

The slide features four decorative corner elements, each consisting of a blue stepped shape with a yellow rectangular area containing a white jagged, sunburst-like pattern. These elements are positioned in the top-left, top-right, bottom-left, and bottom-right corners of the slide.



Immunizations

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Objectives

1. Understand current adult immunization recommendations
 2. Identify at least 2 elements of the new standards on adult immunization practice
 3. Identify strategies for implementing adult immunization standards.
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Overview

- Review of adult immunization recommendations
 - Standards for adult immunization practice
 - IHS coverage data
 - Adult, Adolescent, Healthcare Personnel Flu
 - RPMS Immunization Forecasting Changes
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**WHICH VACCINE IS RECOMMENDED
FOR EVERYONE 11 YEARS AND OLDER?**

True or False?

- There needs to be a 5 year interval between the last dose of Td and a dose of Tdap
- Patients > 65 years and older should only receive a dose of Tdap if they have contact with infants
- Pregnant woman should receive a dose of Tdap at every pregnancy

Recommendation for Tdap

- ACIP recommends a single Tdap dose for persons aged 11 and older
- Pregnant women should receive a dose of Tdap every pregnancy
- A dose of Tdap may be administered regardless of interval since the last tetanus- or diphtheria-toxoid containing vaccine
 - Benefits of protection against pertussis outweigh the potential risk for adverse events.



Which vaccine is recommended for adults 60 years and older?

- Hint: Protects against this:





True or False

- Zoster vaccine is routinely recommended for adults 50 years and older
 - Patients with a history of shingles should not receive zoster vaccine
 - Patients with immunocompromising conditions should not receive Herpes Zoster vaccine
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Zoster Vaccine Recommendations

- ACIP recommends routine vaccination of all persons aged ≥ 60 years with 1 dose of zoster vaccine.
- Persons who report a previous episode of zoster and persons with chronic medical conditions can be vaccinated
- Zoster vaccination is not indicated to treat acute zoster
- Chickenpox history and/or serologic testing for varicella immunity prior to vaccination are not necessary

Recommendations: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5705a1.htm>

Zoster Recommendations, cont.



- Zoster vaccine is contraindicated in persons with primary or acquired immunodeficiency including:
 - Persons with leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system.
 - Persons with AIDS or other clinical manifestations of HIV, including persons with CD4+ T-lymphocyte values ≤ 200 per mm^3 or $\leq 15\%$ of total lymphocytes.
 - Persons on immunosuppressive therapy, including high-dose corticosteroids (≥ 20 mg/day of prednisone or equivalent) lasting two or more weeks.
 - Persons with clinical or laboratory evidence of other unspecified cellular immunodeficiency.
 - Persons undergoing hematopoietic stem cell transplantation (HSCT).
 - Persons receiving recombinant human immune mediators and immune modulators

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5705a1.htm>



Pneumococcal Conjugate Vaccine (PCV13)

Which of the following are true?

- A. PCV13 is licensed for use in adults 50 years and older
 - B. PCV13 is recommended for adults with immunocompromising conditions
 - C. PCV13 should be given to all adults
 - D. People with diabetes should receive PCV13
 - E. PCV13 is only recommended for use in children
 - F. Both A+B
 - G. A, B and D
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Recommendations for PCV13 in Adults

- Licensed for use in adults 50 years and older; RECOMMENDED for adults with immunocompromising conditions. These include:
 - Cerebrospinal fluid leak
 - Cochlear implant
 - Sickle cell disease/other hemaglobinopathy
 - Congenital or acquired asplenia
 - Congenital or acquired immunodeficiency
 - HIV
 - Chronic renal failure
 - Nephrotic Syndrome
 - Leukemia
 - Lymphoma
 - Hodgkins Disease
 - Generalized malignancy
 - Iatrogenic immunosuppression
 - Solid organ transplant
 - Multiple myeloma

PCV13 for Immunocompromised Adults


- For immunocompromised ONLY:
 - **If the patient has never received a pneumococcal vaccine:**
 - Should receive a dose of PCV13 first, followed by a dose of PPSV23 at least 8 weeks later.
 - Revaccination with PPSV23, if indicated, should occur at least 5 years after previous PPSV23
 - **If the patient has already received a dose of PPSV23:**
 - a dose of PCV13 dose should be administered ≥ 1 year after the last PPSV23 dose was received.
 - For those who require additional doses of PPSV23, the first such dose should be given no sooner than 8 weeks after PCV13 and at least 5 years after the most recent dose of PPSV23.

