



Contact: Jennifer Corrigan
732-382-8898
732-742-7148 (Cell phone)

Victoria Amari
212-886-2248
718-413-6491 (Cell phone)

SERIOUSLY LOW VACCINATION RATES CAUSE EXPERTS TO CALL FOR INCREASED IMMUNIZATION BEFORE INFLUENZA SEASON PEAKS

Paradigm Shift Needed to Ensure Americans Seek Vaccination Now Through the Fall and Winter Months

WASHINGTON, D.C. – September 19, 2007 – New data, released today by the Centers for Disease Control and Prevention (CDC), show alarmingly low influenza vaccination rates in both adults and children. CDC joined the National Foundation for Infectious Diseases (NFID) and the nation’s leading health organizations at a national news conference urging increased efforts for Americans to seek immunization against influenza throughout the fall and winter.

“We need to re-think the influenza immunization season and encourage vaccination throughout the fall and winter for anyone wishing to be protected,” said Julie L. Gerberding, MD, MPH, director, CDC. “More doses are expected this year than in previous seasons and there is ample time to be immunized.”

Dr. Gerberding issued this urgent public health message with leaders from AARP, the American Academy of Pediatrics (AAP), American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), CDC and NFID, in partnership with the National Influenza Vaccine Summit, at a news conference this morning at the National Press Club in Washington, D.C.

Dr. Gerberding also released new CDC vaccination coverage rates for adults and children, which reinforced the need for ongoing efforts to improve influenza immunization throughout the entire season. During the 2005-2006 season, only one in five children aged 6-23 months were fully vaccinated and little more than one in ten children needing two doses received both doses. Influenza vaccine coverage varied substantially among states, but no state had more than 40 percent of children fully vaccinated.¹

In addition, this CDC report, released during NFID’s News Conference, indicates that influenza vaccination coverage in all states during the 2005-2006 influenza season was substantially below the national 60 percent target for persons aged 18-64 years with high-risk conditions, and the 90 percent target for persons aged 65 years and older.¹

Annual Severe Disease Burden Reinforces Importance of Vaccination

Influenza is responsible for about 36,000 deaths and more than 200,000 hospitalizations in the U.S. each year^{2,3} In addition, the disease results in more than \$87 billion of U.S. economic burden annually (e.g., hospitalization costs, missed days of work, lost lives, etc.).⁴ Influenza can be especially severe for those with high-risk conditions (e.g., diabetes, heart disease), and recent studies have also found the illness may trigger up to 92,000 cardiac deaths per year nationwide.⁵

“While we cannot predict influenza virus activity each season, we do know that annual vaccination will help protect individuals against influenza and also reduce spread of the virus to others,” said Jeanne M. Santoli, MD, MPH, deputy director of the CDC’s Immunization Services Division.

The CDC recommends an annual influenza vaccination for anyone, including school-aged children, who wishes to reduce their risk for contracting the illness or spreading the disease to others. Additionally, vaccination is important for certain populations at increased risk for severe complications, including children from 6 months up to 5 years of age, people with chronic medical conditions (e.g., asthma, diabetes, heart disease, HIV) and pregnant women. Immunization is also recommended for persons 50 years of age and older, health care professionals and all others in close contact with high-risk populations, particularly in contact with children younger than 6 months of age who cannot receive influenza vaccine. This includes parents, grandparents, siblings and babysitters.

“Not only does annual influenza vaccination help protect yourself, it also helps create a ‘cocoon of protection’ for those around you,” said William Schaffner, MD, NFID Vice President. “Vaccination is the best way to prevent influenza from infecting yourself and others, including family, friends, schoolchildren and co-workers, and is the right thing to do for your community this and every influenza season.”

Time to “Re-think” the Influenza Season: Use Every Opportunity to Vaccinate

Influenza vaccination should begin when vaccine is available in the community and continue throughout the entire season. Most people concentrate on vaccination during the fall and winter months, but vaccination is beneficial well into the New Year: the virus often continues to circulate through the spring.

