

# ADULT IMMUNIZATIONS

**REAL**  
HEALTH REFORM  
STARTS WITH  
PREVENTION

**The Importance of Adult Immunizations** — Vaccines are arguably the greatest technological development of the Twentieth Century. Immunizations are so effective at preventing and eradicating disease that many Americans have never seen a single case of mass killers of the past, such as smallpox and polio. Despite their effectiveness, more than 40,000 American adults – including working-age men and women, healthcare workers, seniors, and others – die each year from diseases that can be cheaply and effectively prevented by immunization.

## IMMUNIZATION FACTS:

- ▶ As we age, we may become more susceptible to serious diseases caused by common infections, such as influenza and pneumococcus.
- ▶ Almost one million Americans get shingles every year. About half of them are 60 years of age or older.
- ▶ About 36,000 Americans die each year from flu-related illnesses; most of whom are 65 or older.
- ▶ By age 50, 80% of women will be infected with human papillomavirus (HPV), the virus that causes cervical cancer.
- ▶ ACIP provides vaccination recommendations for adults as well as for children.
- ▶ Influenza immunization can reduce physician visits and lost work days, and reduce antibiotic use.

## BARRIERS TO IMMUNIZATION:

- ▶ Consumers are often unaware that they need to get vaccinated or do not know when they should be vaccinated.
- ▶ Public concern about the side effects, safety, and efficacy of immunizations.

## WHY IMMUNIZE?:

- ▶ 12,000 additional lives could be saved each year if we increased to 90 percent the portion of adults age 50 and older immunized annually for influenza. Today, 37 percent of adults have had an annual flu vaccination.
- ▶ Pertussis can be a serious disease in babies. Unimmunized parents and grandparents can pass the infection on to babies too young to be vaccinated.
- ▶ Some adult immunizations are highly cost effective. According to Partnership for Prevention's National Commission on Prevention Priorities, influenza and pneumococcal immunizations cost less than \$15,000 per quality-adjusted life year saved.
- ▶ Higher immunization rates and a stronger immunization infrastructure could help prepare the U.S. to respond to major disease outbreaks by improving our capacity for wide-scale rapid vaccine delivery to adults.

- ▶ Due to time restraints and competing priorities, health care providers may not recommend patients receive vaccinations.
- ▶ Research suggests that financial barriers reduce vaccination rates among underinsured and uninsured adults.

## ACIP IMMUNIZATION RECOMMENDATIONS FOR ADULTS

**Tetanus, diphtheria (Td), pertussis (Tdap)** - All adults should boost with Td every 10 years. Tdap should replace a single dose of Td for adults aged 19 through 64 years who have not received a dose of Tdap previously.

**Human papillomavirus (HPV)** - Women aged 19-26 should receive 3 doses of HPV vaccine.

**Zoster** - Adults aged 60 years and older without contraindications should receive 1 dose of vaccine.

**Influenza** - All adults aged 50 years and older and all adults at high-risk should receive the annual influenza vaccine.

**Pneumococcal** - Adults aged 65 years and older and adults at high risk should receive 1 dose of vaccine.

**Varicella** - All adults without evidence of immunity to varicella should receive 2 doses of vaccine.

**Measles, mumps, rubella (MMR)** - Susceptible adults should receive 1 or 2 doses of vaccine.

**Hepatitis A** - Adults at increased risk should receive 2 doses of vaccine.

**Hepatitis B** - Adults at increased risk should receive 3 doses of vaccine.

**Meningococcal** - Adults at increased risk should receive 1 or more doses of vaccine.

**The Advisory Committee on Immunization Practices (ACIP), a Committee that provides advice and guidance to the Secretary, the Assistant Secretary for Health, and the Centers for Disease Control and Prevention, develops written recommendations for the routine administration of vaccines, along with schedules regarding the appropriate timing, dosage, and contraindications.**

## What policy makers can do:

Health reform provides an opportunity to augment adult vaccination. In a reformed health system, health plans should offer a core set of age- and risk-appropriate, evidence-based clinical preventive services in their standard benefit package. All immunizations recommended by ACIP should be included in that set.

### IMMUNIZATION GRANT PROGRAM (SECTION 317)

- ▶ Increase funding to address challenges related to adult immunization and continue to build an infrastructure to distribute vaccines.

