Routine Vaccinations Shouldn’t Be Another Victim of COVID-19

By Robert Popovian and Dave Hering — June 9, 2020

We have rightfully focused our nation’s health care attention on how best to manage the potentially deadly COVID-19 virus through treatment and/or prevention. The next few months will be telling, but we can now begin to focus on the future — one that may include new health care challenges given that fewer patients have been seeking preventative care or measures during the pandemic. ACSH friend Dr. Robert Popovian (pictured), VP of Pfizer's U.S. Government Relations, and colleague Dave Hering, regional president, North America for Pfizer Vaccines, discuss the challenges ahead.

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The COVID-19 pandemic has caused a great deal of pain, suffering, and anxiety worldwide. In the United States alone, over 100,000 individuals have perished from the virus. Older adults and those with underlying comorbid conditions are most at risk. Our health care system has been stretched in many places, and our health care professionals have demonstrated unimaginable heroic feats.
The health of our nation and fellow citizens has been challenged.

We have rightfully focused our nation’s health care attention on how best to manage this potentially deadly virus through treatment and/or prevention. The next few months will be telling, but we can now begin to focus on the future — one that may include new health care challenges given that fewer patients have been seeking preventative care or measures during the pandemic.

It’s time for our policymakers to deal with another emerging threat to public health — a sharp decline in vaccination rates among Americans of all ages during the pandemic. The latest report from the Centers for Disease Control and Prevention shows a significant drop in vaccination rates for nearly every childhood immunization, raising concerns about potential outbreaks of vaccine-preventable diseases such as measles, mumps, and pneumococcal disease infections.

A more recent study by the University of Michigan found that fewer than 50 percent of 5-month-old infants were up to date on their immunizations compared to 75 percent this time last year. Michigan’s Department of Health and Human Services wrote in their report that “if measles vaccination coverage of 90%-95% … is not achieved, measles outbreaks can occur.”

In New York City, the number of administered vaccine doses for all children has declined by 63 percent from a year ago. For children over the age of 2, administered doses are down 91 percent. We are seeing similar drops in scheduled immunizations in adults as well. And given the fact that so many children are missing routine immunizations, adults also lose the protection from vaccine-preventable diseases that they would normally get from herd immunity.

This outcome was predictable since so many primary care and pediatricians’ offices, where most Americans still get their vaccines, transitioned to telemedicine during the pandemic, leaving pharmacies as one of the only remaining health care venues in the community with direct access to patients. Even as states reopen, seeking care through direct interaction with a physician will differ as we experience more social distancing restrictions in office settings, including spacing out appointments and reducing the number of appointments per day. These potential changes make it even more important to focus now on encouraging improved availability and access to vaccinations in a safe environment.

As state leaders continue to navigate the reopening of their state’s economies, it is critical that they take a thoughtful, multi-pronged approach to ensuring their residents are fully immunized against vaccine-preventable diseases to reduce risks related to communicable diseases other than COVID-19 and help avoid adding to an already overburdened health care system.
First, policymakers ought to champion educating the public about the importance of vaccination. Up until these last few months, many Americans have taken our country’s public health for granted — especially the importance of immunizations. The fear and uncertainty associated with contracting COVID-19 harkens back to when diseases like mumps, measles and polio were serious threats. However, so many Americans who never experienced the fear of living with those once-common diseases take for granted that they are no longer as prevalent due, in large part, to the success of vaccinations. Now is the time to remind everyone of the importance of maintaining routine vaccinations for the very young to the very old and everyone else in between.

Second, states need to look at their current vaccination policies that may be hampering access. States need to clarify, harmonize and expand where and what type of vaccines may be administered by health care professionals. Ensuring that pharmacists can vaccinate adults for as many diseases as possible is a straightforward state-regulated approach to expanding access. After all, pharmacists are trained to vaccinate and are easily accessible. Across the country, there are more than 67,000 pharmacy locations — that’s more than four times the number of Starbucks locations. Pharmacists are already valuable members of patients’ health care teams and the least costly alternative for immunizations — let’s empower them to do more and to proactively work as part of the system to ensure we exceed vaccination rates from pre-pandemic levels.

Finally, we need to ensure that vaccines are affordable for all. Thanks to the Vaccines for Children program, all recommended childhood vaccines are available at no cost for those who do not have insurance. For adults, it’s not that easy. Many commercial plans routinely cover the cost of vaccines. However, for our seniors, out-of-pocket costs vary depending on the type of vaccine. Some vaccines covered under Medicare Part B — like flu and pneumococcal vaccines — require no out-of-pocket costs for patients. On the flip side, Tdap and shingles vaccination, which fall under Medicare Part D, have a variety of price points that the patient may have to absorb. A study from Avalere Health showed a variation in costs from around $50 to as much as $100 for some patients. The “Protecting Seniors Through Immunization Act of 2019” will bring equity to the costs of vaccines in Medicare by eliminating cost-sharing for vaccines covered under Medicare Part D.

As we’ve come together as a nation to fight COVID-19 and continue to strive to get our lives back to where they were before, we must also continue to be vigilant against all diseases — especially those we can help prevent through routine vaccination — in order to avoid another pandemic.

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