Adolescent Vaccine Rates Remain Low
- The U.S. Healthy People 2010 goal for childhood and adolescent immunizations is 90 percent.¹ The 2006 U.S. National Immunization Survey indicates that this goal has not been met for adolescents:
  - Only 11.7 percent of 13- to 17-year-olds were vaccinated against meningitis.
  - Among 13- to 15-year-olds, 56.7 percent received the Td (tetanus, diphtheria) or Tdap (tetanus, diphtheria, pertussis) booster vaccine, 84.3 percent received three or more doses of hepatitis B vaccine and 88.5 percent received two or more doses of MMR (measles, mumps, rubella) vaccine.

Adolescent Vaccines Save Money
- Vaccination of adolescents against meningitis would reduce societal costs by nearly 50 percent, including $18 million in direct costs and $50 million in productivity.²
- Immunization of 10- to 19-year-olds against whooping cough would save up to $1.6 billion in direct and indirect costs over 10 years.³
- A vaccine was recently approved to prevent human papillomavirus (HPV) infection, the primary cause of cervical cancer. In the U.S., approximately $3 billion is spent annually on treatment associated with HPV.⁴

Why Are Adolescent Vaccines Needed?
- Adolescents continue to contract vaccine-preventable diseases that have been nearly eliminated for infants and children.
- Infants and children not yet immunized and seniors whose immunity may be weakened are at high risk for diseases from exposure to adolescents who may be infected.⁵
- Vaccines to protect against HPV, whooping cough (combined with protection against tetanus and diphtheria) and meningitis were recently added to the recommended vaccination schedule for adolescents.
  - Overall, an estimated 6.2 million new HPV infections occur every year in the U.S. among females ages 14 to 44. Of these, 74 percent occur among those ages 15 to 24.⁶
  - An estimated 62 percent of meningitis cases are in children older than 11.⁷
  - Whooping cough (pertussis) is the only vaccine-preventable disease on the rise in the U.S.
- “Catch up” vaccinations against hepatitis A, hepatitis B, measles/mumps/rubella, polio and varicella (chicken pox) are also recommended for adolescents.
  - In 2005, 50 percent of the reported measles cases were in 5- to 19-year-olds.⁸
  - In 2006, the incidence rate for mumps was highest among individuals ages 18 to 24, and second highest among 5- to 17-year-olds.⁹
Vaccines Can Address Health Disparities

- Hispanic and African-American women are approximately 1.5 times more likely than white women to develop cervical cancer, which may be prevented with the HPV vaccine.\textsuperscript{10}
  - They are also more likely to die as a result.\textsuperscript{10}
  - Cost, limited access to treatment and early detection, lack of physician referral and cultural barriers may account for some of this disparity.\textsuperscript{10}
- States with larger minority populations had lower adolescent immunization coverage for hepatitis B compared to the total population.\textsuperscript{11}

Who Pays for Adolescent Vaccines?

- The federal Vaccines for Children (VFC) Program provides funding for states to purchase and distribute vaccines to uninsured and underinsured children in public settings, as well as children enrolled in Medicaid, American Indians and Alaskan Natives.
- The federal Section 317 program provides vaccines to states to administer to underinsured adolescents who are not served by VFC.
- Several states through “universal purchase” provide recommended vaccines to all children regardless of their insurance status.
- Many private insurers follow Advisory Committee on Immunization Practices guidelines and cover all recommended vaccines.

What Can State Legislators Do to Strengthen Adolescent Vaccine Coverage?

- Discuss the feasibility of adding adolescent vaccines to the current requirements for school entry with your state immunization program and education department. Middle school vaccine mandates have been shown to improve adolescent vaccine coverage.
- Require insurers to cover immunizations with no co-pays or deductibles.
- Provide funds for local public health agencies to implement electronic immunization information systems (e.g. immunization registries) for all ages.
- Educate the public and providers on the need for adolescent immunization and preventive health care visits at ages 11 to 12.
- Work with managed care and other health care organizations:
  - To promote adolescent immunization as an important measure of health care quality, and
  - To develop educational materials appropriate for different racial and ethnic groups.

The Immunization Action Coalition provides additional information on adult vaccine at http://www.vaccineinformation.org/adults.asp and a link to your state immunization program's Web site at http://www.immunize.org/states/.

If you would like to receive more information, references, or to explore this topic in greater depth, please:
- Send your inquiry to http://www.healthystates.csg.org/ (keyword: questions/comments), or
- Call the CSG Health Policy Group at (859) 244-8000.

This Healthy States publication is funded by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, under Cooperative Agreement U38/CCU424348. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. government.
Sources:


