You're a grown up,

but you didn't outgrow your need for vaccines.

Talk to us about getting up to date.

PROMOTING HEALTH
immunize nevada
& PREVENTING DISEASE

NV'r Miss a Shot:
A Toolkit for Boosting Nevada's Adult Immunization Rates

VACCINES AREN'T JUST FOR KIDS.

Adults need vaccines to help them stay healthy – just like kids do. Many are unaware or misinformed about the need for vaccines beyond childhood.

Your patients rely on you to advise them about important measures to protect their health—and your recommendation is the strongest predictor of whether they get vaccinated. Incorporating vaccines as part of your standard patient assessment can help reduce the number of missed opportunities for adult immunization. Whether or not your practice offers vaccinations, ALL healthcare professionals should routinely assess patient vaccine needs and recommend the appropriate vaccines.

Despite all the benefits associated with an immunized community, Nevada's vaccination rates for recommended adult vaccines are below HealthyPeople 2020 goals. These low rates could have serious implications for the collective health of Nevada's communities, and indicate we could be at-risk for certain diseases. Therefore, it is more important than ever to get involved in the fight against vaccine-preventable diseases.

Funded by a grant from the Centers for Disease Control and Prevention (CDC), Immunize Nevada and The Nevada State Immunization Program are calling you to action to help us increase adult vaccination rates across the state. This toolkit provides important resources to those who vaccinate and/or see patients in a multitude of settings, including private practices, local health departments, pharmacies, and community health clinics. We hope it will influence you and your staff to implement the Standards for Adult Immunization Practice.

You have the potential to influence your patients, and your community; and ultimately, help increase adult immunization rates in Nevada. For up-to-date information please visit www.immunizenevada.org/adults. If you have any questions, need assistance, or additional materials, please e-mail info@immunizenevada.org or call 775-624-7117.

Thank you for your contributions to Nevada's health and for joining us in our mission to promote health and prevent disease.

This campaign is supported by the Nevada State Division of Public and Behavioral Health through Grant Number 1H23IP000989-01 from the CDC. Its content is solely the responsibility of Immunize Nevada.

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The Silver Book®: Infectious Diseases and Prevention through Vaccination

Older Americans are more likely to get an infectious disease, be hospitalized for it, suffer complications, and die. Despite the tremendous value vaccines hold in preventing these diseases, barriers in infrastucture, cost, education, tracking, and research cause vaccination rates in seniors to fall short of targets set by the Centers for Disease Control and Prevention (CDC).

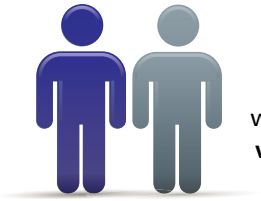
Prevalence & Incidence

APPROXIMATE NEW CASES IN AMERICANS EACH YEAR:

PNEUMONIA	INFLUENZA ("FLU")	HERPES ZOSTER ("SHINGLES")
5 TO 10 MILLION	**35 TO 50 MILLION**	**1 MILLION**

(Niederman 2001, Garibaldi 1985, Right Diagnosis, Sampathkumar 2009)

5-20% OF THE U.S. POPULATION GETS THE FLU EACH YEAR (CDC 2011)



Around **1 in 2** who live to be 85 **will get shingles** (Schmader 2001)

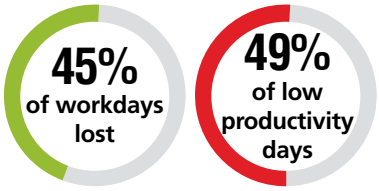
- Hospital-acquired pneumonia (HAP) is the **2nd most frequent** cause of hospital-acquired infection. (McEachern 1998)

The Economic Burden

The annual direct & indirect medical cost of INFECTIOUS DISEASES: **$120 BILLION** = **15%** of all U.S. healthcare expenditures (NIAID 2000)

THE ANNUAL DIRECT AND INDIRECT COST OF FLU in the U.S. is: OVER **$87 BILLION** (Molinari 2007)

During flu season, in working adults 50 to 64 years old, flu-like illness is responsible for (Nichol 1999)



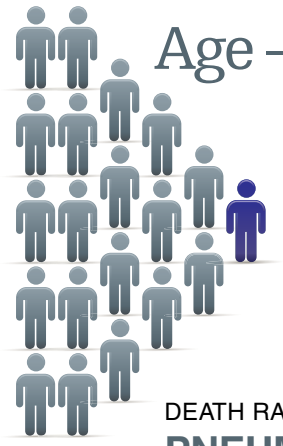
1 in 4 **physician visits** are due to infectious diseases. (NIAID 1991)

Medicare beneficiaries hospitalized for pneumonia have **$15,682** HIGHER EXPENSES than those without the infection. (Thomas 2012)

SHINGLES cost **~$1 BILLION** in direct and indirect medical expenses each year (CDC 2012)

- Shingles patients **lose an average 129 hours of work** per episode. (Pellesier 2007, Ortega-Sanchez 2006)

Age – A Major Risk Factor



Every year

1 in 20

Americans age 85+ will have an **episode of community-acquired pneumonia.**

(Jackson 2004)

People age 65+ account for **50%** of FLU HOSPITALIZATIONS. (CDC 2013)

Hospitalization rates for shingles are **75X higher for people age 85+** than for those under the age of 30. (Lin 2000)

DEATH RATE FROM **PNEUMONIA & FLU**

130x HIGHER FOR AGES 85+

compared with people ages 45 to 54. This increased risk due to age is **higher than that seen in heart disease, stroke, cancer, and other leading causes of death.**

(Gorina 2008)

The Human Burden

Vaccine-preventable diseases or their complications account for

50,000 TO 90,000

ADULT DEATHS

IN THE U.S. EACH YEAR. (Reid 1999)

PNEUMONIA is the **5th most frequent** CAUSE OF HOSPITALIZATION in the U.S. (NCHS 2010)

CASES **LEADING TO HOSPITALIZATION** EVERY YEAR:

PNEUMONIA	SHINGLES	FLU
>1.1 MILLION	50 TO 60 THOUSAND	55 TO 431 THOUSAND

(NCHS 2010, Insinga 2005, Thompson 2004)

- Community-acquired pneumonia is the **#6 cause of death** and the **#1 cause of death from infection** in the U.S.

(Mortensen 2003)

FLU EPIDEMICS in the U.S. lead to approximately:

600,000	life years lost
3,000,000	days of hospitalization
30,000,000	outpatient visits
≥48,000	deaths

(Molinari 2007) (CDC 2010)

COMPLICATIONS, including postherpetic neuralgia (PHN), occur in **~50%** of **OLDER PERSONS with shingles** (Oxman 2005)

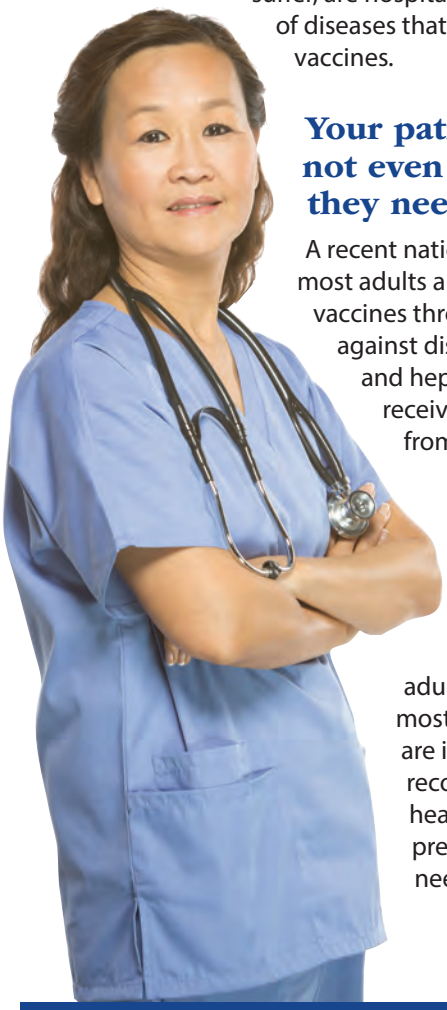
Immunizing Adult Patients:
New Standards for Practice

Your patients trust you to give them the best advice on how to protect their health. Vaccine-preventable diseases can result in serious illness, hospitalization, and even death.

Make adult vaccination a standard of care in your practice.

Your patients have probably not received all the vaccines they need.

Even though most insurance plans cover the cost of recommended vaccines, adult vaccination rates in the U.S. are extremely low. Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.



Your patients may not even realize that they need vaccines.

A recent national survey showed that most adults are not aware that they need vaccines throughout their lives to protect against diseases like shingles, pertussis, and hepatitis. Many also report not receiving vaccine recommendations from their healthcare professional.

You can make a difference.

Clinicians are the most valued and trusted source of health information for adults. Research shows that most adults believe vaccines are important and that a recommendation from their healthcare professional is a key predictor of patients getting needed vaccines.

Make Immunization a Standard of Patient Care In Your Practice:

1. **ASSESS the immunization status of all your patients at every clinical encounter.**
   - Stay informed about the latest CDC recommendations for immunization of adults.
   - Implement protocols in your office to ensure that patients' vaccine needs are routinely reviewed and patients get reminders about vaccines they need.
2. **Strongly RECOMMEND vaccines that your patients need.**
   - Address patient questions and concerns in clear and understandable language.
   - Highlight positive experiences with vaccination (personal or in your practice).
3. **ADMINISTER needed vaccines or REFER your patients to a vaccination provider.**
   - For vaccines that you stock, make vaccination services as convenient as possible for your patients.
   - For vaccines that you don't stock, refer patients to providers in the area that offer vaccination services.
4. **DOCUMENT vaccines received by your patients.**
   - Participate in your state's immunization registry to help your office, your patients, and your patients' other providers know which vaccines your patients have had.
   - Follow up to confirm that patients received recommended vaccines that you referred them to get from other immunization providers.

NEW Standards for Adult Immunization Practice emphasize the role of ALL healthcare professionals whether they provide immunization services or not in ensuring that adult patients are fully immunized. These standards are published by the National Vaccine Advisory Committee and supported by the Centers for Disease Control and Prevention as well as a number of national medical associations.

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Overview of Recommended Vaccines for Adults*

VACCINE	WHO NEEDS IT	NUMBER OF DOSES
Seasonal Influenza	ALL Adults	1 dose every year
Tdap	ALL Adults who have not received a dose since age 11 or older Women should receive during every pregnancy	1 dose (All) 1 dose each pregnancy
Td	ALL Adults	1 dose every 10 years
Zoster	Adults 60 years or older	1 dose
Pneumococcal Conjugate	Adults 65 years or older Adults 64 years or younger with certain medical conditions (HIV, asplenia, sickle cell disease, cerebrospinal fluid leaks, cochlear implants, or conditions that cause weakening of the immune system)	1 dose (if not previously received) 1 dose (if not previously received)
Pneumococcal Polysaccharide	Adults 65 years or older Adults 64 years or younger with certain medical conditions and who are at higher risk of infection	1 dose 1 or 2 doses
HPV	Adults 26 years or younger who have not started or finished the vaccine series	3 doses
Meningococcal	Adults who have not had the vaccine and are at risk for exposure or have damaged spleen	1 or more doses
MMR	Adults born during or after 1957 who have not had the vaccine or do not have documented evidence of immunity	1 or 2 doses
Varicella	Adults who have not had chickenpox or do not have documented evidence of immunity	2 doses
Hep A	Adults who are at risk and have not had the vaccine series	2 doses
Hep B	Adults who have not had the vaccine series and who are at risk, including adults with diabetes, end-stage kidney disease, chronic liver disease, or behaviors that increase risk	3 doses
Hib	Adults with special health conditions (sickle cell disease, HIV/AIDS, removal of the spleen, bone marrow transplant, or cancer treatment with drugs) who have not already had the vaccine	1 dose

*Visit www.cdc.gov/vaccines/schedules/ for a detailed schedule of recommended vaccines and guidelines for administration.

Coverage of Adult Vaccines

Most private health insurance plans cover the cost of recommended vaccines. If your patients do not currently have health insurance, refer them to www.HealthCare.gov to learn more about health coverage options.

For patients 65 years or older enrolled in Medicare, Medicare Part B covers the cost of influenza and pneumococcal vaccines as well as Hep B vaccine for persons at increased risk of hepatitis. Those with a Medicare Prescription Drug Plan (Part D) or enrolled in a Medicare Advantage Plan (Part C) that offers Medicare prescription drug coverage may also have coverage for additional vaccines like zoster, MMR, and Tdap. Visit www.Medicare.gov for more information.

Vaccine coverage for Medicaid beneficiaries varies by state. Contact your State Medicaid Agency for more information.

In 2012:

- Only 14% of adults 19 years or older had received Tdap vaccine.
- Only 20% of adults 60 years or older had received zoster vaccine.
- Only 20% of adults 19 to 64 years at high risk had received pneumococcal vaccine.

Source: National Health Interview Survey, 2012.

For additional information on adult immunization and resources for patient education, visit: www.cdc.gov/vaccines/hcp/adults.

Last Updated February 5, 2014

1 Vaccine Needs Assessment

A Series on Standards for Adult Immunization Practice

Assessment is the critical first step in ensuring that your adult patients get the vaccines they need for protection against serious vaccine-preventable diseases.

As a standard of care—whether you provide vaccines or not—you should assess your patients' immunization status *at every clinical encounter* and strongly recommend vaccines that they need.

Assessing your patients' vaccination status at every clinical encounter will decrease missed opportunities to vaccinate.[1, 2, 3]

- Many adults do not schedule annual check-ups or come in for preventive services, therefore it is critical to assess vaccine status whenever they do come in for a visit.
- Some vaccines are indicated for adults based on factors other than age, making it important to assess regularly whether your patients have had lifestyle, health, or occupational changes that may prompt the need for additional vaccines.
- Vaccine recommendations for adults change over time, and your patients may not be up to date with the latest recommendations.

There are simple ways to implement routine vaccine assessment into your office patient flow.

- Give patients a vaccine assessment form at check-in.
- Include standing orders or protocols for nursing staff to assess and administer needed vaccines.
- Integrate vaccine prompts into electronic medical records.

See back for more tips and resources.

Routinely assessing patient vaccination status will make a difference.

Adults think immunization is important, but most are not aware that they need vaccines throughout their lives. Research indicates that your recommendation is the strongest predictor of whether patients get vaccinated.[4] Implement policies to ensure your patients' vaccination needs are routinely reviewed.

For information on insurance coverage of vaccines for adults, visit www.cdc.gov/vaccines/hcp/adults.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 14% of adults 19 years or older have received Tdap vaccination.
- Only 20% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 41% of adults 18 years or older had received flu vaccination during the 2012–2013 flu season.

Sources: NHIS 2012 (MMWR 2014;63(5)) BRFSS 2012-2013 (www.cdc.gov/flu/fluvaxview)

For resources and tips on vaccine recommendation, administration, referral, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Tips for Improving Vaccine Assessment in Your Practice

- **Implement standing orders or protocols.** Routinely incorporate vaccine assessment and vaccination the same way you incorporate measuring weight and blood pressure during patient office visits.

  Examples: www.immunize.org/standing-orders

- **Give your patients a vaccine questionnaire to complete at check-in.** This can help identify vaccines your patients may need based on factors such as upcoming travel or changes in medical conditions.

  Example: www.cdc.gov/vaccines/hcp/patient-ed/adults/downloads/patient-intake-form.pdf

- **Use reminders to help your practice stay on top of needed vaccines that are due soon or are overdue.** These reminders can be generated by a computer system (Electronic Health Record) or immunization registries, or you can make a note of needed vaccines on a patient's vaccination chart.

  Example: www.immunize.org/catg.d/p2023.pdf

CDC's recommended Adult Immunization Schedule is available in various formats, including an online scheduling tool and mobile phone application:

www.cdc.gov/vaccines/schedules

- **Send your patients reminders about missed vaccines or vaccines that are due soon.** This can help keep vaccines on your patients' radar and encourage them to stay up to date.

  Example: www.adultvaccination.com/professional-resources/practice-toolkit/reminder-postcard.pdf

- **Review how your practice does in keeping your patients up to date on vaccines.** This can be done by reviewing a sample of patients' charts or analyzing electronic health record data for your practice. Learn more about the CDC Comprehensive Clinic Assessment Software Application (CoCASA) tool here: www.cdc.gov/vaccines/programs/cocasa/index.html

To learn more about evidence-based strategies for improving vaccination rates, visit: www.TheCommunityGuide.org/vaccines

Don't forget to review contraindications and precautions for vaccination when assessing your patients' vaccine needs.

Learn more: www.cdc.gov/vaccines/recs/vac-admin/contraindications-adults.htm

References:

1. Hurley LP, Bridges CB, Harpaz R, Allison MA. US physicians survey regarding adult vaccine delivery: Missed opportunities. *Ann Intern Med*. 2014; 160:161-70.
2. Nowalk MP, Zimmerman RK, Feghali J. Missed opportunities for adult immunization in diverse primary care office settings. *Vaccine*. 2004; 22(25-26):3457-63.
3. Nowalk MP, Zimmerman RK, Cleary SM, Bruehlman RD. Missed opportunities to vaccinate older adults in primary care. *J Am Board Fam Pract*. 2005; 18(1):20-7.
4. Johnson DR, Nichol KN, Lipczynski K. Barriers to Adult Immunization. *Am J Med*. 2008; 121:528-535.

For more information and resources on adult immunization, visit: www.cdc.gov/vaccines/hcp/adults.

Last updated July, 2014

10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction

Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (rare event) occur.

Having standing orders in place **streamlines your practice workflow** by eliminating the need to obtain an individual physician's order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistently effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

While this guide focuses on implementing standing orders for influenza vaccination, the basic principles included can be used to implement standing orders for other vaccines and for any age group desired.

Standing orders are **straightforward to use**. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: *Get Ready* – Build Support of Leadership

STEP 1 Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

Standing orders will:

- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.

It is important to get buy-in from physician and nurse leadership from the start.

Technical content reviewed by the Centers for Disease Control and Prevention

Immunization Action Coalition Saint Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org

www.immunize.org/catg.d/p3067.pdf ▪ Item #P3067 (6/16)

Medical Director – This person is responsible for signing the standing orders protocols or supervises the clinician who signs them, so it is critical that he/she agrees with the need for standing orders and supports their use.

Clinician – Determine which clinician will review and sign the standing orders protocols for the practice.

Providers – Identify issues that might lead to any resistance among other providers.

Nurse Leaders – Involve nurse leaders in the planning from the start. Nurses are the key players in implementing and carrying out standing orders programs.

If possible, determine the influenza vaccination rate in your practice *prior* to meeting with leadership. Measured vaccination rates are inevitably lower (sometimes much lower) than perceived rates. Lower-than-expected vaccination rates will help support the need for a standing orders program.

As appropriate for your medical setting, you also may want to discuss the standing orders protocols with your legal counsel to be sure they comply with all applicable state requirements.

STEP 2 Identify the person who will take the lead and be in charge of your standing orders program.

- In most practices, the lead person will be a nurse, nurse practitioner, or physician assistant.
- The lead person must be an influential leader who has medical knowledge, understands the standing orders protocols, and is able to answer questions about them from other staff members.
- The lead person must be **motivated** to protect patients by improving the adult vaccination levels in your practice – **a true immunization champion**.

STEP 3 Reach agreement about which vaccine(s) your practice will administer using standing orders.

It may be best to start using standing orders only for influenza vaccine if you have not implemented standing orders previously. Later, when staff are trained and know how standing orders work, you can expand their use to additional vaccines. Standing orders work well for improving coverage for child, adolescent, and adult vaccines.

Completing Phase 1 means you are on your way. You have buy-in from your medical director and clinicians, buy-in from nurse leadership, have identified your **immunization champion** to lead the effort, and have decided on the vaccines you want to provide. Now you're ready to move to Phase 2.

Phase 2: *Get Set* – Develop Materials and Strategies

STEP 4 Create standing orders protocols for the vaccine(s) you want to administer.

- Don't reinvent the wheel! The Immunization Action Coalition (www.immunize.org) has standing orders templates for all routinely recommended vaccines available to download at www.immunize.org/standing-orders. IAC standing orders are reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy. You may use IAC's standing orders templates as written, or you may modify them to meet your practice's needs.

- Have the standing order(s) reviewed and signed by the medical director or clinician responsible for the program.

NOTE: Immunization Action Coalition (IAC) also has standing orders templates available for managing vaccine reactions, which include the administration of medication. These templates are available at www.immunize.org/catg.d/p3082.pdf for adults and at www.immunize.org/catg.d/p3082a.pdf for children.

STEP 5 Hold a meeting to explain your new standing orders program to all staff members.

- It is crucial that all staff understand the program because they will all be involved directly or indirectly.
- To get buy-in from staff, you will need to explain WHY you are starting this program. Some of the reasons are shown in the box below:

Why are we starting a standing orders program?

- Disease should be prevented whenever possible, and vaccines can do this.
- Our patients are counting on us to keep them healthy.
- Adult vaccination rates in the United States are low and significant racial and ethnic disparities exist.
- Vaccination levels among adults are inadequate in most practices.
- Standing orders have been demonstrated to streamline the assessment and delivery of immunizations in medical practices.
- The burden of disease as a result of vaccine-preventable diseases is seen not only in increased morbidity and mortality, but also in increased costs to the health care system.

- Review how standing orders work and the specific protocols and procedures with all staff members who will be involved.

STEP 6 Determine the role various staff members will play in implementing/using standing orders.

Here are some general and specific questions that will help you plan:

WHO in your practice:

- is eligible under state law (RNs, pharmacists, others?) to assess a patient's vaccination needs and provide vaccinations using the standing orders protocols?
- can help determine the need for a patient to be vaccinated? (For example, the receptionist or the person who rooms patients can inquire if they have had their influenza vaccine yet this season.)
- will check the patient's chart to find out if they need vaccinations?
- will provide screening checklists for contraindications and precautions to patients, and who will review the patients' answers. (available at www.immunize.org/handouts/screening-vaccines.asp) Can these questions be added to your electronic medical record (EMR)?

(CONTINUED) **WHO** in your practice:

- will give Vaccine Information Statements (VISs) (legally required documents given before vaccination) to patients? (www.immunize.org/vis)
- will administer the vaccine?
- will ensure the patient's personal record is updated and given to the patient?

WHAT is the role of:

- the front desk staff? How can they help?
- the nurse?
- the medical assistant?

WHERE in your practice:

- will vaccine be administered?
- will vaccine administration information be recorded (e.g., EMR, paper document in medical chart, state/local immunization information system or "registry")? If you don't use an EMR and don't already have a medical record chart form for vaccination, you can use the Immunization Action Coalition's record forms for adults (www.immunize.org/catg.d/p2023.pdf) or children (www.immunize.org/catg.d/p2022.pdf).

STEP 7 Determine your standing orders operational strategy.

Review your existing vaccination services logistics. Are there ways to improve patient vaccination and flow and to maximize your office immunization rates?

Here are some proposed modifications to consider:

- Assess the influenza vaccination status of every patient who enters the office by asking the patient directly and checking the chart.
- Consider providing vaccinations in an easy-to-access site in your practice, separated from the normal traffic pattern through the office.
- Consider offering vaccinations under standing orders on a walk-in basis.
- Discuss expanding your vaccination services when using standing orders. For example, can you:
  - Hold vaccination clinics on evenings or weekends?
  - Have "nurse-only" visits for vaccination?
  - Offer "express" service for vaccination during regular office hours for both patients with appointments and those who are "walk-ins"?
- If you use an EMR, consider whether the standing orders protocols and screening questionnaires can be added as prompts within your existing system.
- If viable in your clinic setting, determine your current immunization rates so you will be able to measure your improvements after implementing standing orders.

STEP 8 Identify strategies and publicize your program to your patients.

Your enhanced vaccination program is of more value if your patients know the service is available.

- Review your current methods for contacting patients, e.g., appointment reminders, laboratory results, prescriptions, online communications, text messaging, etc. Can these methods also be used to tell patients about their need for vaccination and the availability of a convenient new program?
- Consider whether your existing communication systems are sufficient to inform patients about enhanced vaccine availability.
- Implement reminder/recall systems. (A reminder system notifies the patient of an upcoming appointment. A recall system contacts a patient who misses an appointment and encourages them to reschedule.) Your state/local health department often can help you with ideas on how to do this.
- Here are strategies for informing and identifying patients who need vaccines:
  - At each visit, inform all patients about when they should come for influenza vaccine.
  - Email or text the information.
  - Put a notice about the program on the practice's website, if applicable.
  - Use social media (such as Facebook or Twitter).
  - Place advertisements in local media.
  - Use promotional mailings.
  - Add promotional telephone messages or "on hold" messaging.
  - Place appropriate signs and posters in the office.

Materials You Will Need to Have on Hand

All these materials are FREE on the IAC website:
www.immunize.org

- A copy of the signed standing orders protocol at your fingertips for each vaccine you plan to use (templates available at www.immunize.org/standing-orders)
- Adult and child contraindication screening checklists to help you determine if there is any reason not to vaccinate your patient (available at www.immunize.org/catg.d/p4065.pdf and www.immunize.org/catg.d/p4060.pdf)
- Vaccine Information Statements for all vaccines you plan to administer (available in English and additional languages at www.immunize.org/vis)
- Adult and child vaccine administration record forms, if you don't use an electronic medical record (EMR) and don't already have a medical record chart form (available at www.immunize.org/catg.d/p2023.pdf and www.immunize.org/catg.d/p2022.pdf)
- Information on how to report vaccinations to your state/local immunization information system (registry) if one is available. (See www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html)
- To give to your patients: a personally-held vaccination record card (available for purchase at www.immunize.org/shop/record-cards.asp) or a printed copy of the vaccine administered, including the date it was given.

Completing Phase 2 has helped you to get your standing orders logistics figured out. You have determined who will do what, and when they will do it. You have made your patients aware of enhanced vaccine availability. Time to move to Phase 3.

Phase 3: *Go!* – Make It Happen

STEP 9 Start vaccinating!

Make sure the nursing and medical staff have all the tools they need to run a successful vaccination program. Listing all these materials is beyond the scope of this guide, but topics can include proper storage and handling of vaccines, vaccine administration techniques, strategies to avoid vaccine administration errors, documentation requirements for administering vaccines, and materials to help answer questions of vaccine-hesitant patients. Visit www.immunize.org/clinic for many helpful resources.

STEP 10 Review your progress.

As with all quality improvement activities, it's wise to review your standing orders program shortly after it begins, check in with staff each week until it's running well, and then every few months until the end of influenza vaccination season. Compare the number of doses of vaccine you gave this season with a season before your standing orders program was put in place. Hold a staff meeting to get input from everyone involved in the program to find out what went right and how the program could be improved for next season. Consider whether you are ready to expand your use of standing orders to additional vaccines.

Congratulations on implementing standing orders in your practice! Both you and your patients are now benefitting from this proven method to streamline your office practice while improving your patients' quality of care.

2 Vaccine Recommendation

A Series on Standards for Adult Immunization Practice

Your recommendation is a critical factor in whether your patients get the vaccines they need.

Routinely assess patient immunization status and strongly recommend vaccines that patients need, whether you stock the vaccines or not.

Recommending vaccines prompts most patients to get immunized.

Research indicates that most adults believe that vaccines are important and are likely to get them if recommended by their healthcare professionals.

For some patients, a clear and strong recommendation may not be enough. You can encourage these patients to make an informed decision about vaccination by sharing critical information.

S — **SHARE** the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

H — **HIGHLIGHT** positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

A — **ADDRESS** patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.

R — **REMIND** patients that vaccines protect them and their loved ones from many common and serious diseases.

E — **EXPLAIN** the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

For tips on answering common patient questions and links to patient education materials, see back.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 14% of adults 19 years or older have received Tdap vaccination.
- Only 20% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 41% of adults 18 years or older had received flu vaccination during the 2012–2013 flu season.

Sources: NHIS 2012 (MMWR 2014;63(5)) BRFSS 2012-2013 (www.cdc.gov/flu/fluvaxview)

For resources and tips on vaccine assessment, administration, referral, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

DON'T WAIT. VACCINATE!

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Tips for Addressing Common Questions About Adult Vaccination

Do I really need vaccines?

- All adults need immunizations to help prevent getting serious diseases that could result not only in poor health, but also missed work, medical bills, and not being able to care for their families.
- You may not have received all of your recommended childhood vaccines. Also, the protection from some vaccines you received as a child can wear off over time and you might need a booster (tetanus and whooping cough). Some vaccines are recommended based on your age, job, lifestyle, or health conditions. For example, adults with chronic conditions like asthma or COPD are at higher risk for complications from certain diseases like flu and pneumonia.
- Getting vaccinated not only reduces your chance of getting sick, but also reduces the chance that you will spread a serious disease to those around you—including those most vulnerable to severe illness (infants, older adults, and people with chronic health conditions and weakened immune systems).

For tips on addressing common questions about specific adult vaccines, visit: www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/standards/recommend.html

How well do adult vaccines work?

- Vaccines work with the body's natural defenses to reduce the chances of getting certain diseases and suffering from their complications.
- The amount of protection you will get varies by vaccine and other factors like your age and health, but immunization is the best defense against many of these serious, and sometimes deadly, diseases.
- The greatest risk of vaccine-preventable diseases occurs among people who are not vaccinated.

Are adult vaccines safe?

- Vaccines are one of the safest ways to protect your health.
- Vaccines go through thorough testing before they can be licensed by the Food and Drug Administration (FDA). Once a vaccine is licensed, research is reviewed by medical and scientific experts to make recommendations on who should be vaccinated. Even after a vaccine is licensed, CDC and FDA continue to carefully monitor the safety of vaccines.
- It is safe to receive vaccinations while taking prescription medications. If you take medication that suppresses your immune system, you may not be able to get certain live vaccines including MMR, varicella, and shingles vaccines.

Patients vary in their level of knowledge about immunization and their preferences for learning about it.

Find free education materials for your patients:

www.cdc.gov/vaccines/AdultPatientEd

What are possible risks from adult vaccines?

- Side effects from vaccines are usually minor and temporary, such as feeling sore where you get the shot or a slight fever, and go away within a few days.
- Some people may have allergic reactions to vaccines, but serious or long-term effects are rare.

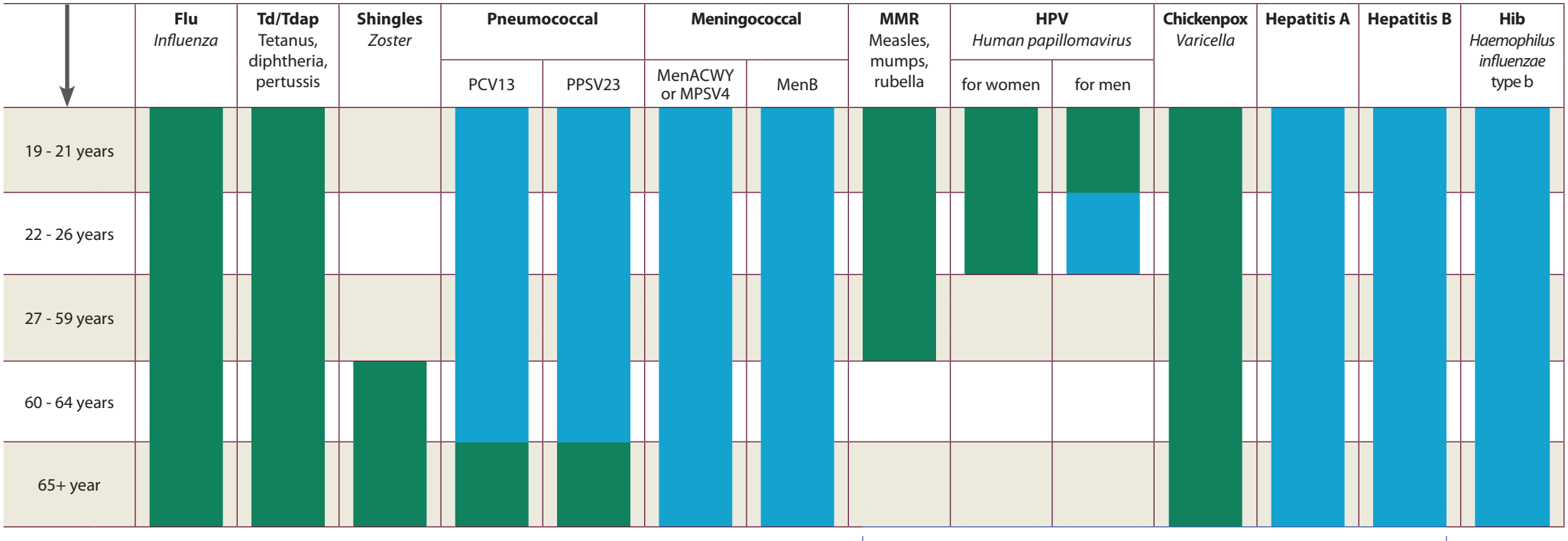
For additional information and resources on adult immunization, visit: www.cdc.gov/vaccines/hcp/adults.

Last updated July, 2014

INFORMATION FOR ADULT PATIENTS

2017 Recommended Immunizations for Adults: **By Age**

If you are this age, talk to your healthcare professional about these vaccines



More Information:

- **Flu:** You should get flu vaccine every year.
- **Td/Tdap:** You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to help protect the baby.
- **Shingles:** You should get shingles vaccine even if you have had shingles before.
- **Pneumococcal:** You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.
- **MMR, HPV, Chickenpox, Hepatitis A, Hepatitis B, Hib:** You should get this vaccine if you did not get it when you were a child.
  - You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you do not need it or should not get it.

May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health condition or other. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.
Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

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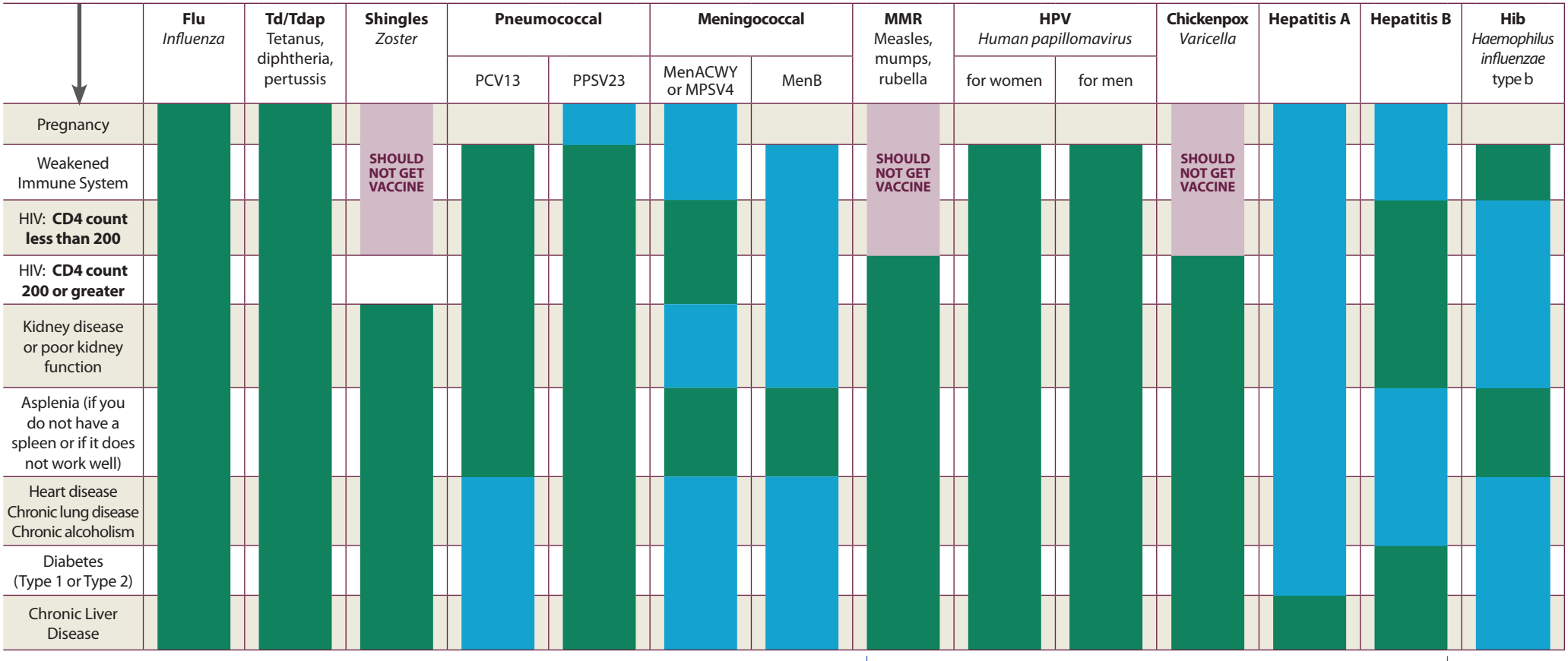
INFORMATION FOR ADULT PATIENTS

2017 Recommended Immunizations for Adults: **By Health Condition**

If you have this health condition, talk to your healthcare professional about these vaccines →



More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap vaccine. Women should get Tdap vaccine during every pregnancy.

You should get shingles vaccine if you are age 60 years or older, even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.

You should get Hib vaccine if you do not have a spleen, have sickle cell disease, or received a bone marrow transplant.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines

Recommended For You: This vaccine is recommended for you ***unless*** your healthcare professional tells you that you do not need it or should not get it.

May Be Recommended For You: This vaccine is recommended for you if you have certain other risk factors due to your age, health condition or other. Talk to your healthcare professional to see if you need this vaccine.

YOU SHOULD NOT GET THIS VACCINE

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Motivate Adult Patients to Get Vaccinated

Use the following tactics to motivate or nudge patients to protect themselves against vaccine-preventable diseases.

Your Recommendation: Often the Determining Factor in a Patient's Vaccination Decision

- **Learn Patient Barriers:** Patient barriers often prevent patients from receiving the vaccines they need and may include lack of education, misinformation and fear of vaccines.
- **Invest Some Time and Recommend:** Studies show that spending more time talking with patients about vaccines and making strong recommendations improves outcomes.
- **Make the Most of Each Visit:** Every encounter with a physician office, hospital, home health and pharmacy is an opportunity.
- **Practice What You Preach:** Health care providers should be immunized consistent with Centers for Disease Control and Prevention (CDC) and Advisory Committee on Immunizaton Practices (ACIP) recommendations.

What motivates adults to get vaccinated?

- **Recommendation** from a health care provider
- **Protection** against diseases that could have serious results (illness, missed work/school, medical bills, inability to care for loved ones)
- Desire to **protect others**
- **Age:** young adults are interested in protecting friends and family; older adults interested in protecting children and grandchildren
- **Cultural and Religious Groups:** acknowledge diversity and be sensitive to differences
- **Chronic Conditions and Pregnancy:** importance of healthy lifestyles; increased risk for illness and serious complications
- **Newly Insured:** what vaccines are covered by their insurance

All Health Care Professionals Should:

ASSESS immunization status of all patients at every visit.

Strongly **RECOMMEND** vaccines that patients need.

ADMINISTER needed vaccines or **REFER** to a provider who can immunize.

DOCUMENT vaccines received by your patients in the EHR and immunization registry.

Messages that Work

- **Simple**, concise, direct and to the point
- Stress **prevention**, being proactive, control over one's health
- Cite a **credible source** (*CDC, our physicians recommend ...*)
- **Empower** adults to make informed decisions
- End with a **call to action**: (*Talk to your health care provider about which vaccines you may need. Make an appointment today with your health care provider to get immunized.*)
- Personal, **individualized** messages about patient's age, health status or chronic condition
- Spend a little more **time** helping patients understand why they specifically need this vaccine
- Share your **personal story** (*I get a flu shot every year ..., My parents are immunized ...*)

Provide U.S. Statistics that are Relatable to the Patient

- *More than 56,000 people die each year from flu and pneumonia; about 90 percent are 65 and older.*
- *More than 200,000 people go to the hospital each year due to flu.*
- *About of flu can last up to 15 days, often with five or six missed work days.*
- *About 900,000 people get pneumonia each year and about 5 to 7 percent die from it.*
- *Pneumonia causes up to 400,000 stays in the hospital each year.*
- *One out of every three people will have shingles during their lives; half of all who live to age 85 will get shingles.*

Motivate Adult Patients to Get Vaccinated

Use the information and messages below to guide conversations with patients about getting vaccinated.

Motivational Interviewing: *A goal-oriented, patient-centered counseling style to elicit behavior change by helping them explore and resolve ambivalence; uses open-ended questions, affirmations, reflective listening and summaries*

Key Principles

Express empathy, develop discrepancy between their current state and the desired state and roll with resistance, support self-efficacy, make it their idea to follow through

Basic Process

- Engage: build a relational foundation; establish a rapport and build trust; promote mutual buy-in
- Focus: develop and maintain a strategic focus; collaborate on the conversation
- Evoke: explore patient's motivation, goals and ideas; identify barriers to change; help patients come up with their own reasons for making a change
- Plan: develop a commitment to change; focus on the "how"; collaborate on incremental goals

Nudge Theory: *Positive reinforcement and indirect suggestions can influence a person's motives, incentives and decision making. Successful referral campaigns influence a customer's behavior and "nudge" decisions into a desired direction. For instance, It's easier and better to get this done sooner rather than later.*

Nudge Behavior Messages

- *Our physicians and national experts are strongly recommending the flu shot this year. Would you like to get a flu shot today? Are you interested in more information about this?*
- *We can't give you the flu shot at our clinic, so I would like to refer you to a pharmacy to get your flu shot. Here is a list of pharmacies that are giving flu shots. Will you be going to one of these anyway in the next two weeks, or will you need to make a special trip?*
- *Flu season begins in October and the sooner you get the shot, the better you and your loved ones will be protected during flu season. Is there a date in [October] that works for you to come back and get a flu shot?*
- *You have just gotten the first pneumonia vaccine, and you will need to return in 12 months to have the second one. I'd like to give you a reminder card to help you remember to get your shot. Is there a day in the week that works best for you?*

Effective Vaccination Messages

- *All adults are at risk for diseases that vaccines can prevent. You can protect your health, and often others around you, by getting vaccinated.*
- *Getting a flu shot every year is one of the best ways to take control of your health.*
- *Each year thousands of adults get sick from diseases. Some of these people end up in the hospital, and some even die. Many diseases can be avoided by using vaccines.*
- *You have too much to do to risk getting sick, so get vaccinated.*
- *The time to get your vaccines is before you get sick.*
- *Your COPD puts you at greater risk of more health problems. The flu, like COPD, can increase swelling in your airways and lungs. These two combined can lead to pneumonia and other serious illnesses affecting your lungs and your ability to breathe normally.*

This material was prepared by HealthInsight, the Medicare Quality Innovation Network - Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-F1-16-16

Making a strong **vaccine referral** to pregnant women

Strategies for healthcare professionals

Stocking and administering vaccines in your office may not be feasible for all prenatal healthcare professionals, often due to issues with reimbursement. By making a strong vaccine referral, you can help ensure that your pregnant patients receive the recommended influenza (flu) and tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) vaccines even if you are unable to administer them in your office. The strategies outlined are based on research with healthcare professionals and pregnant women. The goal is to strengthen vaccine referrals to increase the likelihood of patient follow through.

Making the Referral

Begin each referral with a vaccine recommendation that includes information on why the vaccine is beneficial and safe for mother and baby. Tailoring your message with scientific data or personal anecdotes may help convey the vaccine's importance to individual patients.

Provide information on where patients can get the vaccine(s) you recommend. For help locating vaccines in your area, the HealthMap Vaccine Finder is available at: http://vaccine.healthmap.org.

Always write a patient-specific prescription. This will help your patients obtain the vaccine at another location where a prescription may be required.

Anticipate questions on why patients cannot get vaccinated in your office. For example, if you stock flu vaccine, but not Tdap, be prepared to explain why you offer one vaccine but not the other.

Re-emphasize vaccine importance. Remember to emphasize the fact that just because you do not stock a specific vaccine in your office does not mean it is not important, is less important than other vaccines you do stock, or that you have concerns about its safety.

Have a plan in place to answer questions from other immunization providers who are concerned with vaccinating your pregnant patients. Questions should be answered promptly, as it is likely your patient is with them at the time they contact you.

Vaccines Routinely Recommended for Pregnant Women

It is safe for the flu vaccine and Tdap vaccine to be given to pregnant patients at the same time.

Flu Vaccine

- Is recommended for pregnant women and safe to administer during any trimester.
- Is the best way to protect pregnant women and their babies from the flu, and prevent possible flu-associated pregnancy complications.
- Is safe and can help protect the baby from flu for up to 6 months after birth. This is important because babies younger than 6 months of age are too young to get a flu vaccine.

Tdap Vaccine

- Is recommended during every pregnancy, ideally between 27 and 36 weeks gestation.
- When given during pregnancy, boosts antibodies in the mother, which are transplacentally transferred to her unborn baby. Third trimester administration optimizes neonatal antibody levels.
- Helps protect infants, who are at greatest risk for developing pertussis and its life-threatening complications, until they are old enough to start the childhood pertussis vaccine series.

Timing the Referral

Vaccines recommended for pregnant women should be discussed with patients early in pregnancy, with the formal referral made during the recommended timeframe for administration.

- Flu vaccine: Your referral should be made as early as possible once pregnancy is confirmed. Pregnant women can be vaccinated during any trimester, keeping in mind that flu vaccine is typically available August to May, covering the duration of flu season.

- Tdap vaccine: Your recommendation and referral should be made as close to 27 weeks as possible so there is ample time during the recommendation window (between 27 and 36 weeks) to follow up and re-emphasize the importance of getting the Tdap vaccine, if the patient has not received it yet.

You may find linking the timing of the Tdap referral with another third trimester practice beneficial. Many clinicians have been successful pairing their Tdap referral with the glucose test conducted at 28 weeks.

Follow-Up after Referral

After every referral, you should follow-up with each patient during subsequent appointments to ensure the patient received the vaccine(s). It may be helpful to include a reminder in your electronic medical records (EMR).

As part of the follow-up, document vaccine receipt in each patient's medical record. If your patient did not follow through with the referral, repeat the recommendation and referral and try to identify and address any questions or concerns that she may have encountered. Your commitment to making a strong referral and following up with patients is vital to increasing vaccination rates among pregnant women and protecting them and their babies from serious diseases.

Vaccines for Pregnant Women Resources

There are several resources available to help you make an effective recommendation and referral. All are free to download and ready for color or black and white printing and reproduction.

For Your Patients

CDC Website on Pregnancy and Whooping Cough
www.cdc.gov/pertussis/pregnant

CDC Website on Pregnancy and Flu
www.cdc.gov/flu/protect/vaccine/pregnant.htm

Vaccine Information Statement on Tdap
www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html

Vaccine Information Statement on Flu
www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html

For You and Your Staff

CDC Website on Pregnancy and Whooping Cough: Information on the Tdap recommendation for pregnant women and tips on providing the best prenatal care to prevent pertussis.
www.cdc.gov/pertussis/pregnant/HCP

ACOG Tdap Toolkit: Information and resources about Tdap vaccination, including frequently asked questions for patients and a physician script.
www.acog.org/TdapToolKit

ACOG Flu Vaccine Materials: Information and resources about flu vaccination, including frequently asked questions for patients and a physician script.
www.immunizationforwomen.org/immunization_facts/seasonal_influenza

ACOG Immunization Coding for Obstetrician-Gynecologists 2013: A guide on reimbursement and coding for vaccinations.
www.acog.org/-/media/Department-Publications/immunizationCoding.pdf

AAFP's Immunization Page: Information on vaccine schedules.
www.aafp.org/patient-care/immunizations/schedules.html

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www.cdc.gov/whoopingcough

American Academy of Family Physicians
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
American College of Nurse-Midwives
With women, for a lifetime®
The American College of Obstetricians and Gynecologists

Flu Vaccination:
Who Should Do It, Who Should Not

FIGHT FLU

Everyone 6 months and older is recommended for annual flu vaccination with rare exception. Talk to your doctor or nurse if you have any questions regarding which flu vaccine is best for you and your family.

Vaccination to prevent flu is particularly important for people who are at high risk for serious complications from flu. For a complete list of people who are at higher risk for flu complications, see People at High Risk of Developing Flu–Related Complications.

For the 2016-2017 season, CDC recommends use of injectable flu vaccines--inactivated influenza vaccine (or IIV) or the recombinant influenza vaccine (RIV). The nasal spray flu vaccine (live attenuated influenza vaccine or LAIV) should not be used during 2016-2017.

People who can get the flu shot:	People who can't get the flu shot:	People who should talk to their doctor before getting the flu shot:
• Different flu shots are approved for people of different ages (see Note), but there are flu shots that are approved for use in people as young as 6 months of age and up. Flu shots are approved for use in pregnant women and people with chronic health conditions.	• Children younger than 6 months are too young to get a flu shot. • People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine.	• If you have an allergy to eggs or any of the ingredients in the vaccine. Talk to your doctor about your allergy. See Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine. • If you ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. Talk to your doctor about your GBS history. • If you are not feeling well, talk to your doctor about your symptoms.

Note: There are certain flu shots that have different age indications. For example, people younger than 65 years of age should not get the high-dose flu shot or the flu shot with adjuvant and people who are younger than 18 years old or older than 64 years old should not get the intradermal flu shot.

For more information, visit:
www.cdc.gov/flu
or call **1-800-CDC-INFO**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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Adults 65 and Older **Need a Flu Shot**

FIGHT FLU

Information for adults 65 and older

Influenza (the flu) is a serious illness, especially for older adults.

FACT: *People 65 years and older are at high risk of serious flu-related complications.*

People's immune systems become weaker with age placing people 65 years and older at high risk of serious, flu-related complications. While flu seasons can vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. It's estimated that between about 70 percent and 85 percent of seasonal flu-related deaths in the United States have occurred among people 65 years and older. For seasonal flu-related hospitalizations, people 65 and older account for between about 50 percent and 70 percent of the estimated total.

An annual flu shot is the best protection against the flu.

FACT: *While flu vaccine can vary in how well it works, vaccination is the first and most important step in protecting against the flu.*

Annual flu vaccination is recommended for all people 6 months and older. Vaccination is especially important for people 65 years and older because of their high risk status.

Studies have shown that flu vaccination can prevent flu illness and flu hospitalization. Also, vaccination can make your illness milder if you do get sick.

