Adult Immunization Updates

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NYSDOH
Bureau of Immunization
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Vaccines Are For Adults Too!
Objectives

• Review of Adult Immunization Schedule
• Overview of Tdap vaccine for adults, including pregnant women
• Pneumococcal vaccines algorithm review
• Seasonal influenza vaccine review
• Identify Healthcare Worker vaccines
ACIP Recommended Adult Immunization Schedules 2016

- Adult: 19 years of age and older
  - Age based recommendations
  - Risk conditions
  - Updated and published annually
  - Published concurrently by: ACIP, AAFP and ACOG
  - Available at www.cdc.gov/vaccines
What Vaccines Should Adults Receive?

Recommended Adult Immunization Schedule—United States, 2016

Note: These recommendations must be read with the footnotes that follow, containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-69 years</th>
<th>60-64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza*</td>
<td>1 dose annually</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Tdap</td>
<td></td>
<td>Substitute Tdap for Td alone, then Td booster every 10 yrs</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Varicella*</td>
<td></td>
<td>2 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female†</td>
<td>3 doses</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male†</td>
<td>3 doses</td>
<td></td>
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<td></td>
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<tr>
<td>Zoster‡</td>
<td></td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aflax, mumps, rubella (MMR) ‡</td>
<td></td>
<td>1 or 2 doses depending on indication</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13) ‡</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 23-valent polysaccharide (PPSV23)</td>
<td>1 or 2 doses depending on indication</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td></td>
<td>3 doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4) ‡</td>
<td>1 or more doses depending on indication</td>
<td>1 dose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal C (MenB)†</td>
<td></td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)* ‡</td>
<td>1 dose</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

*Covered by the Vaccine Injury Compensation Program

Recommended for all persons who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection; rebooster is recommended regardless of past episode of zoster

Recommended for persons with a risk factor (medical, occupational, lifestyle, or other indication)

No recommendation

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, NW, Washington, DC 20005; telephone, 202-957-6400.

Additional information about the vaccines in this schedule, extent of available data, and contraindications for vaccination is also available at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or from the CDC INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 8:00 a.m.-8:00 p.m. Eastern Time, Monday-Friday, excluding holidays.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

The recommendations in this schedule were approved by the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), American College of Obstetricians and Gynecologists (ACOG), and American College of Nurse-Midwives (ACNM).
# Adult Immunization Schedule Based on Medical Condition

<table>
<thead>
<tr>
<th>VACCINE ▼</th>
<th>INDICATION ▼</th>
<th>Pregnancy</th>
<th>Immune-compromising conditions (excluding HIV infection)</th>
<th>HIV infection CD4+ count (cells/μL)</th>
<th>Men who have sex with men (MSM)</th>
<th>Kidney failure, end-stage renal disease, on hemodialysis</th>
<th>Heart disease, chronic lung disease, chronic kidney disease, chronic intoxication</th>
<th>Aplasia and persistent complement component deficiencies</th>
<th>Chronic liver disease</th>
<th>Diabetes</th>
<th>Healthcare personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td>1 dose annually</td>
<td></td>
</tr>
<tr>
<td>Tetanus, diphtheria, pertussis (Td/Tdap)</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
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</tr>
<tr>
<td>Varicella</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Female</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
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<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV) Male</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
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<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td>3 doses through age 26 yrs</td>
<td></td>
</tr>
<tr>
<td>Zoster</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Measles, mumps, rubella (MMR)</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td>Contraindicated</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal 13-valent conjugate (PCV13)</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td>1 dose</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPSV23)</td>
<td>1, 2, or 3 doses depending on indication</td>
<td>1, 2, or 3 doses depending on indication</td>
<td>1, 2, or 3 doses depending on indication</td>
<td>1, 2, or 3 doses depending on indication</td>
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<td>1, 2, or 3 doses depending on indication</td>
<td>1, 2, or 3 doses depending on indication</td>
<td>1, 2, or 3 doses depending on indication</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
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<td>3 doses</td>
<td></td>
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<tr>
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<td>1 or more doses depending on indication</td>
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<td>1 or more doses depending on indication</td>
<td>1 or more doses depending on indication</td>
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</tr>
<tr>
<td>Meningococcal B (MenB)</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td>2 or 3 doses depending on vaccine</td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenzae type b (Hib)</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td>1 dose post-PCV13 recipients only</td>
<td></td>
</tr>
</tbody>
</table>

