COMMENTARY

A Closer Look at Adult Immunization in the United States

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JASON S. LEE DESCRIBES THE MAGNITUDE OF THE problem of underimmunization in adults and questions our progress as a nation in addressing these needs. He documents in detail the nature and consequences of underimmunization. We concur with Lee's assessment of the importance of adult immunization, but would like to counter some of his criticisms with a complete account of our activities and achievements to date. We will also describe the important role other federal agencies must play, in collaboration with professional and community partners, in developing comprehensive strategies for enhancing adult immunization.

Background

Starting in 1984, the Centers for Disease Control and Prevention (CDC) has written, or collaborated in the preparation of, comprehensive policy statements and reports on effective vaccination strategies to serve as underpinnings for effective activities (Centers for Disease Control and

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Prevention 1984, 1991, 1995a; Williams et al. 1988; American College of Physicians . . . 1994). The agency formed partnerships with key federal, public, private, and voluntary organizations and launched a concerted effort to stimulate adult immunization activities in the public and private sectors. During the past ten years, CDC has taken the following steps:

1. Helped to establish and worked to increase public and provider awareness, in partnership with the National Coalition for Adult Immunization (NCAI) (which comprises more than 70 major organizations)
2. Helped to develop and published NCAI's Standards for Adult Immunization Practice (Centers for Disease Control 1990)
3. Worked for the adoption of National Adult Immunization Awareness Week (celebrated annually during the last week of October) by Presidential proclamation
4. Convened symposia focused on improving adult immunization practices among providers
5. Developed educational materials and training activities for health care providers, health profession students, and consumers
6. Conducted studies to assess patient and provider factors influencing vaccination, and published the findings (Williams 1992)
7. Executed major demonstration projects to assess promising interventions, to develop models for community coalition building, and to establish effective vaccine delivery mechanisms for adults (Campbell et al. 1993; Centers for Disease Control and Prevention 1993)
8. Worked directly with the Health Care Financing Administration (HCFA), the National Institute on Aging (NIA), and other federal agencies on provider- and patient-targeted activities to enhance adult immunization
9. Worked with its public and private partners, vaccine companies, and the managed care industry to improve vaccination services for adults
10. Improved disease surveillance activities
11. Conducted research on programmatic and technical issues affecting adult immunization
12. Refined mechanisms to evaluate the impact of immunization activities on levels of protection and morbidity

Healthy People Year 2000 Goals

The objectives set in the Healthy People Year 2000 report (U.S. Public Health Service 1991) should serve as the yardstick for measuring national progress in improving the health of adults and children in the United States. Twenty-two expert working groups, a consortium of almost 300 national organizations, every state health department, the Institute of Medicine, and many others contributed to this national effort to set disease prevention goals.

One objective put forth in Healthy People 2000 is to assure that 60 percent of adults 65 years of age and older receive the influenza and pneumococcal vaccination by the year 2000. As CDC's activities, described above, have gained momentum, vaccination levels have improved. For older persons, influenza and pneumococcal vaccination rates have increased, although not to optimal levels. Approximately 40,000 to 70,000 adults die from vaccine-preventable illnesses every year. Data gathered in 1993 from the National Health Interview Survey (NHIS), the recognized data source, show influenza immunization coverage at 52 percent, close to the Healthy People goal of 60 percent (Centers for Disease Control and Prevention 1995b). Furthermore, according to preliminary data from an HCFA survey, the 1994 level reached 61 percent, which means that this Healthy People goal may have been met six years before the target date. The General Accounting Office has recently acknowledged that significant progress has been made in the use of the influenza vaccine. Pneumococcal immunization rates doubled from 14 percent in 1989 to 28 percent in 1993 (Centers for Disease Control and Prevention 1995b). Although the nation is on track to meet the Healthy People 2000 goal of 60 percent, we are still a good way from achieving it.

Although these immunization levels are the highest ever recorded among older U.S. adults, further progress is required, especially among certain populations with substantially lower coverage, like African Americans and adults with certain high-risk or chronic conditions. Also, considerable energy must be directed toward continuing effective vaccination strategies for pneumococcal disease. These remaining challenges should not prevent us from acknowledging historic advances and, more important, from applying what we have learned to achieve even more satisfactory levels of protection of adults against vaccine-preventable diseases and deaths.

Partners in Adult Immunization Activities

Extensive collaboration among public, private, and voluntary organizations has resulted in greatly increased immunization coverage of adults. For example, HCFA clearly has a central role to play in improving vaccination levels of older persons through its Medicare program. Medicare has covered pneumococcal vaccination since 1981. HCFA worked with CDC and the National Vaccine Program Office on the five-year, multimillion-dollar Medicare Influenza Demonstration Project, which showed the life-saving and cost-saving benefits that could accrue from more widespread use of the influenza vaccine. This project proved that effective intervention strategies could achieve target vaccination levels. With evidence that an influenza immunization benefit may provide a cost savings to Medicare, HCFA established a reimbursement policy for flu immunization in 1993. Additionally, HCFA changed program direction and priorities. In Fiscal Year (FY) 1995, HCFA expended just over $100 million to administer and promote influenza and pneumococcal vaccination for Medicare beneficiaries.

