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Medical
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NATIONAL MEDICAL ASSOCIATION

Executive Summary

Of the

Adult Immunization Consensus Panel

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**NATIONAL MEDICAL ASSOCIATION
ADULT IMMUNIZATIONS
INCREASING IMMUNIZATION RATES AMONG AFRICAN AMERICAN ADULTS**

Part I: Mission Statement and Purpose

The National Medical Association (NMA) is the oldest and largest national organization representing African American physicians and health professionals in the United States. Established in 1895, the NMA is the collective voice of more than 22,000 African American physicians and the patients they serve. Since its inception, the NMA has been committed to improving the health status and outcomes of minority and disadvantaged people. While throughout its history the National Medical Association has focused primarily on health issues related to African Americans and medically underserved populations; however, its principles, goals, initiatives and philosophy encompass all sectors of the population. Today, more than 100 after its founding, the National Medical

Issue: Immunizations have been primarily viewed as a preventive health measure for children, however, there has been no concentrated effort to promote immunizations as a preventive health measure to effectively decrease this national health disparity among African American adults.

Objective: To examine the problem of consistently low levels of immunization rates among African Americans compared to those of Whites and other minorities while taking into account, higher rates of certain medical conditions such as cardiovascular and sickle cell disease. These immunization issues were examined to effectively recommend policy, address barriers, best practices, and intervention strategies for the National Medical Association, its physician members and their communities.

Consensus Process: A literature review was conducted with assistance from the Wyeth Ayerst medical library and the National Medical Association's Immunization Clearinghouse examining over 110 pieces of immunization literature from 1980 to 1999, which addressed immunization issues from an African American and/or minority perspective. A draft of the immunization paper was submitted to panel participants to review before the panel was convened, June 24-26, 1999. The Consensus Panel was also asked to include additional immunization material, which was not included in the first draft, relevant to the immunization issues that were selected for inclusion in the immunization paper.

The panel then devised a short list of the most relevant issues affecting African Americans and recommendations were developed to address key areas, which included:

- Immunization disparity rates;
- Current literature on risk factors for under immunization;
- Barriers to immunization;
- Missed opportunities; and
- Intervention strategies, including the establishment of institutional and physician best practices.

Summary: Racial and ethnic disparities in adult immunization may reflect a differential effect on African Americans when coupled with underlying socioeconomic or cultural differences that can create barriers to health care access and discourage immunizations as a preventive health measure. Scientifically based, culturally appropriate intervention strategies need to be implemented by physicians and institutions/organizations to increase immunization rates among African American adults.

Association is firmly established as a leader in medicine. The NMA serves as a catalyst for the elimination of disparities in health and the leading force for parity in medicine. Immunizations have been primarily viewed as preventive medicine tool for use in children, and this has led to under utilization among African American adults. Although there is growing awareness and numerous strategies have been developed to address under-immunization in adults, there has been no concentrated effort to promote immunization as a preventive health measure among adult African Americans and other minority groups.

Consequently, the NMA is concerned about consistently lower levels of immunization rates of African-Americans compared to those of Whites and other minorities. Of additional concern are higher rates of certain conditions such as diabetes and cardiovascular disease, which coupled with clinical treatment disparities, places African-Americans at higher risk for complications resulting from vaccine-preventable illnesses. The NMA believes that too few African American adults are immunized. Despite increasing influenza and pneumococcal vaccination levels over the past ten years among adults aged 65 years or greater in all racial and ethnic groups, immunization levels among African American remain significantly below the Healthy People 2000 objective, which was achieved among Whites in 1997. Pneumococcal vaccination levels are especially low among older African Americans, and younger adults with medical conditions placing them at risk for complications from influenza and pneumococcal disease.

Further, little progress has been made in hepatitis B vaccination of adults who are at high risk for infection; hepatitis B among African American adults is higher than among the majority population. These disparities heighten the need to address this critical health problem in the African American community. Accordingly, in 1998 President Clinton included adult immunization as one of the six key areas to address in the "Initiative to Eliminate Racial and Ethnic Disparities in Health." It was a step in the right direction, but much more must be done to reach the all time high immunization levels that have been achieved among children.

