



Standards for Adult Immunization Practice

PREAMBLE

THE NATIONAL COALITION FOR ADULT IMMUNIZATION, recognizing that many adults become victims of vaccine-preventable diseases; and

Recognizing that influenza, pneumococcal and hepatitis B infections account for the majority of adult vaccine-preventable morbidity and death; and

Recognizing that influenza and pneumococcal infections may account for up to 60,000 deaths annually among adults; and

Recognizing that 200,000 to 300,000 cases of hepatitis B and 4,000 to 5,000 hepatitis B-related deaths occur annually; and

Recognizing that persons 15 years and older accounted for 34 percent of reported cases of measles and 36 percent of reported cases of mumps in 1990; and

Recognizing that approximately 11 million young women are unprotected against rubella; and

Recognizing that over 90 percent of reported cases of tetanus and over 60 percent of reported cases of diphtheria during 1985-90 occurred in persons over 20 years of age, most of whom were inadequately immunized; and

Acknowledging that safe, effective vaccines that could reduce disease incidence, morbidity, mortality, and health-care costs from these illnesses are available but are underutilized; and

Noting that health-care providers often miss opportunities to provide vaccines to adults for whom they are recommended; and

Noting that 40 percent to 50 percent or more of persons at high risk for, or who die from, influenza and pneumonia had received medical attention in health-care institutions during the previous year, and at least 75 percent attended outpatient clinics but failed to receive influenza vaccine; and

Noting that two-thirds or more of patients with serious pneumococcal infections have been hospitalized at least once within the previous three to five years but have not received pneumococcal vaccine; therefore, the NATIONAL COALITION FOR ADULT IMMUNIZATION encourages the following:

STANDARDS

1. Encourages the promotion of appropriate vaccine use through information campaigns for health-care practitioners and trainees, employers and the public about the benefits of immunizations; and
2. Encourages physicians and other health-care personnel (in practice and in training) to protect themselves and prevent transmission to patients by assuring that they themselves are completely immunized; and
3. Recommends that all health providers routinely determine the immunization status of their adult patients, offer vaccines to those for whom they are indicated, and maintain complete immunization records; and
4. Recommends that all health-care providers identify high-risk patients in need of influenza vaccine and develop a system to recall them for annual immunization each autumn, and
5. Recommends that all health-care providers and institutions identify high-risk adult patients in hospitals and other treatment centers and assure that appropriate vaccination is considered either prior to discharge or as part of discharge planning; and
6. Recommends that all licensing/accrediting agencies support the development by health-care institutions of comprehensive immunization programs for staff, trainees, volunteer workers, inpatients and outpatients; and
7. Encourages States to establish pre-enrollment immunization requirements for colleges and other institutions of higher education; and
8. Recommends that institutions that train health-care professionals, deliver health care, or provide laboratory or other medical support services require appropriate immunizations for persons at risk of contracting or transmitting vaccine-preventable illnesses; and
9. Encourages health-care benefit programs, third-party payers and governmental health-care programs to provide coverage for adult immunization services; and
10. Encourages the adoption of a standard personal and institutional immunization record as a means of verifying the immunization status of patients and staff.

Adopted March 1990
Preamble Revised September 1992

STANDARDS FOR ADULT IMMUNIZATION PRACTICE

Organizations Who Have Endorsed the "Standards":

American Association for World Health
American College Health Association
American College of Physicians
American College of Preventive Medicine
American Dental Association
American Indian Health Care Association
American Liver Foundation
American Lung Association
American Medical Association
American Nurses Association
American Pharmaceutical Association
American Podiatric Medical Association
American Public Health Association
American Society for Microbiology
American Society of Hospital Pharmacists
American Society of Internal Medicine
Association for Professionals in Infection Control and Epidemiology
Association of State and Territorial Health Officials
Association of Teachers of Preventive Medicine
Biotechnology Industry Organization
Catholic Health Association
Centers for Disease Control and Prevention
Connaught Laboratories, Inc., A Pasteur Merieux Company
Harvard Community Health Plan
Health Insurance Association of America
Hepatitis Foundation International
Immunization Action Coalition/Hepatitis B Coalition
Infectious Diseases Society of America
Institute for Advanced Studies in Immunology and Aging
March of Dimes Birth Defects Foundation
Merck & Co., Inc.
National Association of County and City Health Officials
National Association of School Nurses, Inc.
The National Council on the Aging
National Foundation for Infectious Diseases
National Institute on Aging
National Lesbian and Gay Health Association
National Medical Association
National Perinatal Association
National Rural Health Association
National Vaccine Program Office/HHS
Partnership for Prevention
Pharmaceutical Research and Manufacturers of America
Phi Delta Chi Pharmacy Fraternity

Program for Appropriate Technology in Health (PATH)
Service Employees International Union, AFL-CIO, CLC
SmithKline Beecham Pharmaceuticals
Society for Adolescent Medicine
Society for Hospital Epidemiologists of America
St. Louis Department of Health and Hospitals
State of Washington Division of Health
U.S. Department of Defense
Wyeth-Lederle Vaccines & Pediatrics

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