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**Recommendations to Improve Adult Vaccination Coverage in Latin America**

Infectious diseases are among the leading cause of morbidity and mortality in Latin America. A considerable number of these infectious diseases can be prevented by the administration of vaccines. Despite the availability of safe, effective and relatively accessible vaccines, adult vaccination remains at a low level worldwide and especially in Latin America. The result is that millions of adults every year suffer illness, hospitalization and even death from vaccine-preventable diseases.

In response to the problem of low adult vaccination coverage in Latin America, the Americas Health Foundation facilitated the development of this document: *Recommendations to Improve Adult Vaccination Coverage in Latin America*. The endorsing organizations are deeply committed to increasing adult vaccination coverage in the Region. We believe that immunization is a core component of the human right to health and should be considered an individual, community and governmental responsibility. As part of a comprehensive approach to disease prevention and control, increasing vaccination coverage in adults, in addition to infants and children, is an essential investment in every country's future.

The criteria for including a recommendation to improve vaccination coverage in Latin America are that it be timely, reasonable, effective, relevant and clear. Moreover, to ensure the applicability of these recommendations in the Region, the most commonly reported barriers to achieving higher rate of adult vaccination coverage were taken into account. In particular, our recommendations are mindful of the effects of (1) limited financial resources on the part of both governments and individuals; (2) the lack of

awareness among governments, payers, health care professionals and their patients regarding the value of vaccination and vaccine safety; (3) the unclear roles and responsibilities of health care professionals, particularly primary care versus specialty care physicians; and (4) the lack of appreciation of the value of preventive medical services for all adults. While the challenges to adult vaccination coverage are multifactorial, they can be overcome by a commitment from government, payers, health care professionals and others.

Most important, we believe that every country should have a nationwide schedule for adult immunization. Examples of such guidelines are those developed by the Center for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP)<sup>1</sup> or the Pan American Association of Infectology (API)<sup>2</sup>. All nationwide schedules should at least include information (e.g. indications, contraindications, dosing, groups at high-risk) on immunization for:

- Measles, Mumps and Rubella (S.R.P)
- Influenza
- Pneumococcus
- Tetanus-Diphtheria-Pertussis
- Hepatitis A and B
- Yellow fever
- Herpes zoster
- Human Papilloma Virus
- Meningococcus

Other vaccines should be considered based upon country needs.

While essential, the existence of an immunization schedule without accompanying recommendations for implementation is in itself insufficient to achieve the goal of universal vaccination of adults throughout Latin America. Accordingly, the following recommendations should be implemented:

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<sup>1</sup> ACIP

<sup>2</sup> API

## **Government and Payers**

1. It is necessary to conduct studies to determine the burden of vaccine-preventable diseases.
2. It is essential to ascertain the extent to which the population has been vaccinated as a baseline for documenting the effectiveness of strategies for improving vaccination coverage.
3. Each country in the Region should establish an Adult Vaccination Advisory Committee whose responsibility it is to advise health authorities on a national immunization schedule, monitor vaccination coverage, review and develop up-to-date educational materials on the value and safety of vaccination, and make recommendations for the management of outbreaks.
4. Countries should develop countrywide targets for the administration of each available vaccine.
5. The introduction of a new vaccine should be accompanied by strategies to ensure efficient program operation, appropriate epidemiological surveillance and relevant vaccine policies.
6. Government should develop strategies that move the country towards a system where vaccines can be administered in different settings so as to increase opportunities for vaccination.
7. Appropriate written information adapted to literacy levels should be available for use by health care professionals in order to convey to patients the importance and benefits of vaccination.
8. Government should initiate outreach efforts to provide information to the media and public on the value and safety of vaccination.
9. Government and payers should monitor the performance of vaccine delivery and safety monitoring systems.
10. Each country should establish a policy for seasonal influenza vaccination of their population, because such vaccination is required yearly.
11. Government and payers should pay increased attention to vaccinating populations who do not have easy access to health care professionals.