PCV13 recommendations:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm#tab>



Name this vaccine

- Three dose vaccine that prevents cancer
 - Recommended for children starting at birth
 - Recommended for previously unvaccinated patients with diabetes 19 – 59 years
 - Recommended for patients diagnosed with a sexually transmitted infection
 - Recommended for patients with chronic liver disease
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Hepatitis B in Patients with Diabetes

- Hepatitis B virus (HBV) causes acute and chronic infection of the liver
- Outbreaks in long term care facilities related to adults with diabetes receiving assistance with glucose monitoring
- Risk of acute hepatitis b infection 2.1 times higher among adults with diabetes vs. those without
- Higher seroprevalence of antibody to hepatitis B core antigen (indicative of past or present HBV infection) among adults with diabetes compared with those without diabetes

Hepatitis B recommendations for people with diabetes:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm>

Hepatitis B

Immunization Recommendation

- Hepatitis B vaccination should be administered to unvaccinated adults with diabetes mellitus who are aged 19 through 59 years
- Hepatitis B vaccination may be administered at the discretion of the treating clinician to unvaccinated adults with diabetes mellitus who are aged ≥ 60 years

Hepatitis B recommendations for people with diabetes:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6050a4.htm>

Routine Adult Immunization Recommendations

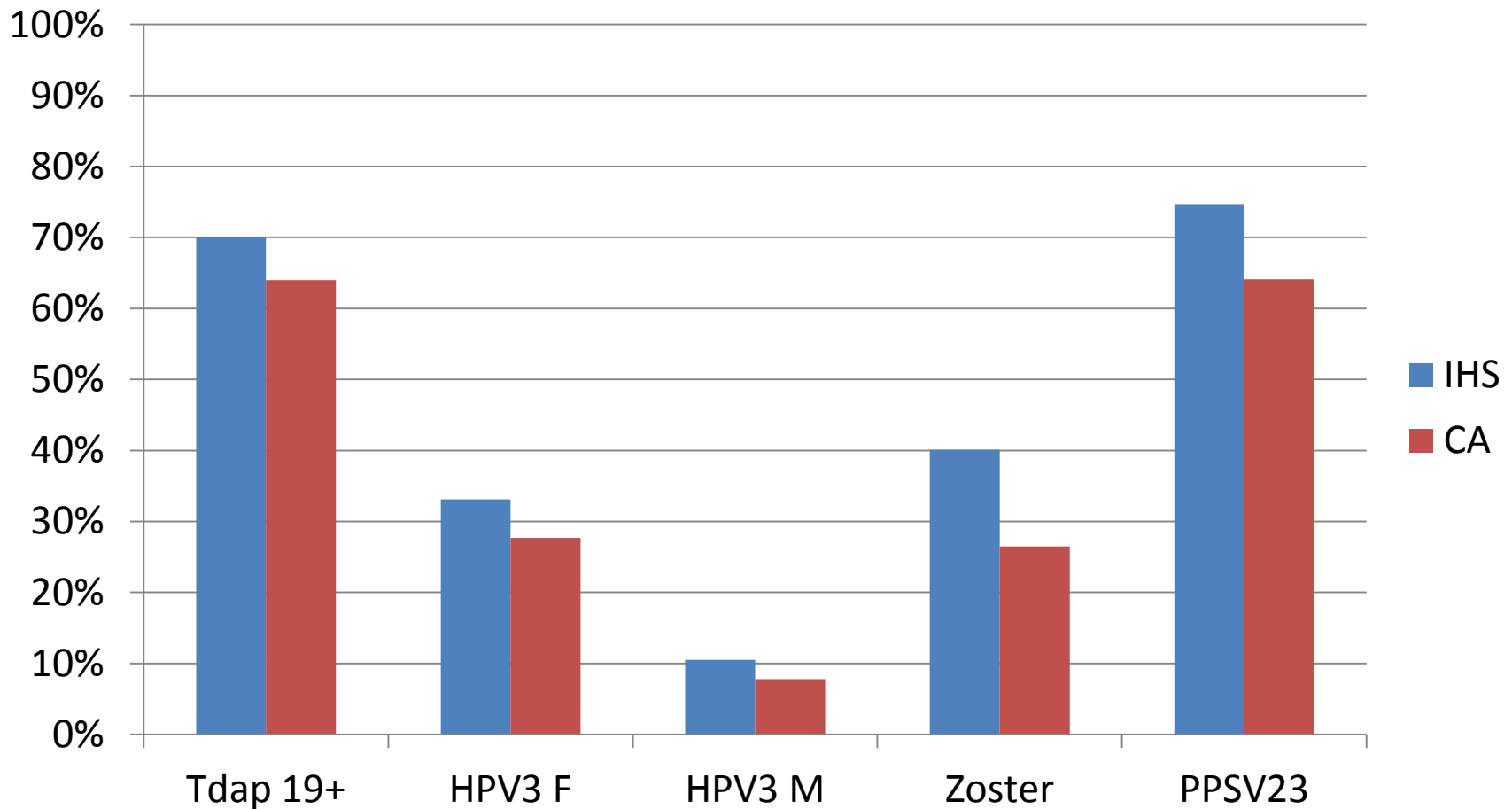
Advisory Committee on Immunization Practices (ACIP)