These schedules indicate the recommended age groups and medical indications for which administration of currently licensed vaccines is commonly recommended for adults aged ≥19 years, as of February 2016. For all vaccines being recommended on this Adult Immunization Schedule: a vaccine series does not need to be completed prior to the date indicated, and vaccination is indicated in the absence of prior receipt of the vaccine and if all components of the recommendation are indicated and when the vaccine’s other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers’ package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/hcp/acip-recs/index.html). Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

Tdap, Pneumococcal, and Flu Vaccines
Tdap
Tdap Vaccine

• **All** adults unvaccinated for Tdap need a booster

![BRFSS Tdap Data for Adults in NYS with a Tetanus-Containing Vaccine](chart.png)
Tdap Vaccination During Pregnancy

• Advisory Committee on Immunization Practice (ACIP) recommends everyone unvaccinated with Tdap to receive a dose if expected to be around infants < 12 months (cocooning)
• 2011 ACIP recommended Tdap vaccine for pregnant women
• February 2013 ACIP updated this recommendation for Tdap be given to women in every pregnancy
• Optimal range is 27-36 weeks gestation
• Studies have determined higher levels of IgG to pertussis in newborn umbilical cord blood when immunized between 27-36 weeks gestation
NYS PRAMS Tdap Data

Tdap vaccine coverage among mothers with a recent live birth, PRAMS, NYS excluding NYC, 2011-2013

Before Pregnancy  | During Pregnancy  | After Pregnancy

2011: 7.40%       |                |                |
2012: 11.30%      |                |                |
2013: 23.20%      |                |                |
Pneumococcal
Pneumococcal Vaccines

- Two types:
  - Pneumococcal Polysaccharide Vaccine (PPSV23)
  - Pneumococcal Conjugate Vaccine (PCV13)
- Recommended for all adults over age 65
- Adults age 19-64 with special medical considerations
  - 1 dose of PCV13
  - 1, 2, or 3 doses of PPSV23 (depending on medical indication)
Pneumococcal Algorithm

Adult aged 65 years or older Pneumococcal Vaccine Algorithm

No history of prior Pneumococcal Vaccine

PCV13

Minimum interval 1 year

PPSV23*

History of PPV23 Before age 65 years

Minimum interval 1 year

PCV13

Minimum interval 1 year

PPSV23**

History of PPSV23 at age 65 years or older

Minimum interval 1 year

PCV13

PPSV23**

IF PCV 13 was given before age 65 years no further doses of PCV13 are needed

* For adults age 65 years and older with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid leaks, or cochlear implants, the interval between PCV13 and PPSV23 should be shortened to 8 weeks

** If patient received PPSV23 in the past:
   - Wait 5 years after first PPSV23 dose to administer second PPSV23

- PCV13 and PPSV 23 should not be administered during same visit.
- If a dose of PPSV23 is given earlier than the recommended interval, the dose does not need to be repeated.
- When pneumococcal vaccination history is incomplete or unknown, it is acceptable to rely on the patient’s verbal history to determine prior vaccination status. Providers should NOT delay immunization due to a lack of an immunization record.

