

# Vaccines From Womb to Tomb

## [Vaccines From Womb to Tomb](#)

*Why Do We Have an Adult Immunization Schedule?*

by [Health Freedom Institute](#)

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Did you know that the CDC has an adult vaccination schedule?<sup>1</sup> It's been around for 22 years, growing and changing.<sup>2</sup> Promotion of routine adult immunization started around 1990 but wasn't formalized into a schedule until 2002.

The federal government has embraced vaccination as "a lifespan approach, covering vaccination from before birth into old age,"<sup>3</sup> basically, from womb to tomb. This is laid out in its National Vaccination Plans, which were mandated by U.S. Congress in 1987.

The Adult Immunization Schedule has been a bit of a sleeper, but in recent years, when listening to the CDC's Advisory Council on Immunization Practices (ACIP) meetings, we hear about it more and more. What changed? Let's start at the beginning.

### **What Is the Adult Schedule?**

In 1991, the CDC acknowledged in its weekly public health report that vaccination in adults wasn't typical.<sup>4</sup>

Immunization policies have primarily been directed towards vaccinating infants, children, and adolescents. Although vaccination is routine in pediatric practice, it is not commonplace in the practice of physicians who treat adults.

The very first time the CDC pulled all their immunization recommendations into one place was in their weekly publication "Morbidity and Mortality Weekly Report" (MMWR) in 1969.<sup>5</sup> Those recommendations laid the foundation for what we now recognize as the "schedule." This first publication included dosage recommendations for adults, but those dosages generally were for shots missed in childhood or special circumstances like travel. It was not until many years later that the idea of an adult schedule was independently promoted. Other than influenza, the shots were targeted toward common childhood illnesses, and there wasn't much to promote for adults.

The face of public health, and thus immunization, changed in 1979 when the federal Department of Health, Education, and Welfare (the predecessor to Health and Human Services) released a report titled "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention."<sup>6</sup> That publication marked the beginning of a new era of emphasis on population health. It was unique in its structured, data-driven approach to setting and surveilling health policy goals for our nation.<sup>7</sup> This approach gave it longevity and flexibility and created the foundation for a new, decades-long infrastructure of setting health policy goals through identification of specific objectives with measurable targets, starting with "Healthy People 1990," (launched in 1980) that continues to the latest "Healthy People 2030."

The 1980s were tumultuous for vaccine policy. The expose "Vaccine Roulette" aired in 1982, helping parents across the country (and the globe) connect the dots on symptoms their children suddenly acquired after routine vaccination with DPT. The awareness congealed into a movement of parents who ignited a fire under U.S. Congress about the injustice of following the federally recommended childhood schedule only to find it was *not* safe for their babies. This outcry culminated in the

National Childhood Vaccine Injury Act, known by many as the “1986 Act,” which removed liability from manufacturers. ([You can do a deep dive on DPT in our article, “Shining a light on Pertussis & DPT: the vaccine that shut the courthouse doors.”](#))

While the 1986 Act was being debated, 1985 saw two measles outbreaks on college campuses.<sup>8</sup> With vaccines in mind, a joint resolution was adopted by Congress that was signed by Ronald Reagan into law, acknowledging the last week in October as “National Adult Immunization Awareness Week.”<sup>9</sup> The intent behind the resolution was to prevent deaths from influenza and pneumonia in older adults, but the college measles outbreaks were mentioned as justification for needing to raise awareness of vaccination among adults.<sup>10</sup> Baked into federal adult immunization policy was the intent that the awareness week was “only the beginning.”

The joint resolution I am introducing today calls on the President to issue a proclamation to observe the week of October 26 as "National Adult Immunization Awareness Week." However, this is only the beginning. The national focus on adult immunization should be year round. We must raise the collective consciousness regarding the immunologic status of our citizens. Physicians and health care workers need to promote necessary vaccinations. Patients need to ask for their shots.

