

## African Americans and Immunizations

Approximately 46,000 to 48,000 adults die each year from diseases that could have been prevented by vaccination. Annually, about 114,000 people in the US are admitted to health facilities for influenza, and 36,000 die from influenza and its complications; the majority of these deaths occur in people aged 65 years and older. These elderly are also more likely to be afflicted with pneumococcal disease, which causes approximately 6,000 to 7,000 deaths each year in the elderly. (CDC, 2003a).

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## Immunization Rates

### *Adult Immunization*

- Compared with white Americans, Asian Americans, and Native Americans, **African Americans and Hispanics/Latinos have much lower immunization rates for influenza and pneumococcal disease.** (CDC, 2004).
- In 2002, **influenza vaccination coverage among adults aged 65 years and older was 70.2% for whites and 52% for African Americans.** The gap for pneumococcal vaccination coverage among older people was even wider, at 60.6% for whites and 36.1% for African Americans. (CDC, 2004).

### *Child Immunization*

- Across all racial and ethnic groups and all immunization schedules, **African Americans have the lowest vaccination rates.** (CDC, 2003b).
- **Three out of four African-American children aged 19 to 35 months did receive recommended vaccinations in 1999.** (OMHRC, 2004).
- In a 2001 study, Daniels et al. found that **73.8% of African-American preschoolers had received complete vaccinations.** However, of the 26.2% preschoolers who had not, 40% lacked one or more doses to complete the basic 4:3:1:3 series (four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccine, one dose of any measles-containing vaccine, and three doses of *Haemophilus influenzae* type b vaccine).
- On a national level, childhood immunization rates have risen in recent years. But even though the national picture looks promising, some parts of the country are still experiencing serious disparities in childhood immunization rates. The most recent California Retrospective Kindergarten Survey showed that **only 64% of the state's African-American children were up-to-date on their immunizations,** compared with 72% for Hispanics, 73% for whites, and 77% for Asians. The 2001 survey found that immunization up-to-date rates for 2-year-olds in Los Angeles County were 72% for Hispanics, 71% for whites, 80% for Asians, and a surprisingly low 52% for African Americans. (Wessling, 2004).

## Risk Factors and Challenges

A number of studies have attempted to identify why African Americans have lower immunization rates than other racial and ethnic groups.

- In 2000, Lashuay et al. conducted a study to capture the **knowledge, attitudes, and practices of African Americans with respect to immunizations**. Their findings highlight how perceived risks pose a barrier to immunization coverage:
  - 62% of the participants thought that mild disease was possible after shots.
  - 27% feared HIV from needles.
  - 19% thought that pain was a barrier.
  - Respondents who cited money as a barrier (26%) were less likely to believe that shots were available for free.

### Recommendation

Addressing specific concerns (e.g., worry about getting a mild case of the disease, availability of free vaccines, fear of HIV) may increase immunization rates. It is also essential to assure patients that the potential severity of the disease greatly outweighs any discomfort or inconvenience associated with the vaccines.

- **Despite recommendations for vaccination against hepatitis B virus (HBV), most men who have sex with men (MSM) remain unvaccinated.** A study conducted in 2003 sought to identify attitudes and beliefs associated with the lack of HBV vaccination among black MSM. The study found that a low perception of personal risk and medical severity contributed to low vaccination rates. (Rhodes and Diclemente, 2003).
- **Missed opportunities** are often responsible for delays in vaccination. Daniels et al. (2001) assessed coverage for the 4:3:1:3 vaccine series among non-Hispanic African-American preschoolers. Among the undervaccinated, 63.7% had a sufficient number of vaccination visits for completion of the basic series. Thus, access to care was not the cause of the undervaccination; not all appropriate vaccines were administered during those visits.

### Recommendation

Regardless of the reason for the visit, providers should assess each child's vaccination status at every visit and administer all needed vaccinations at that time.

- Daniels et al. (2001) also found that African-American children who did not complete the 4:3:1:3 vaccine series were **less likely to have married mothers**, less likely to have mothers aged 35 years or older, and less likely to be up-to-date with vaccinations at age 3 months than were children who completed the vaccine series.

**Recommendation**

Tailored immunization calendars have been shown to improve childhood immunization rates. (Kreuter et al., 2004). A tailored calendar indicates specific dates on which the child should receive various vaccinations, based on that child's date of birth and when he or she actually began receiving vaccinations.

- In another study, **black race, urban residence, absence of a two-parent household, large family size, high school education or less, and no insurance coverage were significantly related to an increased likelihood of immunization delay** for the 4:3:1:3 series. Male gender, non-Hispanic ethnicity, suburban residence, poverty level, Medicaid enrollment, and absence of a usual provider were also significantly related to an increased likelihood of delay in receiving one or more of these vaccine doses. (Dombkowski and Lantz, 2001).

**Recommendation**

Ask your patients about obstacles: insurance, telephone, transportation. Make appropriate referrals to service agencies. Also, ask parents about their understanding of immunizations, and educate them about why adhering to the recommended schedule is important to the health of their child. (Szilagyi et al., 2002).

- Schneider et al. (2001) reported that **managed care** is associated with higher rates of influenza vaccination for both whites and African Americans, but it does not reduce the racial disparity in vaccination rates. Rates for both groups improved with managed care, but white rates improved more.
- Another study of immunization rates among blacks, whites, and Hispanics found that **racial disparity in vaccination rates for adults with diabetes is independent of access to care, health care coverage, and socioeconomic status.** (Egede and Zheng, 2003).
- **Intravenous drug users** are at an increased risk of contracting hepatitis B, hepatitis C, and HIV infection as a result of sharing needles and syringes contaminated with the blood-borne viruses. Thus, an integrated HBV immunization effort should be coordinated among venues frequented by young drug users. For intravenous drug users, vaccination rates remain low, despite multiple opportunities for vaccination. Trading sex is also associated with infection. (Kuo, 2004).

**Recommendation**

Providers should discuss with patients the risk of hepatitis B transmission via drug paraphernalia and sexual activity. Vaccination for hepatitis B should be encouraged.

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