The influenza season can begin as early as October and last as late as May. Typically, the season peaks in February, leaving many months to seek immunization. Previous seasons have seen a drop in public demand for vaccine after Thanksgiving, leaving numerous doses unused and many Americans unprotected.

“Health care professionals and their patients must work together to make sure every opportunity to discuss influenza immunization and receive the vaccine is used,” said Ardis D. Hoven, MD, Board of Trustees, American Medical Association. “There is plenty of time each year to get immunized, especially since the influenza season usually lasts through the spring.”

In addition, health care professionals and other caregivers should seek influenza vaccine for themselves to protect against illness and to prevent spreading this severe respiratory disease among patients, especially those who are immunocompromised.

CMS Efforts to Increase Vaccination Rates

Seniors over 65 years of age are among those at greatest risk of complications and death due to influenza and pneumococcal disease. To address this risk, Medicare Part B and Medicaid continue to cover influenza and pneumococcal vaccines. But not enough Americans seek out this benefit, according to Kerry Weems, Acting Administrator, CMS.

“Vaccination rates for Medicare recipients are critically low throughout the country. At least 20 percent of Americans with Medicare don’t get their influenza vaccination,” said Weems. “For Americans 65 years of age and older, the importance of getting vaccinated against influenza and pneumococcal disease can’t be overstated.”

Medicare reimbursement will stay at current levels this year for influenza vaccine (\$12.62). Rates for pneumococcal vaccine have increased by 10 percent (\$29.73). Medicare’s national average administration fee for both vaccinations will be \$19.60, an increase of 4.2 percent from last year.¹

Influenza Prevention Among Americans 50+ Helps Maintain Health and Well-being for Themselves and Close Contacts

Americans aged 50 years and older are leading fuller, more active lives while also facing added responsibilities at work and home. In fact, with people living longer, 71 percent of today’s baby boomers have at least one living parent. Approximately one of every eight are raising a child and providing financial assistance to a parent, according to the Pew Research Center.

“AARP is committed to educating its 39 million members about the importance of using preventive measures like getting annual influenza immunizations to guard against illness,” said T. Byron Thames, MD, Board of Directors, AARP. “Increasing vaccination rates among our members will also help protect those they care for – their grandchildren and parents who are more vulnerable to influenza and its complications.”

The ongoing challenge of balancing work and family reinforces the role of ongoing wellness and prevention efforts for those 50+, which includes annual influenza vaccination. According to the CDC, only 36 percent of adults 50-64 years of age and about 60 percent of those aged 65 years and older are vaccinated against influenza each year. There are more than 89 million Americans aged 50+ (the largest target group for influenza vaccine), and this leaves many unprotected every season. They are also increasing their chances of passing along the influenza virus to their older parents, spouses, children, grandchildren, friends and co-workers.

Alarming High Number of Children Unvaccinated; Leaving Serious Risk for Severe Illness, Complications

Rates of influenza infection are the highest among children, yet a large majority are not vaccinated every year, the most effective way to prevent illness. For example, only 18 percent of

¹ Medicare pays 95% of the Average Wholesale Price for influenza and pneumococcal vaccine. The administration fee is priced according to the physician fee schedule *and varies by locality*.

children aged 6-23 months are vaccinated,⁶ and just 30 percent of children with asthma (the most common chronic health condition in children) are immunized.

“When a child dies because of influenza, the devastating loss is felt throughout the family and community, including the school and even the pediatrician’s office,” said AAP President, Jay Berkelhamer, MD. “Several thousand more children end up in the hospital. Parents and their children’s health care team must work together to ensure these concerning, vaccine-preventable tragedies don’t happen every year.”

The CDC estimates nearly 100 U.S. children younger than 5 years of age die every year due to influenza and its complications.¹ It is necessary to use every opportunity during the entire influenza season to administer influenza vaccination to children and their close contacts.

