News

• The September 6 abstract deadline for the Fall 2017 Clinical Vaccinology Course is coming up fast! The National Foundation for Infectious Diseases invites submissions on original research and clinical practices in immunization for presentation on November 3-4, 2017, in Bethesda, MD.

• Don’t forget to register for the 2017 Immunization Champions, Advocates, and Mentors Program (ICAMP) Academy in Miami, San Antonio, Chicago, or New York. Register early—one person for $130 ($45 savings) or two people for $200 ($150 savings). The fee includes program materials, live program and action planning, snack, and ongoing dialogue with 2016 and 2017 champions. Attendees are required to participate in a pre-program webinar and respond to 3 brief surveys over 12 months on adult immunization rate changes. Visit https://www.navp.org/training-for-champions to register. ICAMP is developed by The Gerontological Society of America and supported in part by Pfizer and Merck.

Resources

• Perhaps the greatest scientist of the 20th century, eight million children each year owe their existence to the vaccines he created. Yet few people know the name Maurice Hilleman or the story of the vaccine revolution led by this American. Hilleman: A Perilous Quest to Save the World’s Children, a documentary film that fills this void, is now available in streaming and disc formats from First Run Features.
Personal stories, coupled with scientific facts, can be effective when talking to some patients about adult vaccines. Personal stories are also needed to inspire policymakers to take action to ensure that all adults can access and afford their vaccines.

The Adult Vaccine Access Coalition (AVAC)—profiled in this issue—is collecting the stories of adults who have suffered from vaccine-preventable diseases, those who have been vaccinated and not fallen ill, and those who have not been able to access or afford their vaccines. As AVAC members speak to policymakers, stories from the policymakers’ regions will be shared.

AVAC: ADVOCATING FOR ACCESS TO ADULT VACCINES

Members of the immunization community have many chances to network and talk about opportunities, challenges, and successes in promoting and providing vaccines. Faces are often familiar to those who regularly attend meetings of two key federal panels—the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) and the National Vaccine Advisory Committee of the National Vaccine Program Office. The National Adult and Influenza Immunization Summit and the National Immunization Conference—both affiliated with the CDC—are other places where vaccine proponents exchange ideas.

One element in vaccine support is missing from the discussions at these federally sponsored meetings—advocacy for legislative and regulatory changes. Since federal employees are restricted from lobbying Congress and other parts of the national government, advocacy efforts cannot be discussed formally in the federal forums. For the nonprofit organizations and other groups whose missions include advocacy, public health, vaccine provision, and vaccine innovation, a different forum is needed. Within the adult vaccine world, AVAC, a DC-based organization, serves as a forum to raise awareness, improve access, and increase utilization of vaccines among adults. The Gerontological Society of America, which supports optimal use of vaccines in adults of all ages, is a member of AVAC and a strong supporter of its efforts. Members of AVAC are listed in Figure 2.
Policy priorities for AVAC fall into three categories: health information technologies (confidential individual and population-based immunization data systems), development of effective and efficient quality metrics, and advocating for improved access to adult vaccines. The importance of these areas was illustrated in an opinion article published earlier this year in The Hill, an influential policy-and-news publication that focuses on Congress, politics, and other DC-based institutions.

“In the United States, more than 50,000 adults die from vaccine preventable diseases annually, and thousands more suffer serious health problems,” wrote Laura Hanen, MPP, AVAC co-chair and interim executive director and chief of government affairs at the National Association of County and City Health Officials. “Disparities are even greater among at-risk populations, including seniors and people with chronic illness.”

Hanen went on to list the principles Congress should abide by in making changes to the nation’s health care system: continue to cover recommended vaccines in public and private health care plans; keep federal funding for immunizations stable; and maintain the Medicare annual wellness visit so that health professionals have an opportune time and place to advocate for recommended vaccines.

AVAC’s advocacy efforts create opportunities for vaccine proponents to pitch vaccines to adult patients as well as to communities through health promotions and public health initiatives. Stories of the difference vaccines make in people’s lives are key to illustrating value, and AVAC is busily collecting this information on a special page of the website.

On that page—What Is Your Vaccine Story?—AVAC asks people, “Has a vaccine prevented you from getting sick? Or were you planning on getting vaccinated but it was too expensive or too hard to get?” AVAC asks people to describe the details so that these real-life experiences can be used in seeking needed policy changes that will increase access and ultimately improve vaccination rates, lives, and health care dollars.

