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U.S. HEALTH OFFICIALS STRESS IMPORTANCE OF INFLUENZA VACCINATION AS SEASON OPENS; CITE NEW REPORT SHOWING INCREASE IN INFLUENZA HOSPITALIZATION RATES

—High-risk, Older Americans Also Urged to Receive Pneumococcal Vaccine—

WASHINGTON, D.C. – September 23, 2004 – Newly released data of substantially increased influenza-related hospitalizations in this country prompted the nation’s leading medical and public health officials today to urge the most vulnerable Americans – those at high risk for hospitalization and death from influenza-related complications – to seek immunization against influenza this season.¹

The Department of Health and Human Services (HHS) issued an urgent influenza immunization message along with experts from the American Medical Association (AMA), American Academy of Pediatrics (AAP), Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC). Officials from these groups joined a press conference held by the National Foundation for Infectious Diseases (NFID) and National Coalition for Adult Immunization (NCAI) at the National Press Club in Washington, D.C.

“An influenza vaccination could mean the difference between life and death for many Americans this influenza season,” said Secretary of Health & Human Services Tommy G. Thompson. “The Department of Health and Human Services has worked with manufacturers to ensure there is more vaccine available in the United States this year than ever before, and we urge the most vulnerable people to get vaccinated.”

While there is heightened concern surrounding avian influenza outbreaks in Asia, the groups stressed regular influenza seasons pose an immediate danger that result, on average, in about 36,000 deaths and more than 200,000 hospitalizations each year. Vaccination against influenza is by far the best means for protecting individuals and reducing risk of developing a serious illness, especially among certain groups of people at increased risk for serious influenza complications.

Health officials also urged vaccination against pneumococcal disease for Americans over 65 years of age and those of any age with a chronic medical condition. Pneumococcal vaccination with the polysaccharide vaccine is appropriate at any time of the year, and can be administered at the same time as the influenza vaccine. Of the nearly 40,000 cases and more than 5,100 deaths from invasive pneumococcal disease each year in the U.S., over half occur among adults who are recommended to receive vaccination.²

Influenza Activity Unpredictable; High-Risk Immunization Rates Disturbing

The severity and timing of influenza activity is unpredictable before a season begins. Last season, the nation experienced an early onset of influenza activity and reports of deaths in children from influenza received much attention. Keiji Fukuda, MD, MPH, chief of the epidemiology unit for the CDC's influenza branch, said even though each season can vary substantially, the predictable appearance and spread of the virus each year reinforces the need for Americans to make vaccination a priority to help prevent infection.

“Influenza is a very serious disease which unfortunately too many people take lightly,” said Dr. Fukuda. “The vaccine does not cause influenza, and most importantly it saves lives. We really need to encourage efforts to vaccinate people at high risk for complications from influenza because it is the best protection that is available.”

Parents Urged to Protect Infants, Toddlers and Close Contacts

More than 150 influenza-related deaths among children younger than 18 years of age were reported to the CDC during the last influenza season.³ Carol J. Baker, MD, American Academy of Pediatrics and Baylor College of Medicine, urged parents to ensure children receive influenza immunization and encouraged pediatricians to adhere to childhood influenza immunization recommendations.

“Immunization rates are alarmingly low among children with chronic medical conditions, putting them at greater risk for serious influenza infection,” said Dr. Baker. “There are also brand new vaccination recommendations for healthy children 6 through 23 months of age, who are at risk of influenza-associated illness that can lead to hospitalization rates similar to those seen in adults 65 years of age and older.”

Dr. Baker also stressed the need for immunization among every household member and out-of-home caregiver who comes into direct contact with children with chronic medical conditions and children younger than 24 months, to prevent the spread of the influenza virus. This recommendation applies to parents, older brothers and sisters, grandparents, babysitters and others in contact with children in this age group.⁴

Providers were strongly urged to take steps to ensure they vaccinate these young, vulnerable patients. Dr. Baker pointed to numerous missed opportunities for influenza immunization among children during routine visits to primary care providers during the influenza season.⁵ In fact, nearly 70 percent of children with asthma do not receive an annual influenza immunization in any given year – the lowest immunization rate for any childhood vaccine.⁶ According to the CDC, an estimated nine million U.S. children younger than 18 years have been diagnosed with asthma at some point in their lives.⁷

Health Care Professionals Play Important Role in Promoting Vaccine to Patients

The AMA urged physicians, nurses and other health care professionals to let their patients know now is the time for influenza immunization, and remind them vaccination is still beneficial in November, December and beyond.

