

COVID-19 not the only condition for which many go unvaccinated

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Vaccination rates have made local and national headlines since the first COVID-19 vaccine received emergency use authorization from the U.S. Food and Drug Administration in December, and while those numbers are key to understanding the ongoing pandemic, there is a different vaccination metric that physicians should be mindful of.

More than 75% of adults in the U.S. are missing one or more routinely recommended vaccines to protect against influenza, pneumonia, shingles, tetanus, diphtheria or pertussis. Large percentages of adults are also missing other recommended vaccines based on their age.

As more workplaces open and travel resumes, non-COVID-19 infections that fell earlier in the pandemic are expected to rise. That is why National Adult and Influenza Immunization Summit (NAIIS) members called on physicians and health care organizations to take steps to improve routine vaccination of adults.

This call to action was addressed by L.J Tan, PhD, MS, chief policy and partnerships officer of the Immunization Action Coalition in a recent episode of “AMA Moving Medicine.”

Low vaccination is not a new phenomenon

Tan explained that vaccination rates for four routinely recommended vaccines to protect against the diseases listed above were low prior to COVID-19, and the pandemic has only exacerbated the problem—and in a racially and ethnically inequitable fashion.

For example, the Centers for Disease Control and Prevention (CDC) recommends all adults ages 50

or older be vaccinated against shingles. But in 2019, about 29% of white adults in that demographic were vaccinated for shingles. Only 18% of Black adults and 15% of Hispanic adults had received the shingles vaccine.

“Even if you look at shingles and say, ‘Hey, most people don't die from shingles’—which is absolutely true—there are complications [that] lead to chronic debilitating pain that totally destroys quality of life for the patient,” Tan said. “Those are things that sometimes we forget.”

That lack of awareness is what Tan credits for low vaccination rates among adults. Children are expected to visit their pediatrician at standard intervals, and along with these visits come vaccinations. That routine schedule of visits disappears with most adults, he said.

“Adults generally work on acute care,” he said. “You go in when something happens. As a result, the vaccines get lost in the shuffle.”

What physicians can do

Tan estimated that 50,000 Americans died annually from vaccine-preventable diseases prior to the emergence of COVID-19. He also said that physician recommendations are one of the key reasons why many adults will get vaccinated. With that in mind, Tan offered three suggestions of how to encourage and manage patient vaccination. All three depend on EHRs having accurate information about when a patient was last vaccinated.

If that information is included in an EHR, physician practices or health care organizations can use patient portals to notify patients when they are due for any vaccines. In that same communication or in a separate message, information about the viruses these vaccines protect against could be shared as a way of educating patients about the risks they run by not being vaccinated.

Additionally, standing orders can be introduced within a care team, allowing health professionals other than physicians to administer the vaccine. If patients have questions, then the physician can be consulted.

“COVID has helped the public understand the value of vaccines,” Tan said. “We need to continue to emphasize that the value is not just for pediatric populations. It’s a lifespan value.”

Physicians and other health professionals are also encouraged to review the National Vaccine Advisory Committee’s Standards for Adult Immunization Practice, which are supported by the CDC.



Discover six additional steps practices can take to improve adult vaccination rates.

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