

# A boost for keeping vaccine rules

No rationale for CDC to change regs on shots for Americans 65 and older

BY CAMILLE CLARE

Being a patient today is a vastly different experience than it was just a few years ago — and that's both positive and negative.

On the positive side, we're treating diseases much more effectively. We know more about ways to prevent and manage many illnesses. Patients are living longer and healthier lives. On a negative note, some of these treatments are becoming harder and harder to access — due to red tape and roadblocks throughout the health care system. This is even more true for people of color, where access to medication and preventive care is often less available — and it may be about to get harder to access critical vaccinations for older adults.

With all of our new treatments and techniques, vaccinations still remain one of the most reliable ways to combat disease. This is true for every stage of life — from infant to elderly. It's even more true for those who are at greater risk for contracting some

diseases, either because of their age or because of underlying conditions. One of the deadliest yet vaccine-preventable diseases is pneumococcal disease, which includes illnesses like pneumonia and sepsis.

In the next several months, an advisory committee at the Centers for Disease Control and Prevention may decide that the current pneumococcal vaccination recommendation for adults aged 65 and older no longer needs to be required. What does that mean for the average senior citizen? Your doctor might not tell you about the vaccine. You might get sick from a disease that could be prevented.

Why is this? I can't imagine a good rationale for putting older adults at risk like this. Even more, this could be worse for older African-American patients.

It remains surprisingly true that racial disparities exist in vaccine coverage. Blacks have consistently had lower immunization rates, often times due to mistrust and fear of vaccines and the health care system. So, it's criti-



AP / TED S. WARREN

**A medical assistant administers a flu shot in Seattle, Washington. A newer kind of flu vaccine worked a little better than traditional shots in seniors this past winter, the federal government said.**

cal that all vaccines are available to those that I treat; it's critical that we as doctors encourage our patients to be vaccinated; and it's critical that the CDC takes all of this into consideration and not change the current vaccination recommendations.

The Office of Minority Health at the U.S. Department of Health and Human Services estimates

that as of 2014, nearly 65 percent of non-Hispanic white adults aged 65 and older received a pneumococcal vaccine. But the same study showed just under 50 percent of African-American adults of the same age had been vaccinated.

Despite an increase in awareness and availability of vaccines to prevent it, pneumococcal dis-

ease strikes nearly a million people each year — killing about 18,000 over the age of 65. Pneumococcal disease also poses an increased risk for any adult with certain diseases including heart, liver or kidney disease. Those with pulmonary disease, like COPD and asthma, also are at risk of contracting the disease.

Following one of the worst flu seasons ever, now is not the time to put more older Americans at risk for contracting pneumococcal disease.

The elderly population is continuing to grow, live longer and contribute to our society in ways unseen in generations past. Advancements in science are helping patients with some chronic conditions live healthier, longer lives. Vaccinating helps protect all of us from deadly diseases like pneumococcal disease. I encourage the CDC to keep the current pneumococcal recommendation in place for older Americans.



*Camille Clare, an obstetrician/gynecologist, is the immediate past-chairwoman of the National Medical Association, Region 1.*



YEONG-LING YANG

**Alvin Stark, left, with his son, Ric, has been having medical issues since he entered his mid-80s and decided to stop driving.**

tion must be corrected. It's a no-brainer.

*John Moravec, Freeport*

Why all the fuss? If speed cameras are not really a money grab, then put stop signs at

both ends of a road near a school. Everyone has to stop, and the cost of signs has to be cheaper than installing cameras and lights. What are you waiting for? Get to work.

*Candace Burns, Brentwood*

Your Aug. 31 editorial on the need for reinstating speed cameras at schools was the best argument against them. Your photo showed vehicles passing the Cantiague Elementary School in Jericho. I attended that school. The front of the building is for bus and car drop-offs, and it is across from an industrial park. No one is crossing that road, let alone school kids. Foot traffic is from the opposite side on Niagara Drive.

By your own admission, there is no statistical evidence of accidents to support the need for the cameras. Wrapped in the tired call of "for the children," the cameras would be

just a revenue generator for a county cash-strapped due to mismanagement. You say that they should be installed only if a school district wants them, and that funds should go to school safety. But what district wouldn't want more funds? If schools must fund safety, let them use their share of the \$2 billion-plus in surplus money held by Long Island districts. Don't victimize the public. This idea was roundly rejected by the people and should not be forced on them again under the guise of safety. If the county needs more funds, it should cut its budget, not raise funds through fines and fees.

*John Memoli, Massapequa*

## Rainy day fund editorial unfair

Newsday's Aug. 30 editorial "Rainy day" funds get failing grade" is totally unfair to pru-

dent officials who are exercising their good judgment to save local taxpayers money.

The trustees of the Plainview-Old Bethpage Public Library, including me, have long since recognized that ours is an aging building. Yes, we have established a capital reserve fund, and now that we need a new roof on the building as well as a new heating and air-conditioning system, we have the money to enable us to complete the renovations without burdening taxpayers with a bond issue that would have added 30 percent to 35 percent to the cost of the work. That's not "wrong," as Newsday would characterize it. That's prudent management that saves our taxpayers considerable money.

*Michael Polansky, Plainview*

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