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HEALTH OFFICIALS EXPRESS CONCERN THAT PUBLIC MIGHT BE COMPLACENT ABOUT IMMUNIZATION AS INFLUENZA SEASON NEARS

***Many More Flu-Linked Deaths Than Thought;
Vaccination Rates Among High-Risk Fall Short of Healthy People 2010 Goals***

-- Older Americans Also Urged to Receive Pneumococcal Vaccine--

WASHINGTON, D.C. – September 23, 2003 — Leading medical and public health officials today called for renewed vigilance against an old killer — influenza — which continues to kill an average of approximately 36,000 Americans and results in the hospitalization of more than 114,000 Americans per year. At a press conference held in the nation’s capital by the National Foundation for Infectious Diseases (NFID) and National Coalition for Adult Immunization (NCAI), Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC), and other experts underscored the severity of influenza and urged Americans to get immunized.

“It is simply unacceptable that such a large number of people continue to die and suffer as a result of influenza,” said Dr. Gerberding. “Getting an influenza vaccination every year is the best protection against influenza. We encourage Americans, particularly those 50 and older and people of any age with chronic conditions of the heart or lungs, diabetes or kidney disease, to get their influenza vaccination in October or November.”

Health officials also urged at-risk people to be immunized against pneumococcal disease—a shot recommended for people age 65 or older and for younger people with chronic medical conditions. 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.

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Mild Flu Seasons Might Contribute to Public Complacency

Public health officials said the mild flu seasons during the past two years might result in public complacency.

“Even relatively mild flu seasons cause thousands of vaccine-preventable deaths,” said Dr. Gerberding. “The severity of influenza outbreaks cannot be predicted. We must assume that every season will be severe. Influenza immunization just makes sound medical sense.”

Estimates of Flu-Related Deaths Revised Upward/Vaccination Coverage Falls Short of Healthy People 2010 Goals

Influenza claims far more lives in the United States than previously thought — an annual average of 36,000 deaths per year from 1990 through 1999, according to a study published in the *Journal of the American Medical Association (JAMA)*.¹ By using a new, more accurate method to analyze flu data, the study showed a marked increase in mortality related to influenza over the 20-year study period, mostly among seniors.

For the 2000-01 season, the estimated vaccination coverage among adults aged 18-64 years with high-risk conditions was 29 percent, substantially lower than the Healthy People 2000 and 2010 objective of 60 percent. Among persons aged 50 to 64 and as well as those under age 50 with chronic medical conditions, only 41 percent and 21 percent, respectively, were vaccinated against influenza.

Oldest and Youngest at Special Risk

“One reason for the rise in mortality may be the aging of the U.S. population — a group that has been steadily growing,” suggested Nancy Cox, PhD, a co-investigator of the JAMA study and chief of the CDC’s Influenza Branch.

Annual influenza vaccination is recommended for all persons age 50 or older and those with certain chronic medical conditions.

At the other end of the age spectrum, children are receiving new attention for influenza immunization. The American Academy of Pediatrics, CDC and others now encourage healthy children 6 to 23 months old to be vaccinated as they are at a heightened risk of hospitalization from flu-related complications.

New fears have also emerged from recent surveillance data, which shows older healthy children may be in danger of complications from influenza. A study of the last flu season in the state of Michigan documented 10 cases of serious influenza-related illness and four influenza-related deaths among those under age 21. None of the victims had known risk factors, Dr. Cox said.

New Study Shows Flu Vaccine Reduces Hospitalizations and Death Among Seniors

According to a study reported in the *New England Journal of Medicine*,² influenza vaccine reduces the risk of hospitalization for cardiac disease and stroke for people aged 65 or older.

The study found immunization reduces seniors' risk of being hospitalized for heart disease by 19 percent and stroke by 16 to 23 percent. It also showed a flu shot reduces the risk of death from all causes by nearly 50 percent.

“These data have important public health implications and support stepped-up efforts to promote vaccination in our expanding older age groups,” concluded Kristin L. Nichol, MD, MPH, MBA, the study's lead investigator.

