

19-01

STATEMENT OF POLICY

Comprehensive Immunization Programs - Addressing Immunizations Across the Lifespan

Policy

Immunization has been one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention.^{1,2} As concerns regarding vaccine confidence persist, the National Association of County and City Health Officials (NACCHO) firmly asserts that vaccines remain the best defense against the threat of vaccine-preventable diseases and play a vital role in protecting the health of communities. Confidence in the safety of vaccines is critical to assuring that the vaccines are used as widely, effectively and appropriately as possible to protect the residents and visitors of our nation. Assuring this safety, from the manufacturing to the administration stages, is a shared responsibility of all levels of public health, the medical community, and the private sector.³ NACCHO supports strong coordination and collaboration of immunization programs for persons of all ages to increase vaccination coverage rates that protect individuals and communities from vaccine-preventable diseases. NACCHO recommends that the federal government provide sufficient funding through the Vaccines for Children (VFC) and Section 317 Program for immunization services, including education and outreach, for uninsured and underinsured children, adolescents, and adults. Local health departments should implement, adapt, and support programs, policies, and evidence-based practices to increase vaccination rates in their communities.

Comprehensive and sustainable immunization programs will incorporate the following strategies:

- Advocate for adequate reimbursement of public and private immunization providers for vaccine products and supplies, vaccine storage and handling, and population and clinic assessments using immunization information systems (IIS).
- Implement education, training, and clinical procedures designed to (1) increase demand for immunizations among patients and parents; (2) promote strong vaccine recommendations by clinicians to patients; (3) minimize missed



opportunities for vaccinations; (4) ensure series completion; (5) train community vaccination champions; and (6) reach underserved populations.

- Identify and address immunization disparities by (1) monitoring and responding to gaps and trends in vaccination coverage using information technology and analysis, such as IISs and electronic health records with clinical decision support for immunizations; and (2) supporting local health department epidemiologists and other staff to continually measure the impact of policies and interventions on equity of outcomes in immunization rates.

NACCHO supports an immunization program addressing all stages of life comprising the elements listed above, with the goal of increasing overall immunization rates and subsequently reducing morbidity and mortality from vaccine-preventable diseases nationwide. Support of comprehensive immunization programs would substantially improve the framework for delivering immunizations to expectant mothers, children, adolescents, and adults.

Justification

The Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP) and many other professional organizations recommend vaccinations from birth and throughout the adult years to provide a lifetime of protection from vaccine-preventable diseases.

Each year, vaccine-preventable diseases cause long-term illness, hospitalization, and death. Over the course of recent years, vaccine-preventable diseases have resurged throughout the country with notable increases in influenza, hepatitis A, mumps, and measles. Increased cases of measles are especially concerning, as the disease was declared eliminated from the United States in 2000. Although vaccination coverage rates remain relatively stable nationwide, data indicate that sociodemographic and geographic disparities persist and there is a significant need for improvement in addressing these disparities. The cost of low immunization rates is high; the CDC estimates that vaccines given to children born between 1994–2016 will prevent an estimated 381 million illnesses, 24.5 million hospitalizations, 855,000 deaths, and \$1.65 trillion in total societal costs.⁴ A substantial portion of societal costs when outbreaks of vaccine-preventable diseases occur are borne by local health departments, who have to investigate and control these outbreaks. These costs are not usually included in annual department budgets.^{5,6}

According to NACCHO's National Profile of Local Health Departments, 90% of local health departments provide direct immunization services to adults, while 88% provide direct immunization services to children.⁷ Local health departments are well-situated to deliver comprehensive immunization services and counseling and are uniquely positioned to increase immunization coverage rates and address vaccine coverage disparities.

