May 20, 2011

NVAC AIWG Report
c/o Lauren Wu
National Vaccine Program Office
200 Independence Avenue, SW
Room 715-H
Washington, DC 20201

ATTN: Adult Immunization: Complex Challenges and Recommendations for Improvement report

Dear Ms. Wu:

The Infectious Diseases Society of America (IDSA) appreciates the opportunity to comment on the National Vaccine Advisory Committee Adult Immunization Working Group’s (AIWG) draft report, “Adult Immunization: Complex Challenges and Recommendations for Improvement.” While IDSA had the privilege of sending a representative to the April 8, 2011 stakeholder meeting, we wish to also submit written comments because of the importance of adult immunization. Please note that the comments outlined in this letter refer to the February 25, 2011 version of the draft report.

IDSA represents more than 9,300 infectious diseases physicians and scientists devoted to patient care, prevention, public health, education and research. Our members care for patients of all ages with serious infections, including influenza, meningitis, pneumonia, and tuberculosis; resistant infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA), *Escherichia coli* (*E. coli*), and *Salmonella*; cancer and transplant patients who have life-threatening infections caused by unusual microorganisms; food poisoning and HIV/AIDS; as well as emerging infections like the 2009 H1N1 virus and severe acute respiratory syndrome (SARS).

IDSA would first like to applaud the National Vaccine Advisory Committee’s (NVAC) AIWG for taking on the complex issue of adult immunization. As referenced in the draft report1, the barriers, conclusions and recommended focused activities identified in the draft report closely align with those identified in IDSA’s 2007 policy document “Actions to Strengthen Adult and Adolescent Immunization Coverage in the United States” as well as the joint Trust for America’s Health (TFAH), IDSA, and Robert Wood Johnson Foundation (RWJF) 2010 Report “Adult Immunizations: Shots to Save Lives”.

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1Reference #12 Adult Immunization: Shots to save lives; #16 Actions to Strengthen Adult and Adolescent Immunization Coverage in the United States: Policy Principles of the Infectious Diseases Society of America
In so doing, the document reflects the importance of a comprehensive approach that weaves together finance, research, education, surveillance, and quality measures, while also considering state and local needs.

IDSA’s specific recommendations are as follows:

**Recommendation # 1: National leadership for an adult immunization program**

IDSA concurs with the recommendation that national leadership is key to the success of an adult immunization program. Everything possible needs to be done to ensure that adult immunization is incorporated into an overall immunization activity and not established as a separate activity. As such, we strongly urge the proposed Interagency Adult Immunization Working Group be housed within the Interagency Vaccine Group, rather than as an independent (and possibly competing) entity. The operational lead should be within the National Center for Immunization and Respiratory Diseases (NCIRD) at the Centers for Disease Control and Prevention (CDC).

**Recommendation # 2: Resources for an adult immunization program and action plan implementation**

IDSA believes that rather than an enhancement of the Section 317 Program, there should be a major expansion of Section 317, with a specific allocation of funds for adult immunization. While the ‘first dollar’ provisions of the Patient Protection and Affordable Care Act (PPACA) will be helpful, there should ultimately be established a program with a ‘Vaccines For All’ philosophy, for persons of all ages. The eligibility could mirror the Vaccines for Children (VFC) program and cover the uninsured, underinsured, Medicaid recipients, Alaska Natives and Native Americans.

**Section 5: Results and Findings- Barriers to Adult Immunization**

5.5. Barrier: Financial impediments to vaccinations
5.5.1. General financial barriers
Page 18: The draft report should mention the recommendation of the NVAC’s Task Force on Community Preventive Services that removal of financial barriers, on the basis of strong evidence, improves vaccination coverage.
Page 20, lines 23-26: Coverage of all ACIP-recommended vaccines under Medicare Part B rather than Part D would be a critical step. The subsequent recommendations should highlight this.
Page 21, lines 5-7: We applaud the AIWG for highlighting the very important 2005 study examining the cost-effectiveness of adult immunization. Cost-effectiveness is (and should be) highlighted throughout.

5.6 Barrier: Lack of access to, and utilization of, health care services by adults
Page 22, line 22: There is a lack of emphasis on routine well-adult checks, but there is also a lack of evidence that they are worthwhile. If they are available, this statement should include data that support the view that well-adult checks result in higher adult immunization rates.

**Section 6: Conclusions**

6.2 Coordination of adult immunization activities
Page 27, lines 10-14: We echo that there is need for national leadership and coordination of adult immunization activities. There is also a need for adequate funding to support that leadership and coordination. We recommend that NVAC be the locus of coordination activities.
Section 8: Focused activities for a comprehensive National Adult Immunization Program

2. Expanding Access to Vaccination

d. Standardize Medicaid vaccine administration reimbursement rate

Page 40, lines 10-19: There should be no difference in the Medicaid vaccine administration reimbursement rate across states. Medicaid vaccine administration reimbursement should be at least the same as Medicare reimbursement. IDSA fully supports a reimbursement rate that covers all costs of vaccine administration, based on appropriate cost studies.

3. Provider- or System-Based Interventions

d. Improve and expand immunization registries for adult vaccinations

Page 42, lines 3-13: IDSA supports the improvement/expansion of immunization information systems, to include information on adult vaccinations. Ultimately, an immunization information system should be comprehensive, and house all vaccinations given (children, adolescents and adults). The ability of health care providers along the health delivery spectrum to track adult immunization is critical to justifying the success of adult immunization.

5. Research Needs

b. Continued collection and evaluation of adult immunization data

Page 44, lines 2-16: Rather than incorporating adult immunization data into NHIS, IDSA requests the consideration of creating a National Immunization Survey strictly for adult vaccination, which would allow for better benchmarking and tracking.

Finally, please correct authorship in reference # 12, the 2010 Adult Immunization: Shots to Save Lives report, as the report was jointly authored by TFAH, IDSA, and RWJF.

As outlined in the TFAH/IDSA/RWJF report, millions of adults go without recommended vaccinations each year. This low rate of necessary adult vaccinations leads to thousands of preventable deaths, illnesses, and millions of dollars in preventable health care costs each year. IDSA strongly supports collaboration across the Federal government as a critical component of improving adult vaccination rates. NVAC and CDC are well poised to improve adult vaccination rates by improving public and provider awareness, to influence appropriate coverage of all necessary vaccines as a health care benefit, and to strengthen the health care system’s capacity to deliver vaccines to adults. Money spent on vaccinations now equates to significant savings to society going forward.

We greatly appreciate the opportunity to comment on this draft report. Once again, IDSA would like to applaud the NVAC and the AIWG’s efforts to address and improve adult immunization. Should you have any questions, please do not hesitate to contact Leslie McGorman, IDSA’s Program Officer for Public Health at 703.299.0015 or lmcgorman@idsociety.org.

Thank you,

James M. Hughes, MD, FIDSA
President