### MEDICARE

- ▶ Amend part B (Supplementary Medical Insurance) of title XVIII of the Social Security Act (Medicare) to include federally recommended vaccines under Medicare part B.
- ▶ Authorize the Secretary of HHS to expand Medicare coverage under part B for immunization services recommended by ACIP.
- ▶ Eliminate copayments and deductibles for recommended vaccinations.

### MEDICAID

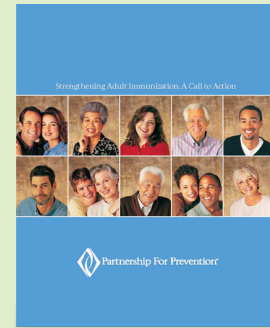
- ▶ Amend title XIX of the Social Security Act to require that all Medicaid recipients be fully covered for all ACIP-recommended immunizations.
- ▶ Eliminate copayments and deductibles for recommended vaccinations.

### FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ▶ Prohibit participation of plans under the federal employees health benefit program that do not offer and/or waive the deductible for universally recommended vaccines.

### OTHER

- ▶ Ensure that health information technology initiatives include plans to expand and integrate Immunization Information Systems.



### STRENGTHENING ADULT IMMUNIZATIONS

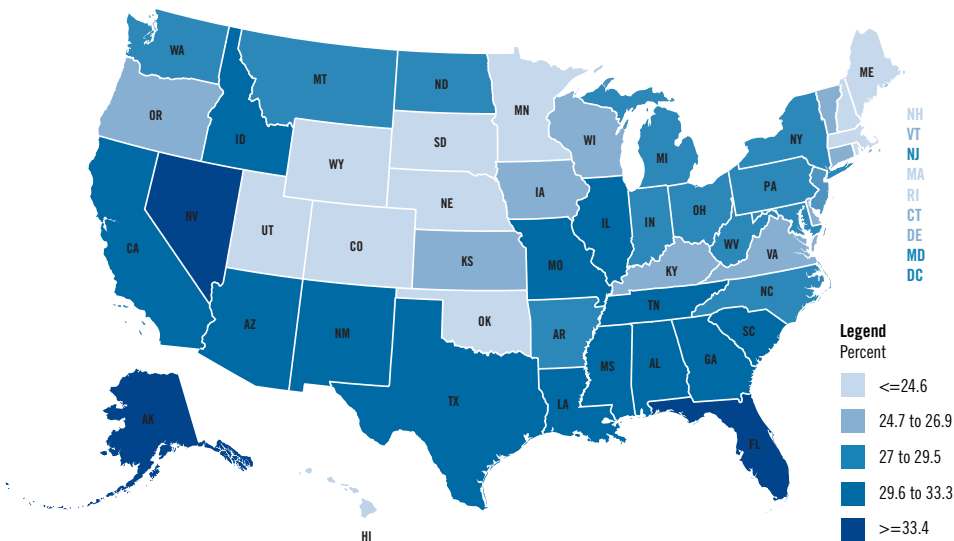
In 2005, Partnership for Prevention published “Strengthening Adult Immunization: A Call to Action.” This publication recommended six policies that were selected by an Expert Panel and represented the collective thinking and judgment of the nation’s leading experts about the most effective and feasible actions that should be taken to protect adults from vaccine-preventable disease.

While there has been some progress on almost all of these policies, Congress should continue to pursue efforts to implement sustained programming and funding to:

- Ensure First-Dollar Coverage for the Influenza and Pneumococcal Vaccines in the Federal Employee Health Benefit (FEHB) Program
- Expand Section 317 of the Public Health Service Act to Address Adult Immunization Needs
- Launch a National Campaign to Educate Americans about the Value of Adult Immunization
- Expand and Assess CMS Quality Initiatives
- Make Vaccination of Healthcare Workers a Quality Indicator
- Purchase and Distribute Influenza Vaccine for Uninsured Adults

This document can be downloaded at [www.prevent.org/immunizations](http://www.prevent.org/immunizations).

## Adults aged 65+ who have NOT had a flu shot in the last year, 2007



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2007

Partnership for Prevention® is a nonpartisan national membership organization dedicated to the adoption of sound disease prevention and health promotion policies and practices. For more information, visit [www.prevent.org](http://www.prevent.org). Provided by the Partnership for Prevention in part through financial support from Merck & Co., Inc.