

Executive Summary—Actions to Strengthen Adult and Adolescent Immunization Coverage in the United States: Policy Principles of the Infectious Diseases Society of America

Infectious Diseases Society of America^a

(See the full IDSA Policy Principles in the online edition of the journal and the editorial commentary by Hinman and Orenstein on pages 1532–5)

(The full text of this document is available in the online edition of the journal.)

Every year, tens of thousands of adults die and hundreds of thousands more are hospitalized due to diseases that could have been prevented by vaccination. The cost of this health burden to society, according to the Centers for Disease Control and Prevention (CDC), is ~\$10 billion per year.

Many of the lessons that have been learned from developing a highly effective pediatric immunization program can be applied to the problem of underimmunization in adults (see the editorial commentary by Hinman and Orenstein [1] in this issue of the journal). The opportunity is significant. Newly licensed adult vaccines can prevent shingles (the zoster vaccine) and cervical cancer (the human papillomavirus vaccine). Other vaccines already recommended for many adults can prevent liver cancer (the hepatitis B vaccine) and complications of infections caused by influenza virus and pneumococci. New vaccines are also available for

adolescents, including vaccines against meningococcal meningitis, cervical cancer, and boosters against pertussis (“whooping cough”).

The Infectious Diseases Society of America (IDSA) offers the following principles as a blueprint for action and urges all health care providers, health officials, and policymakers to participate in the solutions. These principles may be further modified as new developments emerge. Improvements in the national capacity to immunize adults and adolescents can help prevent disease, save lives, and ensure an effective system for the delivery of vaccines now in development. This goal should be pursued in a manner that enhances rather than compromises pediatric immunization programs. These principles are, in part, adapted from ideas contained in several past reports on adult immunization financing and access [1–5].

POLICY PRINCIPLES

I. Increase demand for adult and adolescent immunization by improving public and provider awareness.

Provider Awareness

All providers should offer immunization at appropriate medical encounters. Age-based visits for immunization and/or immunization review should be followed and additional ones developed. Increased education and training are needed. Furthermore, all health care workers should be fully immunized according to recommendations from the Advisory Com-

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These policy principles were developed by the Immunization Work Group of the National and Global Public Health Committee of the Infectious Diseases Society of America (IDSA) and were approved by the IDSA Board of Directors in March 2007.

^a Members of the Immunization Work Group are listed at the end of the text.

Reprints or correspondence: Dr. Neal A. Halsey, Dept. of International Health, Johns Hopkins University Bloomberg School of Public Health, 615 N. Wolfe St., Rm. W5041, Baltimore, MD 21205 (nhalsey@jhsph.edu).

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mittee on Immunization Practices (ACIP) to protect themselves and their patients and to set a positive example.

Public Awareness

Public health education campaigns should address the availability and importance of adult and adolescent vaccinations. Campaigns should target the general public, high-risk groups, racial and ethnic minority populations, and adolescents and their parents.

II. Strengthen the health care system's capacity to deliver vaccines to adults and adolescents.

Section 317 Program expansion. Congress should increase funding for the Section 317 Program, and the CDC and the Department of Health and Human Services (HHS) should develop a plan to expand the program to reach adults. Distinct funds for adult vaccine purchase and infrastructure are needed in amounts sufficient to cover the majority of underinsured and uninsured adults with all vaccines recommended by the ACIP. Funding for Section 317 should increase each time the ACIP recommends a new vaccine.

Strengthened capacity at the CDC. Expanded adolescent and adult immunization units with sufficient capacity to manage a national program are needed at the CDC.

State and local public health agency action. States should increase support for immunization services, including state Medicaid programs and local Adult Immunization Coalitions. States should promulgate standing order policies to allow nonphysicians to administer vaccines in certain circumstances.

Strengthening adolescent coverage through Vaccines for Children (VFC). The number of VFC providers who serve adolescents should be increased, and VFC should aim to develop mechanisms to finance immunization in nontraditional settings, including school-based health clinics.

Additional measures. Increased use of Immunization Information Systems, or "immunization registries," is needed for adult and adolescent populations. The National Vaccine Injury Compensation Program should cover all vaccines recommended by the ACIP for routine administration to adults. Hospitals should institute policies to offer vaccination to eligible inpatients and outpatients.

III. Expand provision of vaccines to adults and adolescents in public and private health insurance programs. Public and private payers should cover all ACIP-recommended vaccines and provide adequate payment for administrative costs. Legislation should be enacted to allow for the development of standards for the coverage of immunization benefits by all insurers, including those covered by the Employee Retirement Income Security Act of 1974. Congress should provide coverage for appropriate preventive vaccines under Medicare Part B instead of Part D.

IV. Promote adult and adolescent immunization as an

important measure of health care quality in managed care and other health care organizations. The National Committee for Quality Assurance should revise the Health Plan Employer Data and Information Set (HEDIS) measure on Adolescent Immunization Status to include recently approved vaccines; eventually, every ACIP-recommended adult and adolescent vaccine should be included within HEDIS quality measures. The Joint Commission should establish criteria for assessing influenza, pertussis, and hepatitis B immunization rates in health care workers as a measure of institutional compliance and performance.

V. Monitor and improve the performance of the nation's vaccine delivery and safety monitoring systems for adults and adolescents. The CDC should receive adequate funds to expand and improve national surveillance of vaccine-preventable diseases, immunization practices, and coverage levels across age groups and should expand assessment of coverage in high-risk patients. Continued financial support for monitoring and improvement of postlicensure vaccine safety must be ensured.

VI. Assure adequate support for research regarding adult and adolescent vaccine-preventable diseases and vaccines. The CDC, the National Institutes of Health, the US Food and Drug Administration, and other federal agencies must receive adequate funds to strengthen research into effectiveness, efficacy, and safety of existing and new vaccines and to pursue related health services research. Important areas of emphasis include factors affecting vaccine acceptance, elimination of racial and ethnic disparities, and population-based studies.

MEMBERS OF THE IMMUNIZATION WORK GROUP

Members of the Immunization Work Group include Neal A. Halsey (Chair), Edward A. Belongia, Gail A. Bolan, Walter A. Orenstein, Andrew T. Pavia, William Schaffner, and Bonnie M. Word, with additional author Julie Hantman. Donna Ambrosino and Kathleen Neuzil contributed to early drafts of the document.

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GlaxoSmithKline and Vaxinate. W.S. has served as a consultant to Sanofi-Pasteur, MedImmune, and GlaxoSmithKline; is a member of a safety evaluation committee for clinical trials of vaccines under investigation by Merck and of data safety monitoring boards of the NIH and the CDC for vaccine clinical trials. B.M.W. is on the infectious disease advisory boards of MedImmune and GlaxoSmithKline. All other authors: no conflicts.

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