People 65 years and older can get any flu shot that is approved for use in that age group. There also are two vaccine options available for people 65 years and older that are designed specifically for them, to promote a stronger immune response.

People **65 years and older** can get any flu shot that is approved for use in that age group. That includes some traditional, regular-dose flu shots, recombinant flu shots and two other flu shots designed specifically for people 65 and older.

1. **A high dose flu vaccine** (Fluzone® High-Dose) contains 4 times the amount of antigen as a regular flu shot. The additional antigen creates a stronger immune response (more antibody) in the person getting vaccinated.
2. **An adjuvanted vaccine** (FLUAD™) is standard dose flu vaccine with an added adjuvant. An adjuvant is an ingredient added to a vaccine to help create a stronger immune response to vaccination.

For more information, visit:
www.cdc.gov/flu

or call **1-800-CDC-INFO**

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Flu shots are safe and do not cause the flu.

FACT: *The side effects of flu shots are mild when compared to the disease itself.*

After getting your flu shot, you may experience some mild side effects. The most common side effects include soreness, tenderness, redness and/or swelling where the shot was given. Sometimes you might have headache, muscle aches, fever, and nausea or feel tired.

The high dose and adjuvanted flu vaccines may result in more of the mild side effects that can occur with standard-dose seasonal shots.

Long-term medical conditions also can put you at high risk for serious flu complications.

FACT: *The flu can make long-term health problems worse, even if they are well managed.*

Diabetes, asthma, and chronic heart disease (even if well managed) are among the most common long-term medical conditions that place people at high risk of serious flu complications. It is particularly important that all adults with these or other chronic medical conditions receive a flu vaccine every year.

FACT: *There are prescription drugs that can treat influenza virus infections. People 65 and older should be treated with influenza antiviral drugs if they get the flu.*

If you have flu symptoms--even if you have already had a flu shot--call your doctor, nurse, or clinic. Doctors can prescribe medicine, called antiviral drugs, to treat the flu and lessen the chance of serious illness. These medicines work better the sooner they are started. If you have any or all of the following symptoms, you might have the flu and should call your health care provider and tell them about your symptoms:

- Fever or feeling feverish/chills
- Cough
- Sore Throat
- Runny or stuffy nose
- Muscle or body aches
- Headache
- Fatigue (tiredness)
- Sometimes diarrhea and vomiting

It's very important that antiviral drugs be used early to treat flu in people who are very sick with flu (for example, people who are in the hospital), and people who are sick with flu and are at high risk of serious flu complications, like people 65 and older.

Take control of your health and fight the flu this season with an annual flu vaccine.
Talk to your health care provider about getting a flu shot.
For more information about the flu or the vaccine,
call 1-800-CDC-INFO or visit http://www.cdc.gov/flu/.

Pneumococcal Vaccine Timing For Adults

DO NOT administer PCV13 and PPSV23 at the same visit.

Age 65 Years or Older

• If PCV13 was given before age 65 years, no additional PCV13 is needed.

No history of pneumococcal vaccine → **PCV 13** Prevnar 13® → **1 year** (8 weeks for groups B & C as defined below) → **PPSV 23** Pneumovax® 23

Received PPSV23 before age 65 → **1 year** → **PCV 13** → **1 year** (8 weeks for groups B & C as defined below) **and 5 years** after prior dose of PPSV23 → **PPSV 23**

Received PPSV23 at age 65 or older → **1 year** → **PCV 13**

Age 19-64 Years With Underlying Condition(s)

• Prior doses count toward doses recommended below and do not need to be repeated.
• If PPSV23 given previously – wait one year before giving PCV13
– for group B, wait at least five years before giving a second dose of PPSV23
• No more than two doses of PPSV23 recommended before 65th birthday and one dose thereafter.

A. Smoker, Long-term facility resident, or Chronic conditions:
- heart disease (excluding hypertension)
- lung disease (including asthma)
- liver disease (including cirrhosis)
- diabetes
- alcoholism

→ **PPSV 23**

B. Immunocompromised (including HIV infection), **Chronic renal failure, Nephrotic syndrome, or Asplenia** → **PCV 13** → **8 weeks** → **PPSV 23** → **5 years** → **PPSV 23**

C. CSF leaks or Cochlear implants → **PCV 13** → **8 weeks** → **PPSV 23**

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For further details, see: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html

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Improving Adult Immunization Rates while Reducing Health Care Disparities

PCV13 vs. PPSV23: Case Examples

Case #1

Patient Story:

- 70-year-old man who received his first and only pneumonia vaccine (Pneumovax) at age 65
- Medical problems: hypertension and dyslipidemia

Questions:

1. Is he due for another pneumonia vaccine?
2. If yes, which vaccine does he need: PPSV23 (Pneumovax) and/or PCV13 (Prevnar)? In what order?

Answers:

1. Yes, he would be due for PCV13. People who are first vaccinated with PPSV23 at age 65 or older only need to receive one PPSV23 dose, regardless of their underlying medical conditions.

2. He would need PCV13, which can be given right away because it has been over one year since his PPSV23 vaccination.

Case #2

Patient Story:

- 65-year-old woman on 20 mg of predsnisone daily for arthritis; otherwise healthy
- She has never had a pneumonia vaccine

Questions:

1. Does she need a pneumonia vaccine?
2. If yes, which vaccine does she need: PPSV23 (Pneumovax) and/or PCV13 (Prevnar)? In what order?

Answers:

1. Yes, she meets the requirement for both PPV23 (age) and PCV13 (immunosuppressed).

2. PCV13 should be given first followed by PPV23 eight weeks later. No other PPSV23 booster doses are needed.

Case #3

Patient Story:

- 71-year-old woman who received pneumonia vaccine (PPSV23- Pneumovax) at age 59 and 65
- Her spleen was removed after a car accident at age 59

Questions:

1. Is she due for another pneumonia vaccine?
2. If yes, which vaccine does she need: PPSV23 (Pneumovax) and/or PCV13 (Prevnar)? In what order?

Answers:

1. Yes. Asplenia is one of the medical conditions for PCV13.

2. Only PCV13. It has been more than one year since her last PPSV23, so it can be administered now. No additional doses of PPSV23 are needed.

Rosenblatt, Elaine, MSN, FNP - BC. "February 27, 2013." University of Wisconsin School of Medicine and Public Health (2013): 1-37. 27 Feb. 2013. Web. 14 Oct. 2015. www.medicine.wisc.edu/sites/default/files/pneumoniaVaccineCase.pdf.

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Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Two pneumococcal vaccines are recommended for adults:
- 13-valent pneumococcal conjugate vaccine (PCV13, Prevnar13®)
- 23-valent pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23)

PCV13 and PPSV23 should not be administered during the same office visit.

When both are indicated, PCV13 should be given before PPSV23 whenever possible.

If either vaccine is inadvertently given earlier than the recommended window, do not repeat the dose.

One dose of PCV13 is recommended for adults:

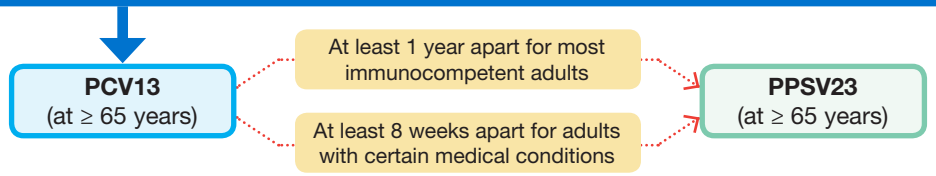
- 65 years or older who have not previously received PCV13.
- 19 years or older with certain medical conditions and who have not previously received PCV13. *See Table 1 for specific guidance.*

One dose of PPSV23 is recommended for adults:

- 65 years or older, regardless of previous history of vaccination with pneumococcal vaccines.
  - Once a dose of PPSV23 is given at age 65 years or older, no additional doses of PPSV23 should be administered.
- 19 through 64 years with certain medical conditions.
  - A second dose may be indicated depending on the medical condition. *See Table 1 for specific guidance.*

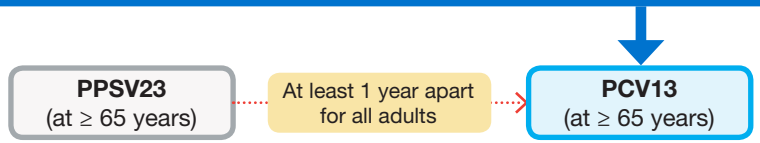
Pneumococcal vaccine timing for adults 65 years or older

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history



- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 1 year** later for most immuno*competent* adults or **at least 8 weeks** later for adults with immuno*compromising* conditions, cerebrospinal fluid leaks, or cochlear implants. *See Table 1 for specific guidance.*

For those who have previously received 1 dose of PPSV23 at ≥ 65 years and no doses of PCV13



- Administer 1 dose of PCV13 **at least 1 year** after the dose of PPSV23 for all adults, regardless of medical conditions.

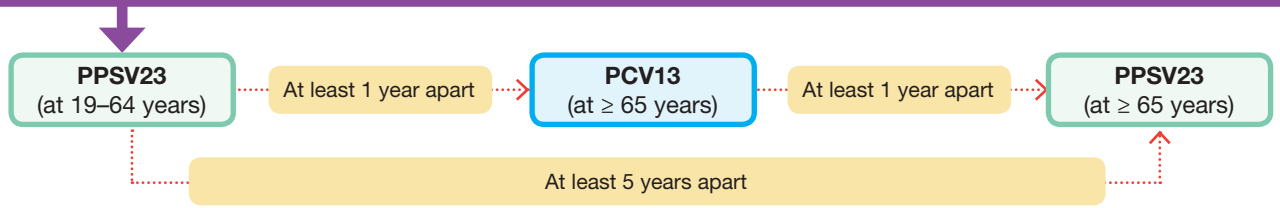
NCIRDig410 | 11.30.2015

www.cdc.gov/pneumococcal/vaccination.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Pneumococcal vaccine timing for adults with certain medical conditions

Indicated to receive 1 dose of PPSV23 at 19 through 64 years



Includes adults with:

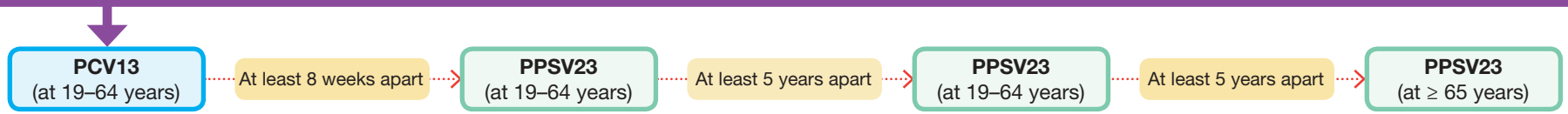
- chronic heart or lung disease
- diabetes mellitus
- alcoholism
- chronic liver disease

Also includes adults who smoke cigarettes

For those who have **not** received any pneumococcal vaccines, or those with unknown vaccination history:

- Administer 1 dose of PPSV23 at 19 through 64 years.
- Administer 1 dose of PCV13 at 65 years or older. This dose should be given **at least 1 year** after PPSV23.
- Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given **at least 1 year** after PCV13 and at least 5 years after the most recent dose of PPSV23.

Indicated to receive 1 dose of PCV13 at ≥ 19 years and 1 or 2 doses of PPSV23 at 19 through 64 years



Includes adults with:

- cerebrospinal fluid (CSF) leaks*
- cochlear implants*
- sickle cell disease or other hemoglobinopathies
- congenital or acquired asplenia
- congenital or acquired immunodeficiencies
- HIV infection
- chronic renal failure
- nephrotic syndrome
- leukemia
- lymphoma
- Hodgkin disease
- generalized malignancy
- iatrogenic immunosuppression
- solid organ transplant
- multiple myeloma

For those who have **not** received any pneumococcal vaccines, or those with unknown vaccination history:

- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 8 weeks** later.
- Administer a second dose of PPSV23 **at least 5 years** after the previous dose (**note: a second dose is not indicated for those with CSF leaks or cochlear implants*).
- Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given **at least 5 years** after the most recent dose of PPSV23.

Table 1. Medical conditions or other indications for administration of PCV13 and PPSV23 for adults

Medical indication	Underlying medical condition	PCV13 for ≥ 19 years	PPSV23* for 19 through 64 years		PCV13 at ≥ 65 years	PPSV23 at ≥ 65 years
		Recommended	Recommended	Revaccination	Recommended	Recommended
None	None of the below				✓	✓ ≥ 1 year after PCV13
Immunocompetent persons	Alcoholism		✓		✓	✓ ≥ 1 year after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	Chronic heart disease†					
	Chronic liver disease					
	Chronic lung disease§					
	Cigarette smoking					
	Diabetes mellitus					
	Cochlear implants	✓	✓ ≥ 8 weeks after PCV13		✓ If no previous PCV13 vaccination	✓ ≥ 8 weeks after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	CSF leaks					
Persons with functional or anatomic asplenia	Congenital or acquired asplenia	✓	✓ ≥ 8 weeks after PCV13	✓ ≥ 5 years after first dose PPSV23	✓ If no previous PCV13 vaccination	✓ ≥ 8 weeks after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	Sickle cell disease/other hemoglobinopathies					
Immunocompromised persons	Chronic renal failure	✓	✓ ≥ 8 weeks after PCV13	✓ ≥ 5 years after first dose PPSV23	✓ If no previous PCV13 vaccination	✓ ≥ 8 weeks after PCV13 ≥ 5 years after any PPSV23 at < 65 years
	Congenital or acquired immunodeficiencies¶					
	Generalized malignancy					
	HIV infection					
	Hodgkin disease					
	Iatrogenic immunosuppression‡					
	Leukemia					
	Lymphoma					
	Multiple myeloma					
	Nephrotic syndrome					
	Solid organ transplant					

*This PPSV23 column only refers to adults 19 through 64 years of age. All adults 65 years of age or older should receive one dose of PPSV23 5 or more years after any prior dose of PPSV23, regardless of previous history of vaccination with pneumococcal vaccine. No additional doses of PPSV23 should be administered following the dose administered at 65 years of age or older.

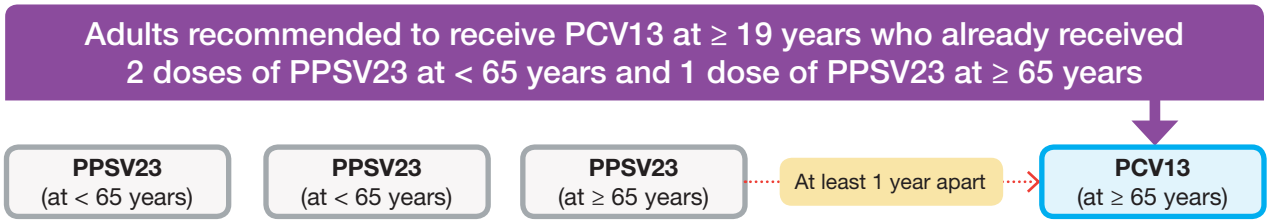
†Including congestive heart failure and cardiomyopathies

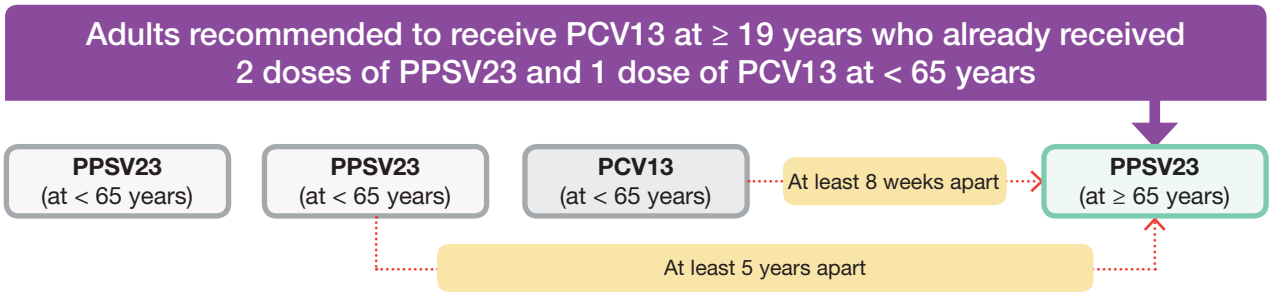
§Including chronic obstructive pulmonary disease, emphysema, and asthma

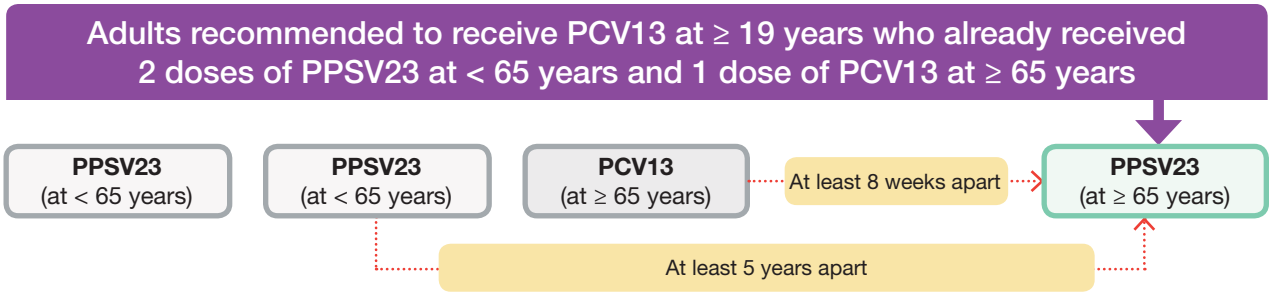
¶Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

‡Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

Additional scenarios: completing the pneumococcal vaccination series for adults





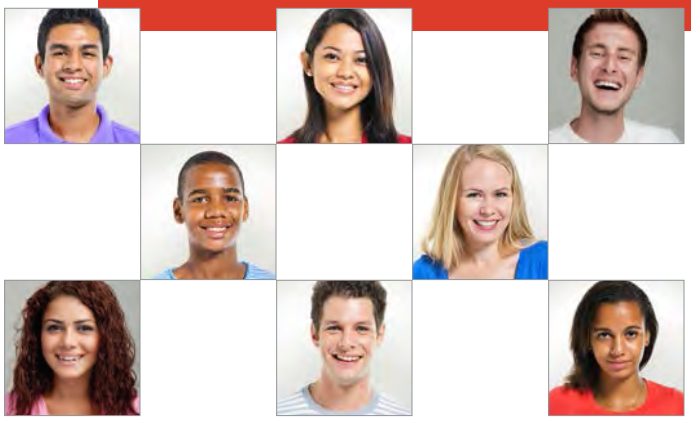


- For those who have already received 1 or more doses of PPSV23, or those with unclear documentation of the type of pneumococcal vaccine received:
  - Administer 1 dose of PCV13 **at least 1 year** after the most recent pneumococcal vaccine dose.
  - Administer a second dose of PPSV23 **at least 8 weeks** after PCV13 and at least 5 years after the previous dose of PPSV23 (*note: a second dose is not indicated for those with CSF leaks or cochlear implants*).
  - Administer 1 final dose of PPSV23 at 65 years or older. This dose should be given **at least 5 years** after the most recent dose of PPSV23.
- For those who have already received 1 dose of PCV13, do not administer an additional dose at 65 years or older.

