June 19, 2020

Centers for Disease Control and Prevention
Advisory Committee on Immunization Practices
1600 Clifton Rd. NE, Mailstop A-27
Atlanta, GA 30329-4027

Re: Docket No. CDC–2020–0049

To the Committee:

On behalf of the National Association of Nutrition and Aging Services Programs and the 4 million older adults our members serve every day, I am here to make a specific request of the Advisory Committee on Immunization Practices. My request is to suspend until the end of the pandemic your June 2019 recommendation for shared clinical decision-making between patient and provider in deciding whether to get the PCV-13 pneumococcal vaccine.

I make this recommendation for the following reasons. The first is the new reality caused by the pandemic with fewer older adults visiting any health care provider where this shared clinical decision-making discussion would take place.

The second real concern and consequence in maintaining shared clinical decision-making is that fewer older adults will be vaccinated against pneumonia at a time when we should be striving for greater vaccination rates. As we have noted previously, there is approximately a 66.9 percent overall pneumococcal vaccination rate for older adults.\(^1\) For African-American and Hispanic older adults, the rate for PCV-13 vaccinations is a full 10 percent and 15 percent lower than for white older adults, respectively.\(^2\) This pandemic has exposed the degree to which health disparities has contributed to the disproportionate rate that older minority adults have contracted COVID-19. We cannot maintain policies that by their nature exacerbate disparities.

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Finally we note that in the guidelines for shared decision making they failed to address the very real issue raised in a Health Affairs article which noted that in a survey of over 650 family physicians, only 24 percent were able to correctly identify the definition of a clinical decision making recommendation. In this time of great uncertainty for older adults we certainly do not need any more confusion about an important issue such as being vaccinated.

We urge you to add this recommendation to suspend to your agenda today or schedule it for some time in the very near future so it can be communicated to CDC. We are only a few months away from what is expected to be an active flu and pneumonia season. We need to do all we can to protect older adults from either and certainly from COVID-19.

I also repeat our support for an earlier recommendation that ACIP add at least one member with expertise in geriatrics to better inform the work of the committee on issues of special significance to older adults. That expertise would have been beneficial during the June 2019 PCV-13 vote, and it still would carry important significance today.

Sincerely,

Bob Blancato
Executive Director
NANASP

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