

Adult Immunization

Overview

In the U.S., more than 42,000 adults die each year from vaccine-preventable diseases. The licensure of new vaccines (e.g., Tdap, HPV, herpes zoster) and the optimal use of older vaccines (e.g., influenza, pneumococcal, hepatitis B) have a great potential to protect and improve the health of adults in the U.S. Although many adults 18-64 have private medical insurance, there is currently no comprehensive program to finance vaccines for those who are uninsured or underinsured or to create infrastructure to support the vaccination of these individuals. Both public and private insurers are less likely to cover recommended immunizations for adults, and adults are not included in any universal state vaccine purchase and distribution system. The majority of Section 317 program funds are dedicated to routine childhood programs, with a smaller portion remaining for adult immunization programs primarily targeting high risk populations. Unlike childhood immunization programs, there is no funding designated specifically for adult immunization-related efforts, although the 64 immunization grantees may use Section 317 immunization grant program funds to support adult immunization activities and vaccine replacement programs. In 2005, 4.5 percent of Section 317 funding purchased adult vaccines. Financial support remains a challenge to extending our successes in childhood immunization to the adult population.

In order to reach recommended populations, it will be necessary to expand provider awareness of vaccination and increase outreach to less traditional vaccination sites (e.g., STD clinics, homeless shelters, HIV counseling and testing centers, colleges, correctional institutions, emergency departments, family planning clinics, OB/GYN offices, travel clinics, and pharmacies). In addition to educating providers, it is also vital to conduct educational campaigns for adults of all ages, including healthcare workers, and to prevent missed opportunities to vaccinate.

References

- Recommended Adult Immunization Schedule available at <http://www.cdc.gov/nip/recs/adult-schedule.htm>
- Influenza vaccine coverage data from the National Health Interview Survey <http://www.cdc.gov/flu/professionals/vaccination/pdf/vaccinetrend.pdf>
- Improving Influenza, Pneumococcal Polysaccharide, and Hepatitis B Vaccination Coverage Among Adults Aged <65 Years at High Risk. A Report on Recommendations of the Task Force on Community Preventive Services available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5405a1.htm>
- CDC. Revised Standards for Adult Immunization Practices. 2002. Available at www.cdc.gov/nip/recs/rev-immz-stds.hem#child
- Advisory Committee on Immunization Practices (ACIP) Recommendations. General Immunization, Adult Immunization, and Vaccine-Specific Recommendations are published periodically in the MMWR. Available at: <http://www.cdc.gov/nip/publications/acip-list.htm>

- Infectious Diseases Society of America [Internet]. Alexandria (VA): Working principles: Actions needed to strengthen adult and adolescent immunization coverage in the U.S; (document posted 2007 February 6; cited 2007 February 15). Available at: http://www.idsociety.org/Content/ContentGroups/Public_Statements_and_Policies1/Statements/Immunization_Working_Principles_Feb0607.pdf
- American College Health Association <http://www.acha.org/>
- Centers for Medicare and Medicaid Services www.cms.hhs.gov/preventiveservices/2.asp
- National Network for Immunization Information (NNii) www.immunizationinfo.org/
- The Joint Commission on Accreditation of Healthcare Organizations standard requirements regarding annual influenza vaccination programs. Available at: http://www.jointcommission.org/NewsRoom/NewsReleases/nr_06_13_06.htm
- 2008-2012 Immunization Program Operations Manual (IPOM) Chapters 1, 3, and 8

Program Requirements

7.1 Work with partners (e.g., Quality Improvement Organizations, medical professional societies, hospital infection control nurses) to promote the adoption of evidence-based approaches to increasing vaccination such as the use of immunization information systems (IIS) for client and provider reminder/recall, standing orders, assessment/feedback in settings including hospitals, long-term care facilities, and outpatient clinical settings.

Required activities

None

Recommended activities

7.1a. Implement provider or system based interventions, including standing orders, provider reminder system, or provider assessment and feedback.

7.1b. Implement interventions to increase client or community demand for vaccination, including client reminders or client education.

7.1c. Ensure influenza, adult pneumococcal, and Td/Tdap vaccination of hospitalized patients prior to discharge. Medicare published a rule allowing use of standing orders for vaccination and a second rule requiring that all long-term care patients be offered influenza and pneumococcal vaccines. Provider reminders are also essential. As in-patients or long-term care residents, these persons have immediate access to the healthcare system, and for those with coverage, out-of-pocket costs are not an issue.

7.2 Work with partners (e.g., Joint Commission on Accreditation of Healthcare Organizations) to increase influenza vaccination of healthcare workers.

Required activities

None

Recommended activities

- 7.2a. Expand access to vaccinations in healthcare settings. For example, ensure that vaccine is available to healthcare workers on their own wards during regular work hours.
- 7.2b. Ensure that vaccine is provided free of charge to healthcare workers (including students, interns, residents) by the healthcare facility.
- 7.2c. Provide education to staff, and ensure standing orders are in place at the healthcare facility.
- 7.2d. Identify and utilize champions, particularly in the larger institutional settings.
- 7.2e. Implement Joint Commission standards that establish annual influenza vaccination programs, provide on-site access to vaccinations, educate staff and independent practitioners, evaluate rates of vaccination and reasons for non-participation, and provide enhancements for participation.

7.3 As 317 funds permit, increase access to vaccines for high risk adults.

Required activities

None

Recommended activities

- 7.3a. Ensure that immunization services are readily accessible to high risk adults (e.g., after-hours immunization services, co-locate public immunization services with other public health or social service agencies, public clinics or treatment centers that serve persons likely to be high risk).
- 7.3b. Collaborate with other local, state and federal agencies to identify, refer, and follow up high-risk adults in need of immunizations.
- 7.3c. Collaborate with community-based organizations (e.g., homeless shelters) to identify, refer, and follow-up high-risk adults in need of immunizations.
- 7.3d. Collaborate with public clinics and treatment centers, including HIV counseling centers, intravenous drug use clinics, STD clinics, and correctional centers to provide hepatitis B vaccine to adults at high risk for hepatitis B and other vaccine preventable diseases.
- 7.3e. Establish collaborations between public clinics and community organizations for outreach purposes (i.e., to contact and provide immunizations to “hard-to-reach” persons who fail to respond to recall messages).
- 7.3f. Establish an in-house 317 work group or collaborate with the state immunization advisory committee to work through 317 issues and prioritization of vaccination efforts.

7.4 Additional Activities

Recommended activities

- 7.4a. Expand access to vaccinations in colleges and universities. Ensure that immunization services are readily accessible to at risk students.
- 7.4b. Ensure college/university health care clinic personnel and students are knowledgeable about vaccine recommendations and opportunities for vaccination.
- 7.4c. Promote awareness and education about adult vaccination among providers, community organizations, and the public, including promotion of new adult vaccines and new ACIP recommendations for current vaccines.
- 7.4d. Ensure that physicians offer appropriate vaccines to patients and encourage their receipt.