

VACCINATE ADULTS!

from the Immunization Action Coalition — www.immunize.org

What's Inside

Adult Immunization . . . We've got to do better!	1
Ask the Experts: CDC immunization experts answer your questions	1
<i>IAC Express Celebrates 15 Years and 1000 Issues</i>	2
Vaccine Highlights: Recommendations, schedules, and more	4
Hepatitis A, B, and C: Learn the Differences	5
Vaccinations for Adults: You're never too old to get immunized!	6
Two Vaccination Handouts for High-Risk Adults	7
How to Administer IM and SC Vaccine Injections to Adults.....	8
Administering Vaccines to Adults: Dose, Route, Site, and Needle Size	9
Meningococcal Vaccination Recommendations by Age and/or Risk Factor.....	10
Current Dates of Vaccine Information Statements (VISs)	11
IAC's Immunization Resources Order Form.....	14

Adult Immunization . . . We've got to do better!

Following is a snapshot of 2010 U.S. adult vaccination coverage for five routinely recommended vaccines:

- Among adults age 19–64 years for whom Tdap status specifically could be assessed, Tdap vaccination coverage was 8.2%.¹
- Among adults age 60 years and older, zoster (shingles) vaccination coverage was 14.4%.¹
- Among women age 19–26 years, reported receipt of 1 or more doses of HPV vaccine was 20.7%.¹
- Among adults age 18 years and older, influenza vaccination coverage during the 2010–11 influenza season was 40.5%.²
- Among adults age 65 years and older, pneumococcal vaccination coverage was 59.7% overall, with notable racial and ethnic disparities. Non-Hispanic whites of this age group had higher vaccination coverage (63.5%) compared with Hispanics (39%), non-Hispanic blacks (46.2%), and non-Hispanic Asians (48.2%).¹

Annually, vaccine-preventable diseases claim the lives of approximately 50,000 U.S. adults. Obviously, healthcare providers need to substantially improve adult vaccination to reduce the serious consequences of disease.

Successful vaccination programs need to (1) educate potential vaccine recipients; (2) develop publicity to promote vaccination; (3) increase access to vaccination services in medical offices and

complementary settings such as workplaces and pharmacies; (4) use reminder-recall systems, (5) implement standing orders programs for vaccination; and (6) assess practice-level vaccination rates and provide feedback to staff members.

What can healthcare settings do to implement adult vaccination programs that contain the elements listed above? Practical online information is available on the Immunization Action Coalition's new compilation of Adult Immunization Resources at www.immunize.org/adult-vaccination. The 8-page listing provides access to numerous documents on clinic operations, provider and patient education, Medicare and CMS, office operations, policy, and provider and pharmacy training.

Developed for presentation at the first National Adult Immunization Summit (NAIS; held in May 2012), the listing is the initial step in creating a searchable database of adult immunization resources, which will be housed on IAC's website. The database will include resources and tools used by NAIS adult immunization partners to improve adult vaccination coverage.

¹ CDC. Adult Vaccination Coverage—United States, 2010. *MMWR* 2012;61:66–71.

² CDC. Final state-level influenza vaccination coverage estimates for the 2010–11 season—United States, National Immunization Survey and Behavioral Risk Factor Surveillance System, August 2010 through May 2011.

Ask the Experts

IAC extends thanks to our experts, medical epidemiologist Andrew T. Kroger, MD, MPH; nurse educator Donna L. Weaver, RN, MN; and medical officer Iyabode Akinsanya-Beysolow, MD, MPH. All are with the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Immunization questions?

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

Immunization questions

Pneumococcal polysaccharide vaccine (PPSV23) is recommended for all adults who smoke. Are there recommendations for those who use smokeless tobacco products (e.g., chewing tobacco)?

No. ACIP does not identify people who use smokeless tobacco products as being at increased risk for pneumococcal disease or as being in a risk group for vaccination.

Now that FDA has licensed Prevnar 13 (PCV13; Pfizer) for adults, does ACIP have recommendations for its use?

To date, ACIP has not made recommendations for routine use of PCV13 for adults; however, at its June 2012 meeting, ACIP voted to recommend administering 1 dose of PCV13 to adults age 19 and older who are at highest risk for invasive pneumococcal disease. This includes adults who are immunosuppressed and those with functional or anatomic asplenia, renal disease, CSF leak, and cochlear implants. ACIP voted to recommend that

when healthcare providers vaccinate highest-risk patients who have never received a pneumococcal vaccine, the provider administer PCV13 first, then follow with a dose of pneumococcal polysaccharide vaccine (PPSV23) 8 weeks later, and follow with a second dose of PPSV23 5 years later. For highest-risk patients who have already received PPSV23, ACIP voted to recommend that healthcare

(continued on page 12)

Stay current with FREE subscriptions

The Immunization Action Coalition's 2 periodicals, *Vaccinate Adults* and *Needle Tips*, and our email news service, *IAC Express*, are packed with up-to-date information.

