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


Jonathan L. Temte1 and Doug Campos-Outcalt2

1Department of Family Medicine, University of Wisconsin School of Medicine and Public Health, Madison; and 2Department of Family and Community Medicine, University of Arizona College of Medicine, Phoenix

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Reply to Temte and Campos-Outcalt

To the Editor—We agree with Temte and Campos-Outcalt [1] regarding the critical role of the medical home for delivery of immunizations to adolescents and adults. The Infectious Diseases Society of America’s principles call for strengthening the medical home in several respects. We recommend increasing the number of age-based preventive care visits in primary care settings in order to integrate immunization services with other preventive health care while extending the opportunities for immunization. Also, we focus on the need for adequate payment by all payors for all of the costs associated with delivery of immunizations. This has become an increasingly important problem for many primary health care providers and needs to be addressed urgently. These and other points are most clearly addressed in the full version of the principles [2].

Family physicians are better positioned than other primary health care providers to address some of the current problems, such as the need for administration of influenza vaccines to adult household contacts of high-risk infants and children. Although the medical home is the ideal place to deliver immunization, the Infectious Diseases Society of America believes that the present low immunization coverage rates for adolescents and adults reflect a failure of the current strategy to effectively deliver immunizations to a high proportion of the population through the medical home. We recognize the needs to expand immunization services to other health care providers and to bolster immunization rates of hospital inpatients and outpatients. For some populations, use of alternative sites, including school-based clinics, can be an effective means for immunization delivery. Influenza vaccine is currently recommended annually for 73% of our population, and serious consideration is being given to potential vaccination of all Americans, many of whom do not access our health care system an-

CORRESPONDENCE • CID 2007;45 (15 November) • 1403
nually. Alternative sites for administration
of influenza vaccine and other recom-
manded vaccines may be essential to
achieve high immunization coverage rates.

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

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for the Centers for Disease Control and Preven-
tion, the National Institutes of Health, and No-
varit; and reviews claims to the Vaccine Injury
Compensation Program.

Neal A. Halsey, on behalf of the Immunization
Working Group

Department of International Health,
Johns Hopkins Bloomberg School of Public Health,
Baltimore, Maryland

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Reprints or correspondence: Dr. Neal A. Halsey, Dept. of
International Health, Johns Hopkins Bloomberg School of Pub-
lic Health, 615 N. Wolfe St., Baltimore, MD 21205
(nhalsey@jhsph.edu).

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