HPV* Vaccine

A Guide for Young Adults

* human papillomavirus



HPV is a very common virus that can lead to:

- ▶ Cancers of the mouth and throat
- ▶ Cancer of the cervix
- ▶ Cancer of the penis, vagina, vulva, or anus
- ▶ Genital warts

HPV vaccine can prevent these!

Do I really need HPV vaccine? Yes!

You should get HPV vaccine because it can prevent some types of cancer and genital warts.

Do I need it if I haven't had sex yet? Yes!

- You don't have to have sex to catch HPV, but sex increases your risk.
- You can get HPV by skin-to-skin intimate contact.
- People can get and spread HPV without knowing it.
- It's best to get vaccinated before you ever have sex.

Should I get HPV vaccine if I've already had sex? Yes!

You still need to get vaccinated even if you have had sex. The vaccine provides a lot of protection.

Why do I need more than 1 shot?

You need a series of HPV shots to be fully protected.

I didn't get the vaccine at age 11 or 12. Should I get it now? Yes!

HPV vaccination is recommended for people ages 9 through 26. Even though it is ideal to get HPV vaccine at age 11–12, it is still highly effective in teens and young adults.

Is HPV vaccine safe? Yes!

- Millions of doses of HPV vaccine have been given without any problem.
- You may get a sore arm.
- Occasionally, a few people faint, so sit for 15 minutes after getting the vaccine.

Make sure you get all your HPV shots. Complete your series!

For more information on vaccines for teens and young adults, visit www.vaccineinformation.org/teens or www.vaccineinformation.org/adults

Adapted with permission from the Academic Pediatric Association

When Should I Get HPV Vaccine?

Make sure your healthcare provider reviews with you when you should be vaccinated.

AGE AT FIRST DOSE	DOSE #2	DOSE #3
9 years until 15th birthday	6–12 months after dose #1	Not needed
15 years or older	1–2 months after dose #1	Approximately 4 months after dose #2

NOTE: If you have problems with your immune system, you will need to receive 3 doses of HPV vaccine.

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Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4251.pdf • Item #4251 (1/17)

Physician Script:

HPV Vaccination

HPV vaccine is a crucial part of ensuring your patients and their families are protected against human papillomavirus (HPV) and its serious consequences, including cervical, vaginal, vulvar, penile, anal, mouth and throat cancer, and genital warts.

Below are a few suggestions on how to recommend the vaccine to your patients and medical colleagues.

Mothers of 11 and 12 Year Olds

Human papillomavirus is a serious disease. In addition to several cancers in both men and women, it can also cause genital warts. It's unfortunately very common: Approximately 79 million people in the U.S. have been infected and 14 million new infections occur every year. It's important to protect your children before they become sexually active. At 11 or 12 years of age, your child will have the strongest response to, and thus protection from, the vaccine. The recommended three doses will reduce your child's risk from certain HPV-related cancers by up to 99%. We know this vaccine is safe and effective. I have/will recommend it for my own children. Please talk to your child's doctor about getting the vaccine.

Patients in the Catch-up Population

Human papillomavirus is a serious disease. In addition to several cancers in both men and women, it can also cause genital warts. It's unfortunately very common: Approximately 79 million people in the U.S. have been infected and 14 million new infections occur every year. Even if you're already sexually active and possibly already exposed to HPV virus, the HPV vaccine offers protection against multiple strains of the virus. The recommended three doses will reduce your risk from certain HPV-related cancers by up to 99%. Your partner can also get vaccinated to protect himself/herself as well as you. We know this vaccine is safe and effective. I have/will recommend it for my own children. Let's start the vaccine series today.

Pediatricians and Family Physicians

Human papillomavirus is a serious disease. Approximately 79 million people in the United States have been infected with HPV and 14 million new infections occur every year. It is important to protect children from HPV before they are at risk of exposure. The CDC, AAP, AAFP, and ACOG recommend that 11 and 12 year olds receive the HPV vaccine, prior to becoming sexually active. Statistics show that one in three 9th graders and two in three 12th graders have engaged in sexual intercourse. Recommend the HPV vaccine series for both girls and boys the same way you recommend the other adolescent vaccines. For example, you can say, 'Your child needs these vaccines today,' and name all of the vaccines – 'meningococcal, Tdap, and HPV' – recommended for the child's age. You can also share if you've had your own child vaccinated against the disease. Your recommendation is the number one reason why someone will get the HPV vaccine and be protected from HPV-associated cancers and disease.

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

IMMUNIZATION *for* WOMEN
Immunization Information for Ob-Gyns and Their Patients

3 Vaccine Administration

A Series on Standards for Adult Immunization Practice

Take steps to improve vaccine administration in your office and better protect your patients from vaccine-preventable diseases.

1. Assess patient vaccination status at every visit.

U.S. vaccination rates are extremely low, and research shows that there are many missed opportunities for vaccination of adult patients during clinical encounters.

2. Recommend and offer vaccines at the same visit.

Research shows when patients receive a vaccine recommendation and are offered the vaccine at the same time, they are more likely to get vaccinated. **For vaccines you don't stock, it is still critical to make the recommendation and then refer to another immunization provider.**

See fact sheet 4 in this series for tips on referral.

3. Train and educate your staff on vaccine administration.

Building your staff's skills and confidence in vaccine administration can help improve vaccine delivery and ensure patient safety.

4. Properly store and handle vaccines.

This critical step can reduce wastage.

5. Distribute Vaccine Information Statements (VIS) to patients.

Help your patients make informed decisions about vaccinations by providing them with up-to-date information about the benefits and potential risks for each vaccine they need.

6. Ensure proper care for patients.

Minimize potential risks to your patients by following safety protocols such as having your patients sit or lie down while you administer vaccines.

7. Follow standard precautions to control infection.

Minimize the risks of spreading disease when administering vaccines.

8. Be aware of and prepared for potential adverse reactions.

All vaccines have the potential to cause adverse reactions. Most are minor (e.g., itching, soreness) but severe reactions (e.g., anaphylaxis), while rare, can occur. Make sure you and your staff are prepared to handle severe reactions.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 14% of adults 19 years or older have received Tdap vaccination.
- Only 20% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 41% of adults 18 years or older had received flu vaccination during the 2012–2013 flu season.

Sources: NHIS 2012 (MMWR 2014;63(5)) BRFSS 2012-2013 (www.cdc.gov/flu/fluvaxview)

For resources and tips on vaccine assessment, recommendation, referral, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Resources to Help You and Your Staff Improve Vaccine Administration in Your Practice

- **CDC General Immunization Training**
  Self-paced online trainings with free CE or CME credits, webcasts, and more:
  www.cdc.gov/vaccines/ed/courses.htm

- **Immunization Skills Self-Assessment**
  A tool for healthcare staff and supervisors to assess immunization skills and develop a plan of action to improve performance if needed:
  www.immunize.org/catg.d/p7010.pdf

- **Storage and Handling**
  Training and guidance on proper vaccine storage and handling practices:
  www.cdc.gov/vaccines/recs/storage

- **Dose and Route Chart**
  Dose, route, injection site, and needle size information for all adult vaccines:
  www.immunize.org/catg.d/p3084.pdf

- **Vaccine Information Statements (VIS)**
  Federal law requires that you provide VIS to patients prior to administering certain vaccines; however, it is a best practice to do so for all vaccines because the VIS explains both the vaccine benefits and risks to your patients. You can find print-ready VIS at:
  www.cdc.gov/vaccines/hcp/vis

- **Guide to Infection Prevention for Outpatient Care**
  A downloadable and printable guide on infection prevention including information regarding protective equipment and safe injection practices:
  www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html

- **Chart of Medical Management of Vaccine Reactions in Adult Patients**
  Procedures to follow if various adverse reactions occur:
  www.immunize.org/catg.d/p3082.pdf

- **Vaccine Adverse Events Reporting System (VAERS)**
  The National Childhood Vaccine Injury Act (NCVIA) requires healthcare providers to report certain adverse events that occur following vaccination. VAERS is a national reporting system that accepts reports on adverse events with vaccines licensed in the United States:
  www.cdc.gov/vaccinesafety/Activities/vaers.html

Standing orders or protocols save time and reduce missed opportunities by authorizing nurses, pharmacists, and other healthcare professionals (where allowed by state law) to assess patient vaccine status and administer vaccinations without examination or direct order from the attending provider.

For sample standing orders, visit: www.immunize.org/standing-orders.

For more information and resources on adult immunization, visit: www.cdc.gov/vaccines/hcp/adults.

Last updated July, 2014

It's Federal Law! You must give your patients current Vaccine Information Statements (VISs)

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with health care providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

Using VISs is legally required!

Federal law (under the National Childhood Vaccine Injury Act) requires a health care provider to give a copy of the current VIS to an adult patient or to a child's parent/legal representative before vaccinating an adult or child with a dose of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox).

Where to get VISs

All available VISs can be downloaded from the websites of the Immunization Action Coalition at www.immunize.org/vis or CDC at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health department.

Translations: You can find VISs in more than 30 languages on the Immunization Action Coalition website at www.immunize.org/vis.

To obtain translations of VIS in languages other than English, go to www.immunize.org/vis.

According to CDC, the appropriate VIS must be given:

- Prior to the vaccination (and prior to each dose of a multi-dose series);
- Regardless of the age of the vaccinee;
- Regardless of whether the vaccine is given in a public or private health care setting.

Top 10 Facts About VISs

FACT 1 — It's federal law! You must give current* VISs to all your patients before vaccinating them.

Federal law requires that VISs must be used for patients of **ALL ages** when administering these vaccines:

- DTaP (includes DT)
- Td and Tdap
- Hib
- hepatitis A
- hepatitis B
- HPV
- influenza (inactivated and live, intranasal)
- MMR and MMRV
- meningococcal
- pneumococcal conjugate
- polio
- rotavirus
- varicella (chickenpox)

For the vaccines not covered under the National Childhood Vaccine Injury Act (i.e., adenovirus, anthrax, Japanese encephalitis, pneumococcal polysaccharide, rabies, shingles, typhoid, and yellow fever), providers are not required by federal law to use VISs unless they have been purchased under CDC contract. However, CDC recommends that VISs be used whenever these vaccines are given.

*Federal law allows up to 6 months for a new VIS to be used.

FACT 2 — VISs can be given to patients in a variety of ways.

In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format used, the goal is to provide a current VIS just prior to vaccination.

CONTINUED ON NEXT PAGE ▶

Most current versions of VISs (table)

As of December 2, 2016, the most recent versions of the VISs are as follows:

Adenovirus	6/11/14
Anthrax	3/10/10
Chickenpox	3/13/08
DTaP	5/17/07
Hib	4/2/15
Hepatitis A	7/20/16
Hepatitis B	7/20/16
HPV	12/2/16
Influenza	8/7/15
Japanese enceph	1/24/14
MCV4/MPSV4	3/31/16
MenB	8/9/16
MMR	4/20/12
MMRV	5/21/10
Multi-vaccine	11/5/15
PCV13	11/5/15
PPSV	4/24/15
Polio	7/20/16
Rabies	10/6/09
Rotavirus	4/15/15
Shingles	10/6/09
Td	2/24/15
Tdap	2/24/15
Typhoid	5/29/12
Yellow fever	3/30/11

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

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Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org

www.immunize.org/catg.d/p2027.pdf ▪ Item #P2027 (12/16)

(For information on special circumstances involving vaccination of a child when a parent/legal representative is not available at the time of vaccination, see CDC's *Frequently Asked Questions* at www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html.)

Prior to vaccination, VIS may be:

- Provided as a paper copy
- Offered on a permanent, laminated office copy
- Downloaded by the vaccinee (parent/legal representative) to a smartphone or other electronic device (VISs have been specially formatted for this purpose)
- Made available to be read before the office visit, e.g., by giving the patient or parent a copy to take home during a prior visit, or telling them how to download or view a copy from the Internet. These patients must still be offered a copy in one of the formats described previously to read during the immunization visit, as a reminder.

Regardless of the way the patient is given the VIS to read, providers must still offer a copy (which can be an electronic copy) of each appropriate VIS to take home following the vaccination. However, the vaccinee may decline.

FACT 3 VISs are required in both public and private sector health care settings.

Federal law requires the use of VISs in both public and private sector settings, regardless of the source of payment for the vaccine.

FACT 4 You must provide a current VIS *before* a vaccine is administered to the patient.

A VIS provides information about the disease and the vaccine and must be given to the patient **before** a vaccine is administered. It is also acceptable to hand out the VIS well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy), as long as you still provide a current VIS right before administering vaccines.

FACT 5 You must provide a current VIS for *each* dose of vaccine you administer.

The most current VIS must be provided before **each dose** of vaccine is given, including vaccines given as a series of doses. For example, if 5 doses of a single vaccine are required (e.g., DTaP), the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given.

FACT 6 You must provide VISs whenever you administer combination vaccines.

If you administer a combination vaccine that does not have a stand-alone VIS (e.g., Kinrix, Quadracel, Pediarix, Pentacel, Twinrix) you should provide the patient with individual VISs for the component vaccines, or use the Multi-Vaccine VIS (see below).

The Multi-Vaccine VIS may be used in place of the individual VISs for DTaP, Hib, hepatitis B, polio, and pneumococcal when two or more of these vaccines are administered during the same visit. It may be used for infants as well as children through 6 years of age. The Multi-Vaccine VIS should not be used for adolescents or adults.

FACT 7 VISs should be given in a language/format that the recipient can understand, whenever possible.

For patients who don't read or speak English, the law requires that providers ensure all patients (parent/legal representatives) receive a VIS, regardless of their ability to read English. To obtain VISs in more than 30 languages, visit the Immunization Action Coalition website at www.immunize.org/vis. Providers can supplement VISs with visual presentations or oral explanations as needed.

FACT 8 Federal law does not require signed consent in order for a person to be vaccinated.

Signed consent is not required by federal law for vaccination (although some states may require it).

FACT 9 To verify that a VIS was given, providers must record in the patient's medical record (or permanent office log or file) the following information:

- The edition date of the VIS (found on the back at the right bottom corner)
- The date the VIS is provided (i.e., the date of the visit when the vaccine is administered)

In addition, providers must record:

- The office address and name and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number

FACT 10 VISs should not be altered before giving them to patients, but you can add some information.

Providers should not change a VIS or write their own VISs. However, it is permissible to add a practice's name, address, and contact information to an existing VIS.

Additional resources on VISs and their use are available from the following organizations:

Immunization Action Coalition

- *VIS general information and translations in more than 30 languages:* www.immunize.org/vis
- *Current Dates of Vaccine Information Statements:* www.immunize.org/catg.d/p2029.pdf

Centers for Disease Control and Prevention

- *VIS website:* www.cdc.gov/vaccines/hcp/vis
- *VIS Facts:* www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html
- *VIS FAQs:* www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html

4 Vaccine Referral

A Series on Standards for Adult Immunization Practice

Even if your practice doesn't stock all or any vaccines, you still have a critical role to play in ensuring your patients are protected from serious diseases.