Pneumococcal Algorithm

Adult aged 19-64 years Pneumococcal Vaccine Algorithm

HIGH RISK
- Smoker
- Chronic medical condition
  - Heart disease (excluding hypertension)
  - Lung disease (including asthma)
  - Liver disease (including cirrhosis)
  - Diabetes
  - Alcoholism

HIGH RISK
- CSF leaks
- Cochlear implants

HIGH RISK
- Immunocompromised
- Chronic renal failure
- Nephrotic syndrome
- Asplenia (including Sickle Cell Disease)

PCV13
Minimum 8 week interval
PPSV23

PCV13
Minimum 8 week interval
PPSV23

PCV13
Minimum interval 5 years
PPSV23

** If patient received PPSV23 in the past:
- WAIT 1 year after last PPSV23 dose to administer PCV13
- WAIT 5 years after first PPSV23 dose to administer second PPSV23

- PCV13 and PPSV23 should not be administered during same visit.
- When pneumococcal vaccination history is incomplete or unknown, it is acceptable to rely on the patient’s verbal history to determine prior vaccination status. Providers should NOT delay immunization due to a lack of an immunization record.

Pneumococcal Vaccine - Risk (19-64 years)

- **High**
  - Chronic conditions:
    - heart disease (excluding hypertension),
    - diabetes (excluding gestational diabetes)
    - lung disease (including asthma)
    - alcoholism, liver disease (including cirrhosis)
  - Smoker

- **Higher**
  - CSF leaks
  - Cochlear implants

- **Highest**
  - Immunocompromised (including HIV infection)
  - Chronic renal failure
  - Nephrotic syndrome
  - Asplenia
# NYS AdultVaxView Pneumococcal Vaccination Rates

## Vaccination Coverage for Selected Area(s)

<table>
<thead>
<tr>
<th>Vaccinations/Groups</th>
<th>State/Region/U.S.</th>
<th>n</th>
<th>%</th>
<th>Cl</th>
<th>Progress Toward Healthy People 2020 (red line)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pneumococcal Vaccination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-64 years at increased risk</td>
<td>New York</td>
<td>1,312</td>
<td>33.0</td>
<td>(±3.3)</td>
<td></td>
</tr>
<tr>
<td>≥65 years</td>
<td>New York</td>
<td>1,862</td>
<td>65.4</td>
<td>(±2.8)</td>
<td></td>
</tr>
</tbody>
</table>

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[Image of New York State Department of Health logo]
BRFSS NYS Data 2014 Pneumococcal Vaccine Coverage Age 65 or Older

http://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview

65.4% NYS
Influenza
Influenza Vaccine

According to the CDC:

• 2015/16 flu vaccine effectiveness is around 60%*
  ✓ 51% VE against H1N1
  ✓ 76% VE against B Viruses
  ✓ 79% VE against B/Yamagata lineage

• H1N1(pmd09) current prevalent strain

• As of February 12th 146.3 million vaccine doses distributed

*Based on preliminary data
2016/17 Flu Vaccine Strains

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Hong Kong/4801/2014 (H3N2)-like virus;
- a B/Brisbane/60/2008-like virus (B/Victoria lineage)
- Quadrivalent will also contain a B/Phuket/3073/2013-like virus (B/Yamagata lineage)
Influenza Hospitalization Surveillance Network (FluSurv-NET)

As part of the CDC’s FluSurv-Net, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties. Medical chart reviews are completed, and underlying health conditions noted on all identified cases from October 1 through April 30 of the following year.
Laboratory Reports of Influenza

Patients Hospitalized with Laboratory-confirmed Influenza Reported to NYSDOH - By Season

- 2015-16 (N=8,638)
- 2014-15 (N=11,624)
- 2013-14 (N=8,735)
- 2012-13 (N=9,537)
Laboratory Reports of Influenza

Positive Influenza Laboratory Results reported to NYSDOH, By Age Group, 2015-16 Season (N=46,716)

- 0-4 Years, 9,002
- 5-17 Years, 9,294
- 18-49 Years, 15,370
- 50-64 Years, 7,089
- 65+ years, 5,186

* The totals by age groups excludes 775 cases for which age was not reported.

