



## **ADULT IMMUNIZATION WHAT IS THE PUBLIC HEALTH ISSUE?**

Each year, in the United States, an average of 42,000 adults dies from vaccine-preventable diseases. Pneumonia and influenza were the fifth leading cause of death in all persons aged 65 and older based on 2000 national mortality data. As of 2005, only 60 percent of adults aged 65 years or older, 18 percent of high-risk adults aged 18 to 49 years, and 34 percent of high-risk adults aged 50 to 64 years reported receiving influenza vaccination. Influenza vaccination coverage levels among persons aged 65 years or older were lower among African Americans (40 percent) and Hispanics (42 percent) when compared to non-Hispanic whites (56 percent). The gap is even wider for pneumococcal vaccination. One of the greatest challenges is extending the success in childhood immunization to the adult population.

## **WHAT HAS CDC ACCOMPLISHED?**

In 2001, the Department of Health and Human Services made eliminating racial and ethnic disparities in influenza and pneumococcal vaccination for people 65 years of age and older a priority. To address this priority, CDC established the Racial and Ethnic Adult Disparities in Immunization Initiative (READII) demonstration project in five sites (Chicago, IL, Rochester, NY; San Antonio, TX; Milwaukee, WI; and, 19 counties in the Mississippi Delta region). These sites developed and implemented community-based plans by partnering with public health professionals, healthcare providers, and community organizations. Among the key lessons learned were challenges associated with implementing provider-based interventions for adults. The development of new partnerships with the organizations who could reach the target populations were considered to be one of the most valuable aspects of the project and are continuing after the end of the demonstration.

CDC makes available a number of tools for immunization programs:

- The Adult Immunization Schedule approved by the Advisory Committee on Immunization Practices is updated annually, most recently in 2006.
- A comprehensive assessment package allows the user to assess immunization rates in persons of all ages. The software package is a tool that providers may use to estimate their vaccination coverage, assess their immunization delivery practices, and improve their practices and coverage.

CDC is working with federal, public, and private sector partners as well as vaccine manufacturers to improve annual influenza vaccine uptake, and identify strategies to improve such uptake. Strategies and activities include:

- Working with the FDA, vaccine manufacturers, distributors, and other partners in the National Influenza Vaccine Summit to create a stable and increasing influenza vaccine supply.
- Improving the coordination of adult immunization-related activities at the state and local level.
- Promoting vaccination in multiple settings.
- Implementing strategies to improve health care worker (HCW) vaccination.

In addition to influenza and pneumococcal vaccination, vaccines for human papillomavirus (HPV), meningococcal diseases, and tetanus-diphtheria-pertussis (Tdap) are routinely recommended for some adult populations. In 2006, a vaccine against herpes zoster (Shingles) was licensed and recommended for routine use in adults 60 years of age and older. CDC is working with grantees and partner organizations on addressing needs related to these vaccines as well.

## **WHAT ARE THE NEXT STEPS**

Continue working with partners to support state health departments to develop comprehensive plans for vaccination of adults; assure pandemic preparedness efforts provide lasting benefit on immunization capacity; address and eliminate persistent racial and ethnic disparities in adult immunization coverage levels; develop, evaluate, and promote standing orders and patient/provider reminder systems; and, help improve physician and institutional practices that lead to increased vaccination coverage among adults.

1. This estimate does not include deaths related to HPV related cancers.

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