

## Reviving reverence for vaccines



Jennifer L. Pettis

Immunization remains critical to good health throughout the life span.

By Jennifer L. Pettis, MS, RN, CNE

SIMILAR to many children, I frequently asked my mother "why" about things in the world. One day I pointed to a scar on her upper left arm and asked why she had it. She explained that this scar was from something that kept her healthy when she was young—something like the shots I had received at my physician's office. She was referring to her smallpox vaccination.

Smallpox wreaked havoc for at least 3,000 years before committed vaccination efforts over many decades enabled the World Health Organization to declare the disease eradicated in 1980. This ferocious contagion, caused by the variola virus and characterized by a progressive rash accompanied by a fever, disfigured many individuals and left others blind. About 30% of those infected died. Thanks to the lifesaving miracle of vaccination, the world has gone almost half a century without a single case of this devastating disease.

Vaccines remain standard bearers for the triumph of science over disease, but reverence for them has waned, including for recommended adult vaccinations. In fact, adult vaccination rates remain below the Healthy People 2020 targets for influenza, pneumococcal, and shingles vaccines, among others. To address this important issue, the Gerontological Society of America (GSA) has expanded its National Adult Vaccination Program and launched the Concentric Value of Vaccination as We Age initiative. Through these efforts, GSA seeks to raise the perceived value of vaccinations beyond preventing certain diseases and illuminate other individual and societal health and economic benefits across the life course.

Similarly, the American Nurses Association (ANA) has a strong commitment to ensuring that all individuals receive appropriate vaccines according to schedules and recommendations put forth by the Centers for Disease Control

and Prevention and the Advisory Committee on Immunization Practices (ACIP). In its immunization position statement, ANA highlights the professional and ethical obligations of nurses with regard to vaccines—including the COVID-19 vaccine (tinyurl.com/bdjup52s). When nurses receive their COVID-19 vaccine, the position statement notes, they model public health standards, foster patient trust in the medical community, and affirm the safety of vaccines.

What can nurses do to help restore reverence for vaccines? According to Barbara Resnick, PhD, RN, CRNP, FAAN, FAANP, who serves as the ANA liaison representative for ACIP, "One thing we hear repeatedly at ACIP and in other groups focused on immunizations is that the major reason individuals don't get immunized is no one tells them to do so or has that discussion." Resnick, a Maryland Nurses Association member and former GSA president, stresses that "there is great opportunity here for nurses to be the ones—particularly since they spend the most time with patients—to discuss immunizations and encourage patients to get immunized within their site of care or to refer them to the closest location available."

We call on fellow nurses in all practice settings to serve as leaders in their organizations' and communities' immunization efforts. Educate others about vaccination, encourage people of all ages to obtain their recommended vaccines, and elevate the concentric value of vaccination across the life span. Together, we can help revive reverence for vaccinations.

Access references at myamericannurse.com/?p=405349.

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