The adult immunization campaign has for several years been conducted by the National Foundation for Infectious Disease with the endorsement and encouragement of the President, the Surgeon General of the United States, and several Federal agencies including the National Institutes of Health, the Food and Drug Administration, and the Centers for Disease Control. It has had the backing of physicians and other health care providers and a number of professional organizations. It is time that Congress recognized this effort and declared its support for adult immunization.

I know all of my colleagues will join me in this strategy to bring down the toll from infectious diseases. I hope they will support and quickly pass this joint resolution.●

Source: Congressional Record, Aug. 13, 1986; remarks by Sen. Orrin Hatch, sponsor of the joint resolution.

A National Coalition for Adult Immunization (NCAI) was formed shortly after, in 1988, to align "public and private resources to achieve *Healthy People* national goals."

The **National Coalition for Adult Immunization (NCAI)** is a network of more than 100 organizations, including medical associations, voluntary organizations, advocacy groups, vaccine manufacturers, and government health agencies. The Coalition was formed to make the most efficient use of public and private resources to achieve *Healthy People* national goals in adolescent and adult immunization, and is dedicated to promoting adolescent and adult immunization. The goal of NCAI is to raise immunization levels for high-risk and other adolescent and adult target groups by increasing awareness about the need for and benefits of immunization, and by changing beliefs, awareness, attitudes, and behavior on the part of physicians, other health care providers, and the general public. The primary target diseases for which safe and effective vaccines are available are diphtheria, hepatitis A and B, influenza, measles, mumps, pneumococcal disease, rubella, tetanus, and varicella.

Source: [Resource Guide for Adult and Adolescent Immunization, 3rd ed. : National Coalition for Adult Immunization : Free Download, Borrow, and Streaming : Internet Archive](#)

The 1979 report that inspired “Healthy People” only mentioned adult immunization in passing.

**Immunization. Every year, many older adults die or are incapacitated unnecessarily due to influenza or pneumonia. Older people can consult their physicians about immunization against these diseases.**

And the follow up report in 1980, “Promoting Health, Preventing Disease,” which came to be known as “Healthy People 1990,” provided 226 health policy goals with targets to be reached by 1990, but did not dive into adult vaccination.<sup>11</sup>

**Morbidity from influenza and pneumonia is not reportable, so trends cannot be determined.**

Regardless, the CDC fell in line with NCAI and started calling on doctors to include adult immunization as “a routine part of their practice.” In the 1991 publication where the CDC changed its tune on adult immunization, they reasoned that we couldn’t eliminate all illnesses because some adults were still “at risk” of getting sick from diseases on the childhood schedule if they were never vaccinated or weren’t sick in childhood. That said, there weren’t many action items because there weren’t many vaccines licensed to be marketed to adults.

After the 1986 Act, many vaccines were added to the childhood schedule. When the pneumococcal vaccine was added in 2001, it was licensed both for adolescents and adults. The promotion of adult vaccines picked up again for that moment in time. In 2002, the CDC unveiled its first official adult schedule. In short, healthy adults who had already been following the CDC’s childhood schedule were recommended annual flu shots, tetanus boosters every 10 years (generally at the time given in tandem with diphtheria as a TD shot), and the newly added pneumococcal recommendation for people who were 65 and over.

## Recommended Adult Immunization Schedule, United States, 2002–2003

Vaccine	Age Group		
	19-49 Years	50-64 Years	65 Years and Older
Tetanus, Diphtheria (Td)*	1 dose booster every 10 years <sup>1</sup>		
Influenza	1 dose annually for persons with medical or occupational indications, or household contacts of persons with indications <sup>2</sup>	1 annual dose	
Pneumococcal (polysaccharide)	1 dose for persons with medical or other indications. (1 dose revaccination for immunosuppressive conditions) <sup>3,4</sup>		1 dose for unvaccinated persons <sup>5</sup> 1 dose revaccination <sup>4</sup>
Hepatitis B*	3 doses (0, 1-2, 4-6 months) for persons with medical, behavioral, occupational, or other indications <sup>1</sup>		
Hepatitis A	2 doses (0, 6-12 months) for persons with medical, behavioral, occupational, or other indications <sup>1</sup>		
Measles, Mumps, Rubella (MMR)*	1 dose if measles, mumps, or rubella vaccination history is unreliable 2 doses for persons with occupational or other indications <sup>2</sup>		
Varicella*	2 doses (0, 4-8 weeks) for persons who are susceptible <sup>1</sup>		
Meningococcal (polysaccharide)	1 dose for persons with medical or other indications <sup>1</sup>		

