

# VACCINATE ADULTS!

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Highlighting the latest developments in adult immunization and hepatitis B prevention and screening

## Ask the Experts

*IAC extends thanks to our experts, William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC); and Joanna Buffington, MD, MPH, medical epidemiologist, Division of Viral Hepatitis (DVH), CDC; and Linda A. Moyer, RN, IAC consultant, who until her retirement, was an epidemiologist and chief, Education and Training Team, at DVH.*

### Immunization questions

**Our hospital gives vaccinations to employees and patients. Are we required to use Vaccine Information Statements (VISs), or does that apply only to patients seen in outpatient settings?** VISs must be given to all persons, including adults, before administering any vaccine that is routinely administered to children. This includes Td, Tdap, MMR, varicella, hepatitis A, hepatitis B, influenza, and others. Current VISs are available from the CDC's website at [www.cdc.gov/vaccines/pubs/vis](http://www.cdc.gov/vaccines/pubs/vis) and from the Immunization Action Coalition's (IAC) website at [www.immunize.org/vis](http://www.immunize.org/vis). You'll also find many VIS translations on IAC's website.

with infants; and (3) during a pertussis outbreak. Though CDC recommends the one-time Tdap dose be given at an interval of 5 or more years after Td, CDC has not defined an absolute minimum interval between Td and Tdap. In the three instances stated previously, Tdap can be administered regardless of the interval since the last Td, because the risk of pertussis infection/transmission is greater than the risk of a sore arm. This is a decision that must be made by the clinician on a case-by-case basis. To obtain a copy of CDC's "Preventing Tetanus, Diphtheria, and Pertussis Among Adults," go to [www.cdc.gov/mmwr/PDF/rr/rr5517.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5517.pdf).

### Can Tdap be given to persons age 65 years and older?

No brand of Tdap is approved for persons age 65 years or older. ACIP does not recommend off-label use of Tdap for this age group. However, a clinician may choose to administer Tdap to a person age 65 years or older if both patient and clinician agree that the benefit of Tdap outweighs the risk of a local adverse event.

### Should people who haven't had chickenpox be vaccinated with zoster vaccine?

Serologic surveys indicate that almost everyone born in the United States before 1980 has had chickenpox. As a result, there is no need to ask patients age 60 years and older for their varicella disease history or to conduct lab tests for serologic evidence of prior varicella disease. A person age 60 years or older who has no medical contraindications, is eligible for zoster vaccine regardless of their memory of having had chickenpox.

### Can someone who has experienced an episode of shingles be vaccinated with the zoster vaccine?

Yes. Shingles vaccine is routinely recommended  
*(continued on page 10)*

### Immunization questions?

- Call the CDC-INFO Contact Center at (800) 232-4636 or (800) CDC-INFO
- Email [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov)
- Call your state health dept. (phone numbers at [www.immunize.org/coordinators](http://www.immunize.org/coordinators))

### Sometimes I have to give 3 vaccines like Tdap, HepA, and HepB at the same visit. Can I put them in the same syringe?

No. Individual vaccines should never be mixed in the same syringe unless they are approved specifically for combined use as indicated in the package insert.

### Please review which adults should be given Tdap and the timing of the dose.

All adults through age 64 years are recommended to receive a one-time dose of tetanus-diphtheria-pertussis containing vaccine (Tdap; ADACEL® [sanofi pasteur]). Except in the instances detailed below, no urgent effort needs to be made to administer the one-time Tdap dose. It should simply replace a patient's next routinely scheduled Td booster dose (booster doses should be given every 10 years). Three instances call for giving the one-time dose as soon as feasible: (1) when an adult has or anticipates having close contact with an infant younger than age 12 months (e.g., parents, grandparents, and child care providers); (2) when healthcare personnel in hospitals and ambulatory-care settings have direct patient contact, especially