AVAC is well aware that addressing financial barriers is critical to increasing vaccination rates among adults. Data from the Medicare population make this clear. As discussed in previous issues of the NAVP Immunizations Newsletter, a few vaccines are covered under Medicare Part B, where there is no out-of-pocket expense for the patient. As a result, coverage rates in the 65-or-older group exceed 70% for influenza vaccine and 60% for pneumococcal vaccine, two Part B products. Under Part D, copayments average $14 to $102 per vaccine, depending upon the plan. Immunization rates for two of the Part D vaccines are much lower: 28% for shingles and 14% for tetanus, according to the AVAC infographic shown in the upper right section of Figure 1. Working to eliminate financial barriers to vaccines at the point of care is just one example of AVAC’s efforts to keep adults healthier through increased immunization rates.
Immunization information systems (IIS), also known as registries, are important tools for health professionals. Patients frequently do not recall when or whether they have received vaccines; IIS, when updated and accessible, are confidential histories that can help fill these recall gaps. Practitioners use IIS regularly to confirm patient-reported vaccine histories; this is especially important given the mobility of the population and the many sites where vaccines are administered. IIS are also important at the population level, as vaccination rates can be tracked using deidentified data and used in creating public health interventions needed to address the ultimate goal of reducing vaccine-preventable diseases.

Enabling more health professionals to administer the vaccines patients need is another important goal for AVAC. That means advocating for eliminating the Part B/Part D divide, making it easier for physicians and other Medicare-recognized providers to bill Medicare for Part D vaccines, while supporting the ability of pharmacists to administer all recommended vaccines. The complex payment system for Part D vaccines when administered in nonpharmacy settings is increasingly important, as future vaccines will automatically fall into the Part D category.

As explored in a landmark AVAC white paper published last year, increased use of vaccines will generate the funding needed to find immunologic solutions to health challenges such as Zika and Ebola viruses, respiratory syncytial virus, and other pathogens. Biological scientists whose focus is vaccines will find their skills and infrastructure in increased demand as more, newer, and better vaccines are needed in clinical practice and the marketplace.

GSA Executive Director and CEO James Appleby, RPh, MPH, was a coauthor of the recent AVAC white paper, *The Value and Imperative of Quality Measures for Adult Vaccines*. A central message in the paper is that policies and laws need to consider the dozens of new vaccines that are in the pipeline, not just the ones already on the market. Policies should help make all current and future vaccines financially viable and not create barriers and impediments that decrease vaccine use.

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**HEALTH SCIENCES**

**BIOLOGICAL SCIENCES**

**SOURCES AND RESOURCES**

- AVAC website, including links to infographics and federal and stakeholder resources
- “Tell Your Story” page of the AVAC website
- Financial Barriers to Adult Immunization fact sheet
### Members of the Adult Vaccine Access Coalition

- Alliance for Aging Research
- American Academy of Family Physicians
- American Association of Occupational Health Nurses
- American College of Physicians
- American College of Preventive Medicine
- American Immunization Registry Association
- American Pharmacists Association
- American Public Health Association
- Asian and Pacific Islander American Health Forum
- Association for Professionals in Infection Control and Epidemiology
- Association of Immunization Managers
- Association of State and Territorial Health Officials
- Biotechnology Innovation Organization
- Dynavax Technologies
- Every Child By Two/Vaccinate Your Family

- Families Fighting Flu
- GlaxoSmithKline
- Hepatitis B Foundation
- Hepatitis Foundation International
- Hep B United
- Immunization Action Coalition
- Infectious Diseases Society of America
- League of United Latin American Citizens
- March of Dimes
- Medicago
- MedImmune
- Merck
- National Alliance for Caregiving
- National Alliance of State and Territorial AIDS Directors
- National Asian Pacific Center on Aging
- National Association of Chain Drug Stores
- National Association of County and City Health Officials
- National Association of School Nurses
- National Black Nurses Association
- National Council of Asian Pacific Islander Physicians
- National Council of Urban Indian Health
- National Foundation for Infectious Diseases
- National Hispanic Medical Association
- National Indian Health Board
- National Medical Association
- National Meningitis Association
- National Minority Quality Forum
- National Viral Hepatitis Roundtable
- Novavax
- Pfizer
- Pharmaceutical Research and Manufacturers of America
- Pharmacy Quality Alliance
- Sanofi Pasteur
- Scientific Technologies Corporation
- Seqirus
- Takeda Vaccines, Inc.
- The Gerontological Society of America
- Trust for America’s Health
- Walgreens

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**FIGURE 2.** Members of the Adult Vaccine Access Coalition

Source: AVAC

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