Routinely assess your patients' immunization needs, vaccinate with vaccines you do stock, and provide referrals for recommended vaccines you do not stock.

Here's why it's important:

- **Each year, thousands of adults in the United States suffer illness, are hospitalized, or even die from diseases that could be prevented by vaccines.**

  Adults believe immunization is important, but most are just not aware that they need vaccines throughout their lives to protect against diseases such as pertussis, hepatitis, and shingles.

- **Patients rely on you to give them the best advice on how to protect their health.**

  If you don't tell them about the vaccines they need, your patients are unlikely to get vaccinated.

Here's what you can do:

- **Refer your patients to other immunization providers for vaccines you don't stock.**

  It may not be possible to stock all vaccines in your practice. But you can still ensure that your patients are getting the vaccines they need by following up your strong recommendation with a referral. There is an expanding network of immunization providers, and it is easier than ever to find providers in your area who offer vaccination services. See back for details.

- **Confirm that patients received recommended vaccines by following up at the next visit.**

  Document the vaccines your patients receive, whether you administer them or not, to make sure patients are fully immunized. Simple reminders can help your practice and your patients stay up to date.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 14% of adults 19 years or older have received Tdap vaccination.
- Only 20% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 41% of adults 18 years or older had received flu vaccination during the 2012–2013 flu season.

Sources: NHIS 2012 (MMWR 2014;63(5)) BRFSS 2012-2013 (www.cdc.gov/flu/fluvaxview)

For resources and tips on vaccine assessment, recommendation, administration, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccine Referral Options

- **HealthMap Vaccine Finder** (vaccine.healthmap.org) is a free, online service where users can search by zip code for providers who offer vaccines.
- **Health Departments** often provide routine vaccinations or can help you identify other local vaccine providers. Visit www.vaccines.gov/getting/where/ and click on your state to learn more.
- **Pharmacies** are a convenient location for many patients to get vaccinated. Most pharmacies have on-site clinics that provide vaccines.
- **Travel Clinics** are current with vaccine recommendations for international travel and often carry vaccines that are less frequently recommended and might be cost-prohibitive to stock. Find travel clinics in your area: http://wwwnc.cdc.gov/travel/page/find-clinic.

Remind patients to check with their insurance plans regarding which providers their insurance includes for vaccine services.

When referring, consider giving your patients a vaccine prescription. If your patients can leave your office with a prescription for the vaccines you recommend it may help them to take the next step.

Vaccine prescription pads, customizable with your provider information, are available at: www.cdc.gov/vaccines/hcp/adults/resources

For more information and resources on adult immunization, visit: www.cdc.gov/vaccines/hcp/adults.

Last updated July, 2014

OFFICE
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Patient Name ______________________________

Date ______________________________

Vaccines recommended for you (adults 19 years and older):

- ☐ Influenza
  - ☐ Live nasal
  - ☐ Standard dose, inactivated
  - ☐ High dose, inactivated
  - ☐ Intradermal
  - ☐ Recombinant
- ☐ Meningococcal
- ☐ MMR (measles, mumps, and rubella)
- ☐ Pneumococcal polysaccharide (PPSV23)
- ☐ Pneumococcal 13-valent conjugate (PCV13)
- ☐ Td (tetanus and diphtheria only)
- ☐ Tdap (Td plus pertussis, "whooping cough")
- ☐ Zoster (shingles)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Combination Hepatitis A and B vaccine
- ☐ HPV (Human papillomavirus)
- ☐ Other Vaccine: ______________________

Rx

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Healthcare professional signature

- *Visit* ***http://vaccine.healthmap.org*** *to find where to get vaccinated in your area*
- *To learn more about adult vaccines, visit* ***www.cdc.gov/vaccines/adults***

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Patient Name ______________________________

Date ______________________________

Vaccines recommended for you (adults 19 years and older):

- ☐ Influenza
  - ☐ Live nasal
  - ☐ Standard dose, inactivated
  - ☐ High dose, inactivated
  - ☐ Intradermal
  - ☐ Recombinant
- ☐ Meningococcal
- ☐ MMR (measles, mumps, and rubella)
- ☐ Pneumococcal polysaccharide (PPSV23)
- ☐ Pneumococcal 13-valent conjugate (PCV13)
- ☐ Td (tetanus and diphtheria only)
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- ☐ Zoster (shingles)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Combination Hepatitis A and B vaccine
- ☐ HPV (Human papillomavirus)
- ☐ Other Vaccine: ______________________

Rx

____
Healthcare professional signature

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OFFICE
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Patient Name ______________________________

Date ______________________________

Vaccines recommended for you (adults 19 years and older):

- ☐ Influenza
  - ☐ Live nasal
  - ☐ Standard dose, inactivated
  - ☐ High dose, inactivated
  - ☐ Intradermal
  - ☐ Recombinant
- ☐ Meningococcal
- ☐ MMR (measles, mumps, and rubella)
- ☐ Pneumococcal polysaccharide (PPSV23)
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- ☐ Td (tetanus and diphtheria only)
- ☐ Tdap (Td plus pertussis, "whooping cough")
- ☐ Zoster (shingles)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Combination Hepatitis A and B vaccine
- ☐ HPV (Human papillomavirus)
- ☐ Other Vaccine: ______________________

Rx

____
Healthcare professional signature

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- *To learn more about adult vaccines, visit* ***www.cdc.gov/vaccines/adults***

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OFFICE
STAMP
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Patient Name ______________________________

Date ______________________________

Vaccines recommended for you (adults 19 years and older):

- ☐ Influenza
  - ☐ Live nasal
  - ☐ Standard dose, inactivated
  - ☐ High dose, inactivated
  - ☐ Intradermal
  - ☐ Recombinant
- ☐ Meningococcal
- ☐ MMR (measles, mumps, and rubella)
- ☐ Pneumococcal polysaccharide (PPSV23)
- ☐ Pneumococcal 13-valent conjugate (PCV13)
- ☐ Td (tetanus and diphtheria only)
- ☐ Tdap (Td plus pertussis, "whooping cough")
- ☐ Zoster (shingles)
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Combination Hepatitis A and B vaccine
- ☐ HPV (Human papillomavirus)
- ☐ Other Vaccine: ______________________

Rx

____
Healthcare professional signature

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- *To learn more about adult vaccines, visit* ***www.cdc.gov/vaccines/adults***

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May 2014

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Vaccine Documentation

A Series on Standards for Adult Immunization Practice

Since patients can get their vaccines from many different healthcare professionals, assessing current vaccination status for patients can be challenging but it is very important.

Keep an up-to-date record of the vaccines your patients have received to make sure they have the best protection against vaccine-preventable diseases.

To ensure patients get the vaccines they need and to prevent unnecessary vaccination, you should:

- Record vaccination in patients' medical records
- Provide documentation of vaccines received to patients for their personal records
- Document vaccinations in immunization information systems (IIS)

IIS are confidential, community-wide, computerized databases that record vaccines administered by participating healthcare professionals. Documenting vaccines into IIS can benefit your practice by:

- Consolidating vaccination records for your patients
- Helping you assess your patients' immunization status
- Making sure your patients have completed necessary vaccine series (for example, all three doses of hepatitis B vaccine)
- Reducing chances for unnecessary doses of vaccine or missed opportunities to provide vaccines
- Facilitating use of reminder and recall notifications to send to patients
- Making calculation of your office's immunization coverage rates easier

For more information on how to access IIS, contact your state coordinator. (See back for details.)

Even if you do not administer vaccines in your office, follow up with your patients to ensure they received the recommended vaccines from another immunization provider.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 14% of adults 19 years or older have received Tdap vaccination.
- Only 20% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 41% of adults 18 years or older had received flu vaccination during the 2012–2013 flu season.

Sources: NHIS 2012 (MMWR 2014;63(5)) BRFSS 2012-2013 (www.cdc.gov/flu/fluvaxview)

For resources and tips on vaccine assessment, recommendation, administration, and referral, visit:

www.cdc.gov/vaccines/adultstandards

DON'T WAIT. VACCINATE!

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Resources for Documenting Vaccines Received by Your Patients

- Learn more about Immunization Information Systems (IIS)
  www.cdc.gov/vaccines/programs/iis/training.html

- Reach out to your state's main contact regarding questions about your state or local registry, including whether you may be able to automatically transmit immunization data from your electronic medical records to your state's IIS
  www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html

- Provide your patient with a vaccine administration record
  www.immunize.org/catg.d/p2023.pdf

- Learn how to protect the privacy, confidentiality, and security of your patients' information
  www.immregistries.org/resources/privacy-security-confidentiality

- Learn more about meaningful use of Electronic Health Record systems and IIS
  www.cdc.gov/vaccines/programs/iis/meaningful-use/index.html
  www.cdc.gov/ehrmeaningfuluse/introduction.html

Documenting vaccinations in IIS fulfills one of the Centers for Medicare & Medicaid Services "Core" Meaningful Use criteria. Learn more at www.healthit.gov/providers-professionals/achieve-meaningful-use/core-measures-2/immunization-registries-data-submission.

For more information and resources on adult immunization, visit: www.cdc.gov/vaccines/hcp/adults.

Last updated July, 2014

Registry Participation Instructions

Nevada law states that all shots administered in Nevada must be recorded in Nevada WebIZ.

<u>This requirement extends to patients of ALL ages</u>.

Per Nevada Revised Statute (NRS) 439.265 and the regulations adopted to support this law, all shots given in Nevada must be recorded in Nevada WebIZ, our statewide immunization registry. The steps necessary to successfully comply with this law are listed below:

1) DISCLOSURE

Print the **Disclosure Statement Poster** and **post it prominently** in your lobby, waiting room or registration area. This Poster will serve as notification to vaccination patients that their information will be entered into the registry.

2) ENTERING THE PATIENT DATA

Patients **DO NOT** need to give consent for their (or their child's) information to be entered into the registry. Please make sure the patient (or parent/guardian) understands what the registry is and offer to answer any questions they may have. You may always refer them to the Nevada WebIZ Help Desk for further information.

- **THE PATIENT <u>DOES NOT</u> NEED TO SIGN A FORM IF THEY <u>DO NOT OBJECT</u>** to having their (or their child's) data entered into the registry. You may now enter their data.
- **If the patient objects to having their data entered into the registry, <u>DO NOT</u> enter their data and move on to step 3.**

3) PARTICIPATION FORM

The Participation Form serves two functions:

- Patients may sign this form if they **do not want** to have their (or their child's) information entered into the registry.
- Patients who previously did not want to participate and now do may sign this form to have their information entered into the registry.

ONLY provide the Form to patients who do not want to participate and to those that previously did not want to participate and now do.

4) SUBMITTING SIGNED FORMS TO THE WEBIZ HELP DESK

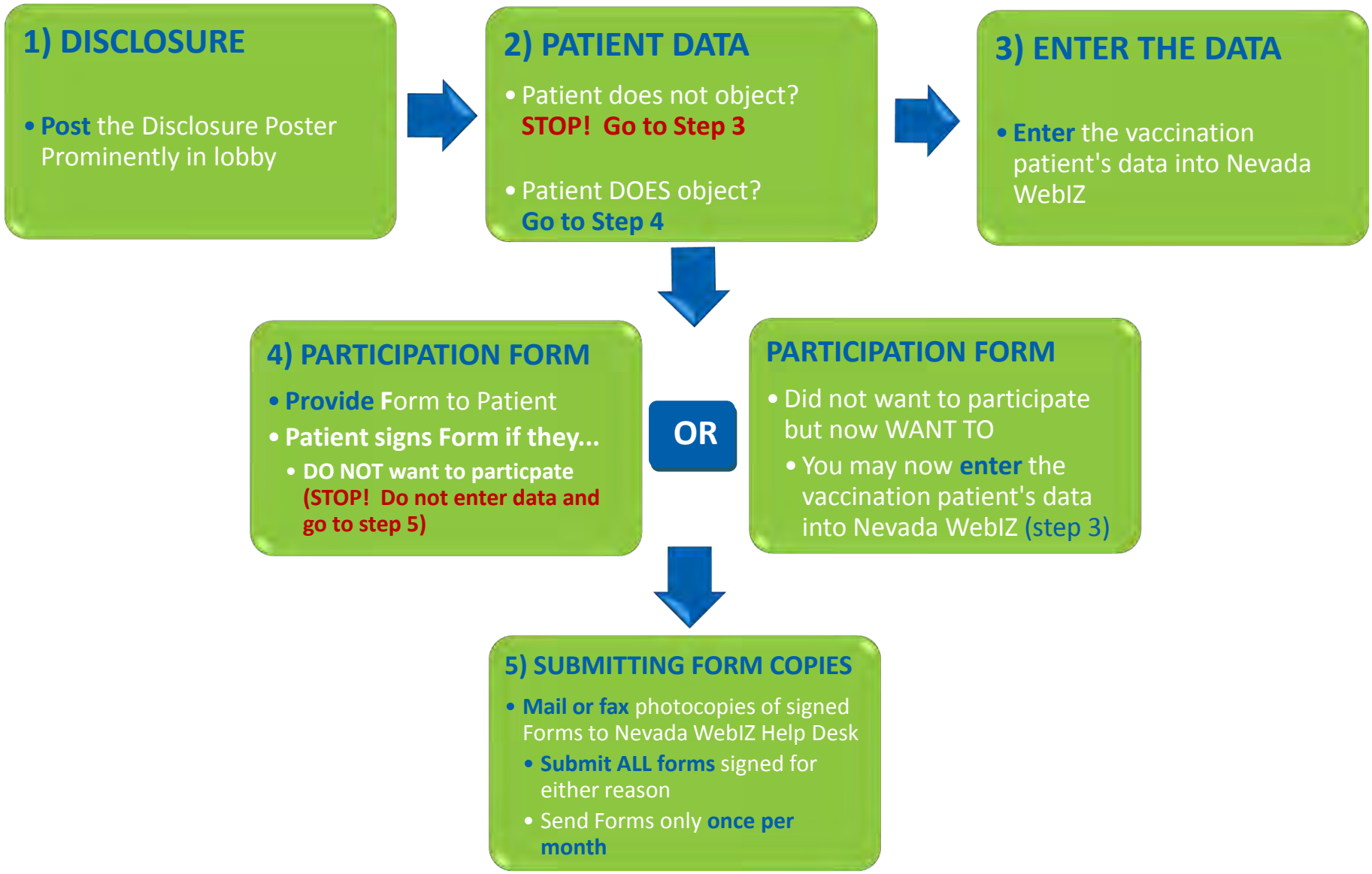
If any of your patients sign a Participation Form for **EITHER** of the reasons listed above, you must submit a copy of the form to the Nevada WebIZ Help Desk.

- At the end of each month, please mail or fax photocopies of any forms received during that month to the Help Desk (address and fax # listed below).

Nevada WebIZ Help Desk
4150 Technology Way Suite 101
Carson City NV 89706

Phone: (775) 684-5954
Toll-free (877) NV-WebIZ
Fax: (775) 687-7596 NEW!

Registry Participation Instructions



Nevada WebIZ Help Desk
4150 Technology Way Suite 210
Carson City NV 89706

Phone: (775) 684-5954
Toll-free: (877) NV-WebIZ
Fax: (775) 687-7596 NEW!

Posted 9/30/2010

Public Access Portal

Nevada WebIZ has a Public Access Portal!

Nevada WebIZ is a confidential online computer system used statewide by doctors and nurses to keep track of their patients' immunizations. Through the new Public Access Portal website:

- Parents and legal guardians can print official immunization records for their child(ren) (ages 0 through 17 years) and
- Adult individuals (ages 18 years and over) can print official immunizations records for themselves.

This is an official record and can be used as proof of immunization for school entry, summer camp, employment, etc.

6 Easy Steps to Finding a Record Through the Public Access Portal

1. Ask your doctor to add Social Security Number (SSN) to your and/or your child(ren)'s Nevada WebIZ record.
   SSN's are protected in Nevada WebIZ and cannot be learned by people accessing the system.
2. Visit the Public Access Portal at:

izrecord.nv.gov

3. Enter the Last Name, First Name, Date of Birth, Gender and SSN of the person whose record you are searching for and click "Search."
4. Once a record is found, click "Print Official Immunization Record."
5. When prompted, enter your First Name, Last Name, Phone Number and your relationship to the person named on the record in the pop-up window.
   This lets us keep track of who is using the Portal and which records they are requesting. This also allows us to restrict access to records per Nevada law.
6. Print and/or save the Official Immunization Record (Adobe .pdf format).

Please feel free to contact our Help Desk at 775-684-5954 or toll-free (within Nevada) at 1-877-NV-WEBIZ or via email at **izit@health.nv.gov** if:

- Your doctor's office is not entering immunizations into Nevada WebIZ (Nevada law requires that all immunizations given in Nevada be stored in Nevada WebIZ),
- You experience any trouble accessing the Public Access Portal, or
- You have any questions or concerns.