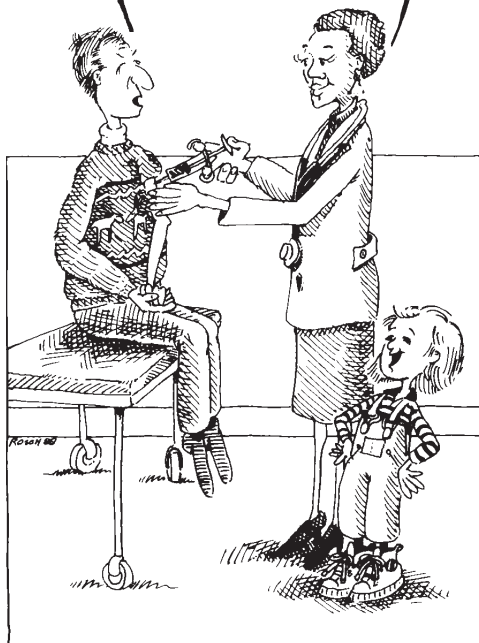
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Last time I was in, you gave me a shot for influenza. Now, you want to give me two more shots. Why so many shots?

You're 62 years old, so you need a Tdap shot. It will protect you and you won't spread whooping cough to your grandkids. Shingles vaccine is for people 60 and older. It will protect you from shingles and the severe pain that can be associated with it.



Artwork courtesy of New York State Department of Health

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for all persons age 60 years and older who do not have contraindications.

**How soon after experiencing a case of shingles can a person age 60 years or older receive zoster vaccine?**

The general guideline for any vaccine is to wait until the acute stage of the illness is over and symptoms abate.

**Can you give zoster vaccine to persons younger than age 60?**

FDA has licensed the vaccine only for persons age 60 years and older. CDC does not recommend off-label use of zoster vaccine among persons younger than 60 years.

**When reconstituted, the volume of zoster vaccine is 0.65 mL. Should 0.65 mL or 0.5 mL be administered to the patient?**

The recommended dose for zoster vaccine is the fully reconstituted amount, 0.65 mL.

**Is there an upper age limit for receipt of the zoster vaccine? Some clinicians are reluctant to give the vaccine to persons age 80-plus years.**

There is no upper age limit for zoster vaccine. The incidence of herpes zoster increases with age. It is known that about 50% of persons living until age 85 years will develop zoster.

**People are picking up zoster vaccine at local pharmacies and transporting it to the physician's office to be given. Should this vaccine be given?**

Zoster vaccine must be stored in the freezer at 5° F (-15° C) or colder at all times until ready for use. If the vaccine has been out of the freezer for more than 30 minutes, it should not be used unless a state health department or Merck has authorized its use.

## Hepatitis B and A

**When I see a patient in my practice with an STD such as chlamydia, trichomonas, or genital warts, do I need to administer hepatitis B vaccine? What if it's a pregnant woman?**

Vaccinate without fail. Hepatitis B vaccine is recommended for all previously unvaccinated persons with a current or recent history of an STD. Pregnancy is not a contraindication for hepatitis B vaccination.

**I understand that the hepatitis B vaccination recommendations for travel outside the U.S. changed in 2006. Would you please review what has changed?**

Hepatitis B vaccination is recommended for inter-

national travel of any duration to areas that have high or intermediate levels of hepatitis B virus (HBV) endemicity. The previous recommendation qualified the length of stay. For specific CDC information about the travel destinations for which hepatitis B vaccination is recommended, go to [www.cdc.gov/travel/yellowBookCh4-HepB.aspx](http://www.cdc.gov/travel/yellowBookCh4-HepB.aspx).

**Which adults should receive hepatitis B post-vaccination testing after vaccination?**

Postvaccination testing is recommended for the following groups: healthcare and public safety workers at increased risk of continued exposure to blood on the job; immune compromised persons; and needle-sharing and sex partners of HBsAg-positive persons. Testing should be performed 1–2 months after the last dose of vaccine.