12. Government and payers should make efforts to provide free vaccination for high-risk groups such as pregnant women, the immunocompromised and elderly, and health care workers.
13. Government and payers should develop collaborative agreements with scientific and medical institutions and research centers to improve vaccination coverage.
14. Governments should support cost-effectiveness studies on their vaccination program.
15. Governments should move toward a national computerized registry of vaccination coverage.

### **Scientific and Medical Societies, NGOs and Health Science Schools**

1. Scientific and medical societies should include the topic of adult immunization in their programs and activities.
2. Scientific and medical societies should disseminate vaccination guidelines to their constituents and educate them on the importance of vaccination.
3. In addition to government, other organizations should develop materials adapted to various literacy levels for use by health care professionals in educating their patients.
4. Health science schools should train future health care workers and graduates on the value of adult immunization and the proper administration of vaccines.
5. Scientific and medical societies and NGOs should develop strategies to enhance high-level political commitment to an effective nationwide adult vaccination program.
6. Scientific and medical societies should initiate outreach efforts to provide information to the media and public on the value and safety of vaccination. These organizations should educate citizens on the need to be proactive in receiving vaccinations.
7. Health care professionals should be educated about the severity of vaccine-preventable diseases, current recommendations, and the adult vaccination calendar.

8. Continuing medical education on the value and need of vaccination should be provided to all health care professionals. Sustained educational programs must be established to reflect changing vaccine introduction and availability.

### **Hospitals/Clinics**

1. In all hospitals and clinics there should be a team of health care professionals responsible for the vaccination program within their institution and who make decisions independent of commercial interests. This team should also ensure free vaccination coverage of the hospital/clinic staff.
2. Hospitals and clinics should establish procedures to assess the vaccination status of their patient populations, and have policies and procedures to administer vaccines to the appropriate patients.
3. Hospitals and clinics should provide continuing education to their staff on the value of immunization.

### **Health Care Professionals**

1. Experts in immunization have an essential role in facilitating the recommendations throughout this document.
2. All health care professionals should educate their patients, especially high-risk patients, on the value and safety of vaccination. Vaccination strategies should focus on the whole family.
3. Health care professionals should be certain a patient's immunization history is documented in their medical record. All persons should have a vaccination card that contains their immunization history.
4. Vaccine providers should capitalize on the opportunity to review the entire vaccination record of travelers who may require specific vaccination.
5. Simultaneous administration of vaccines should be administered when appropriate.
6. Vaccine providers should develop reminder/recall systems to improve vaccination coverage.

7. Vaccine providers should partner with other organizations in the community, other health professionals (i.e. pharmacists, nurses), advocacy groups, managed care organizations, manufacturers, and state/local health departments to develop strategies to improve vaccination coverage.
8. All health care professionals should receive the vaccines recommended for health care workers in their country.

## **Media**

1. The media should raise general public awareness on the value, safety and effectiveness of adult vaccination, and on the severity and incidence of vaccine-preventable diseases.
2. Vaccination guidelines and related information should be disseminated on media websites and through social media.
3. The media should work with government, NGOs, scientific and medical societies, and health care professionals to dispel misconceptions regarding vaccination.

We believe that as a result of implementing the above recommendations all adults will be better informed about the severity of vaccine-preventable diseases, vaccine safety and efficacy, current recommendations and the fact that vaccines are as essential for adults as they are for children. In addition, the adult population will be informed that vaccination is a life-long need. As a result, we are confident that vaccination coverage throughout Latin America will improve greatly.

These Recommendations have been endorsed by:

- Asociación Colombiana de Infectología (ACIN)
- Asociación Mexicana de Infectología y Microbiología Clínica (AMIMC)

- Asociación Panamericana de Infectología (API)
- Sociedad Argentina de Infectología (SADI)
- Sociedade Brasileira de Geriatria e Gerontologia (SBGG)
- Sociedad Latinoamericana de Alergia, Asma e Inmunología (SLaai)
- Sociedad Peruana de Neumología
- Sociedade Brasileira de Imunizações
- Asociación Guatemalteca de Neumologia y Cirugia de Torax
- Sociedad Latinoamericana de Medicina del Viajero (SLAMVI)
- Sociedade Brasileira de Cardiologia
- Sociedad Mexicana de Cardiología