




Keeping Vaccinations Up to Date:



COVID-19 vaccines save lives—
so do adult vaccines for flu,
shingles, Tdap and more.

Immunizations are a highly cost-effective form of preventive medicine that saves our health system money and protects the health of Americans. Over the last decade, advancements in technology, policy and infrastructure have strengthened the immunization landscape.

Vaccines have always been considered one of the greatest public health achievements, but especially amid the pandemic, where there is overlap between populations that are vulnerable to COVID-19 and other vaccine-preventable disease.

Despite the demonstrated benefits, vaccine-preventable diseases (or their complications) account for 50,000 to 90,000 adult deaths in the U.S. each year.¹ Adult immunization coverage lags behind federal targets for most commonly recommended vaccines. In fact, 75% of adults are missing one or more critical vaccines for flu, pneumococcal, shingles, and Td or Tdap.²

Adults still suffer from substantial morbidity and mortality and incur significant health care costs because of vaccine-preventable diseases. The United States spends \$26.5 billion annually treating four vaccine-preventable diseases in adults over the age of 50.³ In addition to the economic consequences, gaps in vaccinations leave older adults and persons with chronic conditions, such as heart and lung disease and diabetes, vulnerable to the devastating effects of routine as well as emerging infectious disease outbreaks.⁴

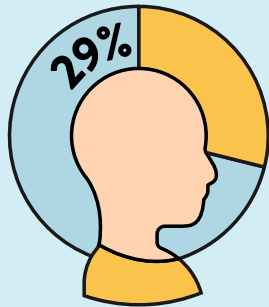
Millions of adults suffer from vaccine-preventable diseases, causing them to miss work, leaving some unable to care for those who depend on them. Adults aged 50 and over are particularly susceptible to many vaccine-preventable diseases and account for a disproportionate number of the deaths and illnesses associated with vaccine-preventable diseases. Additionally, disparities exist in vaccination status. In 2019, white adults were almost twice as likely to receive shingles vaccinations than Black and Hispanic adults.⁵



MORE THAN
75%

of the U.S. population
received a first dose of
the COVID-19 vaccine
in less than a year.

AVAC ADULT VACCINE
ACCESS COALITION



OF WHITE ADULTS RECEIVED THE VACCINE



OF BLACK ADULTS RECEIVED THE VACCINE



OF HISPANIC ADULTS RECEIVED THE VACCINE

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COVID Impact on Routine Vaccination

The devastating economic and personal toll of the COVID-19 pandemic is a stark reminder of the impact of infectious disease and has sparked renewed attention to the importance of vaccines as an effective preventive health measure.

Alarming, there has been a significant drop in routine vaccination rates across all ages throughout the pandemic. Lower coverage rates for vaccines leave communities vulnerable to preventable disease, illness and outbreaks. The pandemic has also driven a rise in vaccine hesitancy that has complicated efforts to achieve herd immunity thresholds for COVID-19 vaccination in certain communities and threatens efforts to recover and improve routine vaccine rates for children, adolescents and adults.

Building on Lessons from Pandemic Vaccination

The COVID-19 pandemic put a tremendous strain on our chronically underfunded public health infrastructure and exposed important weaknesses that need to be addressed. We must apply lessons learned and integrate best practices to ensure the tools and capabilities necessary to respond to future disease outbreaks, pandemics and/or disasters.

With ongoing challenges due to the pandemic, including the rise in vaccine hesitancy in certain communities, Congress must continue to support both funding and policies to improve vaccination in terms of pandemic preparedness and response, as well as routine public health immunization activities.

Our nation cannot afford to follow a pandemic with an increase in cases or large outbreaks of other vaccine-preventable diseases. To recover and improve routine vaccination rates, it will be essential to focus broadly on vaccination access, reducing health disparities and promoting vaccination outreach and education. We need to identify the drivers of vaccine hesitancy and support key policies to:

Sustain Support for Immunization Infrastructure and Vaccine Confidence Activities

Everyday readiness is pandemic preparedness. To be truly prepared for the next pandemic, we must have a stable and robust public health infrastructure that is resourced to continue to support immunization education, awareness response and recovery efforts at the community level. Another important lesson from the pandemic is the need for real-time data to inform response and recovery activities. Federal, state and local health officials and health care providers must have 21st century tools, technology and capabilities to plan, prepare and respond. Immunization data collection tools must be timely, accountable, transparent and consistent in meeting privacy, security, accuracy and interoperability standards.



