

**Statement of Warren A. Jones, MD to
Advisory Committee on Immunization Practices
Regarding Influenza Vaccination
June 22, 2022**

Good morning. My name is Warren A. Jones. I am the Chair of the National Forum for Heart Disease & Stroke Prevention, and I am speaking on its behalf. I also am a Past President of the American Academy of Family Physicians, retired Captain in the United States Navy Medical Corps, and former Executive Director of the Mississippi Division of Medicaid.

The National Forum is a non-profit, non-partisan organization whose mission is to achieve health equity and optimize cardiovascular health and well-being throughout society. We represent over 100 for-profit, non-profit, and public sector members throughout the country. Our mission is to spark and lead collaborative action to achieve health equity and optimize cardiovascular health and well-being throughout the lifespan.

The National Forum aims to prevent the spread of influenza because people with heart disease or who have suffered a stroke are at increased risk of developing serious flu complications. Moreover, the evidence shows that flu illness is associated with an increase in heart attacks and stroke.

- A 2018 study found that the risk of having a heart attack was 6 times higher within a week of a confirmed flu infection.ⁱ
- A 2020 study found that sudden, serious heart complications occurred in one out of every eight patients.ⁱⁱ

Influenza vaccination is a proven strategy to prevent cardiovascular events associated with influenza.

Despite compelling evidence that influenza vaccination reduces hospitalization and mortality among individuals with cardiovascular disease and adults aged 65+, it is underutilized in both populations. Moreover, there are significant racial disparities in influenza vaccination. A 2021 study of Medicare beneficiaries found that 49.4% of Whites were vaccinated compared to 32.6% of Blacks and 29.1% of Hispanics. Overall, just 47.4% of Medicare beneficiaries received influenza vaccinations.ⁱⁱⁱ These suboptimal vaccination levels represent preventable health and economic burdens on society, communities, families, and individuals. The vaccination disparities exacerbate existing cardiovascular health disparities. These health gaps are morally and economically unacceptable.

Another area of concern is the portion of the 65+ population who receive high-dose influenza vaccine. As the CDC reports, “people 65 years and older are at higher risk of developing serious

flu complications compared with young, healthy adults.”^{iv} It is well-established that as people age, their immune system gradually weakens. For this reason, influenza vaccines that provide higher levels of immune response are available to individuals aged 65+. Economic studies have found that administering the high-dose vaccine is cost-saving at the population level, i.e., it saves society (and Medicare) money.^{v vi}

Despite evidence of stronger immune response and fewer influenza illnesses among those who received a high-dose vaccine,^{vii} barely more than half (52.7%) of Medicare beneficiaries who were vaccinated received the high-dose version.^{viii}

As with overall influenza vaccination, there are significant racial disparities in receipt of the high-dose vaccine. Among Medicare beneficiaries who were vaccinated, 53.8% of Whites received high-dose vaccine, compared to 41.1% of Blacks and 37.8% of Hispanics.^{ix}

Influenza vaccination disparities are not limited to race. Mahmud, et al, found that, among Medicare beneficiaries, rural Americans were significantly less likely to be vaccinated (21.7%) compared to the overall population.

Higher vaccination rates would reduce viral spread, thus reducing the health and economic burdens caused by influenza.

Some studies indicate that greater use of high-dose vaccine in aged 65+ adults would reduce influenza illness in this more vulnerable population.

Available evidence shows that the U.S. has morally indefensible and economically untenable racial and geographic disparities in influenza vaccination.

Suboptimal influenza vaccination rates increase cardiovascular disease morbidity and mortality. Influenza vaccination disparities worsen racial and geographic gaps in cardiovascular health that already are unacceptably wide.

For these reasons, the National Forum urges the ACIP to issue guidance to health care providers, and those in the public and private sectors who set vaccine policy that:

- Supports the availability of the high-dose influenza vaccine to seniors in all settings— clinical facilities, community pharmacies, etc.
- Supports research on the differences in health benefit and cost effectiveness of standard-dose and high-dose influenza vaccines.
- Supports research into factors that cause or lead to racial and geographic disparities in influenza vaccination and utilization of the types of vaccines appropriate for the individual.

ⁱ Kwong, JC, et al, "Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection," New England Journal of Medicine January 25, 2018, 378(4):345

ⁱⁱ Eric J. Chow, Melissa A. Rolfes, Alissa O'Halloran, et al; [Acute Cardiovascular Events Associated With Influenza in Hospitalized Adults](#): A Cross-sectional Study. Ann Intern Med.2020; 173:605-613. [Epub 25 August 2020]. doi:[10.7326/M20-1509](#)

ⁱⁱⁱ Mahmud SM, Xu L, Hall LL, et al, "Effect of race and ethnicity on influenza vaccine uptake among older US Medicare beneficiaries: a record-linkage cohort study," Lancet Healthy Longevity, VOLUME 2, ISSUE 3, E143-E153, MARCH 01, 2021

^{iv} Flu & People 65 years and Older, www.cdc.gov

^v Shireman TI, Ogarek J, Gozalo P, Zhang T, Mor V, Davidson HE, Han L, Taljaard M, Gravenstein S. Cost Benefit of High-Dose vs Standard-Dose Influenza Vaccine in a Long-Term Care Population During an A/H1N1-Predominant Influenza Season. J Am Med Dir Assoc. 2019 Jul;20(7):874-878. doi: 10.1016/j.jamda.2018.12.003. Epub 2019 Feb 15. PMID: 30777631.

^{vi} Chit A, Becker DL, DiazGranados CA, Maschio M, Yau E, Drummond M. Cost-effectiveness of high-dose versus standard-dose inactivated influenza vaccine in adults aged 65 years and older: an economic evaluation of data from a randomised controlled trial. Lancet Infect Dis. 2015 Dec;15(12):1459-66. doi: 10.1016/S1473-3099(15)00249-2. Epub 2015 Sep 8. PMID: 26362172.

^{vii} Flu & People 65 years and Older, www.cdc.gov

^{viii} Mahmud

^{ix} Mahmud