- Human Papillomavirus Vaccine (HPV)
 - Females 19-26 years
 - Males 19-21 years
- Td
 - Booster every 10 years
- Tdap
 - 1 dose, regardless of interval with Td
- Zoster
 - 60 years
- Influenza
 - Annually
- Pneumococcal polysaccharide, 23-valent (PPSV23, a.k.a. Pneumovax®)
 - 65 years
 - May start earlier for certain high risk populations – e.g. AI/AN in certain geographic regions)

New in 2014: Adult Immunization Practice Standards

- ASSESS at EVERY visit
 - Review “Immunizations Due”
- Make a STRONG recommendation
 - Share tailored reasons why vaccination is right for the patient
 - Highlight positive experiences with vaccination.
 - Address patient questions and concerns
 - Remind patients that vaccines are the best protection against a number of common and serious diseases.
 - Explain the potential costs of getting sick
- ADMINISTER vaccination
- DOCUMENT
 - In EHR
 - RPMS, Next Gen, etc.
 - In State Registry, if possible

IHS Adult Immunization Vaccine Coverage



To provide or not to provide?

- Under the Affordable Care Act, new health plans are required to cover all ACIP recommended vaccines at no cost
- Provision of recommended adult vaccines is a standard of care ¹
- All ACIP recommended vaccines are included on the IHS Core Formulary
- Per the IHS National Pharmacy and Therapeutics Committee Charter, all products on the National Core Formulary will be made available for patient use when requested by practicing providers within all Federal facilities

1. Standards for Adult Immunization practice:

<http://www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards.html>

Covering the Cost

- Patient Assistance Programs
 - Merck Vaccine Patient Assistance
 - <http://www.merckhelps.com/VPAP/>
 - Replacement of vaccines for uninsured, low income patients
 - Patients with IHS care only are considered uninsured
 - Requires pre-approval
- Immunization clinics (e.g. pharmacy)
 - Walk-in immunization clinics
 - If staffed by a billable provider, may help recoup costs of vaccinating those without insurance

