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June 23, 2022

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Melinda Wharton, MD, MPH
Executive Secretary, Advisory Committee on Immunization Practices
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

Re: Docket No. CDC-2022-0062 for Request for Comments for "Advisory Committee on Immunization Practices (ACIP) June 22-23, 2022"

Dear Dr. Lee and Dr. Wharton,

Thank you for the opportunity to submit a public comment to the Advisory Committee on Immunization Practices (ACIP) June 22-23, 2022, meeting. Our organization, the Alliance for Aging Research (the "Alliance"), is the leading non-profit organization dedicated to accelerating the pace of scientific discoveries and their application to improve the experience of aging and health. The Alliance believes that advances in research help people live longer, happier, more productive lives and reduce health care costs over the long term. For the past six years, the Alliance has led the *Our Best Shot* educational campaign, which encourages vaccine confidence, aims to increase vaccination rates, and arms older adults with reliable information about vaccines.

We applaud ACIP's unanimous vote on June 23rd in favor of a recommendation for adults ages 65 and over to preferentially receive a quadrivalent high-dose inactivated vaccine, a quadrivalent recombinant vaccine, or a quadrivalent adjuvanted inactivated vaccine; over standard-dose, unadjuvanted, inactivated influenza vaccines. We continue to agree that any influenza vaccination is better than no influenza vaccination, and support including language recommending that older adults get a standard flu vaccine if nothing else is available. This updated recommendation has the potential to profoundly impact enhanced vaccine uptake and better health outcomes in a population that bears a disproportionate share of

influenza complications. **We look forward to seeing the final recommendation published in the *Morbidity and Mortality Weekly Report*.**

We also appreciate ACIP's important work in developing recommendations and guidance on the use of vaccines. **We urge you to consider the below recommendations to better respond to the needs of the older adult population:**

Provide Clarified Guidance on Pneumonia Vaccine Recommendations

Due to the natural decline of the immune system and the increased prevalence of chronic conditions that increase the likelihood of complications, older adults are more likely to contract pneumonia, have severe pneumonia-related complications, and die from pneumonia than any other age cohort.[1] This makes the approval of two new pneumococcal vaccines, and their availability this coming winter, particularly important for the aging population.

However, the current recommendations on the patient populations that should receive the vaccines are confusing and unclear—both for providers and for patients. With different recommendations for those who have never received a pneumococcal vaccine and those who have received an older pneumococcal conjugate vaccine, patients and providers can't turn to a simple schedule to determine who is eligible for an updated vaccine, but instead need to rely on complicated decision-trees. This confusion and unnecessary complication are likely to serve as barriers to uptake.

The current recommendation also only accounts for people ages 65 and older and presents a missed opportunity to address racial inequities seen in pneumococcal vaccine uptake. Despite increased pneumococcal disease risk stemming in part from chronic illness comorbidities in minority populations, vaccination rates among older Hispanics (54.1%) and older non-Hispanic Blacks (59.5%) are significantly lower than non-Hispanic whites (72.5%).[2] Furthermore, non-Hispanic Black adults are at increased risk of pneumococcal disease.[3] Data from the CDC presented last June showed that an age-based recommendation starting at age 50 could address racial disparities and provide cost savings.

RECOMMENDATION: We urge ACIP and CDC to 1) clarify guidance on who should receive the new pneumococcal vaccines and 2) reduce the age recommendation to ages 50 and older to ensure that more older adults receive the strongest and most widespread protection.

[1] CDC Wonder, National Vital Statistics System. *About Underlying Cause of Death, 1999-2019.* Available at https://wonder.cdc.gov/controller/saved/D76/D99F514.
[2] https://public.tableau.com/views/FIGURE5_3/Dashboard5_3?%3AshowVizHome=no&%3Aembed=true.
[3] Wortham JM, Zell ER, Pondo T, et al. Racial Disparities in Invasive Streptococcus pneumoniae Infections, 1998–2009. Clin. Infect. Dis 2014;58(9):1250–1257.

Consider COVID-19 Infrastructure and Dissemination Strategies for New Class of RSV Vaccinations in Older Adults

While these estimates likely represent an underestimate due to the underdiagnosis of respiratory syncytial virus (RSV), every year approximately 177,000 older adults are hospitalized due to RSV, and 14,000 die.[4] With RSV increasingly recognized as a significant source of respiratory illness in older adults, we are excited by the potential of vaccines in development to help prevent the disease.

As we start looking at an entirely new class of vaccinations for older adults, this is an opportunity for ACIP and CDC to have important conversations on dissemination strategies of RSV vaccinations while they are still being developed and approved. Though much of the focus on RSV has historically centered on the pediatric population, the available data—again, which likely underestimates the true impact of RSV—illustrates that there is significant unmet clinical need in addressing RSV among the aging population.

Additionally, during the COVID-19 public health emergency (PHE) the Department of Health and Human Services (HHS) expanded the scope of practitioner practice to allow pharmacists to administer routine vaccinations. For post-acute care patients, the agency also moved to cover administration costs for flu, pneumonia, and COVID-19 vaccinations under Medicare Part B rather than bundling these services under Part A payment. These policy changes have increased both the system's bandwidth for providing vaccinations and ensured that providers are reimbursed for this essential public health function.

RECOMMENDATION: ACIP and CDC should 1) look to incorporate recommendations for older adults as well as the pediatric population once RSV vaccines have been approved by the FDA and 2) look at the lessons learned from the COVID-19 pandemic to see if the infrastructure that was built and the dissemination strategies deployed could be expanded to other ACIP-recommended vaccines.

For Additional Information

Thank you again for the opportunity to provide written comments for ACIP's June 22-23 meeting. If you have any questions regarding our comments, please contact me at lclarke@agingresearch.org.

Sincerely,

Lindsay Clarke, JD
Senior Vice President of Health Education & Advocacy

[4] Centers for Disease Control and Prevention. August 2017. *Older Adults Are At Higher Risk for Severe RSV Infection.* Available at https://www.cdc.gov/rsv/factsheet-older-adults.pdf.