

Health and Economic Benefits of Adult Immunizations



Adult vaccination rates remain low in the U.S. and far below Healthy People 2020 targets

■ Adult vaccination rate
■ Healthy People 2020 target

HEP B (Health care personnel age ≥ 19)



HPV (Women 19–26)



FLU (Adults ≥ 18)



PNEUMOCOCCAL (19–64 high risk)



SHINGLES (≥ 60)



AVAC
ADULT VACCINE
ACCESS COALITION

As recently as the mid-20th century, conditions such as polio, measles, rubella and diphtheria were still common, striking thousands ill and taking the lives of hundreds more.

The development of safe and effective vaccines has revolutionized medicine and turned once prevalent conditions into mostly a distant memory.

The key to maintaining and building on these advances is constant vigilance. Continued access to immunizations for children, adolescents and adults is essential to preserving the progress we've made against vaccine-preventable conditions and strengthening our ability to address emerging health threats in the vaccine research pipeline such as respiratory syncytial virus (RSV), norovirus, Ebola and Zika.

Every year, more than 50,000 adults die from vaccine-preventable diseases and thousands more suffer serious health problems. At-risk populations, including seniors and people with chronic illness, are at greater risk of complications and death.

The Adult Vaccine Access Coalition (AVAC) urges Congress to protect coverage of cost-effective and life-saving vaccines and provide adequate funding for essential immunization infrastructure.

BURDEN OF VACCINE-PREVENTABLE DISEASES

INFLUENZA (THE FLU)

- ◆ 24.5 million cases annually.¹
- ◆ 226,000 hospitalizations, >75 percent adults.²
- ◆ 12,000–56,000 deaths, >90 percent among adults age 65 and older over a decade.³
- ◆ Direct medical cost: \$10.4 billion.
- ◆ Loss of work and life: \$87 billion annually.⁴

INVASIVE PNEUMOCOCCAL DISEASE (IPD)⁵

- ◆ 900,000 cases of pneumococcal pneumonia each year, resulting in an estimated 400,000 hospitalizations.
- ◆ Between 5–7 percent of pneumococcal cases end in death.
- ◆ The overwhelming majority of pneumococcal cases (90 percent) and deaths (95 percent) in the U.S. are adults.

ZOSTER (SHINGLES)⁶

- ◆ Nearly 1 million cases annually.
- ◆ An estimated 1 in 3 adults will have shingles in their lifetime.
- ◆ 20 percent of people with shingles suffer from severe pain known as postherpetic neuralgia (PHN), long after the virus subsides.⁷

PERTUSSIS (WHOOPIING COUGH)⁸

- ◆ Of the roughly 33,000 cases in 2014 and 21,000 cases in 2015, 22.4 percent of the cases were individuals age 20 and older.
- ◆ Cost: \$398 million in 2013.

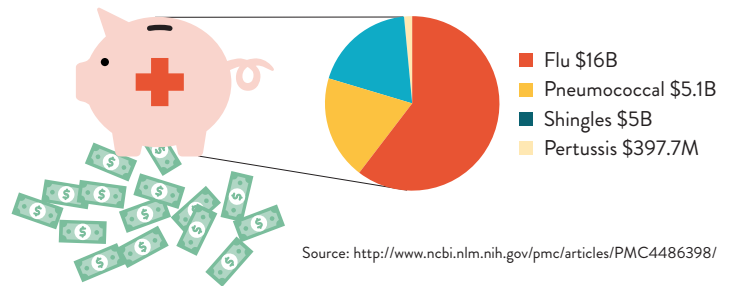
HEPATITIS B (HBV)⁹

- ◆ 2,953 acute cases and 1,843 deaths reported in 2014.
- ◆ 95 percent of new HBV infections occur among adults.
- ◆ It is estimated that the number of actual cases in 2014 ranged between 11,000–47,100 and between 850,000 and 2.2 million live with chronic Hepatitis B.



Vaccine-preventable diseases cost the U.S. billions each year

The U.S. spends about \$26.5 billion annually treating four major vaccine-preventable diseases among U.S. adults (≥ 50 years).¹⁰



Economic Impact of Vaccine-Preventable Illness

- ◆ The Advisory Committee on Immunization Practice (ACIP) makes recommendations for routine immunization of U.S. adults. While the standards for adult immunization practice¹¹ are widely accepted, the value of vaccines in reducing the health and economic burden of vaccine-preventable conditions is not always recognized.
- ◆ Several studies estimate the cost of vaccine-preventable disease among U.S. adults ranges from \$9 billion to \$26 billion annually. Nearly 80 percent (\$7.1 billion) of those costs were attributed to treating unvaccinated persons.¹²
- ◆ Another study found the estimated annual cost of four major vaccine-preventable disease among U.S. adults 65 years and older to be more than \$15 billion annually.¹³
- ◆ A third study extrapolated the cost of vaccine-preventable disease for just four conditions in adults 50 and over to be \$26.5 billion (2013).¹⁰

Immunizations are Critical to our Health, Economic and National Security

- ◆ Gaps in vaccine coverage leave our nation vulnerable to a resurgence of preventable disease outbreaks, such as the Disneyland measles outbreak of 2014, which have the potential to be devastating.¹⁴
- ◆ Vaccines must be readily available and also affordable for everyone. Financial barriers to patients receiving vaccines and to providers giving them, lower vaccination rates and prevent even the most comprehensive adult immunization policies from being effective.
- ◆ Gaps in robust development infrastructure also leave us susceptible to emerging threats such as Zika. It is essential that we not only develop more and better vaccines, but also maintain a sound infrastructure and capacity to deliver and track those vaccines within the healthcare system.

