

October 18, 2024

**Comments to the Advisory Committee on Immunization Practices (ACIP)**

**October 23-24, 2024 Meeting**

**Docket ID: CDC-2024-0072**

**Agency: Centers for Disease Control and Prevention (CDC)**

To the Advisory Committee on Immunization Practices (ACIP):

On behalf of the Gerontological Society of America (GSA), thank you for the Advisory Committee on Immunization Practice's work to protect older adults against vaccine preventable diseases. GSA honors aging across the lifespan and is the nation's oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. The principal mission of the Society — and its 5,500+ members — is to advance the study of aging and disseminate information among scientists, decision-makers, and the public. is to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. We encourage interdisciplinary research collaboration and communication. We routinely convene stakeholders to discuss issues of importance and make recommendations to address the specific needs of older people.

Since 2010, GSA has been dedicated to bringing the diverse interdisciplinary team together to increase reverence for vaccines. Through our [National Adult Vaccination Program \(NAVVP\)](#), we have:

- Collaborated with the multidisciplinary community of interest community.
- Produced informative summits, publications, and webinars.
- Advocated for policies that increase access to vaccines.
- Trained champions to increase vaccination rates.

Now our aim is to change the dialogue about vaccines from the narrow focus of an individual health benefit offering protection against a single target condition to a broad, far-reaching value to the individual and society. We seek to illuminate, for example, individual health benefits (e.g., increased life expectancy, prevention of exacerbation of preexisting conditions) and societal health benefits (e.g., prevention of antibiotic resistance) along with individual and societal economic benefits.

GSA recently recorded a podcast, Steps to Increasing Adult Vaccination Rates and hosted CDC colleagues for a webinar, "Current Issues in Immunizations: Preparing Your Clinics and Patients for Fall and Winter Respiratory Illness Season." In November at our 2024 Annual Scientific Meeting, GSA will host a Momentum Discussion, "The Interdisciplinary Imperative to Increase Adult Immunization Rates." This program is designed to highlight how the interdisciplinary role in vaccinating older adults involves a collaborative effort across various healthcare professionals, each contributing their expertise to ensure high vaccination rates, proper education, and better overall health outcomes.

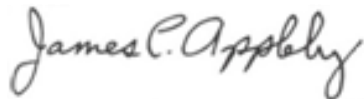
Today, we write to respectfully request that ACIP adopt broad, age-based recommendations for adults starting at age 50 for pneumococcal vaccines. Research has shown that implementing such a recommendation would advance population health, disease prevention, and health equity.

Recommending vaccine access beginning at age 50 would be an effective allocation of resources, enhancing the population health of our communities. Furthermore, lowering the age-based recommendations can help address some health disparities. Studies have shown that Black and Hispanic Americans are significantly more affected by chronic conditions, including higher rates of diabetes and death from heart disease.<sup>i</sup> Black Americans are also diagnosed with chronic conditions like heart disease and diabetes 5-10 years earlier than the general population.<sup>ii</sup> The increased impact of these chronic conditions can also increase risk of vaccine preventable diseases and severe illness. Lowering the recommended vaccination age to 50, where supported by data, could be an effective strategy mitigating these disparities while lessening the burden on an often-underserved population.

In addition, we urge ACIP to explore data available for other respiratory vaccines and consider changes to increase access and equity by broadening the recommendations as appropriate.

We thank the committee for its continued efforts to protect the public and promote public health. For additional information, please contact Patricia D'Antonio, Vice President of Policy and Professional Affairs at [pdantonio@geron.org](mailto:pdantonio@geron.org).

Sincerely,



James C. Appleby, BSPHarm, MPH, ScD (Hon)  
Chief Executive Officer

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<sup>i</sup> Ellis KR, Hecht HK, Young TL, Oh S, Thomas S, Hoggard LS, et al. Chronic Disease Among African American Families: A Systematic Scoping Review. *Prev Chronic Dis* 2020;17:190431. DOI: <http://dx.doi.org/10.5888/pcd17.190431>

<sup>ii</sup> Caraballo C, Herrin J, Mahajan S, Massey D, Lu Y, Ndumele CD, Drye EE, Krumholz HM (2022). Temporal Trends in Racial and Ethnic Disparities in Multimorbidity Prevalence in the United States, 1999-2018. *The American Journal of Medicine*, 135(9), 1083-1092. DOI: <https://doi.org/10.1016/j.amjmed.2022.04.010>