



What's New for Fall 2003?

Increased Reimbursement for Influenza and Pneumococcal Vaccine Administration

Effective March 3, 2003, Medicare's administration rate allowances for both influenza and pneumococcal vaccines average \$7.72, a 94 percent increase over last year. Rates range from \$5.34 to \$10.98, depending on geographic location. Rates for specific locations are available online at: www.cms.hhs.gov/preventiveservices/2.asp.

Estimate of Influenza-Related Deaths Increased

A study published in the *Journal of the American Medical Association* reported an increase in estimates of annual deaths from influenza-related complications in the United States to 36,000 (up from 20,000 in previous estimates). Most of these deaths occur in people age 65 and older, underscoring the need for better prevention measures for older persons. (Thompson, W. W., et al. "Mortality Associated With Influenza and Respiratory Syncytial Virus in the United States." *JAMA*. 2003, 289:179-186.)

Immunization Reduces Hospitalization Rates

A recent study published in the *New England Journal of Medicine* found that vaccination against influenza is associated with reduced risk of hospitalizations among seniors due to heart disease, cerebrovascular disease, and pneumonia or influenza. Immunization was also shown to reduce the risk of death from all causes during influenza season. (Nichol, K. L., et al. "Influenza Vaccination and Reduction in Hospitalizations for Cardiac Disease and Stroke among the Elderly." *NEngl J Med*. 2003, 348:1322-32.)

Vaccination Rates for African American and Hispanic Seniors far below those for Other Americans

According to the most recent surveys, only 52 percent of African American and 47 percent of Hispanic American seniors report receiving a flu shot in the past 12 months, compared to the overall national average of 67 percent. In the case of pneumococcal conjugate vaccine, 39 percent of African American and 42 percent of Hispanic American seniors have received the recommended vaccination, compared with the overall average of 60 percent.

The Centers for Disease Control and Prevention (CDC) encourages all health care providers to take steps to improve influenza and pneumococcal vaccination rates for African American and Hispanic seniors age 65 or older. Recently, CDC launched a demonstration project in five areas: Chicago, Rochester (NY), San Antonio, Milwaukee and 19 counties in Mississippi. The project's aim is to find effective and efficient ways to reduce racial disparities in adult immunization. CDC's federal partners in this effort include the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Administration on Aging and the Agency for Healthcare Research and Quality. For more information about the Racial and Ethnic Adult Disparities in Immunization Initiative or a particular site, contact CDC's Immunization Hotline at: 1-800-232-2522 (English) or 1-800-232-0233 (Spanish).

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Influenza Immunization for Children

Because young, otherwise healthy children are at increased risk for influenza-related hospitalizations, CDC encourages vaccination when feasible of healthy children aged 6-23 months. CDC continues to recommend vaccination in children age ≥ 6 months who have certain medical conditions, such as chronic disorders of the pulmonary or cardiovascular systems, including asthma; chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency [HIV] virus); or who are receiving long-term aspirin therapy.

(MMWR. April 25, 2003.)

Live Attenuated Intranasal Influenza Vaccine (FluMist™) Now Available

The FDA has approved FluMist, an influenza vaccine delivered as a nasal mist, for healthy people 5-49 years of age. However, FluMist is not approved for toddlers, people over 49, and people with asthma or certain other chronic diseases.