Building back adult vaccination rates calls for real-time data

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The U.S. has seen an uptick in vaccine-preventable diseases—not just COVID-19, but polio, monkeypox and others. Vaccine hesitancy and a reduction in preventive-care visits during the COVID-19 pandemic helped drive this trend, according to one expert on immunization and public health.

The politicization of COVID-19 spurred an anti-vaccine movement among adults, affecting uptake of all routine vaccines, said Litjen (L.J) Tan, PhD, MS, chief policy and partnerships officer at Immunize.org, formerly the Immunization Action Coalition or IAC, in Saint Paul, Minnesota.

“We’re going to see outbreaks” if vaccine coverage rates don’t get back to the way they were pre-pandemic, he cautioned.

Measles, mumps and chicken pox will come back because community immunity will have declined to a point where there’s no protection to the public, said Tan, who co-chairs the National Adult and Influenza Immunization Summit.

In an episode of “AMA COVID-19 Update,” he discussed the importance of adult immunizations and how doctors can help foster community immunity and prevent future pandemics through the primary care system.

It starts with mapping real-time data

Achieving real-time data—which assesses in the moment the number of adults vaccinated against a specific vaccine-preventable disease—poses a big challenge right now, said Tan.
The most recent data goes back about a couple of years. Having real-time data will give public health workers the ability to map vaccination trends and react more quickly, he explained.

New resources are helping with that aim. The Centers for Disease Control and Prevention this past flu season introduced real-time coverage data for influenza vaccinations. This turned out to be extremely useful as far as tracking coverage rates and launching targeted campaigns such as the AMA’s influenza vaccine drive.

Another new resource, Vaccine Track, offers a publicly accessible data platform that uses medical insurance claims data to help identify vaccination trends, said Tan.

Lessons learned from monkeypox

The emerging monkeypox outbreak has revealed other flaws with vaccine deployment and tracking in the public health infrastructure.

The U.S. has an impressive COVID-19 vaccine deployment and tracking system. And yet, the smallpox vaccine slated for monkeypox never got deployed within that infrastructure. Public health is now playing catch-up.

However, “it has been very challenging to all the immunization managers in the states, as they’re wrestling with one system for COVID-19 and then the second system for monkeypox,” said Tan.

The solution is to take COVID-19’s infrastructure and expand it to all routine adult immunizations, he added.

Supporting the public health workforce

The need for proper public health funding is another lesson learned, Tan emphasized.

Many public health workers are doing multiple jobs as they deal with the ongoing stress of managing new outbreaks.

“We need a more robust public health workforce as well so that we can manage what we have to do proactively,” he said. Outbreaks are not foreseeable, but the need for a prepared workforce is.

Primary care is the lynchpin for future pandemics
A reduction in preventive-care visits due to people sheltering in place during the pandemic also contributed to a decline in routine immunization coverage rates.

Physicians, the most trusted health care source for patients, play a crucial role in boosting vaccinations, said Tan. It’s recommended that adults get six routine vaccines that protect against influenza, pneumococcus, hepatitis B, zoster, tetanus, diphtheria, pertussis and SARS-CoV-2.

Getting those immunizations into arms should be a routine part of primary care, he noted. By doing so, primary care doctors will contribute to an infrastructure that will be resilient for the next pandemic.