**What are the new recommendations for post-exposure prophylaxis for hepatitis A?**

The new CDC recommendations published in October 2007 ([www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm)), state that hepatitis A vaccine is preferred over immune globulin (IG) for postexposure prophylaxis for persons age 12 months–40 years who have recently been exposed

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to hepatitis A virus (HAV) and who have not previously received hepatitis A vaccine. Previously, IG was preferred. Persons age 12 months–40 years should receive a single dose of single-antigen hepatitis A vaccine or immune globulin (0.02 mL/kg) as soon as possible after exposure. For persons older than 40 years, IG is preferred, although vaccine can be used if IG is unavailable. It is important to note that IG should be given within 2 weeks of exposure to HAV. IG should also be used for children younger than age 12 months, immunocompromised persons, persons who have chronic liver disease or other chronic medical conditions, and persons for whom vaccine is contraindicated. The following are situations in which postexposure treatment is indicated:

- Having close, ongoing personal contact with an HAV-infected person
- Working in or attending a child care center where hepatitis A cases are occurring
- Having common-source exposure (e.g., eating HAV-infected food in a restaurant)
- Having close contact with index patients in schools, hospitals, and work settings when an epidemiological investigation indicates that a common-source exposure has occurred

Persons who have received a dose of hepatitis A vaccine before exposure to HAV do not need to receive a second dose of vaccine until at least 6 months following the first dose.

Because HAV infection cannot be reliably diagnosed on clinical presentation alone, serologic

confirmation of HAV infection in the index patient is recommended using the IgM anti-HAV serologic test. If the index patient tests positive, postexposure treatment of sex and household contacts is recommended (as described above). Serologic screening of contacts for HAV immunity before administering postexposure prophylaxis is not recommended because screening results in delayed prophylaxis.

It is critical that you contact your local or state health department to get guidance on when or if postexposure treatment is recommended.

**What are the new recommendations for vaccination of travelers to protect them from HAV infection?**

*Editor's note: The following answer replaces the originally published incorrect answer. The new answer was posted online August 5, 2008.*

The new recommendations ([www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a3.htm)) state that (1) hepatitis A vaccine is recommended for healthy susceptible persons ages 1 through 40 years who travel to or work in regions where hepatitis A is endemic and (2) hepatitis A vaccine should be given as soon as travel is considered, but it can be given any time prior to departure. For optimal protection, persons older than age 40 years, immunocompromised persons, and persons with diagnosed chronic liver disease or other chronic medical conditions, if departure will take place within two weeks, should also receive IG simultaneously with the first dose of hepatitis A vaccine but at a different anatomic injection site. For travelers younger than age 1 year, IG alone is recommended because hepatitis A vaccine is not licensed for use in this age group. Hepatitis A is endemic in all regions except the United States, Western Europe, New Zealand, Australia, Canada, and Japan.

**How do I complete the hepatitis A vaccine series after 1 or 2 doses of Twinrix® have already been given?**

Twinrix is licensed as a 3-dose series for persons age 18 years and older. If Twinrix is not available or if you choose not to use Twinrix to complete the Twinrix series, you should do the following: If 1 dose of Twinrix was given, complete the series with 2 adult doses of hepatitis B vaccine and 2 adult doses of hepatitis A vaccine. If 2 doses of Twinrix were given, complete the schedule with 1 adult dose of hepatitis A vaccine and 1 adult dose of hepatitis B vaccine. ♦

**Do you have patients who are HBsAg-positive?**

They need medical monitoring, including liver cancer screening; many can benefit from treatment.

The FDA licenses several medications for treatment in the United States.

Consult a liver specialist experienced in the treatment of viral hepatitis for appropriate monitoring guidelines and for help in determining which of your patients might benefit from treatment.

Looking for answers to immunization questions you don't find here? Visit "Ask the Experts" online [www.immunize.org/askexperts](http://www.immunize.org/askexperts)