Maternal Immunization

Maternal immunization is critical in protecting both pregnant women and their infants before they are born and within an infant's first months of life. By forming maternal antibodies, immunizations protect newborns against serious communicable diseases (such as influenza, pertussis, and tetanus) before they themselves can be immunized. The ACIP recommends that during the influenza season, all pregnant women (or women who might become pregnant) receive the influenza vaccine, to be administered anytime during the pregnancy, as well as tetanus, diphtheria, and acellular pertussis vaccine (Tdap), during each pregnancy, preferably from 27 through 36 weeks.⁸

Historical data on immunization rates in pregnant women indicate several explanations for less- than-optimal immunization coverage in this population. The highest indicator of having received these immunizations was a recommendation from the patient's physician. Considerable efforts must be prioritized to increase education provided to maternal healthcare providers and to ensure access to and delivery of vaccines to pregnant women.

Childhood Immunization

Childhood vaccination has proven to be one of the most effective public health strategies to control and prevent diseases. In an effort to reduce childhood morbidity and mortality, the ACIP recommends routine vaccination of children by age 24 months against multiple, potentially serious diseases including: hepatitis B, rotavirus, measles, pertussis, and mumps before they are exposed in their communities. Similarly, vaccination requirements for entry into schools exist to protect students from diseases when they occur in shared spaces such as classrooms, gymnasiums, or cafeterias.

Although vaccination coverage among children has remained high and consistent in the United States, there are opportunities for improvement among key populations within the country. Reliable access to immunizations proves to be an issue resulting in lower immunization rates in children living outside of metropolitan areas, and similarly among those who are uninsured or Medicaid-insured.

Adolescent Immunization

The ACIP recommends that adolescents routinely receive Tdap, meningococcal conjugate vaccine (MenACWY), and human papillomavirus vaccine (HPV) at age 11-12 years. The meningitis B series (MenB) should be initiated when adolescents present for the recommended MenACWY booster dose at 16 years, as well as catch-up vaccination for HPV vaccine for adolescents who have not completed the series. Catch-up vaccination is recommended for hepatitis B vaccine (HepB), measles, mumps, and rubella vaccine (MMR), and varicella vaccine (VAR) for adolescents whose childhood vaccinations are not up to date.⁹

While there has been improvement in adolescent immunization, data indicate that vaccination rates remain below public health goals. Immunization rates in adolescents

are especially low for the HPV, Men ACWY, and influenza vaccines. These low rates result in millions of adolescents that are susceptible to dangerous diseases and their long-term effects. In line with recommendations to increase immunization rates in children, adolescent immunization rates could benefit from similar interventions. Healthcare must establish an adolescent immunization platform at 16 years of age and continue to take every opportunity to immunize their adolescent patients during times such as annual physical appointments, as well as sports and camp physicals. Similarly, mandates for school-required immunizations to increase immunization rates among this population may be warranted.

Adult Immunization

Immunizations in adult populations result in critical protection for older individuals and the population in general. Older adults and those with chronic health conditions are considered to be at high risk of contracting vaccine-preventable diseases.¹⁰ Current immunization rates among adults in the U.S. are significantly below the goals indicated in the *Healthy People 2020* report and show continued disparities in racial and ethnic groups, as well as in those without health insurance. Additionally, the vaccines that are recommended for adults vary based on age, medical conditions, and other considerations. In recent years, rates for adult immunizations have remained roughly the same, with some small increases for influenza, pneumococcal, herpes zoster, and HepB.¹¹ A key intervention to improving adult immunization rates is increased education leading to awareness of the importance of immunizations for adults. Increasing access to immunizations in this population is also imperative, and payment programs such as Medicaid and Medicare should prioritize their adult immunization activities to ensure that all adults have equal access to receiving immunizations. Similarly, while awareness is low, a provider's recommendation remains a strong indicator for receipt of immunizations in adults.

Local health departments are uniquely positioned to improve the capacity of the healthcare system for delivering immunizations by strengthening the coordination between public, professional, and private-sector stakeholders. Educational outreach to providers and the public is necessary to increase immunization rates. Local health departments can collaborate with community immunization providers to determine coverage rates and use notification systems to help increase vaccination and improve series completion. Supporting immunization providers with continuing education on recommended immunization schedules; vaccine administration techniques, storage and handling practices; reducing missed opportunities; and integrating use of IIS within practices are key to improving immunization rates.

References

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Record of Action

Proposed by NACCHO Immunization Workgroup

Approved by NACCHO Board of Directors

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