

# Report Finds Low Vaccination Rates in U.S. Adults

BY ELIZABETH MEHCATIE

Immunization rates among U.S. adults remain low, resulting in 40,000-50,000 deaths annually due to diseases that could be prevented by vaccines, according to a report released at a telebriefing.

"Thousands of lives could be saved each year if we could increase the number adults who receive routine and recommended vaccinations," said Jeffrey Levi, Ph.D., executive director of Trust for America's Health, which contributed to the report.

"To achieve that goal, we need a national strategy to make vaccines a regular part of medical care and to educate Americans about the effectiveness and safety and efficacy of vaccines," he added. The TFAH is a non-profit organization that is focused on promoting disease pre-

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vention, according to its Web site.

The report on the status of adult immunization in the United States was released jointly by the Infectious Diseases Society of America (IDSA), the Robert Wood Johnson Foundation (RWJF), and TFAH. It was supported by a grant from the RWJF.

The most striking findings of the report are pneumococcal vaccine rates, he said. Based on data collected in 2006, 2007, and 2008, 33.1% of adults aged 65 years and older in 36 states were not immunized against pneumonia, even though the Centers for Disease Control and Prevention (CDC) recommends the pneumococcal vaccine for this age group, and most people require one dose only. In Oregon, the state with the highest immunization rate, 26.8% of seniors had not received this vaccine. The lowest rate in the country was Washington, D.C., where 46.5% of seniors had not received it.

Other examples of low adult vaccination rates were highlighted during the briefing: In 2007, only 2.1% of eligible adults (aged 18-64 years) received the diphtheria, tetanus, and pertussis vaccine; only 10% of eligible adult women (aged 18-26 years) received the human papillomavirus vaccine; and just 36.1% of all adults were vaccinated against seasonal flu. In 2008, only 69% of people aged 65 and older got the influenza vaccine.

Annually, "approximately 36,000 Americans die of the seasonal flu, 5,000 die from pneumonia, and more than 1 million adults get shingles," according to the report. Those types of preventable diseases cost an estimated \$10 billion every year.

The lack of a national adult immunization strategy, such as the one in place for children, is one of the main reasons

for the low immunization rates, in addition to other factors, including the lack of insurance or inadequate insurance, Dr. William Schaffner, chair of IDSA's Immunization Work Group and coauthor of the report, said during the briefing.

In addition, the health care system is not set up to deliver preventive services and many adults don't have regular checkups. Many physicians who care for adults are not accustomed to providing

vaccines in their offices, a factor that contributes to the misunderstanding and misinformation about vaccine safety and effectiveness on the part of both clinicians and patients.

Although primary care physicians are more likely to provide vaccines than are others adult health care providers, many adults receive their medical care only from specialists who do not offer vaccination, noted Dr. Schaffner, who is pro-

fessor and chair of preventive medicine at Vanderbilt University, Nashville.

He recommended that all clinicians become familiar with the adult immunization schedule, establish a plan to review immunizations patients need, and determine how to order, stock, and keep track of vaccines in the office, which he acknowledged is not an easy task.

During the briefing, Litjen Tan, Ph.D., director of medicine and public

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### Indication and Important Limitations of Use

ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

ONGLYZA should not be used for the treatment of type 1 diabetes mellitus or diabetic ketoacidosis.

ONGLYZA has not been studied in combination with insulin.

### Important Safety Information

- **Use with Medications Known to Cause Hypoglycemia:** Insulin secretagogues, such as sulfonylureas, cause hypoglycemia. Therefore, a lower dose of the insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with ONGLYZA
- **Macrovascular Outcomes:** There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ONGLYZA or any other antidiabetic drug

**Most common adverse reactions** (regardless of investigator assessment of causality) reported in  $\geq 5\%$  of patients treated with ONGLYZA and more commonly than in patients treated with control were upper respiratory tract infection (7.7%, 7.6%), headache (7.5%, 5.2%), nasopharyngitis (6.9%, 4.0%) and urinary tract infection (6.8%, 6.1%). When used as add-on combination therapy with a thiazolidinedione, the incidence of peripheral edema for ONGLYZA 2.5 mg, 5 mg, and placebo was 3.1%, 8.1% and 4.3%, respectively.

health for the American Medical Association, said that all health care providers should provide full coverage for all the adult vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP), and that a vaccine program for uninsured adults should be created.

"We should make reviewing patients' immunization histories a standard part of care and vaccines should be offered in appropriate medical encounters," when people are already going to see the doctor, when it is convenient for both parties, such as annual physicals, prenatal visits,

and cancer screening visits, he added.

Other recommendations for improving adult vaccination rates include requiring coverage of all vaccines under Medicare Part B, increasing public education about the effectiveness and safety of vaccines, and increasing the research, development, and production of vaccines, which would include surveillance and research on safety. ■

The full report is at the Web sites for IDSA ([www.idsociety.org](http://www.idsociety.org)), TFAH ([www.healthyamericans.org](http://www.healthyamericans.org)), and RWJF ([www.rwjf.org](http://www.rwjf.org)).

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**Drug Interactions:** Because ketoconazole, a strong CYP3A4/5 inhibitor, increased saxagliptin exposure, the dose of ONGLYZA should be limited to 2.5 mg when coadministered with a strong CYP3A4/5 inhibitor (e.g., atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, and telithromycin).

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**Pregnant and Nursing Women:** There are no adequate and well-controlled studies in pregnant women. ONGLYZA, like other antidiabetic medications, should be used during pregnancy only if clearly needed. It is not known whether saxagliptin is secreted in human milk. Because many drugs are secreted in human milk, caution should be exercised when ONGLYZA is administered to a nursing woman.

**Pediatric Patients:** Safety and effectiveness of ONGLYZA in pediatric patients have not been established.

\*metformin, glyburide, or thiazolidinedione (pioglitazone or rosiglitazone)

<sup>†</sup>"Patients" means covered lives as calculated by Fingertip Formulary® as of 10/09.

**Please read the adjacent Brief Summary of the Product Information.**

For more information about ONGLYZA visit [www.onglyza.com](http://www.onglyza.com).

Reference: 1. Fingertip Formulary® data as of October 25, 2009. Data on File, October 2009.

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