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**CDC DIRECTOR JOINS NATION'S TOP HEALTH EXPERTS TO URGE
AMERICANS TO SEEK INFLUENZA AND PNEUMOCOCCAL VACCINATIONS
THIS FALL AND WINTER**

*New NFID Survey Highlights Need for Improved Public Awareness about
Importance of Prevention and Treatment Options*

CDC Data Underscore Need for Improved Childhood and Adult Vaccination Rates

WASHINGTON, D.C. – October 4, 2006 – The Centers for Disease Control and Prevention (CDC) today announced it expects more influenza vaccine doses to be available this season than ever before. However, a recent National Foundation for Infectious Diseases (NFID) survey found many Americans forgo annual vaccination, not recognizing the severity of influenza and the risk of transmitting it to their loved ones.

CDC Director Julie L. Gerberding, MD, MPH, joined officials from 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 press conference this morning at the National Press Club in Washington, D.C., to reinforce the importance of continued influenza immunization into December and later.

“A significant amount of vaccine is expected to be available by the end of October, so now is the time to begin speaking to your health care provider about getting vaccinated this fall and winter,” said Julie L. Gerberding, MD, MPH, director, CDC. “Influenza season, both in terms of severity and duration, is unpredictable. So we want to encourage individuals to seek vaccination into December and January because the vaccine can be effective even after the virus begins to circulate in a community.”

Dr. Gerberding also presented new CDC pediatric influenza vaccination coverage data from the 2004-2005 season – the first year the CDC’s Advisory Committee on Immunization Practices (ACIP) recommended all children 6-23 months of age be immunized. While the influenza immunization rate for children aged 6-23 months nearly doubled from the previous season, the percentage of fully vaccinated children remained low, reinforcing increased efforts to improve pediatric vaccination rates and ongoing monitoring of vaccination coverage among young children.¹

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In addition, Dr. Gerberding reported that influenza vaccination coverage rates for people 65 years of age and older were lower among persons surveyed in 2005 (approximately 63 percent) than among persons surveyed the previous year (approximately 68 percent).^{*} Pneumococcal vaccination rates in this age group essentially remained the same from 2004 to 2005, at slightly under 64 percent (63.4 percent to 63.7 percent).¹ Both vaccination coverage levels remain well below the Healthy People 2010 objective of 90 percent.

Doses of influenza vaccine are beginning to be available now and more doses will be distributed through December. Given the large supply of vaccine that is anticipated, anyone who wants to be protected against influenza this year should get vaccinated; no prioritization of vaccine is needed.

Annual vaccination is particularly recommended for anyone aged 50 years and older; people with chronic health conditions, such as heart disease, diabetes, asthma, chronic bronchitis or HIV; and children from 6 months up to 5 years of age. In addition, health care professionals and household contacts or out-of-home caregivers of high-risk persons (including children less than 6 months of age) should be vaccinated to prevent spreading influenza to adults and children at high risk for complications. Vaccination of close contacts of children younger than 6 months of age is particularly important because these children are at very high risk of complications, but are too young to get the influenza vaccine.²

New Survey Shows Low Public Appreciation of Disease Prevention and Treatment Options

About half of Americans plan to be vaccinated this influenza season, according to a recent NFID national consumer survey.[†] A large percentage of these people acknowledged learning about the importance of immunization the hard way, after suffering the severe symptoms and complications of influenza themselves. Unfortunately, the majority of Americans who do not plan to get vaccinated underestimate the seriousness of influenza and are unaware that people of any age can contract the virus and spread it to others.³

The survey found that many Americans also think that by December it is too late to be protected by an annual influenza vaccination. Public recognition of the benefits of immunization in December, January and later is critical to ensuring optimal protection of all healthy and high-risk individuals during influenza season, especially since the disease does not typically peak until February. This year's expected influenza vaccine supply will allow health care providers to offer the vaccine to any patient wishing to avoid influenza.

“Americans need to learn about the benefits of immunization. Forgoing vaccination can put your household at risk for complications like pneumonia, missed work and school days, trips to the hospital and sometimes death,” said Susan J. Rehm, MD, NFID medical director and vice chair of the department of infectious disease at the Cleveland Clinic. “Influenza is much more severe than the common cold. Patients should talk to their health care providers about prevention and treatment options for themselves and their loved ones.”

