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current as of May 20, 2009.

*JAMA*. 2009;301(19):1976 (doi:10.1001/jama.2009.672)

<http://jama.ama-assn.org/cgi/content/full/301/19/1976>

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# Campaign Aims to Boost Adult Vaccinations

Rebecca Voelker

**D**ECADES AGO, ATTAINING IMMUNITY from infectious diseases was little more than a game of chance. For some, exposure to disease caused severe illness. Others walked away unscathed. Either way, the immune system churned out protective antibodies to help the body win future bets against infectious bugs. Compared with receiving today's lineup of vaccines, "that's a harsh way to get immunized," observes infectious diseases specialist William Schaffner, MD, of Vanderbilt University School of Medicine in Nashville, Tenn.

Even so, millions of US adults continue to roll the dice by overlooking their need for immunizations against such vaccine-preventable illnesses as influenza, pertussis, and pneumococcal disease. "Most vaccination rates in adults are lower than 50%," notes Susan Rehm, MD, medical director of the National Foundation for Infectious Diseases (NFID). The exceptions are rates of immunization against influenza and pneumococcal disease in adults older than 65 years, but even those are considered suboptimal at less than 70%.

In a new effort to raise awareness of the need to boost adult immunizations, in early April the NFID launched a comprehensive education campaign aimed at patients and health care professionals. A campaign centerpiece is a new Web site (<http://www.adultvaccination.com>) that contains information on 12 adult diseases and the vaccines that can help prevent them. Also, the site contains such tools as fact sheets and appointment reminder cards that physicians can use to encourage patients to remain current on immunizations.

"Adults don't fully understand the risk they face from infections, and they also don't understand the value of vaccination because these are illnesses for which they're used to getting treatment," says Schaffner, who is NFID's president-elect.

Infectious diseases specialist Beverly Sha, MD, of Rush University Medical Center in Chicago, who is not affiliated with the NFID campaign, says a number of barriers currently stand in

| US Adult Immunization Rates, 2007 |                 |
|-----------------------------------|-----------------|
| Vaccine                           | % Vaccinated    |
| <b>Influenza</b>                  |                 |
| Age 18-49, high risk              | 37              |
| Age 50-64 y                       | 42              |
| Age ≥65 y                         | 69              |
| Health care workers               | 42 <sup>a</sup> |
| <b>Pneumococcal disease</b>       |                 |
| Age 18-64, high risk              | 33              |
| Age ≥65 y                         | 66              |
| <b>Human papillomavirus</b>       |                 |
| Women aged 18-26 y                | 10              |
| <b>Shingles</b>                   |                 |
| ≥60 y                             | 2               |
| <b>Tdap booster</b>               |                 |
| 18-64 y                           | 2 <sup>b</sup>  |
| <b>Hepatitis A</b>                |                 |
| 18-49 y                           | 12              |
| <b>Hepatitis B</b>                |                 |
| 18-49 y                           | 23              |

Abbreviations: Td, tetanus-diphtheria toxoids; Tdap, diphtheria and tetanus toxoids and pertussis.  
<sup>a</sup>Data are from 2006.  
<sup>b</sup>57% of adults report having a Td booster in the past 10 years.  
 Source: National Foundation for Infectious Diseases. Saving Lives: Integrating Vaccines for Adults Into Routine Care. Bethesda, MD: National Foundation for Infectious Diseases; 2008.

the way of achieving high adult immunization rates. In addition to antivaccine groups that attempt to dissuade the public from receiving immunizations, Sha says health care professionals face low reimbursement rates and a mishmash of coverage policies. "For a number of vaccines, we don't make back what the vaccine costs," she says. "All of these factors have led to suboptimal vaccination rates."

Medical epidemiologist Andrew Kroger, MD, MPH, of the CDC, says that some 50 000 deaths annually are attributable to illnesses in adults for which vaccines are recommended. About 36 000 of those deaths are from influenza, and most are in individuals aged 65 years or older. Influenza also results in some 260 000 hospitalizations per year, he added. Direct medi-

cal costs from influenza total about \$10.4 billion annually (Molinari NA et al. *Vaccine*. 2007;25[27]:5086-5096).

Schaffner says that health care professionals also need a clearer understanding of which vaccines adult patients need and how often they should be given. The immunization schedule for adults is somewhat complicated (<http://www.adultvaccination.com> or <http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>). For example, vaccination against hepatitis B is advised only in adults with end-stage renal disease, chronic liver disease, HIV infection, or certain occupational and lifestyle risks. Pregnancy, HIV infection, or other immunocompromising illnesses are contraindications for some vaccines.

New vaccines added to the adult schedule complicate it further. In 2005, the Advisory Committee on Immunization Practices (ACIP) recommended routine, single-dose tetanus, diphtheria, and acellular pertussis vaccine in adults age 19 to 64 years to replace the next booster of tetanus and diphtheria toxoids vaccine, and for adults in close contact with infants. The pertussis component helps prevent transmission from adults to infants and young children, who are at greater risk of hospitalization or death from the illness.

In 2006, the ACIP recommended herpes zoster vaccine for adults aged 60 years or older to prevent reactivation of the varicella-zoster virus that causes chickenpox. Symptoms of herpes zoster include a painful, blistering rash, and complications can be severe: debilitating postherpetic neuralgia and damage to eyes and other organs.

What's more, Schaffner notes, some adult immunizations offer a new avenue in fighting cancer. Vaccines that prevent human papillomavirus and hepatitis B virus infections also can help to prevent cervical cancer and liver cancer, respectively. "This is astounding, but true and very exciting," he says. □