Give these people influenza vaccine!

WHY? This year, influenza is again expected to kill more than 35,000 people in the United States. The Centers for Disease Control and Prevention (CDC) recommends that persons in the following groups receive influenza vaccine. Check the list below and make sure you offer influenza vaccine to all who need or want it.

☐ ALL persons 50 years of age and older

☐ Persons with certain high-risk medical conditions

- Any person (6 months of age or older) who is at increased risk for complications from influenza because of underlying medical conditions, including:
  - Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions
  - Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma
  - Adults and children who have required regular medical follow-up or hospitalization during the past year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression
  - Children and adolescents (age 6 months to 18 years) who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye’s syndrome after influenza illness
  - All women who will be in the second or third trimester of pregnancy (greater than 14 weeks gestation) during the influenza season. Pregnant women who have medical conditions that increase their risk for complications from influenza should be vaccinated before the influenza season—regardless of the stage of pregnancy.

☐ Household contacts of high-risk persons (listed above) and of children 0–23 months of age

☐ ALL children age 6–23 months are encouraged to be vaccinated because of their increased risk for influenza-related hospitalization

☐ ANY person who wishes to reduce the likelihood of becoming ill with influenza as long as the person has no contraindications to the vaccine and is at least 6 months of age

☐ Health care workers

Health care workers and others in close contact with persons in high-risk groups should be vaccinated to decrease the risk of transmitting infection to persons for whom influenza could be a serious, life-threatening disease. Those who should be vaccinated include the following:

- Physicians, nurses, receptionists, and other personnel who have contact with patients in both hospital and outpatient settings, including medical emergency response workers
- Employees of nursing homes and chronic-care facilities who have contact with patients or residents
- Employees of assisted living and other residences for persons in high-risk groups
- Persons who provide home care to people in high-risk groups

☐ Other groups to consider:

- Travelers at high risk for influenza complications who were not vaccinated in the previous fall or winter and who plan to travel to the Southern hemisphere between April and September, to the tropics, or with a large tourist group at any time of the year
- Persons who provide essential community services (e.g., firefighters, police)
- Students or other persons in institutional settings (e.g., those who reside in dormitories)

Persons who should not be vaccinated:

Consult the current recommendations from CDC for guidance on contraindications and precautions for use of inactivated influenza vaccine and live attenuated influenza vaccine.

Note: The newly licensed live attenuated intranasal influenza vaccine (FluMist™) should only be used in healthy, nonpregnant persons 5–49 years of age.

Pneumococcal polysaccharide vaccine (PPV23)

Who needs it and who needs it again? CDC answers your questions

William L. Atkinson, MD, MPH, medical epidemiologist, CDC’s National Immunization Program, answers questions on pneumococcal polysaccharide vaccine (PPV23).

Ed. note: This article is reprinted from the spring/summer 1998 issue of NEEDLE TIPS. Since then, a 7-valent pneumococcal conjugate vaccine (PCV7) has been licensed for use in children 2–59 months of age. For information on the use of PCV7, consult the ACIP recommendations published in the MMWR (Vol. 49, RR-9) October 6, 2000.

My patient doesn’t have a record of receiving pneumococcal vaccine. What should I do?

Providers should not withhold vaccination in the absence of an immunization record or complete record. The patient’s verbal history should be used to determine prior vaccination status. Persons with uncertain or unknown vaccination status should be vaccinated.

Should all nursing home patients 65 and over be vaccinated against pneumococcal disease?

Yes. Standing orders for vaccination of persons admitted to long-term care facilities can help simplify the procedure.

How serious is pneumococcal pneumonia?

Pneumococcal pneumonia accounts for 10–25% of all pneumonias leading to hospitalization. Pneumococcal infections account for an estimated 40,000 deaths annually in the United States.

What needle length is recommended for administration of pneumococcal vaccine?

Pneumococcal vaccine may be given either IM or SQ. When administration is IM, a 1-½” needle is recommended for adults, depending on muscle mass. When administration is SQ, a ¾–1¼” needle is recommended.

Should people with asthma receive pneumococcal vaccine?

Asthma is not an indication for routine pneumococcal vaccination unless it occurs with chronic bronchitis, emphysema, or long-term systemic corticosteroid use. However, persons with obstructive lung disease should be vaccinated regardless of the cause.

Should people who are HIV positive receive pneumococcal vaccine?

Yes. Persons with HIV infection should receive the vaccine as soon as possible after diagnosis and a one-time revaccination dose at the appropriate interval. The risk of pneumococcal infection is up to 100 times greater in HIV-infected persons than in other adults of similar age. Although severely immunocompromised persons may not respond well to the vaccine, the risk of disease is great enough to warrant vaccination even though there is a chance that the vaccine may not produce an antibody response.

My patient has had laboratory-confirmed pneumococcal pneumonia. Does he/she still need to be vaccinated?

Infection with one serotype does not necessarily produce immunity to other serotypes. As a result, if the person is a candidate for vaccination, he/she should receive it even after one or more episodes of invasive pneumococcal disease.

If I give pneumococcal vaccine to my patient now, how long must I wait before giving the influenza or TD vaccine?

Influenza vaccine and TD may be given at the same time as or at any time before or after a dose of pneumococcal vaccine. There are no minimum interval requirements between the doses of any inactivated vaccines.

Are influenza and pneumococcal vaccines safe to administer to patients with multiple sclerosis (MS)?

MS is not a contraindication to any vaccine, including influenza and pneumococcal vaccines.

How often should diabetic patients receive pneumococcal vaccine?

Diabetics ≥64 years of age who have not already received a dose of pneumococcal vaccine should receive one now. At age 65 they should receive a one-time revaccination if ≥25 years have elapsed since the previous dose.

How often should adult dialysis patients receive pneumococcal vaccine?

Adult dialysis patients need a dose of pneumococcal vaccine followed by a one-time revaccination 5 years later.

To access the current, ready-to-copy version of this piece, visit www.immunize.org/catg.d/2015pne.pdf