A Strong Immunization Framework Is Essential

The following elements are essential to ensuring all adults have access to recommended immunizations that are critical to protecting and preserving health and wellbeing. Immunizations must be a cornerstone of prevention and insurance coverage.

1 FIRST DOLLAR COVERAGE. Currently, in-network providers in group and individual private health plans and in some Medicaid programs provide “first dollar coverage” of vaccines routinely recommended by ACIP, including flu shots, meaning there is no extra out-of-pocket cost for patients. Studies show removing cost barriers increases immunization rates. **Coverage for vaccines is critical to our nation’s health and economic security. Recommended vaccines should be widely available at no extra cost to consumers.**

2 FUNDING FOR STATE AND LOCAL IMMUNIZATION INFRASTRUCTURE, PREPAREDNESS, AND RESPONSE. The Centers for Disease Control and Prevention (CDC) immunization program (Section 317) provides funding to state and local health departments to carry out a variety of activities vital to the prevention, detection and mitigation of vaccine-preventable conditions. These essential grants are utilized not only for the purchase of vaccines for children, adolescents and adults, but also to support a number of other important activities, including: surveillance, safety and effectiveness studies, education and outreach, implementation of evidence-based community interventions to increase immunization coverage among underserved and high risk populations, and responding to the growing number of vaccine-preventable disease outbreaks.

Over the past several years, immunization infrastructure financing has grown more complex, with nearly 50 percent of FY16 immunization funding coming from the Prevention and Public Health Fund. A significant decline in funding for the CDC immunization program would have serious consequences for communities across the country at a time when disease outbreaks—from mumps in Seattle to Zika in Miami—are on the rise. **Congress must support and maintain stable CDC funding for immunization activities.**

3 ANNUAL MEDICARE WELLNESS VISIT. Medicare coverage for immunizations is a complex system that is divided between Part B (influenza, pneumonia, Hepatitis B) and Part D (all other ACIP recommended vaccines). Although the influenza, pneumococcal, and shingles vaccines are recommended for virtually all older adults, actual vaccination rates are lower than target vaccination rates established by the CDC.¹⁵ The annual wellness visit is an important opportunity for providers to review a patient’s immunization history and discuss the importance of recommended immunizations with patients. Research has shown that a physician recommendation is a strong driver of patients getting immunized and the National Vaccine Advisory Committee (NVAC) adult standards encourage efforts to increase provider engagement on the subject of immunization.¹⁶ **The Medicare Annual Wellness Visit is an important opportunity for providers to educate and encourage patients to receive recommended vaccines.**

4 ACCESS TO IMMUNIZATIONS FOR LOW INCOME ADULTS. Currently, thirty-six Medicaid programs cover vaccines in accordance with ACIP recommendations and 17 of these programs offer first dollar coverage.¹⁷ In addition, all state Medicaid programs, with one exception, incorporate some level of immunization coverage as part of a comprehensive benefit. **States should be encouraged to expand access to immunization through first dollar coverage of ACIP-recommended vaccines and to review provider immunization reimbursement policies.**

Inadequate provider reimbursement also hinders Medicaid beneficiary access to vaccines. A survey of Medicaid provider reimbursement policies for adult vaccines found a wide array of approaches and payment rates across the country, depending on the vaccine and reimbursement method applied by the state.¹⁸ Providers are reluctant to purchase and store vaccines when the Medicaid payment rate does not cover the upfront purchase and administration costs. States should be encouraged to review provider immunization reimbursement policies to ensure they reflect the purchase and administration costs of vaccines.

Moving Immunizations Forward

As Congress considers changes to the healthcare system, improving access to and utilization of adult immunizations must be a top priority. Federal, state, and local governments, public and private health plan administrators, healthcare providers, and patient and consumer groups should all collaborate to protect our country against the growing threat of vaccine-preventable disease.

Specifically, Congress should support:

- ◆ First dollar coverage for recommended vaccines through private coverage, Medicare and Medicaid.
- ◆ Adequate funding for federal, state and local immunization programs that are on the front lines of protecting and preserving the health of children, adolescents and adults across the country.



EXAMPLE :: PNEUMOCOCCAL DISEASE

The burden of pneumococcal disease is particularly acute among frail elderly and persons living with chronic illness, yet studies show that vaccines not only save lives, they save money. A study of potential savings of life years and medical costs through increased utilization of clinical preventive services found that pneumococcal immunization for adults cost roughly \$46 per person, per year but yielded \$113 dollars in medical savings per person, per year, a net medical savings of \$67 per person, per year.”¹⁸

About AVAC

The Adult Vaccine Access Coalition (AVAC) is a diverse group of health care providers, vaccine innovators, pharmacies, public health organizations, patient and consumer groups. AVAC’s mission is to raise awareness, improve access, and increase utilization of vaccines among adults. Near universal access to immunizations for children has been one of the greatest public health accomplishments of the 20th century. AVAC seeks to achieve the same level of success for adult immunization.



1640 Rhode Island Avenue, NW
Suite 700
Washington, DC 20036

202.540.1070
info@adultvaccinesnow.org

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