Antiviral Medications Play Key Role in Treating and Preventing Influenza Transmission

Prescription antiviral medications play an important role in the prevention and treatment of influenza. Currently, four antiviral medications are marketed in the United States. For the 2007-2008 season, the CDC recommends use of oseltamivir (Tamiflu) or zanamivir (Relenza), for treatment and prevention of influenza. Neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza, due to high levels of resistance.⁷ Resistance to oseltamivir (Tamiflu) and zanamivir (Relenza) remains extremely uncommon.⁸

If taken within 12-48 hours of symptom onset, antiviral medications can reduce the duration and severity of influenza, which is characterized by fever, aches, chills and tiredness. People who are at high risk of serious complications from influenza may benefit most from antiviral medications.⁹

Antiviral medication can also be used as a preventive measure for those who have been exposed to influenza or are at high risk for complications. Prophylactic use of antivirals can help contain the spread of influenza in crowded settings like nursing homes, schools, households or the workplace. Antivirals can also be used in patients who cannot receive influenza vaccine because of egg allergies.

Hospitalizations due to Pneumonia High Among Adults; Vaccination the Best Prevention Yet Often Unused

CDC estimates that there were over 40,000 U.S. cases of invasive pneumococcal disease in 2005, resulting in 4,850 deaths.⁹ Caused by a common bacterium, pneumococcal disease is transmitted most often during the winter and early spring, when other respiratory infections, like influenza, are circulating in communities.

Anyone can get pneumococcal disease, but some groups are at increased risk, including persons aged 65 and older and individuals with weak immune systems or chronic illnesses. In fact, over half of U.S. cases are among adults who are recommended to receive vaccination.¹⁰

“Only about 65 percent of people 65 years of age and older have been vaccinated against pneumococcal disease. This is concerning since this is the only available prevention method against this seriously life-threatening disease,” said Robert H. Hopkins, Jr., MD, University of

Arkansas for Medical Sciences. “With an increase in reported antibiotic resistance to this infection, we urge anyone at risk to talk to their health care provider about immunization.”

About the National Foundation for Infectious Diseases

The National Foundation for Infectious Diseases (NFID) is a non-profit, tax-exempt (501c3) organization founded in 1973 and dedicated to educating the public and healthcare professionals about the causes, treatment and prevention of infectious diseases.

About the National Influenza Vaccine Summit

The National Influenza Vaccine Summit, co-sponsored by CDC and the AMA, is a group of more than 400 members representing 130 organizations, including: professional medical and public health organizations, advocacy groups, pharmacists, vaccine manufacturers and distributors, payers, representatives from hospitals and long term care facilities, health care providers and other influenza vaccine stakeholders. The Summit’s goal is to address, discuss and help to resolve influenza vaccine issues and to increase utilization of vaccine in accordance with the Advisory Committee on Immunization Practices recommendations.

Editor’s note – Additional influenza media resources available via NFID’s Web site, www.nfid.org.

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¹ Centers for Disease Control and Prevention. *MMWR* 2007; 56(37).

² Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2007; 56(Early Release):1-40.

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⁴ Molinari N, Ortega-Sanchez I, Messonnier M, et al. The annual impact of season influenza in the U.S: Measuring disease burden and costs. *Vaccine* 2007;25:5086-5096.

⁵ Madjid, M, Miller C, Zarubaev V, et al. Influenza epidemics and acute respiratory disease activity are associated with a surge in autopsy-confirmed coronary heart disease death: results from 8 years of autopsies in 34,892 subjects. *European Heart Journal Advance Access*. Available online, April 17, 2007.

⁶ Centers for Disease Control and Prevention. Childhood influenza vaccination coverage. United States, 2004-2005 influenza season. *MMWR Morb Mortal Wkly Rep* 2006;55(38):1062-1065.

⁷ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr56e629a1.htm>

⁸ <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr56e629a1.htm>

⁹ <http://www.cdc.gov/flu/protect/antiviral/> (Accessed August 1, 2007)

¹⁰ Centers for Disease Control and Prevention. 2006. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2005. Available via the Internet: <http://www.cdc.gov/ncidod/dbmd/abcs/survreports/spneu05.pdf>