Case Archive

# What Government Does: Getting the Flu Shot

In late fall 2004, 72-year-old Bill Wolfson raced to get to Runnemede Senior Center in Camden County, New Jersey, in such a rush to get there that he ran a stop sign. Wolfson had heard that Runnemede was holding a flu-shot clinic, and he wanted to be there when the clinic opened. Wolfson had suffered seven heart attacks, he had three sisters to care for, and he wanted to make sure he was healthy enough to get to the casinos during the winter.[[1]](#footnote-1) His health problems and those of his sisters, he argued, made him a high-risk candidate for the vaccine. New Jersey health officials weren’t so sure.

In most years, of course, that medical history would have been more than enough to qualify anyone for a flu shot. In the 2004 flu season, however, things were very different. An American company, Chiron, had discovered that 4.5 million doses of the flu vaccine being manufactured in its Liverpool, England, plant were contaminated with bacteria. The company was unsure about how far the contamination had spread, so it took off the market all 46 million doses it was manufacturing for the season, dramatically reducing the amount of the vaccine that would be available in the U.S. market. Flu annually kills 36,000 people in the United States, and public health officials understandably worried that a vaccine shortage would drive that number even higher in 2004–2005.

As was soon widely reported, the nation was dependent on just two companies for the vaccine—Chiron, which manufactured its U.S.-bound vaccine in England, and Aventis Pasteur, a French company that manufactured its vaccine for American customers in American plants, using eggs from Pennsylvania farms. Learning that Chiron’s problems had eliminated almost half the nation’s supply, doctors and public health officials scrambled to determine how best to make up the difference for Bill Wolfson and millions of others like him around the country.

In years past, flu vaccinations had been given free at many public health clinics. Medicare patients—Americans over the age of 55—could have the government pay for their flu shots at their family doctors’ offices, and Americans with health insurance usually found that they were covered as well. Anyone could pay $15 or $20 for the vaccine at walk-in clinics in pharmacies and other locations.

Even with the wide availability of the vaccines, many Americans historically had chosen to avoid taking the needle. For the most part, that hadn’t presented a major problem. Relatively low demand coupled with spotty administration in some states—the public health systems in some were slow to distribute the vaccines or set up few public vaccination clinics—typically hadn’t built to a crisis situation during flu season. But the flu struck early in the winter of 2003 in a particularly nasty form, causing the deaths of at least five Colorado children. Adams County chief deputy coroner Mark Chavez said, “We have never had a string of deaths like this.”[[2]](#footnote-2) Local public health officials who previously had not been able to get people to line up for immunizations were soon swamped by the quick and sometimes fatal spread of the illness. That led to a surge in demand for the vaccine as the winter wore on, and many people were determined to get their shots early in the 2004 flu season.

This combination—memories of the previous year’s problems and the sudden disappearance of half the nation’s vaccine supply—led to near panic in some communities. A flu vaccine black market, with doses fetching up to $800, sprang up. Doctors reported that burglars were breaking into their offices late at night and looting vaccines from their refrigerators. Seniors with walkers and canes came to public health clinics at 5:00 a.m. and stood in line for hours, only to discover that the handful of doses on hand disappeared within minutes of the clinics’ opening.

John Kerry made the vaccine debacle a big issue in his 2004 presidential campaign, and the flu vaccine problem quickly became entangled in everything from the George W. Bush administration’s plans for Social Security reform to Kerry’s charges that Bush had mismanaged health policy. But the one issue that the election furor missed was the central one: the chronically poor condition of the nation’s public health system.

The American company’s Liverpool plant had been shut down by British government regulators, whose decision surprised the Food and Drug Administration (FDA), the lead U.S. regulatory agency. As officials at the FDA and the Centers for Disease Control and Prevention, the chief federal agency tracking health problems, struggled to devise a policy to help alleviate the shortage, state officials complained that they were getting little useful information or guidance from the federal government. Meanwhile, local public health agencies, which ran public clinics and worked with local doctors, had to cope with the long lines and worried citizens.

Those public health officers were forced to ask some tough questions—most important, how had the nation become totally dependent on just two companies for its entire flu vaccine supply? Part of the explanation was that demand was hard to forecast: in some years, when relatively few patients sought the vaccine, manufacturers were left with unsold supplies that could not be used the next year; in other years, demand surged and unhappy patients could not get the shots they wanted. Company officials added that government regulations made it hard for them to make much money in the business, and fewer companies were interested in competing.

Further complicating the issue was the process for manufacturing the vaccines, which are grown in hens’ eggs over a six-month period. Because mutations in the flu virus make each year’s flu strain different from that of the year before, manufacturers have to guess long in advance of the flu season which strains are most likely to occur so they can prepare the most effective vaccine. The extended timetable of the manufacturing process means that neither policymakers nor manufacturers can second-guess either the formula decided on or the appropriate quantity to be produced.

The combination of uncertain markets and costly government regulations, the vaccine manufacturers said, had led many of them to abandon the field. That reasoning, in turn, led some analysts to propose that the government intervene in the market to help make it more profitable, perhaps by guaranteeing in advance the purchase of a sufficient number of doses to make the business more profitable.

But all the sudden attention paid to these high-level issues proved of little reassurance to the 72-year-old man and his friends, many of whom did not receive a flu shot and who ended up hoping to get through the winter without contracting a serious illness.

# Questions to Consider

What role does—and should—government play in vaccinating the nation’s citizens against the flu?

Consider the roles of the federal, state, and local governments in flu vaccine policy. What does this say about how responsibility and accountability are distributed in the administrative process?

How have international forces come to shape the impact of government policy at even the lowest levels of American government?

Should the United States change its policy regarding flu vaccines? If so, how?

1. Monica Yant Kinney, “Flu-Shot Scarcity Stinging Seniors,” *Philadelphia Inquirer,* October 17, 2004, B1. [↑](#footnote-ref-1)
2. Quoted in Kieran Nicholson and Karen Augé, “Flu Claims 5th Colorado Child,” *Denver Post.com,* http://www.denverpost.com/Stories/0%2C1413%2C36%257E24769%257E 1805090%2C00.html (accessed December 3, 2003). [↑](#footnote-ref-2)