“Many patients decide to seek influenza immunization only when their physician recommends the vaccine,” AMA Trustee Herman I. Abromowitz, MD said. “The fall is an important time of year for physicians to encourage greater vaccination among our patients, especially those at increased risk for complications, before influenza season hits. An annual influenza vaccination is an important measure to help our patients stay healthy throughout the year.”

Dr. Abromowitz recommended health care professionals remind their patients, especially high-risk patients, about the importance of flu vaccination at every visit to help maximize immunization rates. He also stressed health care professionals should protect themselves, and their patients, by getting the influenza vaccine as well.

“As the front line against infection, yearly flu vaccinations for health care professionals are essential,” Dr. Abromowitz said.

Pneumococcal Vaccination Also Recommended

“Low pneumococcal coverage rates leave too many Americans at risk of invasive disease,” warned Gregory Poland, MD, Mayo Vaccine Research Group. “With just 63 percent of those 65 and older now vaccinated, we’re a long way from reaching the Healthy People 2010 goal of 90 percent coverage.”

Although anyone can contract pneumococcal disease, some groups are at particularly high risk for the disease or its complications, including persons aged 65 years and older, those with chronic illness or weakened immune systems and residents of chronic or long-term care facilities.⁸

Medicare Part B/Medicaid Covers Vaccination; Payment/Administration Fees Increase

CMS Administrator Mark McClellan, MD, PhD, stressed the importance of Americans 65 years of age and older to receive an annual influenza vaccination. Medicare Part B and Medicaid cover both influenza and pneumococcal vaccines.

Dr. McClellan announced Medicare has increased the amount of payments for influenza and pneumococcal vaccines as well as the administration fee. Medicare will pay \$23.28 per dose for the pneumococcal vaccine this year, up from \$18.62 in 2003. Payment for the influenza vaccine also increases to \$10.10, compared to \$9.95 last season. The administration fee for both vaccinations has risen from \$7.72 in 2003 to \$8.21 this year.

“Americans aged 65 years and older are at a greater risk of hospitalizations and death because of influenza,” said Dr. McClellan. “As the population in the U.S. grows older, we must recognize the importance of immunization against influenza and pneumococcal disease, especially with many also suffering from chronic medical conditions that put them at increased risk for influenza-related complications.”

NFID and NCAI

Founded in 1973, NFID is a non-profit organization dedicated to public and professional educational programs about infectious diseases.

NCAI is a network of more than 140 organizations dedicated to promoting adult immunization primarily through educational and motivational activities. The coalition was formed in 1988 to make the most efficient use of public and private resources to achieve national goals in adult immunization.

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¹ Thomson WW, Shay D, Weintraub E, et al. Influenza-associated hospitalizations in the United States. *JAMA* 2001;292:1333-1340.

² Centers for Disease Control and Prevention. 2004. Active Bacterial Core Surveillance Report, Emerging Infections Program Network, *Streptococcus pneumoniae*, 2003 – provisional. Available via the Internet: <http://www.cdc.gov/ncidod/dbmd/abcs/survreports/spneu03.pdf>.

³ Centers for Disease Control and Prevention. Update: Influenza activity — United States and worldwide, 2003–04 season, and composition of the 2004–05 influenza vaccine. *MMWR* 2004;53:547-549.

⁴ Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2004; 53(RR-6):1-40.

⁵ Daley MF, Barrow J, Stevenson JM, et al. Missed Opportunities for Influenza Immunization in Children with Chronic Medical Conditions. Program and abstracts of the 38th National Immunization Conference of CDC; May 11-14, 2004; Nashville, Tenn.

⁶ Centers for Disease Control and Prevention. Prevention and Control of Influenza – United States, 2003-2004. *MMWR* 2003;52:1-25.

⁷ Bloom B, Cohen RA, Vickerie JL, Wondimu EA. Summary health statistics for U.S. children: National Health Interview Survey, 2001. National Center for Health Statistics. *Vital Health Stat* 10(216). 2003:3.

⁸ Centers for Disease Control and Prevention. Prevention of pneumococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1997;46(No. RR-8):10-14.