More than 30 percent of seniors are not immunized against pneumonia in 36 states

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A new report, Adult Immunization: Shots to Save Lives, released today by the Trust for America's Health (TFAH), the Infectious Diseases Society of America (IDSA), and the Robert Wood Johnson Foundation (RWJF) found that more than 30 percent of adults ages 65 and older had not been immunized against pneumonia in 36 states as of 2008. The U.S. Centers for Disease Control and Prevention (CDC) and other experts recommend that all seniors should be vaccinated against pneumonia, which is a one-time shot for most individuals, since seniors who get the seasonal flu are at risk for developing pneumonia as a complication.

Nationally, 33.1 percent of seniors had not been immunized against pneumonia, and even in the state with the highest immunization rate - Oregon - more than one quarter (26.8 percent) of seniors were not immunized. Washington, D.C. had the lowest number of seniors immunized, with nearly half (45.6 percent) of seniors not immunized.

Overall, the Adult Immunization report found millions of American adults go without routine and recommended vaccinations each year, which leads to an estimated 40,000 to 50,000 preventable deaths, thousands of preventable illnesses, and $10 billion in preventable health care costs each year. In addition to low rates of pneumonia immunizations, only 2.1 percent of eligible adults have had the tetanus, diphtheria, and whooping cough vaccine; only 10 percent of eligible adult women have had the human papillomavirus (HPV) vaccine; and only 36.1 percent of all adults were vaccinated against the seasonal flu in 2008.

"Thousands of lives could be saved each year if we could increase the number of adults who receive routine and recommended vaccinations," said Jeffrey Levi, PhD, Executive Director of TFAH. "We need a national strategy to make vaccines a regular part of medical care and to educate Americans about the effectiveness and safety of vaccines."

"Today, the vast majority of vaccine-preventable diseases, hospitalization and deaths occur among adults. This is tragic, because currently-available vaccines can prevent many of these illnesses," said William Schaffner, MD, FIDSA, chair of IDSA's Immunization Work Group and co-author of the report.

The report identified several key reasons why adult vaccination rates remain low in the United States despite the recommendation of medical experts, including:

- Limited access: Most adults are outside of institutionalized settings, like the military or colleges, where vaccines can be required;
- Limited care and insurance coverage: Primary and preventive care for adults is limited, particularly for the uninsured and underinsured;
- Limited financing for immunizations: Many adults have medical insurance that does not pay for vaccines and their administration, so out-of-pocket costs may be prohibitive for many individuals;
- Misunderstanding and misinformation: Many adults are misinformed about the safety and effectiveness of vaccines; and
- Limited research and development: Vaccine research, development, and production have been limited in the United

States for decades.

"This country has a first-rate system for immunizing children, but too many adults are falling through the cracks," said Richard J. Whitley, MD, FIDSA, president of IDSA. "Clearly, we need to build a better system for immunizing adults."

"Thousands of adults die each year from vaccine preventable diseases, yet adult vaccination rates remain low," said Litjen (LJ) Tan, MS, PhD, Director of Medicine and Public Health for the American Medical Association. "The health care community can take a lead role in raising immunization rates by educating their adult patients on the safety and efficacy of vaccines and letting them know that getting vaccinated is one of the best ways to protect themselves and loved ones from disease."

The report outlines a number of policy recommendations to increase rates of adult vaccinations. Some top recommendations include:

- Close coverage gaps: Providers should be required to offer full coverage for all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP); Medicare should fully cover all recommended vaccinations under Part B; and a Vaccines for Uninsured Adults (VFUA) Program should be created to cover all adults who are uninsured.

- Consider post-health reform scenarios: As any vaccine-related provisions are being phased in, steps should also be taken to expand support of existing adult vaccine programs during the interim time before these proposals are in full effect, and a Vaccines for Uninsured Adults (VFUA) Program would still need to be created to cover adults who will remain uninsured after reform.

- Increase public education: CDC and local and state health departments should receive increased resources to create and manage broad public education campaigns targeted at improving adult immunization rates, including communicating about the effectiveness and safety of vaccines.

- Increase provider and patient information: Standard practices should be developed to review patients' immunization histories and vaccinations should be offered at appropriate medical encounters, such as during physicals, cancer screenings, and pre-natal visits. Health providers should also play an increased role in reducing transmission of disease and set an example by complying with the recommended vaccines to protect themselves, their staffs, and their patients.

- Increase research, development, and production: The National Institutes of Health (NIH), CDC, and the U.S. Food and Drug Administration (FDA) should receive increased resources for vaccine research and development, including safety surveillance and research, and incentives should be provided for development and research in the United States to assure supplies of vaccines, especially during times of crisis.

Percent of Seniors NOT Vaccinated Against Pneumonia by State

Rates listed are the number of adults aged 65 and older who have not been vaccinated against pneumonia. 1= Lowest vaccination rate; 51 = Highest vaccination rate. Rankings are based on combining three years of data (2006-2008) from the U.S. Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System to "stabilize" data for comparison purposes. The pneumococcal vaccine is a one-time shot.

1. District of Columbia (45.6%); 2. Illinois (40.4%); California (39.0%); 4. Florida (37.6%); 5. New York (36.7%); 6. New Jersey (36.5%); 7. Texas (36.3%); 8. (tie) Alabama (36.0%), Alaska (36.0%), Georgia (36.0%), and South Carolina (36.0%); 12. Arkansas (35.8%); 13. New Mexico (35.4%); 14. (tie) Idaho (35.3%) and South Dakota (35.3%); 16. Kentucky (34.8%); 17. Tennessee (34.6%); 18. Michigan (34.2%); 19. (tie) Maryland (33.9%) and Nevada (33.9%); 21. Louisiana (33.7%); 22. Connecticut (33.4%); 23. Mississippi (33.2%); 24. (tie) Indiana (33.1%) and West Virginia (33.1%); 26. Missouri (32.7%); 27. Hawaii (32.1%); 28. Utah (32.0%); 29. Virginia (31.9%); 30. Arizona (31.8%); 31. Ohio (31.6%); 32. Kansas (31.5%); 33. North Carolina (31.2%); 34. Vermont (31.0%); 35. North Dakota (30.6%); 36. Massachusetts (30.4%); 37. Pennsylvania (30.3%); 38. (tie) Delaware (30.0%) and Washington (30.0%); 40. Iowa (29.9%); 41. Nebraska (29.8%); 42. Wyoming (29.7%); 43. (tie) Maine (29.5%) and Wisconsin (29.5%); 45. Minnesota (29.2%); 46. Oklahoma (28.9%); 47. (tie) Montana (28.8%) and New Hampshire (28.8%); 49. Rhode Island (28.2%); 50. Colorado (27.4%) and 51. Oregon (26.8%).

More information: The full report is available on TFAH's Web site at www.healthyamericans.org, IDSA's Web site at www.idsociety.org, and RWJF's Web site at www.rwjf.org.

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