

How Are We Doing?

By James A. Singleton, MS

Closing the Gap, Adult Immunizations Save Lives • November 1998

Pneumonia and influenza are the fifth leading cause of death in the United States among people aged 65 years and older, according to the National Center for Health Statistics (NCHS).

The CDC's Advisory Committee on Immunization Practices (ACIP) reports that the typical influenza epidemic causes more than 20,000 excess deaths and up to 200,000 excess hospitalizations. *Streptococcus pneumoniae*, a bacterial pathogen, causes 500,000 cases of pneumonia and 50,000 cases of pneumococcal bacteremia annually.

Older adults are at increased risk of complications from influenza and pneumococcal infections. Approximately 30 to 40 percent of older adults with pneumococcal bacteremia die, according to ACIP.

Community-based studies indicate that Blacks and selected American Indian groups have a higher incidence of pneumococcal bacteremia than Whites.

Healthy People 2000 Objectives

According to ACIP, safe and effective vaccines are available to prevent the complications of influenza and pneumococcal bacteremia. National Healthy People 2000 objectives—set by Federal, State and local health officials, and members of the private sector—call for at least 80 percent immunization against influenza each year and pneumococcal infection over a lifetime for institutionalized, chronically ill, or older people; and at least 60 percent for non-institutionalized people aged 65 years or more, and other people at increased risk for complications.

How are we doing?

A national nursing home survey conducted by NCHS in 1995 estimated that 1.4 million Americans, or 4 percent of persons aged 65 and older, resided in nursing homes. According to the survey:

- Influenza vaccination levels of residents were at or near the year 2000 objective in all racial/ethnic groups (78 to 80 percent) among the 80 percent of residents for whom vaccination status was known.

Among non-institutionalized persons age 65 and older:

- Self-reported rates of influenza vaccination (during past 12 months) and pneumococcal vaccination (ever) rose at each of five measurements between 1989 and 1995.
- In 1995, the most recent year for which national data are available from the National Health Interview Survey (NHIS), vaccination levels reached 58 percent for influenza and 32 percent for pneumococcal vaccine.

- 1997 data from CDC's Behavioral Risk Factor Surveillance System indicated that 45 states achieved influenza vaccination levels of 60 percent or higher, but pneumococcal vaccination rates were less than 60 percent in all states.
- In 1995, the influenza vaccination rate estimated from the NHIS for Whites aged 65 and over reached 60 percent; rates for Blacks (40 percent) and Hispanics (50 percent) were significantly lower.
- Pneumococcal vaccination rates were approximately half of influenza rates for each racial/ethnic group. The rate for Whites was significantly higher than for Blacks, Hispanics, and Asian Americans and Pacific Islanders.

Access to care issues do not explain the lower pneumococcal vaccination rates or the lower influenza and pneumococcal vaccination rates in racial/ethnic minorities.

- In the 1995 NHIS, 46 percent of Whites aged 65 years and older reported at least four contacts with physicians in the preceding 12 months, compared with over 50 percent for other minority groups.
- Even among persons reporting at least four contacts with physicians in the preceding 12 months, the influenza vaccination rate of Blacks remained lower than that of Whites.

Call to action

To prevent unnecessary deaths and disease, significant improvement is needed for pneumococcal immunization of all target groups.

The role of physicians' and patients' attitudes in racial and ethnic disparities in influenza and pneumococcal vaccination rates needs further exploration. In some cases, members of minority communities may be less likely to receive vaccination recommendations from physicians.

Timely collection and reporting of data on vaccination coverage and disease incidence are necessary to assess the effectiveness of vaccination programs. Public, private and community partners must work together to implement culturally appropriate and scientifically-based interventions to improve vaccination use in all persons at risk.

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