To this end, the NMA has assessed this health disparity in order to recommend proactive steps that can be undertaken by the Association and its membership. On June 24-26, 1999 in Washington, D.C., the NMA convened the **Adult Immunization Consensus Panel** comprised of the top experts on adult immunization in the country. During this panel, we drew on the knowledge of these experts and looked at the following areas:

- ❑ immunization disparity rates
- ❑ current literature on this issue;
- ❑ disease conditions and complications;
- ❑ barriers to immunization;
- ❑ missed opportunities for vaccination; and
- ❑ intervention strategies, including the establishment of institutional and physician best practices.

A. Who Should Be Vaccinated?

The NMA believes that every adult should consider vaccination for all preventable diseases to which they may be at risk. The influenza and pneumococcal pneumonia vaccines should especially be considered for adults, particularly those over 50. Specific vaccines, such as Hepatitis B should also be considered for certain high-risk groups as determined by lifestyle and occupation.

Influenza

The NMA recommends that the following groups be immunized annually for the prevention of influenza:

- Persons aged 50 and older
- Residents of long-term adult care facilities
- Persons with chronic heart disease
- Pregnant women who will be beyond 14 weeks gestation during the influenza season
- Persons with other significant diseases:
 - Diabetes mellitus
 - Hemoglobinopathies (e.g., sickle cell disease)
 - Immunosuppressed, (e.g. HIV/AIDS, leukemia, lymphoma, Hodgkins disease, multiple myeloma, generalized malignancy, those receiving immunosuppressive chemotherapy, organ or bone marrow transplant recipients, treatment with long-term steroids)
- Chronic renal failure or nephrotic syndrome
- Individuals who represent a transmission risk to at-risk groups:
 - Healthcare personnel
 - Employees of chronic care facilities
 - Home health providers
 - Household members
 - College students
 - Teachers
 - Travelers, depending on the time of year and destinations
 - Homeless

Invasive Pneumococcal Disease

NMA recommends the following groups be immunized, for the prevention of invasive pneumococcal disease:

- Persons aged 65 and older
- Persons with chronic pulmonary disease (excluding asthma)
- Persons with chronic heart disease
- Persons with other significant diseases:
 - Alcoholism
 - Cerebrospinal fluid leaks
 - Chronic liver disease
 - Diabetes mellitus

- Functional of anatomic asplenia (e.g. sickle cell disease or splenectomy)
- Those in special environments or social settings (e.g. Alaskan Natives, American Indians)
- Immunosuppressed, (e.g. HIV/AIDS, leukemia, lymphoma, Hodgkins disease, multiple myeloma, generalized malignancy, those receiving immunosuppressive chemotherapy, organ or bone marrow transplant recipients, treatment with long-term steroids)
- Chronic renal failure or nephrotic syndrome
- Individuals who represent a transmission risk to at-risk groups:
 - Healthcare personnel
 - Employees of chronic care facilities
 - Household members

Hepatitis B

NMA recommends that the following groups be immunized for the prevention of Hepatitis B:

- Health care workers
- People with sexually transmitted diseases
- Men who have sex with men
- Intravenous drug users
- Persons at risk of exposure to blood-borne pathogens (other groups ACIP recommends, e.g. heterosexuals with multiple sex partners, prostitutes, long-term male prison inmates, etc).

Other Vaccines

The NMA also recommends that adults should be assessed for immunity and vaccinated as needed against the following vaccine preventable diseases:

- Tetanus, Diphtheria
- Chickenpox
- Measles, Mumps, Rubella
- Other vaccines (e.g., hepatitis A, and meningococcal) may be indicated in certain circumstances.

