News

• The importance of distinguishing between respiratory syncytial virus (RSV) and influenza in patients with lung infections is emphasized in a recent article (Clin Infect Dis. 2019;69(2):197–203). Influenza is well recognized as a cause of severe morbidity and mortality in adults, but more studies are documenting the importance of RSV in older adults. Notably, RSV may cause greater mortality and morbidity among older hospitalized adults than influenza even though it occurs less frequently. The article points out the need for specific diagnosis; in addition to already-marketed antiviral agents for influenza, more than 50 products are in development for RSV.

• An update to RSV billing codes coming on October 1 will help clinicians in properly distinguishing between influenza and RSV. Diagnosis codes for RSV are currently scattered throughout ICD-10-CM (International Classification of Diseases, Tenth Revision, Clinical Modification). This has made them difficult for coders and clinicians to locate and apply correctly, undermining the ability to identify RSV cases in encoded databases and contributing to inconsistencies between sources on the number of cases. No new codes for RSV have been added to ICD-10-CM because it must maintain consistency with international versions of ICD-10. But as a result of advocacy by The Gerontological Society of America (GSA) and other organizations, multiple changes were made to indexing, search terms, mandatory instructional notes, and abbreviations to give greater prominence to RSV and enforce consistency in code assignment.

Resources

• Varicella zoster (shingles) vaccine is the focus of four must-read articles in the Translational Section of the August 2019 issue of the Journals of Gerontology, Series A. Topics include physical functioning, quality of life, immunogenicity, efficacy, and public health impact of zoster vaccination.

• A supplement to the April 15 issue of the Journal of Infectious Diseases covers 100 years of fighting pandemic influenza. The lead-off summary article (2019;219(suppl 1):S1–S4) by Paules and Fauci puts the challenge of better vaccines against influenza in perspective.
Vaccine communication is often considered to be between a health care provider and patient, but other types of communication can be just as critical to ensuring access to vaccines. Communication with Congressional representatives, their staff, and professional organizations about bills that benefit older adults can help pave the way for legislation that improves quality, increases access, and reduces financial barriers. As advocates for older adults, check with the government affairs staff of your professional organizations to see whether they support bills such as the Protecting Seniors Through Immunization Act of 2019 (S.1872). If they have not yet considered taking a position, encourage them to do so.

AVAC CALLS ON CONGRESS TO ELIMINATE VACCINE BARRIERS

Focusing on built-in obstacles that prevent older adults from getting the vaccines they need, members of the Adult Vaccine Access Coalition (AVAC) called for Congress to pass the Protecting Seniors Through Immunization Act at a Capitol Hill briefing on July 24. GSA is fully engaged with AVAC and its activities, with GSA CEO James Appleby moderating the briefing and Vice President of Professional Affairs Patricia D’Antonio cochairing the coalition.

“Despite the value of vaccines, we are failing to immunize and protect adults,” Appleby told attendees at the briefing. “An average of 50,000 adults in the United States die from vaccine-preventable diseases each year. Millions more adults suffer from illnesses that are entirely preventable through vaccination.”

The purpose and activities of AVAC were highlighted in the September 2017 and September 2018 issues of the NAVP Immunizations Newsletter. AVAC comprises more than 50 organizational leaders in health and public health who are committed to tackling the range of barriers to adult immunization and raising awareness of the importance of adult immunization.

SOCIAL RESEARCH/POLICY/PRACTICE

Senator Mazie K. Hirono (D–HI) on June 13 introduced the Protecting Seniors Through Immunization Act of 2019 (S.1872) with cosponsors Shelley Moore Capito (R–WV) and Sheldon Whitehouse (D–RI). The bill would improve access to all recommended vaccines for Medicare beneficiaries, including tetanus–diphtheria–acellular pertussis (Tdap) and varicella zoster (shingles), with the goal of helping to increase vaccination rates. It has been assigned to the Senate Finance Committee.