Subscribe to all 3 free publications in one place. It's simple! Go to

www.immunize.org/subscribe

IAC's
"Ask the
Experts"
team
from
CDC



Andrew T. Kroger, MD, MPH



Donna L. Weaver, RN, MN



Iyabode Akinsanya-Beysolow, MD, MPH

professionals wait 1 year since the previous dose of PPSV23 before giving PCV13 to avoid interference between the vaccines. More detail will be included when *MMWR* publishes the recommendations.

I am confused about which adults to vaccinate with Tdap vaccine and which product to use. Please help!

CDC published updated recommendations on Tdap vaccination for adults in *MMWR* on June 29, 2012, pages 468–470. ACIP recommends that ALL adults age 19 years and older who have not yet received a dose of Tdap receive a single dose. Tdap should be administered regardless of interval since the last tetanus- or diphtheria-toxoid-containing vaccine (e.g., Td). After receiving Tdap, people should receive Td every 10 years for routine booster immunization against tetanus and diphtheria, according to previously published guidelines.

Providers should not miss an opportunity to vaccinate adults age 65 and older with Tdap. Therefore, providers may administer any Tdap vaccine they have available. When feasible, providers should administer Boostrix (Tdap; GSK) to adults age 65 and older as it is licensed for this age group. Adacel (Tdap; sanofi) is licensed for use in people age 11 through 64. However, ACIP concluded that either vaccine administered to a person age 65 or older is immunogenic and will provide protection. A dose of either vaccine is considered valid.

When a tetanus-toxoid-containing vaccine is needed for wound management in a person who has not previously received Tdap, the use of Tdap is preferred over Td.

Is there guidance for pertussis protection for an adult who cannot receive the tetanus por-

tion of the Tdap vaccine because of allergy?

Usually, an "allergy" to tetanus toxoid is anecdotal and not a true anaphylactic reaction to modern tetanus toxoid. Patients often claim to be allergic to

You can find translations
of VISs in more than
30 languages at
www.immunize.org/vis

tetanus toxoid because of (1) an exaggerated local reaction (which is not an allergy) or (2) a reaction to a tetanus vaccine received many years ago (probably serum sickness from equine tetanus antitoxin). A history of one of these events is not a contraindication to modern tetanus toxoid, Td, or Tdap.

Only an allergist-confirmed anaphylactic allergy to tetanus toxoid should be accepted as a valid contraindication to a modern tetanus-toxoid-containing product. A person who has an allergist-confirmed anaphylactic allergy to tetanus toxoid has no recourse for pertussis vaccination because

no single-antigen pertussis vaccine is licensed for use in the United States.

Who should get a second dose of Tdap vaccine?

Currently, no one is recommended to receive more than 1 dose of Tdap. In the future, ACIP will discuss the need for administering additional doses of Tdap and the timing of revaccinating people who have received Tdap previously.

Why do we vaccinate pregnant women against influenza when it is not recommended to vaccinate infants younger than age 6 months?

ACIP has recommended vaccinating pregnant women with inactivated influenza vaccine (TIV) for a number of years. Pregnant women are a high-risk group for complications, hospitalization, and even death from influenza because of the increased physiologic strain of pregnancy on their heart, lungs, and immune system. Vaccination can occur in any trimester, including the first.

Influenza vaccine is not recommended for children younger than age 6 months because it is not approved for this age group. In addition, there are data that indicate that vaccinated pregnant women pass maternal antibodies to the fetus in the last few weeks of pregnancy; this helps protect the young infant against influenza. Vaccinating pregnant women thus protects women, their unborn babies, and their babies after birth.

If Cervarix (HPV2; GSK) is inadvertently administered to a male, does the dose need to be repeated with Gardasil (HPV4; Merck)?

Yes. Cervarix is recommended for use only in females. There is no minimum interval between the invalid dose of Cervarix and the dose of Gardasil.

ACIP recommends routine vaccination of males age 11–12 years with HPV4 administered as a 3-dose series. The vaccination series can be started at age 9 years. Vaccination with HPV4 is also recommended for males age 13 through 21 years who have not been vaccinated previously or who have not completed the 3-dose series. Males age 22

(continued on page 13)

To receive "Ask the Experts" Q&As by email, subscribe to the Immunization Action Coalition's news service, *IAC Express*. Special "Ask the Experts" issues are published five times per year.