B. Changes to Additional Areas of Health Care

The National Medical Association recommends changes in the following areas of health care to increase the immunization rates of adult African Americans:

- ❑ Surveillance and Research
- ❑ Physician and Institutional Practices
- ❑ Immunization Incentives
- ❑ Information, Education and Trust
- ❑ Public Health Policy

C. Surveillance and Research

The NMA is concerned with the relative paucity of information regarding racial/ethnic health disparities, and therefore recommends that additional information be gathered by relevant governmental agencies to assess and track the status of health disparities. With regard to immunization, the additional studies should focus on disparities in immunization rates, the barriers and missed opportunities for vaccination and intervention strategies that can effectively address them.

Specifically, the following additional information is needed:

- Disease and surveillance, by gender and race/ethnicity at the state, local and national levels.
- Disease and surveillance for vaccine preventable diseases in which there is little data (i.e., hepatitis B).
- Immunization rates surveillance, by gender and race/ethnicity at the state, local and national levels.
- Tracking of immunization delivery, especially linking non-traditional with traditional care sites.
- Attitude and practice surveys and focus groups of NMA physicians, including a study of charts to determine the actual immunization practices of NMA physicians.
- Attitudes and practice survey and focus groups of patients to determine the barriers to immunization acceptance, and
- Research to improve the safety, efficacy and delivery systems for vaccines.

D. Physician and Institutional Practices

The NMA recommends that adult immunization practices be incorporated as a standard of care adopted by all physicians and healthcare settings.

The NMA believe that institutionalizing best practices for immunization can successfully eliminate missed opportunities and ensure vaccination of all persons who should be immunized. Recommendations include:

- Physicians should assess patient's vaccination status and capture all opportunities to vaccinate.
- Physicians should establish practices that systematically offer recommended vaccines to their adult patients.
- Providers should establish standing order and protocols in their practices to allow non-physician medical personnel to deliver vaccinations to patients.
- Physicians should develop reminder systems for themselves, staff and patients, particularly annual influenza vaccination of high-risk patients.

- Physicians should expand access to vaccination services through drop-in clinics convenient hours, and vaccination in hospitals at discharge and in other settings.
- Physicians should develop and promote immunization records.
- Physicians should post information on vaccines in their offices.
- Physicians should work to eliminate all immunization disparities.
- Physicians should establish immunization as a standard of care.
- Physicians and patients should be educated and informed about the benefits of vaccines.
- Each NMA physician and their staff should be fully immunized.
- Physicians should address the vaccine safety concerns of their patients.
- Physicians should be better educated and informed about vaccines.
- Health care systems should promote immunization model programs.
- The NMA should encourage model immunization programs throughout NMA chapters.
- NMA should promote evaluating the performance of physicians and other providers in delivering vaccination services in clinics, hospitals, nursing homes and offices and feedback of this information to the providers.

E. Incentives

The National Medical Association recommends the following incentives, which may increase compliance and increase immunization rates:

- Shift incentives for physician practice changes.
- Adult vaccines should receive coverage in the National Vaccine Injury Compensation system.
- Adult vaccination services should be reimbursed at the same dollar level as pediatric vaccines.
- States should be rewarded for reaching target immunization rates.

F. Information, Education and Trust

The need for extensive information, education and trust concerning vaccines within the African American community is clear. The NMA views this as an important issue and one that is fundamental to the success of physician and community vaccine programs.

- The NMA, CDC, and manufacturers should “market” vaccination to the African American community as a safe, beneficial, preventive health practice.
- Physicians should develop relationships with churches and faith-based organizations to promote preventive health practices including vaccination.
- Physicians should educate and influence patients about the benefits and risks of vaccination.
- The NMA and manufacturers should create useful, culturally competent information on vaccination for patients.
- Physicians and public health officials must work to build trust among patients.
- NMA physicians should become spokespersons on immunization within their communities.

G. Public Health Policy

Concerning current public health policies, the NMA recommends:

- Heightened attention to adult immunization policies.
- The NMA 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.
- The NMA and the CDC should target the African American population for influenza pandemic preparedness.
- The number of health professionals delivering immunization services should be increased.
- Government should purchase vaccines for high-risk, uninsured adults.
- Private insurers, health care benefit programs, and third party payers should cover all adult immunization services as a preventive health measure for patients.