Source :

<https://www.aafp.org/pubs/afp/issues/2002/1215/p2329.html>

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (rIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity.
  Recommended vaccination for adults with an additional risk factor or another indication.
  Recommended vaccination based on shared clinical decision-making.
  No recommendation/ Not applicable.

Note that right now COVID is recommended as “one or more doses,” which basically means there’s a blank check for how many shots will be recommended. The FDA and the CDC, along with their advisory committees (ACIP and VRBPAC respectively), have contemplated annual doses, but there’s also discussion of targeting strains. In other words, what will be recommended is yet to be seen.

One thing we can say for certain is that back in 2002 when the adult schedule table was first unveiled, the dose counts recommended were a lot lower.

### Barriers to Success for the Adult Schedule

**Simplification:** The American Family Physician group says of the adult schedule, “The success of the childhood immunization program is partly because of the annual publication of the Recommended Childhood Immunization Schedule that summarizes the current recommendations and that it can be posted in the



office for quick reference. We suggest that physicians post the Recommended Adult Immunization Schedule in the office as a quick reference tool and that it be used as part of a larger office-based program to improve adult immunization rates.”

**Access:** A study published on February 4, 2014, in the *Annals of Internal Medicine* recommended that physicians refer patients to get the vaccines they did not stock to a pharmacy or public health department to get vaccinated.<sup>12</sup> The reason for referring patients outside their clinic was either “lack of insurance coverage for the vaccine (55% for general internists and 62% for family physicians) or inadequate reimbursement (36% for general internists and 41% for family physicians).” Dr. Laura Hurley, one of the authors of the paper,<sup>13</sup> that improving the delivery of recommended vaccines to adults will require a concerted effort to resolve financial barriers, especially for smaller practices and for general internists who see more patients with Medicare Part D.

**In short, access comes down to whether a doctor is going to be paid enough to go to the trouble of stocking a shot.**

The current White House has been promoting increased uptake of immunizing agents in adults. And the CDC, the agency in charge of getting “shots in arms,” has increased both propaganda and financial incentives. The 2023 Inflation Reduction Act (IRA), for example, was<sup>14</sup>

The IRA seeks to expand access to adult vaccines through 2 policy changes:

- **Eliminating Vaccine Cost Sharing in Medicare Part D:** Starting January 1, 2023, all Medicare Part D plans will be required to cover all ACIP-recommended adult vaccines with no cost sharing, even if the beneficiary is in the deductible phase of the benefit. As a result, 49.9 million Part D-enrolled beneficiaries will now have access to ACIP-recommended Part D vaccines without cost sharing.
- **Mandating Medicaid Coverage of Adult Vaccines:** Starting October 1, 2023, all state Medicaid programs will be required to cover all ACIP-recommended adult vaccines and their administration without cost sharing. As a result, 23.8 million adults enrolled in the traditional Medicaid program—where vaccine coverage currently varies by state—will have access to all recommended adult vaccines without cost sharing. This new policy will align coverage for traditional Medicaid with that of the expansion population for whom vaccine coverage is already mandated.

Conveniently, any American with Medicare or Medicaid can get any shot on the schedule at no cost to them. But some states did not require payment through their Medicaid for certain vaccines, and this federal law overrode their autonomy to decide how to spend taxpayer money. The new policy addresses that.