S.1872 is similar to proposals introduced into previous sessions of Congress. A major hurdle addressed by the bill is the out-of-pocket payment required of Medicare beneficiaries, many of whom are on fixed incomes. Copayments and deductibles apply to vaccines covered under Medicare Part D but not to vaccines under Part B, which are generally free to beneficiaries.
Future vaccines are likely to be covered under Part D rather than Part B; the elimination of these costs is important to ensuring access to older adults. Candidate vaccines in development include products protecting against *Clostridium difficile* and RSV, Phyllis Arthur, AVAC Cochair and Vice President of Infectious Diseases and Diagnostics Policy with the Biotechnology Innovation Organization, told attendees of the AVAC briefing.

Most Part D vaccines are administered in pharmacies, but in many states, patients need a prescription for the vaccines from a physician or other prescriber in order for pharmacists to administer the products. The need to get the prescription into the hands of patients, motivate them to take it to a pharmacy, and educate them about the possibility of out-of-pocket costs are steps that have reduced uptake of Part D vaccines.

### Behavioral/Social Sciences

Financial barriers make it much more difficult for beneficiaries to get vaccines. As shown in Figure 1, out-of-pocket costs for patients vary widely depending on the type of coverage they have. Speakers at the Capitol Hill briefing described how vaccination rates fall as the cost to patients increases. As with most products, as costs go up, purchases go down.

Vaccines covered under Medicare Part B—such as influenza and pneumococcal—require no out-of-pocket costs from patients and these vaccines can be administered at physician offices; vaccination rates for these products are high, compared with Part D vaccines that have out-of-pocket costs. In addition, vaccines in the commercial market and Medicaid expansion states already provide first dollar coverage. Congress can fix these discrepancies with the passage of the Protecting Seniors Through Immunization Act, AVAC speakers emphasized.

### Biological Sciences

Prevention of infectious diseases is the key benefit associated with vaccines, but that’s just one aspect of health protected through immunization. Brown University’s Stefan Gravenstein, MD, MPH, a member of the GSA National Adult Vaccination Program workgroup, explained how infections such as influenza, pneumonia, and shingles can cause inflammation that in older adults can result in heart attacks and strokes.

In addition to age-related risks, older adults often have chronic diseases—including obesity, diabetes, arthritis, vascular disease, dementia, and chronic obstructive pulmonary disease—that raise their odds for clot-related disorders. Age-related changes in C-reactive protein, interleukin-1 and -6, and tumor necrosis factor–alpha are also associated with increased propensity to clot, Gravenstein said.
With increased infection- and inflammation-related risk for heart attacks and strokes, older adults are more likely to experience life-changing declines in activities of daily living following vaccine-preventable diseases, Gravenstein added. But is the converse also true—that is, can immunization protect against myocardial infarction (MI) or cerebrovascular accidents (CVAs)? And can enhanced vaccines that are more effective in older adults do a better job of protecting people from infection-related complications?

The answer to both questions is yes, Gravenstein said. Administration of regular doses of influenza vaccine reduces the risk of MI and CVAs, mortality, and possibly ischemic stroke. The cardioprotective effects afforded by influenza vaccination (15%–45%) is in the range of reduction from smoking cessation (32%–43%), statins (19%–30%), and antihypertensive therapy (17%–25%), according to a study by MacIntyre et al. Those authors advocated inclusion of influenza vaccine as an integral part of cardiovascular disease management and prevention.

In randomized controlled trials of enhanced vaccines—high-dose, adjuvanted, and recombinant influenza vaccines—cases of laboratory-confirmed influenza and associated hospitalizations were reduced significantly. Without infections and the accompanying inflammation, people can maintain their independence and continue to enjoy life in their homes and communities.

“If you are interested in helping older adults get the immunizations they want and need, please go back to your offices and take a look at the Protecting Seniors Through Immunization Act,” Appleby told Congressional staffers in closing the session. “We hope that your bosses will be able to support this legislation.”

**SOURCES AND RESOURCES**