

Immunizations: Not Just for the Young

By Jennifer Brooks

Closing the Gap, Growing Older • May 2000

Most people think of children when they hear the word “immunization.” But for adults, especially those 65 years and older, getting immunized against certain diseases is just as important and can prevent thousands of deaths each year.

Influenza and pneumonia are the fifth leading cause of death among the elder population, according to the Centers for Disease Control and Prevention (CDC). Some 20,000 deaths nationwide are attributed to influenza each year; 80 percent of those cases are among people over age 65. Additionally, 40,000 people, mostly elderly, die from pneumococcal infection.

Why Vaccines are Important

More commonly known as “the flu,” influenza is a highly contagious viral infection of the respiratory tract—nose, throat, and lungs. But unlike other respiratory infections like the common cold, the flu often causes more severe illness such as fever and extreme fatigue. According to CDC, younger and generally healthy people who get the flu recover within two weeks, but elderly people who come down with it are more likely to develop severe conditions such as pneumonia.

Likewise, bacterial pneumococcal infection can have a devastating impact on the elderly.

Pneumococcal bacteria can invade the blood stream (bacteremia) or brain (meningitis), causing serious complications and even death.

Both the influenza and pneumococcal (PPV) vaccines are safe and effective. Experts recommend getting a yearly flu shot before the flu season begins—by mid-November. This gives the body time to build the proper defense before the flu season is in full swing. CDC reports that most people experience minimal side effects, such as low-grade fever.

One dose—which is all one needs to be immunized against pneumococcal infection for a lifetime—protects against 23 different types of bacteria that cause over 90 percent of all pneumococcal disease cases, according to the CDC.



Who should get immunized?

The attack rate of invasive pneumococcal infection begins to increase at about age 55 and rises even more sharply at age 65. African Americans and American Indians are more likely to have underlying high-risk conditions such as diabetes and heart disease, and they are more susceptible to invasive pneumococcal infection, according to the CDC. Thus, all persons over age 50, particularly African Americans and American Indians, should be assessed for high-risk conditions that indicate the need for pneumococcal vaccine. And everyone age 65 and older not previously immunized should receive the vaccine.

People over age 65 should also immunize themselves against other diseases such as tetanus (lockjaw) and diphtheria (bacterial disease affecting the throat and windpipe). A simple booster shot every 10 years protects

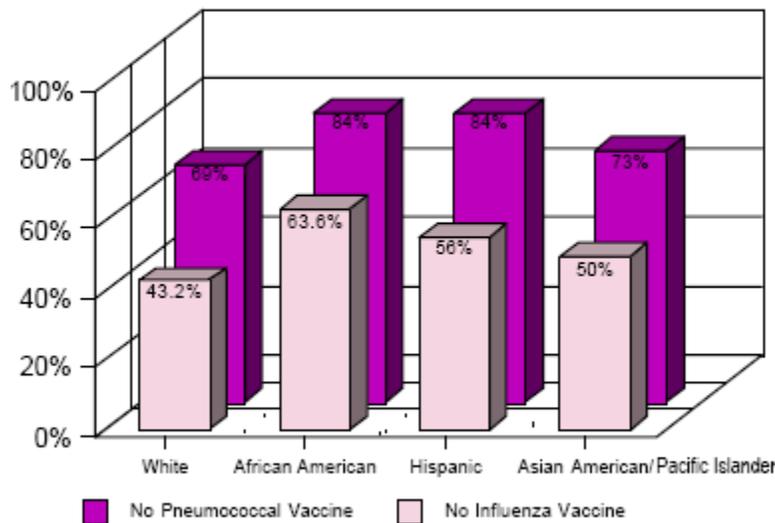
against these dangerous diseases. In addition, people at risk for measles, mumps, rubella, and hepatitis B should also get vaccinated. Contact your physician to find out if you are at risk for these diseases.

Disparities in immunization rates

The nation’s Healthy People 2000 goal of increasing influenza vaccine rates among persons at high risk for complications by 60 percent, was met by all 50 states and the District of Columbia. However, no state reached the target for pneumococcal vaccination, according to 1997 data from the Behavioral Risk Factor Surveillance System.

“Too few African American adults are immunized,” says Yvonne M. Fuller, maternal and child health director of the National Medical Association (NMA). Despite increasing influenza and pneumococcal vaccination levels over the past 10 years in all racial and ethnic groups age 65 and over, “immunization rates among

Persons Age 65+ with No Pneumococcal/Influenza Vaccination, By Race/Ethnicity



Sources: Health, United States, 1999: Health and Aging Chartbook, CDC; “Influenza and pneumococcal vaccination coverage levels among persons aged 65+” MMWR, no. 44.

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African Americans remained significantly below Healthy People 2000 objectives,” Fuller says. Pneumococcal vaccination levels were especially low among African Americans.

In June 1999, the NMA convened the Adult Immunization Consensus Panel to look at these disparities. The panel found that a major barrier to immunizations was a general lack of awareness because the provider failed to recommend it. “Also, many people are scared of needles or misperceive side effects, such as thinking the flu shot can cause someone to get the flu,” Fuller says.

Jeanette C. Takamura, PhD, Assistant Secretary for Aging and head of the Administration on Aging (AoA), identified fear of immunization based upon medical experiments conducted in the past as one of several barriers to immunization.

Another barrier is cost. “Many elderly people have the misperception that they will have to pay for these immunizations, when in reality they are covered by Medicare,” said Dr. Takamura. According to the Health Care Financing Administration (HCFA), Medicare will cover the cost for one influenza vaccination per flu season and for one dose of the PPV vaccine.

Raising Public Awareness

“People are more likely to listen to their physicians about getting immunizations,” said Linda Horsch, communications and outreach specialist for HCFA Region VI. “That is why we collaborated with NMA to encourage doctors to talk about immunizations with their patients.” The HCFA grant allows NMA to conduct 11 education

programs for physicians and health professionals who work with minorities and underserved populations.

The program, “Immunizations: A Family Affair,” is presented in a dinner symposium-style format that offers interactive training sessions for attendees at no cost for Continuing Medical Education Credits (CME) or for meeting materials. Launched in February 2000 in Houston, TX, sessions will take place throughout the year in Atlanta, GA, Chicago, IL, Charlotte, NC, Dallas, TX, Gary, IN, Louisville, KY, Memphis, TN, Miami, FL, Newark, NJ, and New Orleans, LA.

AoA’s national aging network of state and area agencies on aging is also very active in immunization outreach. The AoA is also a partner in the HHS Eliminating Health Disparities Among Minority Elders Initiative.

The National Coalition for Adult Immunization (NCAI) has information ranging from immunization fact sheets, publications, and immunization schedules, to contact information. NCAI’s Web site links to the National Foundation for Infectious Diseases, and has a clickable map of state contacts for adult immunizations, plus regional project directors, program managers, and public health advisors for the CDC National Immunization Program.

For more information, visit NCAI’s Web site: <http://www.nfid.org> or call (301) 656-0003.

For the NIA Age Page: Shots for Safety, visit: <http://www.aoa.gov>. For physicians and health professionals interested in participating in NMA’s interactive training sessions, contact Yvonne Fuller at (202) 347-1895. ❖