Dr. Nichol also reminded Americans that annual flu vaccination appointments are a convenient, critical time for at-risk people be immunized against pneumococcal disease—a shot recommended for people age 65 or older and for younger people with chronic medical conditions. Pneumococcal disease is responsible for approximately 175,000 hospitalizations.

Low Health Care Worker Influenza Vaccination Rates Endanger Patients

The low rate of health care professionals vaccinated was addressed by American Medical Association (AMA) President Donald Palmisano, MD, JD, who underscored the need for health care workers to be immunized to protect themselves—and patients—against influenza.

Studies show only 38 percent of all health care professionals—who have the potential for passing influenza to vulnerable patients—get the vaccine each year. Physicians and nurses are among those health care professionals not seeking vaccination, increasing the likelihood of transmitting the disease.

“Health care professionals are on the front line with at-risk patients in hospitals, nursing homes and medical offices,” said Dr. Palmisano. “All health care professionals are urged to get a flu shot to prevent disease transmission to at-risk patients.”

Dr. Palmisano noted that vaccination would help head off flu-induced medical and nursing staff shortages and called for improved strategies to increase influenza vaccination among health care workers.

Additionally, Dr. Palmisano urged physicians to purchase both the influenza and pneumococcal vaccines in order to have adequate supplies, and praised CMS for raising the reimbursement rates.

Disparities Persist Among Minority Groups

Influenza and pneumococcal immunization rates among Hispanics and African-Americans continue to lag behind those of whites across age and risk groups.

According to the CDC, only 52 percent of African American and 46 percent of Hispanic adults aged 65 years of age or older are routinely immunized against influenza compared to 70 percent of whites. Disparities for pneumococcal vaccination are even wider with 30 percent of Hispanics and 31 percent of African Americans receiving the vaccine compared to 57 percent of whites.

Plentiful Vaccine Supply; Suspension of Tiered Vaccination Schedule

There should be sufficient supplies of influenza vaccine available during the coming influenza season to allow all persons wishing to avoid influenza, regardless of age or health status, to be vaccinated as soon as vaccine becomes available.

CDC estimates that vaccine manufacturers will produce approximately 85.5 million doses of influenza vaccine during the 2003 influenza season. This projection represents 9.5 million fewer doses than were produced last year. However, influenza vaccine production is expected to exceed the estimated 79 million doses that were actually sold to providers in 2002.

New Nasal Vaccine Alternative for Healthy Persons

Officials today also noted that healthy persons now have a new alternative influenza vaccine to consider—a nasal spray also known as “live-attenuated influenza vaccine” or “LAIV.” The nasal vaccine is approved for use in healthy persons aged 5–49 years to prevent influenza A and B. Influenza causes approximately 38 million missed school days and 70 million workdays lost by adults who are sick or tending to the sick.

While LAIV can be used in healthy people aged 5-49 years, the injectable inactivated influenza vaccine can be used for anyone, healthy or high-risk, 6 months of age or older.

Medicare Part B/Medicaid Covers Vaccination

William Rogers, medical officer in the Office of the Administrator, Centers for Medicare and Medicaid Services, stressed the importance of older Americans getting annual flu shots. People age 65 and older are more likely to get influenza and more likely to develop complications of the disease, Dr. Rogers said. Medicare Part B and Medicaid cover influenza and pneumococcal vaccines.

Dr. Rogers noted that for the 2003-2004 season Medicare has increased the amount of payments for both influenza and pneumococcal vaccines and the fee for administering the shots. The administration fee for both shots for this season is \$7.72, a 94 percent increase over last year. Medicare payment for influenza vaccine has risen from \$8.02 in 2002 to \$9.95 this year. Effective Oct. 1, 2003, the payment for pneumococcal vaccine rises to \$18.62, compared to \$13.10 last year.

NFID and NCAI

Founded in 1973, NFID is a non-profit organization dedicated to public and professional educational programs about, and in support of, research into causes, treatment, and prevention of 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 Thompson WW et al. Mortality Associated With Influenza and Respiratory Syncytial Virus in the United States. *JAMA*. 2003;289(2):179-186.

² Nichol KL et al. Influenza Vaccination and Reduction in Hospitalizations for Cardiac Disease and Stroke Among the Elderly. *NEJM*. 2003;348:1322-1332.