Patients Hospitalized with Laboratory-confirmed Influenza reported to NYSDOH, By Age Group, 2015-16 Season (N=8,638)

- 0-4 Years, 1,033
- 5-17 Years, 617
- 18-49 Years, 1,905
- 50-64 Years, 2,187
- 65+ years, 2,896
Flu Vaccine for Pregnant Women

• Advisory Committee on Immunization Practices (ACIP) recommends Inactivated Influenza Vaccine (IIV) for pregnant women

• The live flu vaccine (LAIV), which is delivered as a nasal spray, is NOT advised for pregnant women
  • live or inactivated vaccine can be given to a breast feeding mother

• During pregnancy maternal antibodies cross the placenta and provide protection to the newborn

• Influenza vaccine allows the pregnant woman to develop antibodies against the flu that provides protection to the newborn baby for up to 6 months of age
NYS PRAMS Flu Data

Flu vaccine coverage among mothers with a recent live birth, PRAMS, NYS excluding NYC, 2012-2013

Before Pregnancy

During Pregnancy

2012

33.6% 46.8%

2013

42.5% 54.4%
Why are Half of Pregnant Women Unvaccinated for Influenza?

CDC Survey Revealed:
- I do not think the vaccination is effective in preventing the flu
- I get sick when I get the vaccination or I’m concerned I might get sick
- I am concerned about possible safety risks to my baby if I got vaccinated
- I am concerned about possible safety risks to myself if I got vaccinated
- I am not concerned about getting the flu
- I do not need the vaccination

Content source: http://www.cdc.gov/flu/fluvaxview/pregnant-women-nov2015.htm
Reasons for receiving flu vaccination among pregnant women, Internet panel survey, United States, 2015 (n=850)

- To protect my baby from the flu: 36.0%
- To protect myself from the flu: 22.9%
- My doctor, nurse, or other medical professional recommended the flu vaccine to me: 17.3%
- To protect my friends or family from flu: 7.6%
- Because the flu might be bad this season: 6.1%
- It was easy/convenient to get the flu vaccination: 5.7%

Content source: http://www.cdc.gov/flu/fluaxview/pregnant-women-nov2015.htm
Impact of Provider Recommendation

Flu vaccination coverage before and during pregnancy among women pregnant any time during August 1 – November 5, 2015, and visited a health care provider at least once since July 2015, by provider recommendation for or offer of flu vaccination, Internet panel survey, United States

![Bar chart showing percentage vaccinated by provider recommendation](chart.png)

- Offered (n=1,275): 58.8%
- Recommended but didn't offer (n = 308): 20.1%
- No recommendation or offer (n = 488): 7.1%
Just Some Facts……..

- Influenza & Pertussis are the most poorly controlled vaccine-preventable diseases (VPD) in the United States
- Immunization protects adults as well as vulnerable infants until they can be fully vaccinated
- NYS PHL § 2805-h(3)
  - Offer Tdap to parents, caregivers, extended family in the hospital
- NYS PHL § 2805-h
  - Offer influenza vaccine to all parents and anticipated caregivers of NICU patients and to each admitted person age 65 years or older
Vaccines for Healthcare Personnel (HCP)
HCP, MMR Vaccine and Serologic Testing

• Persons, including HCP, with 2 documented doses of MMR vaccine are considered immune

• Regardless of the results of a subsequent serologic test for measles, mumps or rubella

• Documented age-appropriate vaccination supersedes the results of subsequent serologic testing
HCP, MMR Vaccine and Serologic Testing

• HCP who do not have documentation of MMR vaccination and whose serologic test is interpreted as "indeterminate" or "equivocal" should be considered not immune and should receive 2 doses of MMR

• ACIP does not recommend serologic testing after vaccination
Measles and Rubella-
*presumptive evidence of immunity for adults*

Documentation of:

- **Non-high risk adults**
  - One or more doses of measles containing vaccine given on or after the first birthday or
  - Laboratory evidence of immunity (positive serological titer) or
  - Birth before January 1, 1957 or
  - Laboratory confirmation of disease (positive PCR or culture of measles disease)

- **High risk adults** = Healthcare Personnel (HCP), international travelers or students at post-secondary institutions
  - Two doses of measles containing vaccine given on or after the first birthday or
  - Laboratory evidence of immunity (positive serological titer) or
  - Birth before January 1, 1957 or
  - Laboratory confirmation of disease (positive PCR or culture of measles disease)

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm
HCP and Varicella

• Birth before 1980 is not indicative of presumptive immunity for healthcare workers
• Even though not required under NYS PHL, it is helpful to know the immunity status of healthcare staff
• Only HCP with evidence of immunity should care for suspected/known varicella or Herpes Zoster (HZ) patients
• ACIP recommends:
  – Written documentation of 2 doses of varicella vaccine
  – Laboratory evidence of immunity/confirmation of disease
  – Diagnosis/verification of varicella disease from a HCP
  – Diagnosis/verification of a history of HZ by a HCP
  – Routine testing after 2 doses of vaccine is not recommended

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm
HCP and LAIV

• LAIV may be administered to healthy persons who are not pregnant including:
  – Healthcare personnel and those in close contact with those in high-risk groups (except close contacts of severely immunocompromised persons requiring a protective environment)

MMWR 2011,60 (Volume 7);1-45
Summary

• Aging population – diverse health states
• Immunization should be promoted throughout life – we need to think of vaccines as routine tools for preventive health – vaccination isn’t optional, it’s necessary
• Age appropriate vaccination should be promoted at every encounter with adults – just as we do with children and adolescents
• National Adult Immunization Plan
  – Releases 2010-roadmap for vaccines and immunization programs
  – Adult vaccine levels are not on track for Healthy People 2020 targets
Strategies to Enhance Protection of Adults Against Vaccine Preventable Disease

• Maintain high levels of immunization across the lifespan—this includes adult populations
• Routine review of vaccine status at well visits - the recommendation from you as the HCP is critical!
• Utilize the New York State Immunization Information System (NYSIIS) for adults – verbal consent
  – Use of NYSIIS as a central location for vaccine documentation will reduce over vaccination and unnecessary bills to patients
• Prevention and control of chronic illnesses that contribute to immunosuppression
Reminder/Recall Notices

• Use postcard reminders or other communication techniques to remind patients they are due for a vaccine
• For multi-series vaccines make the next appointment when the patient is in front of you

Hello Diana!

We wanted to send you a friendly reminder because our records indicate that Neil is due for the following:
If you already have an appointment scheduled, please disregard this message.

<table>
<thead>
<tr>
<th>Date Due</th>
<th>Services for Neil</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 11, 2016</td>
<td>Examination - Annual</td>
</tr>
<tr>
<td>May 11, 2016</td>
<td>Accuplex-4 Heartworm/Lyme/Ehr</td>
</tr>
<tr>
<td>May 11, 2016</td>
<td>Lyme Vaccine - Annual</td>
</tr>
<tr>
<td>May 11, 2016</td>
<td>Bordetella - Annual</td>
</tr>
<tr>
<td>May 11, 2016</td>
<td>Canine Influenza Vaccine - Ann</td>
</tr>
<tr>
<td>May 13, 2016</td>
<td>Distemper-Parvo - Three Year</td>
</tr>
<tr>
<td>May 13, 2016</td>
<td>Rabies Canine - 3Yr</td>
</tr>
</tbody>
</table>
Neil
Resources

• New York State Department of Health, Bureau of Immunization

• Centers for Disease Control and Prevention (CDC)
  – http://www.cdc.gov/vaccines/

• Advisory Committee on Immunization Practices (ACIP)
  – http://www.cdc.gov/vaccines/acip/

• Vaccine Adverse Event Reporting System
  – https://vaers.hhs.gov/index

• Standards for Adult Immunization Practice

• Immunization Action Coalition - including “Ask the Experts
  – http://www.immunize.org/askexperts/

• CDC Pink Book
Questions?

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