Learn more about Nevada WebIZ by visiting
http://dpbh.nv.gov/Programs/WebIZ/WebIZ_-_Home/

Updated April 2016

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Coding for Vaccinations*

ICD-10-CM Diagnosis Codes for Vaccination Services

The diagnosis codes for an encounter for vaccinations are found in the Z code category (Factors Influencing Health Status and Contact With Health Services) of ICD-10-CM. If a patient is being seen for a specific disease or symptom, report the code for the disease or symptom as well as a code for the vaccination.

Diagnosis codes used for vaccinations are categorized as follows:

- Individuals with potential health hazards related to communicable diseases, including patients who have been exposed to or had contact with someone with a communicable disease
- Encounters for inoculations and vaccinations, including prophylactic administration of vaccines
- Encounters during which a planned immunization was not carried out

The diagnosis codes most likely to be reported when vaccinations are administered to individuals with potential health hazards related to communicable diseases are listed as follows:

Excludes: carrier of infectious disease (Z22.-)
diagnosed current infectious or parasitic disease (Z22)
personal history of infectious and parasitic diseases (Z86.1-)

- Z20 Contact with and (suspected) exposure to communicable diseases
- Z20.1 Tuberculosis
- Z20.3 Rabies
- Z20.4 Rubella
- Z20.82 Contact with and (suspected) exposure to other viral communicable diseases
- Z20.820 Varicella
- Z20.828 Other viral communicable diseases
- Z20.81-* Other bacterial communicable diseases

*Note that a dash (-) indicates that an additional character is required to complete this code.

- Z20.811 Meningococcus
- Z20.9 Unspecified communicable diseases
- Z23 Encounter for immunization
- Z51.89 Encounter for other specified aftercare (Includes: isolation)
- Z41.8 Encounter for other procedures for purposes other than remedying health state (Includes administration of Immune sera [gamma globulin] RhoGAM, antivenin, and tetanus antitoxin)

Immunization not carried out and underimmunization status:

- Z28 Immunization not carried out and underimmunization status
- Z28.0 Immunization not carried out because of contraindication
- Z28.01 Immunization not carried out because of acute illness of patient
- Z28.02 Immunization not carried out because of chronic illness or condition of patient
- Z28.03 Immunization not carried out because of immune-compromised state of patient
- Z28.04 Immunization not carried out because of patient allergy to vaccine or component
- Z28.82 Immunization not carried out because of caregiver refusal
  Excludes 1: immunization not carried out because of caregiver refusal because of religious belief (Z28.1)
- Z28.21 Immunization not carried out because of patient refusal
- Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
- Z28.81 Immunization not carried out due to patient having had the disease
- Z28.09 Immunization not carried out because of other contraindication
- Z28.20 Immunization not carried out because of patient decision for unspecified reason
- Z28.29 Immunization not carried out because of patient decision for other reason
- Z28.89 Immunization not carried out for other reason

Current Procedural Terminology and Medicare Coding for Vaccinations

Vaccination Procedures

A vaccination procedure has two components: 1) the administration of the vaccine and 2) the vaccine product (drug) itself. The administration may be performed by the obstetrician–gynecologist or other health care provider. When the vaccine drug and the administration are provided by the physician office, report a code for the vaccine and a code for administration of the vaccine.

Codes for Administration of the Vaccine

The administration codes specify the method and route of administration (see Table 1 for CPT codes). Medicare and CPT use the same set of codes to report administration of most vaccines.

Table 1. *Current Procedural Terminology* Codes for Vaccine Administration (Single or Combination Vaccine/Toxoid)

Code	Method	Route of Administration	Type of Service	Reporting Rules
90460	Any route	Percutaneous, intradermal, subcutaneous, or intramuscular	Primary	Report for each vaccine administered. Physician also provides counseling. Patient is 18 years or younger.
90461	Any route	Percutaneous, intradermal, subcutaneous, or intramuscular	Each additional	Report for each additional component in a vaccine in conjunction with 90460. Physician also provides counseling. Patient is 18 years or younger.
90471	Injection	Percutaneous, intradermal, subcutaneous, or intramuscular	Primary	Report only one primary vaccine administration per encounter.
+90472	Injection	Percutaneous, intradermal, subcutaneous, or intramuscular	Each additional	Report for secondary or subsequent vaccine administration. Report only with code 90460, 90471, or 90473.
90473	Intranasal	Intranasal or oral	Primary	Report only one primary vaccine administration per encounter. Do not report 90473 with 90471.
+90474	Intranasal or oral	Intranasal or oral	Each additional	Report for secondary or subsequent vaccine administration. Report only with code 90460, 90471, or 90473.

Medicare requires special HCPCS codes for the administration of influenza, pneumococcal, or hepatitis B vaccines (see Table 2). Note that some commercial carriers also accept these HCPCS codes. A summary of these codes follows.

Table 2. Medicare's *Healthcare Common Procedure Coding System* Codes for Vaccine Administration ⇦

Code	Vaccine	Specific Method	Type of Service
G0008	Influenza	Injection	Primary
G0009	Pneumococcal	Injection	Primary
G0010	Hepatitis B	Injection	Primary

G codes are temporary codes used to identify professional health care services that would be reported using a CPT code if one existed or to provide more information. Report the G code for administration and the applicable CPT code for the vaccine.

There are no specific HCPCS codes for administration of other vaccines. In these cases, Medicare accepts the appropriate CPT code for the vaccine administration.

Codes for the Vaccine Drug Product

Current Procedural Terminology and Medicare use CPT codes 90476–90749 to report the vaccine drugs (see Table 3, Table 4, Table 5, and Table 6). Beginning in 2006, CPT has included a symbol in front of a code number to indicate that this vaccine was not approved by the U.S. Food and Drug Administration at the time the CPT book was published. After the vaccine has U.S. Food and Drug Administration approval, the code is considered active. The changes in vaccine status are posted at www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance.page?.

Table 3, Table 4, Table 5, and Table 6 summarize coding for vaccines and their administration under CPT and Medicare rules, assuming that patients who are 18 years or younger are not being immunized. If patients younger than 18 years are being immunized and provided with physician counseling, then codes 90460 and 90461 would be used instead of codes 90471 and 90472 for injectable vaccines, and codes 90460 and 90461 would be used instead of codes 90473 and 90474 for intranasal or oral vaccines.

The following are administration codes:

- 90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
- +90472 Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)
- 90473 Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
- +90474 Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure.)

Table 3. Vaccines Commonly Administered to Adolescents and Adults (Report an Administration Code and a Vaccine Code) ⇦

Vaccine	Code for Vaccine Product	Administration Codes	
		CPT	Medicare
Hepatitis A, adult, IM	90632	90471–90472	90471–90472
Hepatitis A, adolescent, 2-dose schedule, IM	90633	90460–90472	90471–90472
Hepatitis A, pediatric/adolescent dosage, 3-dose schedule, IM	90634	90460–90472	90471–90472
Hepatitis B, adolescent, 2-dose schedule, IM	90743	90460–90472	G0010
Hepatitis B, pediatric/adolescent, 3-dose schedule, IM	90744	90460–90472	G0010
Hepatitis B, adult, 3-dose schedule, IM	90746	90471–90472	G0010
Hepatitis B, adult, 2-dose schedule, IM	90739	90471–90472	G0010
Hepatitis B, dialysis or immunosuppressed patient, 3-dose schedule, IM	90740	90471–90472	G0010
Hepatitis B, dialysis or immunosuppressed patient, 4-dose schedule, IM	90747	90471–90472	G0010
HepA–HepB, adult, IM	90636	90471–90472	90471–90472
HPV virus types 6, 11, 16, 18 (quadrivalent); 3-dose schedule; IM	90649	90460–90472	90471–90472
HPV virus types 16, 18 (bivalent); 3-dose schedule; IM	90650	90460–90472	90471–90472
HPV types 6, 11, 16, 18, 31, 33, 45, 52, 58 (nonavalent); 3-dose schedule; IM	90651	90460–90472	90471–90472
Influenza virus, quadrivalent (IIV4), split virus, preservative free, for intradermal use	90630	90460–90472	G0008

(continued)

Table 3. Vaccines Commonly Administered to Adolescents and Adults (Report an Administration Code and a Vaccine Code) *(continued)*

Vaccine	Code for Vaccine Product	Administration Codes	
		CPT	Medicare
Influenza virus, trivalent, split virus, preservative free, patient 3 years or older, IM	90656	90460–90472	G0008
Influenza virus, trivalent, split virus, patient 3 years or older, IM	90658	90460–90472	G0008
Influenza virus, trivalent, live, intranasal	90660	90473–90474	G0008
Influenza virus, quadrivalent, live, intranasal	90672	90473–90474	G0008
Influenza virus, quadrivalent, split virus, preservative free, IM	90686	90473–90474	G0008
Meningococcal polysaccharide, sub	90733	90473–90474	90471–90472
Meningococcal conjugate; serogroups A, C, Y and W-135 (tetravalent); IM	90734	90460–90472	90471–90472
Pneumococcal polysaccharide, 23-valent, patient 2 years or older, subcutaneous or IM	90732	90460–90472	90471–90472
Tetanus toxoid adsorbed, IM	90703	90460–90472	90471–90472
Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, patient 7 years or older, IM	90714	90460–90472	90471–90472
Tetanus and diphtheria toxoids and acellular pertussis (Tdap), patient 7 years or older, IM	90715	90460–90472	90471–90472
Zoster (shingles), live, subcutaneous	90736	90471–90472	90471–90472

Abbreviations: CPT, *Current Procedural Terminology*; HPV, human papillomavirus; IM, intramuscular.

Table 4. Medicare Coding for Influenza ⇦

Vaccine (Description)	Code for Vaccine Product	Administration Code
Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	Q2034	G0008
Influenza virus vaccine, split virus, when administered to individuals 3 years or older, for intramuscular use (Afluria)	Q2035	G0008
Influenza virus vaccine, split virus, when administered to individuals 3 years or older, for intramuscular use (Flulaval)	Q2036	G0008
Influenza virus vaccine, split virus, when administered to individuals 3 years or older, for intramuscular use (Fluvirin)	Q2037	G0008
Influenza virus vaccine, split virus, when administered to individuals 3 years or older, for intramuscular use (Fluzone)	Q2038	G0008
Influenza virus vaccine, split virus, when administered to individuals 3 years or older, for intramuscular use (Not otherwise specified)	Q2039	G0008
Influenza virus vaccine, trivalent, split virus, preservative free, for intradermal use	90654	G0008
Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years or older, for intramuscular use	90656	G0008
Influenza virus vaccine, trivalent, live, for intranasal use	90660	G0008
Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	90662	G0008
Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use	90653	G0008
Influenza virus, quadrivalent, split virus, preservative free, for intramuscular use	90686	G0008

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services

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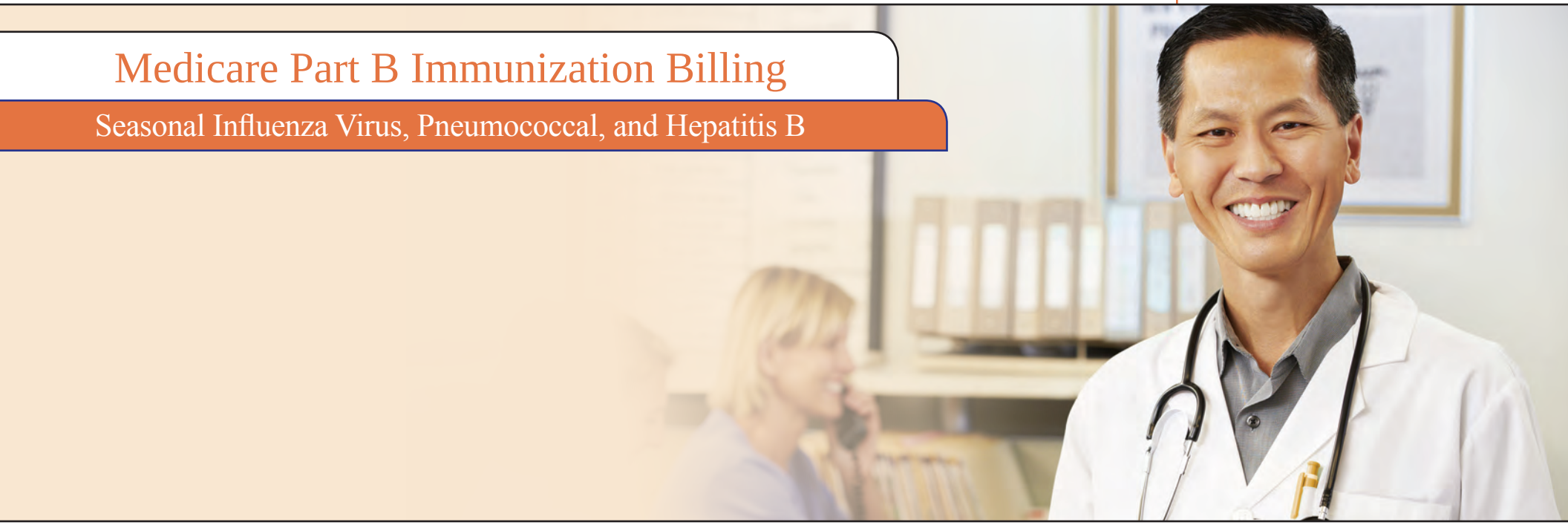
To Open a Text-Only Version for Easy Printing

Medicare Part B Immunization Billing

Seasonal Influenza Virus, Pneumococcal, and Hepatitis B



Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

ICN 006799 February 2016

Administration & Diagnosis Codes	Vaccine Codes & Descriptors	Frequency of Administration
Seasonal Influenza Virus Vaccine **Administration Code:** G0008 **Diagnosis Code:** Z23	**90630** – Influenza split virus vaccine, quadrivalent, preservative free, for intradermal use **90653** – Influenza virus vaccine, inactivated, subunit, adjuvanted, for intramuscular use **90654** – Influenza virus vaccine, split virus, preservative-free, for intradermal use **90655** – Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6–35 months of age, for intramuscular use **90656** – Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use **90657** – Influenza virus vaccine, trivalent, split virus, when administered to children 6–35 months of age, for intramuscular use **90660** – Influenza virus vaccine, live, for intranasal use **90661** – Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use **90662** – Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use **90672** – Influenza virus vaccine, quadrivalent, live, for intranasal use **90673** – Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use **90685** – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6–35 months of age, for intramuscular use **90686** – Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use **90687** – Influenza virus vaccine, quadrivalent, split virus, when administered to children 6–35 months of age, for intramuscular use **90688** – Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use **Q2035** – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) **Q2036** – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) **Q2037** – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) **Q2038** – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) **Q2039** – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (not otherwise specified)	Once per influenza season Medicare may cover additional seasonal influenza virus vaccinations if medically necessary

Immunization Procedure Codes & Descriptors (cont.)

Administration & Diagnosis Codes	Vaccine Codes & Descriptors	Frequency of Administration
Pneumococcal Vaccine **Administration Code:** G0009 **Diagnosis Code:** Z23	**90670** – Pneumococcal conjugate vaccine, 13-valent, for intramuscular use **90732** – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	An initial pneumococcal vaccine to Medicare beneficiaries who have never received the vaccine under Medicare Part B; **and** A different, second pneumococcal vaccine 1 year after the first vaccine was administered
Pneumococcal and Seasonal Influenza Virus Vaccines received during the same visit **Administration Codes:** G0008: Influenza Virus G0009: Pneumococcal **Diagnosis Code:** Z23	Use seasonal influenza virus and pneumococcal vaccine codes	Follow Medicare coverage requirements for seasonal influenza virus and pneumococcal vaccines
Hepatitis B Vaccine **Administration Code:** G0010 **Diagnosis Code:** Z23	**90739** – Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use **90740** – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use **90743** – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use **90744** – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use **90746** – Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use **90747** – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	Scheduled doses required

Quick Facts!

- Enrolled providers may roster bill for seasonal influenza virus and pneumococcal vaccinations even if they are not a mass immunizer.
- All physicians, non-physician practitioners, and suppliers who administer the seasonal influenza virus and the pneumococcal vaccines must accept assignment on the claims for the vaccines.
- Seasonal influenza virus, pneumococcal, and hepatitis B vaccines and their administration are covered Part B benefits and are **not** covered Part D benefits.

What's New?

Since Medicare reimbursement rates change periodically, you can stay informed by enrolling in a relevant Centers for Medicare & Medicaid Services (CMS) electronic mailing list. For more information, visit https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243324.html on the CMS website.

Institutional Providers: Additional Billing Information

The table below provides the Type of Bill (TOB) institutional providers use for billing immunizations.

