

# NANASP BLASTS CDC PANEL'S FAILURE TO ADDRESS ADULT PNEUMOCOCCAL VACCINE CONFUSION

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WASHINGTON, DC, USA, June 22, 2022 /EINPresswire.com/ -- During the public comment section of today's meeting of the Advisory Committee on Immunization Practices, Bob Blancato, Executive Director, National Association of Nutrition and Aging Services Programs offered the following statement to the committee:

Members of the Committee:

The National Association of Nutrition and Aging Services Programs (NANASP) appreciates the opportunity to submit an oral comment. As I have done in my prior testimonies, I start by commending ACIP for your hard and dedicated work throughout the pandemic.

However, this comment is specifically to register our deep disappointment in the failure of this committee to include any discussion or action on clarifying current CDC guidance on older adults having access to new and improved pneumococcal vaccines on the agenda, including all adults aged 50 and over.

NANASP was joined by several other national aging, patient, and healthcare organizations in petitioning ACIP to include this discussion on the June agenda. In fact, we also specifically wrote to four ACIP members, all of whom expressed some sympathy with our request.

At the heart of the matter is that under the current guidance, only those older adults who have never received a pneumococcal vaccine are eligible to receive the new vaccines. The rationale as provided in an email from Melinda Wharton was that "the greatest benefit from the new pneumococcal vaccines now will be in adults who have not yet received pneumococcal vaccines."

Overlooked by this rationale are the 67 percent of older adults who have already received a pneumococcal vaccine who have no access to this new vaccine. Also overlooked – how long it may have been since some of these older adults received their first vaccine. And given that we know the strength of the immune system wanes as individuals age, ensuring access to improved versions of the vaccine, which protects against more strains of disease, is a critical and greater level of protection that we should not be denying older Americans.

We should never forget that older adults have a disproportionately higher death rate from pneumococcal pneumonia than other groups. Their vulnerability is genuine.

Our main point is that the CDC should consider the benefit that access to these new vaccines for all older adults would have. Our nation's healthcare system can "walk and chew gum at the same time"—it is possible to both vaccinate older adults who have already received vaccines and those who have not. Older adults who were previously vaccinated should not be penalized for having already done the right thing.

We implore members of ACIP to clarify this guidance by recommending these new and improved pneumococcal vaccines be made available to all older adults, previously vaccinated or not. That is the most equitable approach.

We thank the Committee for considering our comments.

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