HCFA has taken aggressive action to support strategies that will reduce disease. Its Consumer Information Strategy uses Medicare claims data to efficiently target areas with low immunization rates, to help state health departments expand awareness, and to utilize partnership activities and national media networks to reach the largest possible number of beneficiaries in a cost-effective way (Vladeck 1994). HCFA prepared and distributed 10,500 information kits in 1994 to large consumer and provider organizations that, in turn, used the materials to increase immunization coverage. These organizations included the American Medical Association, the American Association of Retired Persons, the Group Health Association of America, and the American Hospital Association. HCFA has also engaged contractors in every state to work on an adult immunization promotional campaign currently being waged by hundreds of local organizations around the country.

New collaborative efforts have expanded upon the successful collaboration between HCFA and CDC in the Influenza Demonstration Project. HCFA has developed a five-year plan called "Flu 2000," which contains strategies for improving influenza and pneumococcal vaccination coverage. Both CDC and NCAI contributed their knowledge and expertise to the development of this plan. HCFA is also initiating a minority health program called Horizons, which will focus on encouraging use

of preventive services by minority and underserved populations. The first Horizons project is a collaborative effort between Peer Review Organizations and historically black colleges and universities in eight southeastern states to develop intervention strategies for increasing flu immunization rates in African-American Medicare beneficiaries.

The Department of Health and Human Services has also examined the issues surrounding adult immunization in a comprehensive and systematic fashion and has developed its own strategy. After a two-and-a-half-year deliberative process supported by CDC, the National Vaccine Advisory Committee (NVAC) Report on Adult Immunization was adopted in January 1994 and sent to Assistant Secretary of Health Philip R. Lee (National Vaccine Advisory Committee 1994; Fedson 1994). The NVAC is a government advisory group composed of a wide spectrum of representatives from the public and private sectors. The NVAC report establishes five major goals for improving adult immunization in the United States. It contains 18 recommendations for achieving these goals, devises 72 strategies for implementation, and focuses on policy issues that underlie all aspects of adult immunization, including research and development, safety and efficacy, availability, cost, distribution, and use of vaccines by adults (National Vaccine Advisory Committee 1994; Fedson 1994). This report clearly states that improving adult immunization will require not only a substantial CDC role but also close working relations among other federal agencies, health care professionals, vaccine companies, and the payers for health care services. The NVAC report reflects the government's aggressive leadership in studying and addressing adult immunization issues.

National Priorities in Adult Immunization

Whereas HCFA, through the Medicare program, has made adult immunization one of its highest priorities, the Congress has indicated unequivocally that children should be CDC's immunization priority. For example, in the FY 1990-95 House and Senate Appropriations Committee reports related to CDC, childhood immunization was directly addressed frequently and repeatedly, whereas adult immunization was mentioned only once in these six years. In fact, each House report channels all of the immunization funding to CDC under the heading "Childhood Immunization Program." In addition, the most recent House

authorization hearing for CDC immunization activities was entitled "Childhood Immunization Program Reauthorization." Finally, CDC has worked closely with congressional staff members over the years. Without question, they have clearly indicated that CDC was to pursue childhood immunization activities first and foremost. Although CDC has always acknowledged its authority to conduct adult immunization activities, and although it does carry out substantive efforts with limited resources, as noted above, it would be inappropriate to ignore the clearly expressed wishes of the Congress.

Childhood immunization is a high priority of the current administration. Shortly after taking office, President Clinton launched the national Childhood Immunization Initiative, a five-part program and strategy to raise immunization levels of preschool children to at least 90 percent for most childhood vaccine-preventable diseases by 1996, and to decrease the incidence of these diseases to zero, or near-zero, levels over the same time period (Centers for Disease Control and Prevention 1994). CDC has worked aggressively with partners at all levels to make this national initiative a reality and a success.

The Negative Impact of Reordering Immunization Priorities

Jason Lee suggests shifting CDC resources from childhood to adult immunization. CDC has estimated that in order to increase adult immunization rates in a meaningful way, an expenditure of from $34 to $80 million would be required, depending on the comprehensiveness of the program design. Removal of these funds from the National Immunization Program's childhood immunization activities would result in the termination of major preventive activities and significant decreases in coverage, and could lead to higher rates of childhood disease. Historically, when federal funding for immunization has decreased, disease incidence has gone up. For example, when measles funding decreased from 1968 to 1969, cases tripled between 1969 and 1971.

One of the sad truths in public health is that, as public health interventions significantly reduce levels of a disease, it receives less funding and is assigned a lower priority because it is no longer viewed as an imminent threat. The program, rather than the disease, is eliminated! Consequently, diseases that once were suppressed later return in epi-

demic proportions. This is exactly why the Childhood Immunization Initiative was created: to build a comprehensive vaccination system that is secure and sustainable—not only for today's children, but for tomorrow's as well.

Childhood immunization rates are at all-time high levels. We are within striking distance of having a truly effective childhood immunization system in the United States, and we must not retreat or scale back our efforts at this critical juncture. As a nation we must stick to our resolve never again to allow epidemics to be the primary motivation for our immunization efforts.

Although the nation would benefit unquestionably from intensified efforts to immunize more adults, taking resources from children's programs to accomplish this is not the answer. Adult immunization must be more fully addressed if we are to save the $12 billion spent each year on diseases that adult vaccines could prevent. The National Vaccine Program Office and CDC are working with HCFA and other federal agencies, as well as private sector partners, to reach and surpass the Healthy People 2000 goals of 60 percent for influenza and pneumococcal vaccination. The NVAC identified five crucial goals and multiple strategies to improve adult immunization, which CDC, HCFA, and its various partners, government and private, are applying to the developing plan of action. As part of the assessment of the NVAC report, the Department of Health and Human Services will consider both fiscal and programmatic issues related to the enhancement of adult immunization activities.

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