Partnership For Prevention™

Strengthening Adult Immunization: A Call to Action

Many of the Nation's leading medical and health organizations support these policy recommendations:

American Medical Association • American Academy of Family Physicians

American College of Preventive Medicine • American Public Health Association

Association of State and Territorial Health Officials • Association of Immunization Managers

National Association of County & City Health Officials

Diseases that could be prevented by vaccines kill thousands of American adults every year:

36,000 die from influenza and 200,000 are hospitalized due to influenza complications

5,000 die from invasive pneumococcal disease and 33,000 suffer from the disease

5,000 die from hepatitis B and 80,000 become newly infected

Fortunately we have the technology—vaccines—to avoid these deaths and illnesses. However, we are not yet using vaccines as effectively as we should among adults to close the gap between the number of cases that could be prevented and the number that actually are. For example, a 2004 survey indicates that only 37% of adults ages 50-64 and 24% of adults ages 18-49 at high risk for influenza complications received the influenza vaccine in the previous 12 months. Among African-American adults over age 65, only 48% received the influenza vaccine in the past 12 months and 35% received the pneumococcal vaccine once in their lifetime. This compared to 70% and 56% of all adults the same age, respectively.

In contrast to adult immunization rates, childhood immunization rates are near all-time highs and, as a result, several diseases deadly among children have been wiped out. *We can do the same for adults.* Toward this end, Partnership for Prevention convened a blue ribbon panel of experts whose goal was to identify feasible policies to protect adults from vaccine-preventable disease. They reached remarkable consensus on 6 actions. The collective price tag is less than $100 million—cheap compared to the lives saved and hospitalizations and lost productivity they will prevent. As an added benefit, increasing and stabilizing demand for vaccines will encourage vaccine manufacturers to enter and remain in the U.S. market.

RECOMMENDED ACTIONS

Problem: *Millions of uninsured adults under age 65 and their contacts are at high risk of influenza complications.*

Action: Establish a multi-year pilot program in 4 states for the purchase and distribution of influenza vaccine for uninsured adults aged 19-64 years included in the current recommendations of the Advisory Committee on Immunization Practices.

Rationale: Rigorous studies show that removing financial barriers increases adult vaccination rates.

Cost: $6.7 million, $8.7 million, and $10.6 million in years 1 to 3, respectively.

Benefits: More adults vaccinated means less disease transmitted and reduced costs associated with influenza. The policy will also foster valuable partnerships between health care providers who care for adults and public health agencies to create a new culture in adult medicine that prioritizes adult immunization.

Problem: *Coverage for adult immunizations in federal health insurance programs is variable.*

Action: Require the Federal Employee Health Benefit Program (FEHBP) to stipulate that participating health plans provide first dollar coverage for influenza and pneumococcal vaccines for adults included in the current recommendations of the Advisory Committee on Immunization Practices.

Rationale: The federal government promotes adherence to the adult immunization schedule but does not ensure coverage for its employees and program beneficiaries. FEHBP is a low-cost first step; other federal health insurance programs do not provide complete coverage for adult immunizations (in particular, Medicaid) and should be tackled next.

Cost: Removing copays or adding coverage for these vaccines may increase FEHBP premiums, but the cost of the vaccines to health insurance plans will be offset substantially by savings in medical care costs.

Benefits: The action will protect federal employees from diseases that lead to missed work days, hospitalizations, and in some cases, death. It will set the right example for private sector employers.

Problem: *Adult immunization is not yet an essential element within the culture of adult medicine nor is it a health care priority in the minds of the public.*

Action 1: Earmark additional funding in the Section 317 program of the Public Health Service Act specifically for adult immunization activities.

Rationale: Public health agencies have significant responsibilities to ensure that the public is immunized, yet only 5% of Section 317 funding is dedicated to adult immunization activities.

Cost: The Association of State and Territorial Health Officials has recommended $83 million be added to the Section 317 budget in FY2005 for adult activities.

Action 2: Earmark $2-3 million per year over a 5-year period for DHHS to conduct an educational campaign on the importance of adult immunizations among the general public, segments of the population with particularly low immunization rates, as well as providers, insurers and employers.

Rationale: Surveys indicate that misconceptions and unjustified concerns about vaccine effectiveness and safety are common.

Benefits of Actions 1 & 2: Following the highly successful childhood immunization model, public health agencies at the federal, state and local levels can shape the public's perceptions about adult immunization and work collaboratively with adult providers to improve delivery of immunizations.

Problem: *Healthcare providers are not rewarded for excellent performance in the delivery of adult immunizations.*

Action 1: Direct the Centers for Medicare & Medicaid Services (CMS) to expand its quality initiatives and make measuring and reporting vaccination rates among adult patients and health care workers a priority. Earmark $1 million for the Agency for Healthcare Research and Quality (AHRQ) to assess CMS efforts and those of private organizations to identify the most effective approaches to measure and reward quality.

Rationale: Paying providers who do a good job delivering adult immunizations more than those who don't will improve adult immunization rates.

Action 2: Direct CMS to reach agreement with the Joint Commission on Accreditation of Healthcare Organizations to include immunization of healthcare workers as one of the standards that must be met for accreditation of hospitals, nursing homes, home health agencies, and other regulated facilities.

Rationale: Only 40% of healthcare workers were immunized against influenza in 2003, leaving non-immunized patients at risk for infection, particularly the frail elderly and newborns.

Benefits of Action 1 & 2: Our healthcare dollars will pay for quality care, and actions taken by CMS will influence quality throughout the healthcare system.

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