37 MILLION routine adolescent and adult vaccine doses were missed from January 2020 to July 2021⁶ as a result of the COVID-19 pandemic.

It will be important to sustain activities building the trust that patients, their families and providers have in recommended vaccines; build trust for providers who administer vaccines; and instill confidence in the processes and policies that lead to vaccine development, licensure or authorization, manufacturing and recommendations for use.

The need for clear policies and stable long-term funding for public health infrastructure are the same, regardless of whether it is an outbreak of a routine childhood disease or a newly emerging infectious disease threat. Congress must continue to support both funding and policies to improve vaccination in terms of pandemic preparedness and response, as well as routine public health immunization activities.

Ensure Equitable Vaccine Access and Coverage Across Federal Health Programs

Routinely recommended vaccines should be widely available to Medicare and Medicaid beneficiaries by eliminating barriers that make immunizations unaffordable and prevent providers from across the health care system from participating in the immunization ecosystem. There is an ongoing need to strengthen coverage of preventive services for low-income, uninsured and older adults, including immunizations. Congress took swift action to ensure COVID-19 vaccines were available to everyone with no cost-sharing by adding them to the statutorily required list of vaccines covered under Medicare Part B. Similarly, commercial insurance plans do not impose cost-sharing or co-pays for vaccinations recommended by the CDC Advisory Committee on Immunization Practices (ACIP). However, Medicare Part D and some Medicaid beneficiaries still face gaps in coverage for recommended vaccines and high out-of-pocket costs when they are covered. Studies have shown that the cost sharing requirements discourage immunization uptake among older people, people with disabilities and chronically ill populations.^{7,8}

Implement Standards for Adult Immunization Practice

Policies must encourage providers to not only offer immunizations, but also to work consistently to raise awareness and make a strong recommendation to patients who are eligible and would clearly benefit from this important preventive service. Incentives should be available to support widespread health care provider adoption and implementation of the National Vaccine Advisory Committee (NVAC) Standards for Adult Immunization Practice:

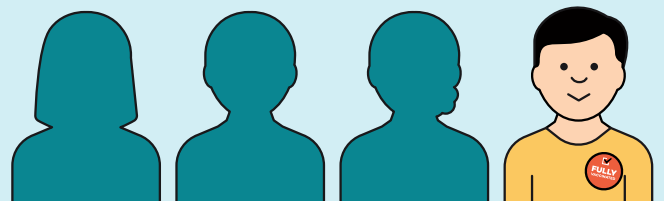
- ◆ Assess the vaccination status of patients at all clinical encounters, even among clinicians and other providers who do not stock vaccines.
- ◆ Utilize a jurisdiction's existing immunization information system (IIS) to view patients' prior vaccinations to support vaccine needs assessment.
- ◆ Identify vaccines patients need, then clearly recommend needed vaccines.
- ◆ Offer needed vaccines or refer patients to another provider for vaccination.
- ◆ Document vaccinations administered, including in the jurisdiction's IIS.

Support Vaccine Providers

It is also important to consider the need to adequately reimburse providers who offer and administer vaccines in a variety of health care settings. Inadequate and delayed reimbursement for vaccine services are strong disincentives for providers, particularly those who serve vulnerable patients who are low income, live in rural and underserved areas or suffer from multiple chronic conditions. Considering the significant potential impact on access to vaccine services, Congress should support legislative and regulatory changes that encourage a permanent, reliable and adequate reimbursement methodology for the provider costs associated with vaccine administration.

3 **OUT OF** **4**

adults are missing one or more of four critical vaccines for flu, pneumococcal, shingles, and Td or Tdap.



Immunization Schedule

Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2021⁹



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.



Source: Centers for Disease Control and Prevention, cdc.gov. For the full schedule of recommended immunizations for adults, please visit www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf. For more information, talk with your healthcare provider about which vaccines are right for you.

Endnotes

- <http://www.mayoclinicproceedings.org/article/S0025-6196%2811%2964406-6/fulltext>
- <http://dx.doi.org/10.15585/mmwr.ss7003a1>.
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- <https://avalere.com/insights/declines-in-routine-adult-and-teen-vaccinations-continued-in-2021>
- <https://www.iqvia.com/locations/united-states/blogs/2021/09/medicare-d-cost-sharing-reduces-vaccine-uptake>
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