



HR0613

LRB103 39456 LAW 69650 r

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HOUSE RESOLUTION

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WHEREAS, Adult vaccines reduce the burden of widespread disease and enable individuals to live longer, healthier, and more productive lives; and

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WHEREAS, Despite vaccine recommendations made by the United States Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), many adults do not receive all recommended vaccines; and

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WHEREAS, Vaccine-preventable diseases cause long-term illness, hospitalization, and death; the CDC estimates that, since 2010, influenza-related hospitalizations in the U.S. have ranged from 140,000 to 710,000 and influenza-related deaths have ranged from 12,000 to 56,000; further, roughly 150,000 people are hospitalized with pneumococcal pneumonia, and 5 to 7% of those individuals die each year; for individuals 65 years of age and older, respiratory syncytial virus (RSV) can lead to as many as 160,000 hospitalizations and 10,000 deaths in the U.S. each year; an estimated 880,000 to 1.89 million people in the U.S. have chronic hepatitis B, which can cause serious health problems, including liver damage, cirrhosis, liver cancer, and death; finally, human papillomavirus (HPV) causes over 37,000 cancers in women and men each year, and approximately 4,000 women die each year

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1 from cervical cancer; and

2 WHEREAS, The U.S. annually spends more than \$21 billion  
3 treating adults 50 years of age and older for influenza and  
4 pneumococcal disease, both of which are vaccine-preventable;  
5 and

6 WHEREAS, Influenza, like many vaccine-preventable  
7 diseases, also contributes to workplace productivity loss; a  
8 typical, full-time employee may lose up to 3.5 workdays due to  
9 absenteeism and presenteeism from an influenza infection; and

10 WHEREAS, Despite the burden and consequences of  
11 vaccine-preventable diseases, adult vaccination rates remain  
12 low in the U.S. and far below national targets; in 2021,  
13 pneumococcal vaccine coverage among adults 65 years of age and  
14 older was 65.8%; similar trends were seen with hepatitis B  
15 vaccination coverage, with only 34.2% of adults 19 years of  
16 age and older receiving a hepatitis B vaccine; and

17 WHEREAS, As a result of low vaccination rates, adults  
18 experience higher rates of morbidity and mortality from  
19 vaccine-preventable diseases; and

20 WHEREAS, Furthermore, racial and ethnic minority  
21 populations report consistently lower rates of immunization

1 than white individuals; for example, in the U.S., the shingles  
2 vaccination rate was 35.5% among non-Hispanic white adults and  
3 19.9% among non-Hispanic Black/African American adults;  
4 additionally, less than 43% of Black/African American,  
5 Hispanic, and American Indian/Alaska Native adults received an  
6 influenza vaccine for the 2021-2022 season compared to 54% of  
7 white adults; this is attributable in part to decreased  
8 vaccine awareness and suboptimal knowledge of vaccination  
9 schedules; and

10 WHEREAS, Reported adult vaccination rates are often lower  
11 in rural communities than in urban settings; for example, the  
12 CDC reports rural counties had first-dose COVID-19 vaccination  
13 coverage of 58.5% compared to 75.4% in urban counties between  
14 December 2020 and January 2022; and

15 WHEREAS, Providing targeted education and awareness of  
16 adult vaccinations among racial and ethnic minority  
17 populations in the State through evidence-based strategies can  
18 increase uptake; and

19 WHEREAS, Supporting access to vaccines is a necessary  
20 public health tool that will protect individuals from  
21 vaccine-preventable diseases; and

22 WHEREAS, Provisions of the federal Inflation Reduction Act

1 expanded access to vaccine coverage without cost-sharing; the  
2 law removed cost-sharing for vaccines covered under Medicare  
3 Part D in January 2023 and mandated coverage for all  
4 ACIP-recommended vaccines administered to adults covered by  
5 traditional Medicaid in October 2023; and

6 WHEREAS, Developing a state immunization strategy focused  
7 on adults may assist in reducing the impact of disruptions to  
8 adult routine vaccines, decreasing preventable healthcare  
9 utilization and burden, reducing absenteeism due to illness,  
10 and helping protect populations from vaccine-preventable  
11 diseases; therefore, be it

12 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE  
13 HUNDRED THIRD GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that  
14 we urge the Illinois Department of Public Health (IDPH) to  
15 continue taking appropriate action to facilitate equitable  
16 access to adolescent and adult vaccinations, including  
17 establishing appropriate programs and initiatives to raise  
18 public awareness on the importance of adolescent and adult  
19 vaccinations; and be it further

20 RESOLVED, That we urge the IDPH to continue working with  
21 the Centers for Disease Control (CDC), in-state healthcare  
22 providers, and patients to implement an effective and  
23 actionable state immunization strategy that includes adult

1 immunizations, which will align stakeholders on shared  
2 objectives and efforts to facilitate broad vaccine  
3 availability and access and provide greater clarity to  
4 patients and providers on age-appropriate options; and be it  
5 further

6 RESOLVED, That we urge the IDPH to continue increasing  
7 community resilience to communicable and other emerging  
8 disease threats; and be it further

9 RESOLVED, That we urge the IDPH to continue determining  
10 goals on which to center the immunization plan, and these  
11 goals may include but are not limited to strengthening adult  
12 and adolescent immunization infrastructure, improving access,  
13 assessing vaccine administration fees, increasing community  
14 demand, lowering vaccine hesitancy, and promoting health  
15 equity initiatives to improve uptake; and be it further

16 RESOLVED, That we urge the IDPH to continue exploring  
17 federal funding opportunities and partnerships to support  
18 vaccine awareness and access programs aligned with the goals  
19 established in the state immunization strategy; and be it  
20 further

21 RESOLVED, That a suitable copy of this resolution be  
22 delivered to the Director of the Illinois Department of Public

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