lescents, and adults in the United States [1] and has partnered with the American Academy of Pediatrics and the Centers for Disease Control and Prevention in the creation of the harmonized childhood and adolescent immunization schedule [2]. To this end, the Infectious Diseases Society of America’s policy statement regarding adolescent and adult immunizations [3] is welcomed. This policy statement, however, could be fortified through acknowledgment, endorsement, and promotion of the role of the continuity clinician in a medical home.

Primary medical care has been defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community” [4, p. 31]. An emergent property of sustained partnerships between patients and their continuity clinicians is an estimated 10%–40% increase in immunization rates [5–9]. Continuity, as facilitated by a medical home, is associated with improved immunization coverage for children [5, 6] and adults [7]. This effect persists even when vaccines are universally available and costs are covered [8]. Moreover, older individuals are more likely to receive influenza and pneumococcal vaccinations from generalist continuity clinicians than from specialist continuity providers [9]. In contrast, when influenza vaccine is not available from a continuity clinician, Medicare claims data indicate that patients do not receive vaccines elsewhere [10].

Strengthening the immunization coverage of adolescents and adults is a laudable goal. To further progress to this goal, an evidence-based recommendation—calling for integrated and accessible health care from a continuity clinician within a medical home for every American—should not be omitted.

Acknowledgments


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nually. Alternative sites for administration of influenza vaccine and other recommended vaccines may be essential to achieve high immunization coverage rates.

In addressing the major problem of underimmunization of adolescents and adults, all health care providers need to work together to identify and implement innovative strategies to tackle this problem. Although there needs to be a major focus on improving vaccination coverage through the medical home, when alternative sites are used, mechanisms should be developed to make immunization records available to primary care providers.

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