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# Subspecialists Are Urged To Vaccinate Adult Patients

BY JOYCE FRIEDEN
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WASHINGTON — Specialists who treat adults should be encouraged to give preventive vaccines to their patients, Dr. William Schaffner said at a press briefing sponsored by the National Foundation for Infectious Diseases.

"A lot of adults don't see their internists or family physicians. They are taken care of by specialists," Dr. Schaffner said in a discussion with journalists after the briefing.

One problem with getting adults immunized is that many of them don't go to doctors in the first place, said Dr. Schaffner, chairman of preventive medicine at Vanderbilt University in Nashville, Tenn.

"Women, at least, go to ob.gyns., and ob.gyns.—under the leadership of the American College of Obstetricians and Gynecologists—are increasingly acknowledging that they're primary care physicians. They're beginning to get the word that part of what they have to do as primary care physicians is immunize."

**But even with so many specialists who could be vaccinating patients, none of them will be interested in doing so until the reimbursement process improves.**

Ob.gyns. have already taken responsibility for cervical cancer screening, noted Dr. Schaffner, who is also professor of infectious diseases at Vanderbilt. "I predict they'll be avid promoters of the human papillomavirus vaccine. If we can get them to expand their purview, they can think about hepatitis B: 'That's a sexually transmitted disease–I know how that works.' "

Ob.gyns. can also be approached regarding influenza vaccinations for pregnant women, he added. "We've got to bring them along. These are wonderful opportunities, and I think we're going to see a major change in ob.gyns. doing this."

Internal medicine subspecialists are another likely target, according to Dr. Schaffner. "If you have rheumatoid arthritis or lupus, the only doctor you may be going to is a rheumatologist. Nephrologists take care of patients with kidney failure, and gastroenterologists take care of a lot of patients with inflammatory bowel disease who don't very regularly go to a general internist."

These subspecialists could start with pneumococcal and influenza vaccines, "which categorically all their patients are eligible for," he said.

There is one group of internal medicine subspecialists that may be a tougher sell, however: cardiologists. "They haven't been reached [with the message] that in their outpatient practice, they ought to be ordering and delivering vaccines, because in large measure, many of their patients don't have internists who take care of them," Dr. Schaffner said.

But even with so many specialists who could be vaccinating patients, none of them will be very interested in doing so until the reimbursement situation has improved, he said. "No provider is going to get rich giving vaccines, but they don't want to lose money. You have to structure it so that [physicians] and the people who run their offices know that there's at least a modest potential" for profit, he added. ■