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^{*} This decrease was due to the influenza vaccine shortage in fall 2004.

[†] An Omnibus survey was conducted by Opinion Research Corporation CARAVAN® Omnibus, on behalf of NFID. Results are based on telephone interviews conducted from August 31-September 3, 2006, among a representative sample (random digit dial) of 1,014 adults (503 men and 511 women) aged 18 years and older.

Americans' lack of concern over the severity of influenza also can be seen when seeking treatment. While the majority of respondents would stay home in bed resting and drinking plenty of fluids, a lower number realize their health care providers may be able to prescribe antiviral medications to help treat their symptoms.³ Many regard influenza as similar to the common cold, a concerning misperception since influenza and its complications are responsible for about 36,000 deaths and more than 200,000 hospitalizations in the U.S. each year.^{2,4}

Vaccine Administration Payment Encourages Providers to Immunize

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

“Not enough people who are 65 and older get a flu shot, yet it could be one of the most important things they do for themselves this year,” said Dr. McClellan. In any given state, at least 20 percent of people with Medicare don't get their flu shot.”

Annual influenza vaccination has additional benefits besides not getting the flu, including avoiding complications like bacterial pneumonia, ear infections, sinus infections and dehydration. It also helps ensure chronic conditions, such as congestive heart failure, asthma and diabetes do not get worse.

“Taking the time to get this vaccination means that, unlike 200,000 people who are hospitalized every year as a result of flu or its complications, you will stay healthy, even during flu season,” noted Dr. McClellan.

The Medicare reimbursements for pneumococcal and influenza vaccines this year have increased \$2.51 and \$0.56 respectively. Payment for pneumococcal and influenza vaccines will now be \$27.08 per pneumococcal dose and \$12.62 per influenza dose. These rates are national averages, and will vary across the country. The administration fee for both vaccinations will be \$18.57.

Variable Disease Activity Reinforces Importance of Preventing Transmission

In the majority of years, seasonal influenza does not peak until February or later; however, the severity and timing of influenza activity is unpredictable. A mild season one year does not indicate the severity of a subsequent year, reinforcing the need for Americans – especially those at greatest risk of complications and their close contacts – to get vaccinated every year.

“Because influenza can cause large numbers of illnesses, hospitalizations and even deaths, people should make vaccination a priority to help prevent influenza and its complications,” said Daniel B. Jernigan, MD, MPH, deputy director of the CDC's influenza division. “Vaccination is the single best way to help prevent influenza and its complications, and is particularly important for young children, the elderly and persons with chronic medical conditions and for those who live with or care for them.”

Disease Impact Among Pediatric High-risk Severe, Yet Not Always Recognized

Recent studies have found children with asthma and cardiac disease experience the lowest influenza vaccination rates among high-risk children⁵ – despite longstanding CDC recommendations for all children with chronic medical conditions to be immunized each year. Many continue to be unprotected each season, creating the potential for serious complications and sometimes death.

“Many parents rely on their children’s pediatricians to help make health care recommendations, including on immunization,” said Julia A. McMillan, MD, FAAP, of the AAP Committee on Infectious Diseases and Johns Hopkins University School of Medicine. “It is important that providers inform parents that influenza infection can be serious for a child with a chronic illness, and that the best way to prevent infection is through an annual vaccination.”

Physicians often do not distinguish influenza infection from other respiratory illnesses in infants and children. For this reason, the rate of disease in children is considerably higher than reported.⁶ Annual immunization will help prevent illness, physician visits, emergency department visits and hospitalizations, especially for children from 6 months up to 5 years of age and those with a chronic medical condition. Immunization is also important for anyone in close contact with children younger than 5 years of age (including children under 6 months of age who cannot be vaccinated) and children with chronic medical conditions (e.g., asthma, diabetes).²

Antiviral Medication Available to Help Treat Influenza

While vaccination is the first line of defense against seasonal influenza, prescription antiviral medications play an important role in prevention and treatment. The CDC currently recommends use of two antiviral medications, oseltamivir (Tamiflu) or zanamivir (Relenza), if antiviral treatment or chemoprophylaxis of influenza is indicated.²