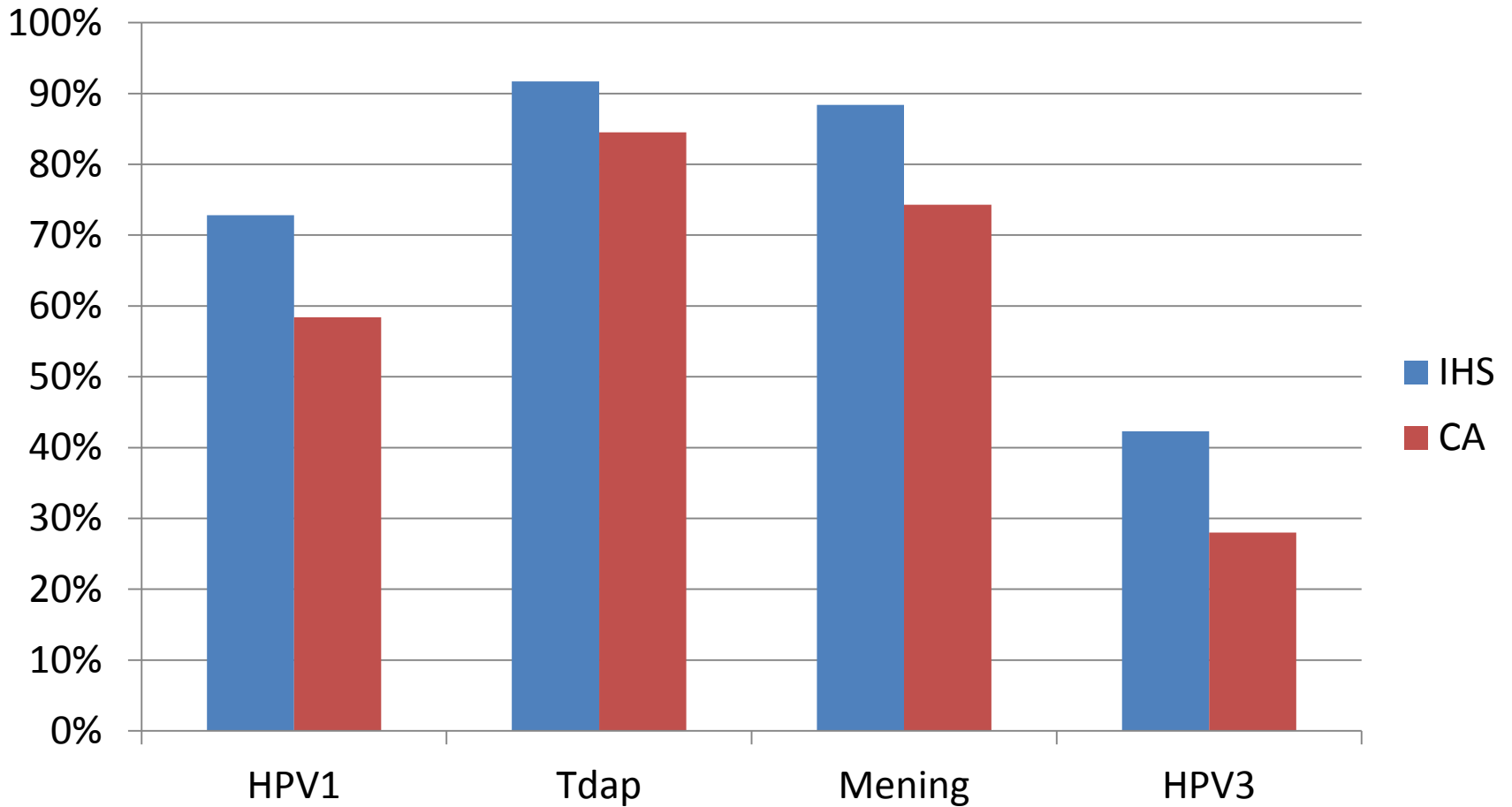


HPV Vaccination