Subscribe at: www.immunize.org/subscribe

To find more than a thousand "Ask the Experts" Q&As answered by CDC experts, go to

www.immunize.org/askexperts

Vaccinate Adults correction policy

If you find an error, please notify us immediately by sending an email message to admin@immunize.org. We publish notification of significant errors in our email announcement service, *IAC Express*. Be sure you're signed up for this service. To subscribe, visit www.immunize.org/subscribe.

through 26 years may be vaccinated with HPV4; ACIP specifically recommends routine vaccination with HPV4 through age 26 years for immunocompromised males and men who have sex with men if they have not been vaccinated previously or have not completed the 3-dose series.

Is it safe to give the shingles vaccine (Zostavax; Merck) to patients age 60 years and older who have had a splenectomy? I am concerned because it's a live virus vaccine.

Yes, it is safe. Asplenic people can get all vaccines indicated. Immunosuppression is not a consideration unless the patient has other health issues or is undergoing treatments that suppress the immune system. A patient's response to shingles vaccination should not be affected by the lack of a functioning spleen.

If a healthcare worker does not have a history of varicella vaccination or disease but has had a clinically diagnosed case of shingles, does she or he still need varicella vaccination?

No. A healthcare provider's diagnosis or verification of a history of shingles is acceptable evidence of immunity to varicella. According to ACIP, acceptable evidence of varicella immunity in healthcare personnel includes (1) documentation of 2 doses of varicella vaccine given at least 28 days apart, (2) history of varicella or herpes zoster based on physician diagnosis, (3) laboratory evidence of immunity, or (4) laboratory confirmation of disease.

ACIP recommends that adolescents who receive the first dose of meningococcal conjugate vaccine (MCV4) at age 13–15 years receive a one-time booster dose at age 16–18 years. Given how hard it is to get teens into a medical office, is it okay to give the doses close together if the opportunity arises? For example, if a patient got the first dose at age 15, and then came back for a sports physical

at age 16, could we give the second dose of MCV4 then or should we try to space it out as far as possible (age 18)?

If the first dose is given at age 13 through 15 years, you can give the booster dose as early as age 16 years, with a minimum interval of 8 weeks from the previous dose. So, even if the patient got vaccinated at age 15 years 11 months, you could wait at least 8 weeks and then give the booster at age 16 years 1 month (or later) if you chose to do so.

Can you switch brands of rabies vaccine to complete the 4-dose series?

Yes. The two rabies vaccines licensed for use in the United States are interchangeable.

To submit an "Ask the Experts" question . . .

You can email your questions about immunization to us at admin@immunize.org. IAC will respond to your inquiry. Because we receive hundreds of emails each month, we cannot guarantee that we will use your question in "Ask the Experts." IAC works with CDC to compile new Q&As for our publications based on commonly asked questions. Most of the questions are thus a composite of several inquiries.

Adult Immunization Resources

Looking for practical tools and resources about adult immunization? You'll find an 8-page listing of useful online resources on the Immunization Action Coalition's website at

www.immunize.org/adult-vaccination

New Handouts and Web Sections from the Immunization Action Coalition

IAC developed the following handouts and web sections for healthcare staff and/or the general public. Download, print, and distribute them freely.

- Meningococcal Vaccination Recommendations by Age and/or Risk Factor www.immunize.org/catg.d/p2018.pdf
- Current Dates of Vaccine Information Statements www.immunize.org/catg.d/p2029.pdf
- Tips for Locating Old Immunization Records www.immunize.org/catg.d/p3065.pdf
- Updated: Vaccinations for Adults—You're never too old to get immunized! www.immunize.org/catg.d/p4030.pdf
- H3N2v Influenza Outbreak Information www.immunize.org/influenza/h3n2v
- Cocooning and Tdap Vaccination www.immunize.org/cocooning
- The Vaccine Handbook www.immunize.org/vaccine-handbook
- Technically Speaking www.immunize.org/technically-speaking
- Pharmacists and Immunization www.immunize.org/pharmacists

To access all IAC's handouts (more than 250), go to www.immunize.org/handouts

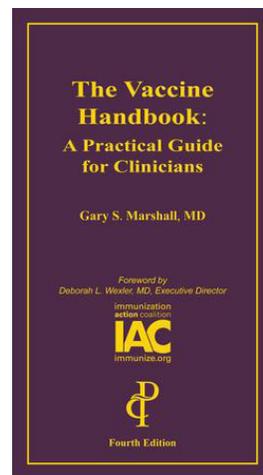
Newly Released!

4th Edition

**The Vaccine Handbook:
A Practical Guide for Clinicians**

by Gary S. Marshall, MD

www.immunize.org/vaccine-handbook



**Now Available! 4th Edition
American College of Physicians
Guide to Adult Immunization:**

A Team-based Manual

(updated March 2012)

<http://immunization.acponline.org>

