by the HD, the HD will allow the PR that manufactures or distributes that vaccine to review the communication for accuracy.
- d. The Association of Immunization Managers (AIM) will attempt to convene an annual meeting with representatives of the pharmaceutical companies to share concerns and provide feedback on issues of mutual importance to both parties.

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The following individuals participated in the development of this agreement:

**Association of Immunization Managers (AIM)**

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