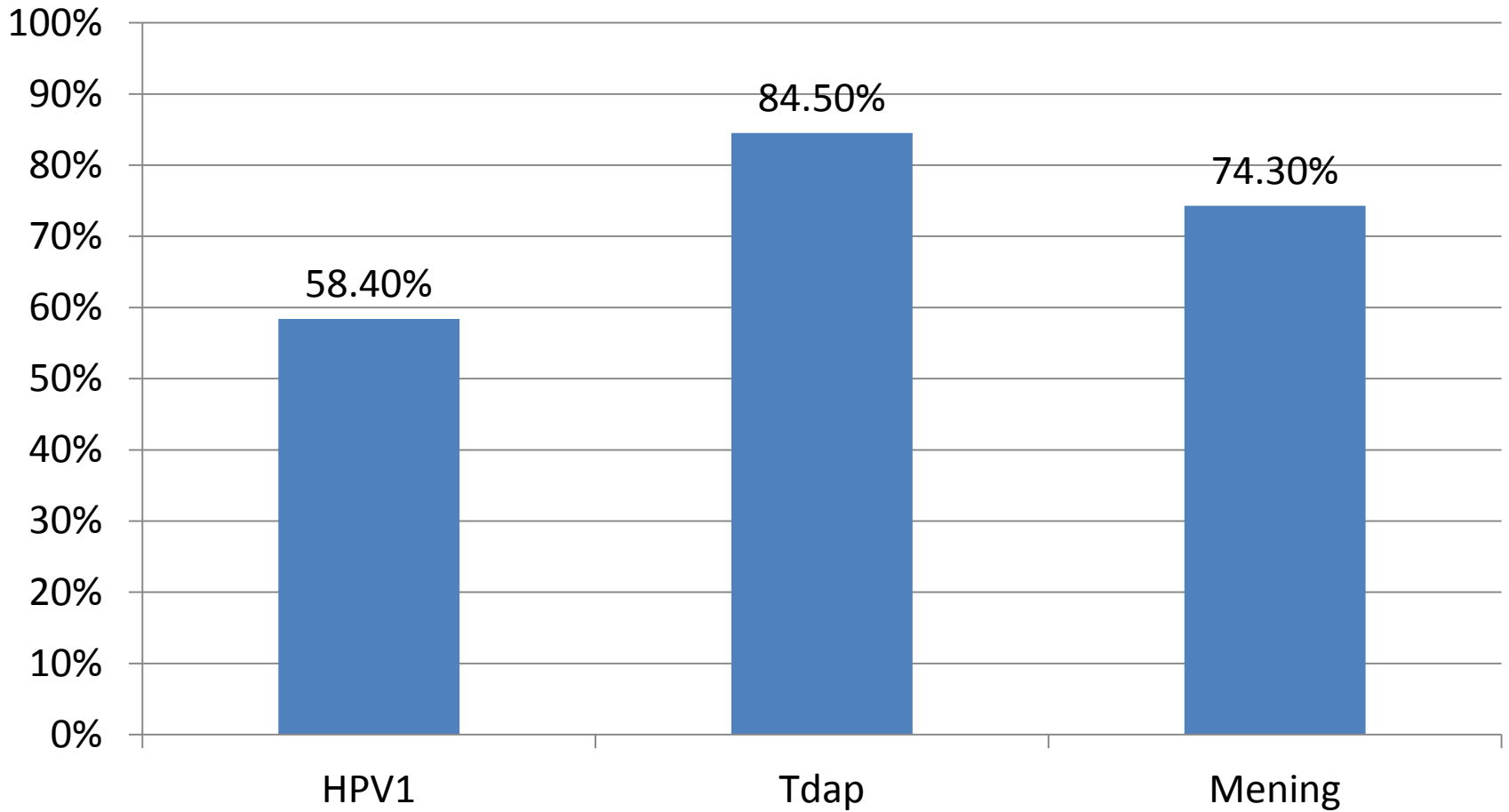
It Prevents Cancer!



