February 19, 2019

Re: Centers for Disease Control and Prevention (CDC), Docket No. CDC-2019-0002, Advisory Committee on Immunization Practices (ACIP); February 27-28 meeting

To the Committee:

It is my distinct pleasure to for the third time submit a statement to the Advisory Committee on Immunization Practices (ACIP) about coverage for the PCV13 pneumococcal vaccine. I again commend your 2014 recommendation in favor of adults 65 and over get both available pneumococcal vaccinations. I urge you not to change that recommendation.

The critical and immediate result of your recommendation was a decision made on December 31, 2014 by the Centers for Medicare and Medicaid Services (CMS) to allow for Medicare coverage for both vaccines and to have it be retroactive to roughly the time of your fall 2014 recommendation.

The results of this decision were immediate and significant. According to a CDC paper, “Monthly claims for PCV13 among beneficiaries 65 and over after publication of the September 2014 recommendation increased from 0.9 percent in September 2014 to 22.9 percent in December 2015.”\(^1\) Statistics from the same paper show that in September 2015, 14.8 percent of Medicare beneficiaries had claims for the PCV13 pneumococcal vaccine. One year later, that percentage had increased to 31.8 percent. Similarly, claims for coverage for both pneumococcal vaccines jumped from 8.7 percent to 18.3 percent. It is also worth noting that the claims were highest among the most vulnerable older adults, those 80 to 84 years of age.

This improvement in vaccination uptake is good, but for the trend to continue and for us to reach the US Healthy People 2020 public health goal of 90 percent of older adults being vaccinated (a rate currently at 60 percent), this coverage must be continued.\(^2\)

Pneumonia continues to be a threat to the health of older adults and contributes to rising health care costs. Every year in the US, close to one million people contract pneumonia and roughly 18,000 older adults die from it.\(^2\)

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\(^2\) https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives
adults die annually from pneumonia, making the flu and pneumonia combined the eighth leading cause of death in the US, per the CDC.³

In addition, the most recent flu season with collected data, 2017 revealed that mortality due to influenza and pneumonia increased the most that year.⁴ On the health care cost side, according to a recent study from the University of North Carolina, the cost of unvaccinated older adults is about $7 billion per year, including $1.86 billion just for pneumonia.⁵

These improvements in coverage in a relatively short time period bode well for the future as more Americans become eligible for Medicare. We are also aware that this progress is not as robust in older minority communities, and with increased outreach and education allowed in the future this could also improve.

It is my understanding that based on some comments made by ACIP members you might be considering changing your recommendation. Concerns were raised by ACIP members about inadequate data being there to support continued coverage. Other comments were related to not understanding the full picture of pneumonia and what the direct or indirect benefits of the vaccinations might be for older adults as compared to children.

I can find no justification for letting either of these concerns result reversing your 2014 recommendation. One must look at the real data that is out there. Vaccination coverage for older adults especially and including older adults is on the rise because of your recommendation. The costs associated with pneumonia are likely to be going down because of more older adults getting vaccinated. Facilitating Medicare coverage for both pneumonia vaccines constitutes still another example of a preventive benefit which in the end helps to save Medicare money in later years.

The 2017 flu season was a very serious one and indications are so will the 2018 season. It is exactly the wrong time to take away the vital protection that vaccines provide against contracting pneumonia. The concerns raised by ACIP individual members should be examined without reversing your recommendation.

Simply put, the benefits clearly outweigh anything else to date since your 2014 recommendation. If anything, we should work to make greater progress in gaining coverage for all older adults. Pneumonia can strike anyone, no matter your race, gender or economic status. The protection should be there for all.

Sincerely,

Robert Blancato  
Executive Director  
NANASP

⁴ https://www.bmj.com/content/363/bmj.k4136  
⁵ https://www.healthline.com/health-news/vaccinations-cost-us-economy-7-billion-a-year