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Fact Sheet: Adult Immunization

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Fact Sheet

ADULT IMMUNIZATION

Vaccine-preventable diseases have been dramatically reduced through childhood immunization programs, but these efforts alone will not assure elimination of specific disease conditions. A significant portion of the morbidity from measles, rubella, tetanus, influenza, pneumonia, and other diseases preventable by vaccination occurs in the adult population. In the United States, reported mortality for 1983 from influenza and pneumonia was 22.9 deaths per 100,000 population, a rate higher than the rates of death from suicide, chronic liver disease, and diabetes mellitus. Tetanus, with a case fatality of 30 to 90 percent (depending on age, length of incubation, and therapy) still occurs primarily in older adults who have failed to maintain the necessary boosters throughout life. It has been estimated that 49 to 66 percent of individuals over 60 years of age are inadequately protected against tetanus. Of the 91 cases of tetanus reported to the Centers for Disease Control in 1983, 93 percent occurred in older children and adults, and 57 percent occurred in persons 60 years of age or older.

Indigenous transmission of measles has been eliminated from most of the United States through enforcement of mandatory immunization laws for school-age children. Importations of disease (100 cases per year) are frequent and result in limited outbreaks in children too young to be vaccinated and in older schoolchildren and young adults who remain susceptible in spite of prior measles vaccination. It has been estimated that as many as 20 percent of young adults remain susceptible to the disease.

Health care providers should routinely consider during initial and follow-up clinic visits, whether a vaccine is needed to assure or continue protection in adult family members as well as children.

The practitioner should be sensitive to special circumstances such as age, lifestyle, occupation, employment-related environmental risks, and medical conditions in considering adult immunizations. For example, agricultural farmworkers should be considered at increased risk for tetanus, and their vaccination status for Td (tetanus/diphtheria vaccine) should be systematically reviewed and updated. In addition, the immunization status of all staff members employed at migrant health centers should be evaluated and updated as required to assure full employee protection.

A systematic screening and immunization program should be incorporated into migrant health center operational plans. The following selected bibliography offers more detailed sources of information on uses of specific vaccines, vaccination schedules, and other useful reference information.

Bibliography

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