Adolescent Vaccine Coverage Data

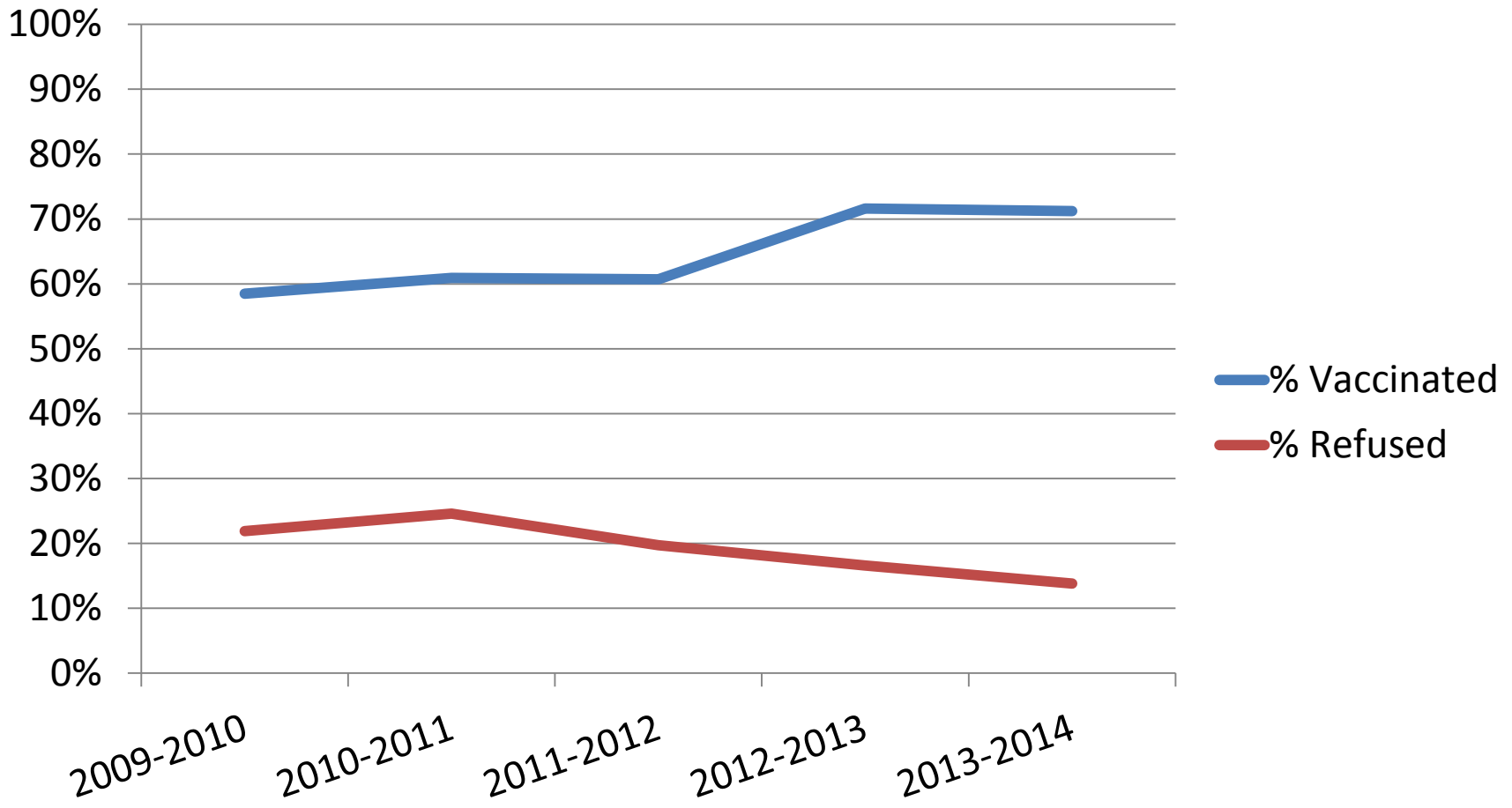


CA – Missed opportunities?



CA IHS

Healthcare Personnel Influenza Vaccine Coverage



RPMS Immunization Software

- Patch 8 - anticipated release date: end of May
- Changes:
 - New Immunization forecasting software
 - ImmServe replaced with Texas Children’s Hospital (TCH) software
 - ImmServe profile now called Report text
 - Key Forecasting Changes
 - Only 1 childhood schedule supported (Done by one)
 - With or without 4 day grace period; minimum vs. recommended
 - Forecasting for Zoster and HPV for adults no longer optional
 - Flu forecasting for all patients (cannot limit to high risk)
 - High risk factor checked limited to Pneumococcal vaccine

Forecasting in Patch 8

- **Childhood**
 - Primary series at 6 weeks, 4,6 months (DTaP, Polio, Hib, Hep B, PCV, Rotavirus)
 - Remaining doses at 12 months (4th DTaP, 3rd/4th Hib; 4th PCV; MMR, VAR, Hep A)
- **Adolescent**
 - Any remaining childhood vaccines as appropriate
 - Tdap, Meningococcal, HPV for males and females at 11 years
 - Booster Mening at 16 years
- **Adult**
 - Routine
 - Tdap for those not previously vaccinated, regardless of interval with Td
 - Zoster for those 60 years and older
 - PPSV23 for those 65 years (or earlier if set up in MGR menu)
 - HPV for females 19 – 26 years, males 19-21
 - HPV for males 22 - 26 years IF first dose received after 21 years
 - Hep A and B IF previous dose given.
 - Optional
 - PPSV23 for high risk patients
- **Influenza**
 - Forecast for all ages 6 months and older, August 1st – March 31st
 - 2 doses for children as indicated