Imagine a potentially deadly bacteria that infects about 1 million Americans every year. Vaccines exist to prevent it, but the CDC is potentially considering changing an important recommendation helping older people to get vaccinated against it.
That bacteria is streptococcus pneumoniae. It causes pneumococcal disease, which is spread through coughs, sneezes and close contact. Pneumococcal disease can lead to pneumonia, infection of the blood, middle-ear infection, sinus infection and even meningitis — potentially causing hearing loss, blindness, seizures and death.

Older adults are especially susceptible to pneumococcal disease and its devastating health outcomes. For that reason, the CDC's Advisory Committee for Immunization Practices (ACIP) has recommended since 2014 that all adults 65 and older be vaccinated against it.

But this week in Atlanta, ACIP will meet to look at the cost-effectiveness of the vaccination recommendation, and may even consider changing it, though the existing protocol is no doubt saving the lives of older Americans, as well as keeping young children and other at-risk family, friends and neighbors from getting sick.

ACIP recommendations stand as a guidepost for which vaccines are readily available, covered and suggested by health care providers. And there is more work to do when it comes to pneumococcal vaccinations, because CDC data show that 30 percent of adults over age 65 still aren’t receiving it.

Not only are pneumococcal vaccinations critically important for older adult populations as individuals’ immune systems change and decline, but they are particularly crucial given the nationwide caregiver shortages. These shortages are especially problematic here in Georgia, where several counties have no physician at all. In fact, pneumonia is the most common infection to land older Americans in hospitals, and hospitals are scarce in parts of Georgia and other rural areas across the nation.
We need pneumococcal vaccinations to continue to be accessible and available at places like pharmacies to help keep seniors out of the hospital — especially if the nearest hospital is far away. We need the CDC to continue recommending the vaccinations for older adults.

If the current pneumococcal immunization protocol changes, it could even cause more caregiver shortages by adversely impacting our workforce in senior living and health care settings — potentially causing a rise in unintended exposure to the disease.

I trust that the CDC advisory committee will continue the pneumococcal vaccination recommendation for older adults in the United States. Prevention is the most effective way to improve health outcomes and reduce the cost of disease, both personally and fiscally.

We need the current older adult pneumococcal vaccination recommendation in place to support resiliency in the third and fourth quarters of life. Our elders are depending on us.