Editor's Message

Promoting Safe and Efficacious Vaccines for Adults

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This supplement to JAOA—The Journal of the American Osteopathic Association—discusses vaccines for adults. As the American Osteopathic Association's representative to the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), I have noted that we, as healthcare providers, are much better about providing vaccinations for children than for our adult patients. At a recent presentation on vaccines, an 81-year-old biochemist in the audience asked about an adult patient, “Why didn’t his osteopathic primary care physician recommend that he get the influenza, herpes zoster, and Tdap [tetanus, diphtheria, pertussis] immunizations?” Healthcare providers should be knowledgeable of ACIP recommendations for adult vaccines and notify their patients of the needed preventive immunizations.

Vaccines are second only to water hygiene as the most successful way of preventing disease in the world.1 The purpose of the present JAOA supplement is to update healthcare providers with the latest information necessary to increase vaccination rates for their adult patients. The authors of the various articles present cutting-edge information about the “who, what, when, and why” of vaccines for preventing serious diseases in adults. It is important to remember that because of vaccinations, smallpox has been eradicated, and soon poliomyelitis will also be eradicated. Nevertheless, there remains much work to accomplish with vaccinations. There are presently epidemics of pertussis2 and measles3 in the United States—highlighting the need to substantially increase immunization rates for our adult patients.

The adult vaccines approved by the US Food and Drug Administration (FDA) are safe and efficacious. Considering the widespread use of not-always

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reliable Internet sources of medical information by the public, we need to make certain that our patients are receiving evidenced-based materials to help them understand the need for vaccine protection. Many popular Web sites contain anecdotal information and misinformation about the FDA-approved vaccines. Two recommended Web sites for both patients and healthcare providers are those of the Centers for Disease Control and Prevention (http://www.cdc.gov) and the Immunization Action Coalition (http://www.immunize.org). These online sources include hyperlinks that can be used for accessing information concerning all approved vaccines.

In the present JAOA supplement, the following ACIP recommendations are among the many that are discussed:

- Egg hypersensitivity is not necessarily a contraindication for the influenza vaccine.
- There is both a high-dose influenza vaccine formulation for individuals aged 65 years or older and a new intradermal influenza vaccine.
- The quadrivalent meningococcal conjugate vaccine should be given to persons traveling internationally to areas in which meningitis is endemic.
- The tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine is now recommended for children aged 50 years or older, but it is presently recommended by the ACIP only for patients aged 60 years or older.
- Hepatitis A vaccine is recommended for individuals exposed to internationally adopted children from countries in which hepatitis A is endemic.
- Hepatitis B vaccine should be considered for all patients with diabetes mellitus.
- Conjugate pneumococcal vaccines approved for children may soon replace the present 23-valent pneumococcal polysaccharide vaccine for older adult patients.
- People born since 1957 require measles, mumps, and rubella (MMR) titers indicating antibodies sufficient for protection or MMR vaccination to practice in many healthcare facilities.
- People born after 1980 should have documented evidence of having had varicella, varicella titers indicative of varicella protection, or 2 doses of varicella vaccination.

References