Biden's policy follows the footsteps laid by Obama's Affordable Care Act in 2010, which expanded access to vaccines with cost-sharing. The Healthy People plan was mentioned in the Affordable Care Act four times.<sup>15</sup>

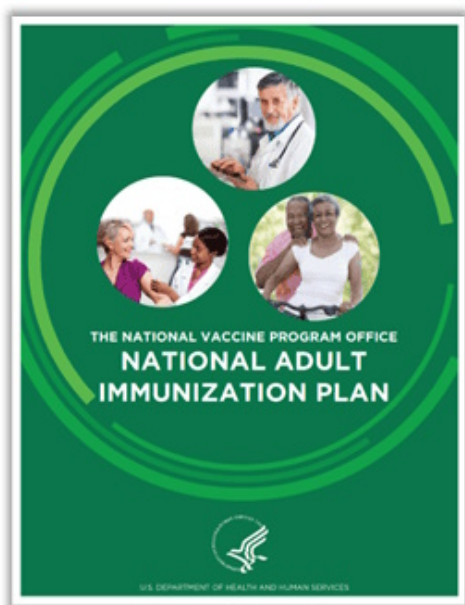
The IRA law also highlights the importance of the schedule itself – insurance payments hinge on whether the vaccine is on the schedule, not simply whether it has been recommended. Not surprisingly, for the first time in history, the ACIP chose to update its annual schedule to a rolling schedule to keep up with all the anticipated changes and additional recommendations. For the first time in the history of the schedule, the ACIP left the last page blank so new recommendations could be quickly added through the year, rather than waiting for the annual update. This was done in the name of access.

You may have also been hearing of calls for financing called Vaccines for Adults. This will have to be legislated through the budget.

### **Why the Sudden Push for Vaccines for Adults?**

A review of 100 vaccines in development by “Vaccines Today,” found a staggering 80% percent are aimed at adults.<sup>16</sup> A survey of the vaccines and immunizing agents approved for use by the FDA over the past five years shows 11 of 15 can be marketed to adults, nine of which are *only* approved for those over 18 years of age.<sup>17</sup> This is a shift from around the 1960s where we saw an explosion in new vaccines aimed at children, especially after the 1986 Act removed liability for injury from manufacturers and providers for shots on the childhood schedule.

### **The National Adult Immunization Plan**



[“Global Immunization Vision and Strategy.” World Health Organization, 64th World Health Assembly \(2011\).](#)

One of the goals of the plan is to simply increase demand. In other words, the federal government wants you to want these products. The plan was launched in 2015, a year after the CDC announced it was collaborating with Pfizer and a company called CECity to increase adult immunization rates.<sup>19</sup> We know Pfizer makes vaccines (and “immunizing agents”); CECity is a company that specializes in electronic health records and was brought on board to implement a cloud-based “Adult Immunization Registry.” The initiative was released during the World Health Organization’s “Decade of Vaccines,” where their “Global Immunization Vision and Strategy 2006-2015” expanded the target group for routine immunizations to include adults.

The plan integrates health data transfer goals with calls for “interoperability” and “bidirectional exchange” of personal data between electronic health records (EHRs) and Immunization Information Systems (IIS’s).

### **Can adults injured by vaccines sue the manufacturer? It depends.**

The 1986 Act and subsequent court cases removed liability from manufacturers and providers of vaccines if a person is injured or killed from vaccines. Does that apply to all vaccines? No, it only applies to shots that are on the childhood schedule. So if an adult takes a vaccine that is on the childhood schedule, like HPV or tetanus, they are bound by law to lose their right to a day in court and instead go through an administrative process many call “Vaccine Court,” which removes the right to a trial by jury. But if an adult takes the vaccine for shingles, which is not on the childhood schedule and therefore not under the umbrella of the VICP, an injured person can sue in court. It makes one wonder if those legal rights could be taken away and swept up into an amendment to the 1986 Act with a normalized Adult Immunization Schedule.

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