If taken within 48 hours of symptom onset, antiviral medications can reduce the duration of influenza, which is usually characterized by fever, dry cough, sore throat, muscle aches, runny or stuffy nose and extreme tiredness. Antiviral medications also can be used to prevent the spread of influenza in households and in health care settings, such as nursing homes.²

Additionally, use of antiviral medications is an option for preventing influenza among persons known to have severe allergic reactions to eggs or to other components of the influenza vaccine. These antiviral medications are available by prescription only. As with vaccines, prescription antiviral medications will be in ample supply during the 2006-2007 influenza season in pharmacies across the U.S. Antiviral drugs may be extremely helpful in preventing and controlling the spread of influenza.²

Protection Against Pneumonia Available to America’s Patients

In addition to annual influenza immunization, Americans 65 years of age and older and those of any age with certain underlying medical conditions should also get vaccinated against pneumonia. The pneumonia vaccine is appropriate at any time of the year, and can be administered at the same time as the influenza vaccine.

“Health experts have seen an alarming increase in the number of older Americans hospitalized for pneumonia,” said William G. Plested, III, MD, president, American Medical Association. “The influenza season is an excellent time to remind elderly patients that they also need to be vaccinated against pneumonia.”

“According to the CDC, nearly one million seniors are estimated to become ill due to pneumonia each year and roughly one-third will require hospitalization,⁷” said Dr. Plested. “Less than 65 percent of seniors are vaccinated and many instances of illness and potentially serious complications can be avoided through vaccination.”

Experts have concluded that improving immunization among those at risk can help prevent potentially life-threatening pneumonia.⁸ Although anyone can contract the disease, some groups are at particularly high risk, including persons age 65 years and older, those with chronic illness or weakened immune systems and residents of chronic or long-term care facilities.

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

This Summit was initiated in 2000 by CDC and the AMA to address vaccine delays and shortages. It since has grown from 60 persons from 30 organizations to now include 400+ members representing 130 organizations. The Summit’s goal is to address, discuss and help to resolve influenza vaccine issues and to increase utilization of vaccine in accordance with ACIP recommendations. Members include 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.

This news conference is sponsored by the National Foundation for Infectious Diseases in partnership with the National Influenza Vaccine Summit and is supported, in part, by the Centers for Disease Control and Prevention, and through unrestricted educational grants to NFID by the Centers for Medicare & Medicaid Services, Flu Vaccine Business Practices Initiative, GlaxoSmithKline, Henry Schein, Inc., MedImmune Vaccines, Novartis Vaccines, Merck and Co., Inc., Roche, and sanofi pasteur.

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. Influenza Vaccination Coverage and Pneumococcal Vaccination Coverage Among Adults Aged ≥ 65 Years. *MMWR*. 2006;55.

² Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2006;55:1-41.

³ National Foundation for Infectious Diseases. Influenza: Omnibus Survey. September, 2006.

⁴ Thompson WW, Shay D, Weintraub E, et al. Influenza-associated hospitalizations in the United States. *JAMA*. 2004;292:1333-1340.

⁵ Esposito S, Marchisio P, Droghetti R, et al. Influenza vaccination coverage among children with high-risk medical conditions. *Vaccine*. 2006;24:5251-5255.

⁶ Poehling KA, Edwards KM, Weinberg GA, et al. The underrecognized burden of influenza in young children. *NEJM*. 2006;355:31-40.

⁷ Jackson ML, Neuzil KM, Thompson WW, et al. The burden of community-acquired pneumonia in seniors: results of a population-based study. *Clin Infect Dis*. 2004;39:1642-1650.

⁸ David N. Fisman, Elias Abrutyn, Kimberly A. Spaude, Alex Kim, Cheryl Kirchner, and Jennifer Daley. Prior Pneumococcal Vaccination Is Associated with Reduced Death, Complications, and Length of Stay among Hospitalized Adults with Community-Acquired Pneumonia. *Clin Infect Dis*. 2006;42:1093-1101.