Facility Types and TOBs for Immunizations

Facility Type	Type of Bill
Hospital Inpatient (Part B)	12X
Hospital Outpatient	13X
Skilled Nursing Facility (SNF) Inpatient Part B	22X
SNF Outpatient	23X
Home Health (Part B Only)	34X
Rural Health Clinic (RHC)	71X
Independent and Hospital-Based Renal Dialysis Facility (RDF)	72X
Comprehensive Outpatient Rehabilitation Facility (CORF)	75X
Federally Qualified Health Center (FQHC)	77X
Critical Access Hospital (CAH)	85X

Revenue Codes (except RHCs and FQHCs): 0636 – vaccine
0771 – administration

Special Billing Information for RHCs and FQHCs

The tables below provide special billing information for RHCs and FQHCs. For more information and examples, refer to https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf on the CMS website.

Special Billing Information for RHCs

Vaccine & Administration	Report on a Separate Line?	Payment
Seasonal influenza virus or pneumococcal vaccines and their administration	No	Included in the cost report (not in the encounter)
Hepatitis B vaccine and its administration	Yes (carve out charges for the vaccine and its administration from the office visit and report on the separate claim line) **NOTE:** Do not bill if vaccine administration was the only service provided	Included in the all-inclusive rate (AIR)

Special Billing Information for FQHCs

Vaccine & Administration	Report on a Separate Line?	Payment
Seasonal influenza virus or pneumococcal vaccines and their administration	Yes (carve out charges for the vaccine and its administration from the office visit and report on the separate claim line) **NOTE:** Do not bill an encounter if vaccine administration was the only service provided	Included in the cost report (not in the encounter)
Hepatitis B vaccine and its administration	Yes (carve out charges for the vaccine and its administration from the office visit and report on the separate claim line) **NOTE:** Do not bill an encounter if vaccine administration was the only service provided	Included in the AIR or as part of the FQHC Prospective Payment System (PPS)*

* All FQHCs will transition to the PPS with their first cost reporting period beginning on or after October 1, 2014.

Frequently Asked Questions

Does the Medicare Part B deductible or coinsurance/copayment apply for Part B-covered immunizations?

No, neither the Part B deductible nor coinsurance or copayment applies to the vaccines or their administration from physicians or suppliers that agree to accept assignment.

If a beneficiary gets a seasonal influenza virus vaccine more than once in a 12-month period, will Medicare still pay for it?

Yes, Medicare pays for one seasonal influenza virus vaccination per influenza season; however, a beneficiary could get the seasonal influenza virus vaccine twice in a calendar year for two different influenza seasons, and Medicare would pay the provider for each. For example, a beneficiary could get a seasonal influenza virus vaccination in January 2014 for the 2013–2014 influenza season and another seasonal influenza virus vaccination in November 2014 for the 2014–2015 influenza season, and Medicare would pay for both vaccinations.

Will Medicare pay for the pneumococcal vaccination if a beneficiary is uncertain of his or her vaccination history?

Yes, if a beneficiary is uncertain about his or her vaccination history, provide the vaccine and Medicare will cover the revaccination.

Does Medicare cover the hepatitis B vaccine for all Medicare beneficiaries?

No, Medicare covers the hepatitis B vaccine for certain beneficiaries who are at intermediate to high risk for the hepatitis B virus (HBV). These individuals include health care professionals who have frequent contact with blood or blood-derived body fluids during routine work, those with End-Stage Renal Disease (ESRD), persons who live in the same household as an HBV carrier, and persons diagnosed with diabetes mellitus. Other situations could qualify a beneficiary as being at intermediate or high risk of contracting HBV.

When a beneficiary gets both the seasonal influenza virus and pneumococcal vaccines on the same visit, do I continue to report separate administration codes for each type of vaccine?

Yes, see https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html for individual Change Requests (CRs) and coding translations for ICD-10. Use separate administration codes for the seasonal influenza virus (G0008) and pneumococcal (G0009) vaccines. Medicare pays both administration fees if a beneficiary gets both the seasonal influenza virus and the pneumococcal vaccines on the same day.

Can I roster bill the seasonal influenza virus, pneumococcal, and hepatitis B vaccines?

No, you may roster bill only the seasonal influenza virus and pneumococcal vaccines. You cannot roster bill the hepatitis B vaccine.

What is a mass immunizer?

A mass immunizer offers seasonal influenza virus and/or pneumococcal vaccinations to a large number of individuals. A mass immunizer may be a traditional Medicare provider or supplier or a non-traditional provider or supplier (such as a senior citizens' center, a public health clinic, or a community pharmacy). Mass immunizers must submit claims for immunizations on roster bills and must accept assignment on both the vaccine and its administration. A mass immunizer should enroll with the Medicare Administrative Contractor (MAC) prior to each influenza season. Please see the next question for more enrollment information.

Do providers that only provide immunizations need to enroll in the Medicare Program?

Yes, providers must enroll in the Medicare Program even if immunizations are the only service they will provide to beneficiaries. They should enroll as provider specialty type 73, Mass Immunization Roster Biller, by completing Form CMS-855I for individuals or Form CMS-855B for a group. To locate these forms, visit https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll on the CMS website. New providers must first receive a National Provider Identifier (NPI) prior to enrollment. For NPI enrollment information, visit https://nppes.cms.hhs.gov/NPPES/Welcome.do on the Internet.

May I submit a single roster claim containing information for both the seasonal influenza virus and pneumococcal vaccines when the vaccines are administered on the same visit?

No, you must prepare a separate roster claim for the seasonal influenza virus vaccine and the pneumococcal vaccine. However, you may file an individual claim containing information for both types of vaccines.

Resources

Resources

Resource	Website
"2012-2013 Immunizers' Question & Answer Guide to Medicare Part B, Medicaid and CHIP Coverage of Seasonal Influenza and Pneumococcal Vaccinations"	https://www.cms.gov/Medicare/Prevention/Immunizations/Downloads/2012-2013_Flu_Guide.pdf
"2015-2016 Influenza (Flu) Resources for Health Care Professionals," Medicare Learning Network® (MLN) Matters® Article SE1523	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1523.pdf
Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations	http://www.cdc.gov/vaccines
CMS Immunization Web Page	https://www.cms.gov/Medicare/Prevention/Immunizations
Food and Drug Administration (FDA) Vaccines, Blood & Biologics	http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Post-MarketActivities/LotReleases/ucm310644.htm
"Mass Immunizers and Roster Billing" Fact Sheet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1254400.html
"MLN Guided Pathways: Basic Medicare Resources for Health Care Professionals, Suppliers, and Providers"	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf
"Medicare & You: Vaccines" Video for Beneficiaries	https://www.youtube.com/watch?v=ArBQ0G7mYw4

Resources (cont.)

Resource	Website
Preventive Services MLN Web Page	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html on the CMS website.
"Vaccine and Vaccine Administration Payments Under Medicare Part D" Fact Sheet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908764.html

Check out CMS on:

Twitter LinkedIn YouTube

Suggestions to Improve Your Immunization Services

Following are several ideas that healthcare professionals and practices can use to improve their efficiency in administering vaccines and increase their immunization rates. Read each idea and check the response that applies to your work setting.

yes ☑ no ☐ partly ☐

Yes = We already do this.
No = We don't like this idea, or it couldn't work in our practice setting.
Partly = We do some of this (or do it sometimes); we will consider it.

Keeping clinic staff up to date with current recommendations

		yes	no	partly
1	In all exam rooms, we post the current, official ACIP U.S. immunization schedule for children and/or adults or variations thereof (for example, the official schedule of a medical society or of a state health department).	☐	☐	☐
2	We use the official "catch-up" schedule for children for advice on how to bring children up to date on their vaccinations when they have fallen behind.	☐	☐	☐
3	We are familiar with special vaccination recommendations for high-risk patients(e.g., special groups who need hepatitis A, hepatitis B, pneumococcal, influenza vaccines).	☐	☐	☐
4	We routinely receive and read updates on vaccines and other immunization issues from government agencies, our professional society, state or local health department, or other trusted organizations.	☐	☐	☐

Assuring complete, up-to-date patient records

		yes	no	partly
1	We participate in our local/regional/state immunization registry (Immunization Information System [IIS]).	☐	☐	☐
2	When scheduling appointments, we remind patients/parents to bring along their (or their child's) personal immunization record. We also confirm the address and phone number in case we need to contact them.	☐	☐	☐
3	We maintain a comprehensive immunization record in a visible location in each patient's chart (e.g., the front of the chart if we keep paper files), or print the patient's immunization record from the immunization registry or Immunization Information System (IIS).	☐	☐	☐
4	Whenever a patient comes in, the staff routinely asks to see his/her immunization record to determine if the patient received vaccinations at another healthcare site.	☐	☐	☐
5	If a patient tells us "I'm up to date with my vaccinations," or "my child's vaccinations are up to date," we are not convinced. We must have written documentation (either paper or in the computer registry).	☐	☐	☐
6	If no immunization record exists for a patient at the time of the visit and we are unable to obtain records by phone or the IIS, we give the vaccinations that we **think** are indicated, based on the history provided by the patient/parent. We have the patient/parent sign a release of records to obtain immunization records from previous providers. If no records of previous vaccinations can be located, the patient is treated as if unimmunized.	☐	☐	☐
7	If we see a patient in our office and don't administer a vaccination when it's due, we document the reason why in the patient's chart.	☐	☐	☐

CONTINUED ON THE NEXT PAGE ▶

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Saint Paul, Minnesota ▪ 651-647-9009 ▪ www.immunize.org ▪ www.vaccineinformation.org

www.immunize.org/catg.d/p2045.pdf ▪ Item #P2045 (4/14)

Assuring complete, up-to-date patient records (continued from page 1)

		yes	no	partly
8	If we have written confirmation that a patient received vaccines at another site or at a public health, school-based, worksite-based, or community-based immunization site, we update the patient's medical chart or the IIS with that information, recording the vaccination date(s) and healthcare site(s) where the vaccination was received.	☐	☐	☐
9	With each patient visit, we document on the patient's chart that their immunization status has been reviewed (e.g., a notation such as "immunization status reviewed" is pre-printed on the progress note or other chart form).	☐	☐	☐

Maintaining and protecting our vaccine supply

		yes	no	partly
1	We have a designated vaccine coordinator and a designated backup coordinator who oversee all vaccine storage and handling activities.	☐	☐	☐
2	We provide vaccine storage and handling training to all new staff and to all staff whenever recommendations are changed or new product added.	☐	☐	☐

Getting patients ready for their vaccinations

		yes	no	partly
1	We've trained our nursing and office staff (e.g., receptionist, scheduler) to know how to determine valid and invalid contraindications to vaccinations, as well as the minimum ages and minimum intervals permissible between vaccinations. Guides to valid contraindications and precautions, and minimum age and interval charts are posted or easily available to all staff. This training ensures that our clinic staff miss no opportunity to vaccinate.	☐	☐	☐
2	We ask patients/parents to complete a simple screening questionnaire for contraindications to determine if the vaccinations they need can be given safely on the day of their visit. To save time, we have them complete it prior to seeing the clinician (e.g., in the waiting room or exam room).	☐	☐	☐
3	Before the clinician sees the patient, a staff member completes an immunization assessment and gives Vaccine Information Statements (VISs) to the patient/parent to read. If they need a VIS in another language, we give it, if it is available.	☐	☐	☐

Avoiding "missed opportunities"

		yes	no	partly
1	Our staff are trained to administer multiple vaccinations to patients who are due for multiple vaccinations.	☐	☐	☐
2	Prior to patient visits, we review the immunization record for each patient and flag charts of those who are due or overdue.	☐	☐	☐
3	If children in our waiting room are the siblings or children of the patient, we pull their charts and review their immunization status and vaccinate them if needed before they leave the office.	☐	☐	☐
4	We have immunization "champion(s)" in our clinic to keep all clinic staff up-to-date on current recommendations and effective strategies to avoid missed opportunities.	☐	☐	☐
5	Vaccines are consistently available (system is in place to order vaccines in a timely manner).	☐	☐	☐

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Improving access to clinic services

		yes	no	partly
1	We provide vaccination services during some evening and/or weekend hours.	☐	☐	☐
2	Patients can walk in during office hours for a "nurse only" visit and get vaccinated. We use standing orders.	☐	☐	☐
3	Our nurses can give vaccinations under standing orders (i.e., they can independently screen patients and administer vaccines under pre-existing signed physician's orders).	☐	☐	☐
4	We use all patient encounters (including acute-care and follow-up visits) to assess and provide vaccinations.	☐	☐	☐
5	If children miss "well-child" visits and can't be rescheduled quickly, we reschedule them in one to two weeks for a "shots only" visit.	☐	☐	☐

Communicating with patients

		yes	no	partly
1	We give patients/parents a simple schedule of recommended vaccinations.	☐	☐	☐
2	We give patients/parents an information sheet about how to treat pain and fever following vaccinations.	☐	☐	☐
3	We always update the patient's personal immunization record card each time we administer vaccinations. If the patient doesn't have a card, we give them one that contains their vaccination history.	☐	☐	☐
4	We provide resources (e.g., information, pamphlets, websites, hotline numbers) to patients/parents who have questions or concerns about vaccine safety or who want more vaccine information. We provide translated materials, if available.	☐	☐	☐
5	When giving vaccinations, we inform the patient/parent when the next appointment for vaccinations is due. We schedule the visit before they leave the office if our appointment system allows it; otherwise we put the information in a manual tickler system or electronic recall system.	☐	☐	☐
6	We contact all patients who are due for vaccinations with a reminder (e.g., by phone or mail) and those who are past due with a recall (e.g., using computerized tracking or a simple tickler system).	☐	☐	☐
7	We provide or refer our vaccine-hesitant patients to reliable resources to help in their decision-making. If they refuse a vaccine, we have them sign a declination form. We revisit the issue in the future.	☐	☐	☐

Evaluating and improving our clinic's performance

		yes	no	partly
1	We routinely assess immunization levels of our patient population, including those with high-risk indicators. (Contact your state or local health department's immunization staff for assistance in performing such an assessment.) We share this information with all our staff and use it to develop strategies to improve immunization rates.	☐	☐	☐
2	We are enrolled in the Vaccines for Children (VFC) program so that we can provide free vaccine to uninsured children (0–18 years) and others who are eligible under the state's program.	☐	☐	☐

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Online Resources for Adult Immunizations

HealthMap Vaccine Finder
https://vaccinefinder.org/
HealthMap Vaccine Finder is a free, online service where users can search for locations that offer immunizations.

Our Best Shot: Importance of Vaccines for Older Adults
www.agingresearch.org/vaccines

Adult Immunization Resource Guide (AIM)
www.immunizationmanagers.org/page/adults

Grandparents Toolkit
www.Vaccinateyourfamily.org/adults/grandparents-toolkit

NIFD Adult Resources
www.adultvaccination.org

Immunization Action Coalition
www.immunize.org/handouts/adult-vaccination.asp

CDC Adult Resources
www.cdc.gov/vaccines/hcp/patient-ed/adults/for-practice/
www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html
www.cdc.gov/vaccines/hcp/adults/for-patients/index.html
www.cdc.gov/vaccinesafety/

Pneumococcal
www.cdc.gov/vaccines/vpd/pneumo/hcp/index.html

Pregnancy/Pertussis
www.cdc.gov/vaccines/pubs/preg-guide.htm
www.cdc.gov/pertussis

Flu
www.cdc.gov/flu/professionals/index.htm

Order Office Resources from Immunize Nevada

Email info@immunizenevada.org for ordering information

Patient Tip Cards (Bilingual ENG/SPA)

- Pregnancy
- Lung Disease/Asthma
- Liver/Kidney Disease
- Heart Disease
- HIV/AIDS

Wall Stickers (ENG or SPA)

Tri-fold Brochure (ENG or SPA)

Office Buttons

Communicating about Adult Immunizations

We encourage you to spread the word through your social networks, and talk with family and friends about the importance of maintaining current vaccinations

- Vaccines are not just for kids, and there are vaccine recommendations that extend through the lifespan.
- If you or someone in your family is expecting a baby, ensure that you are up to date with recommended vaccines.
- A pinch of pain provides immunity and disease prevention.
- Look up your personal vaccine records recorded in Nevada WebIZ at https://izrecord.nv.gov/public/Application/PublicPortal
- Remind everyone around you to get their flu vaccine during the next flu season.
- Share this project and toolkit with other community stakeholders in your network.
- Always be an immunization ambassador.

Join the Conversation on Social Media

One way to be an advocate for immunizations is by becoming involved in social media. It can be as simple as sharing an Immunize Nevada post, or posting a picture the next time you receive a vaccine, and including a positive vaccine message or hashtag. Follow Immunize Nevada on Facebook, Twitter, and Instagram at ImmunizeNV.

Sample Tweets

- Vaccines are not just for kids! Learn more at www.immunizenevada.org/adults
- Vaccines do not end with childhood! Learn more at www.immunizenevada.org/adults
- I received my flu shot this season! Have you? #FluVax #NoFOMO

Sample Facebook Posts

- I am up-to-date on all of my vaccines! Find out if you are at: www.immunizenevada.org/adults
- As you are learning to Adult, don't forget to check if you are up-to-date on all of your vaccines! Learn more at www.immunizenevada.org/adults #AdultVax (For college population)
- Don't forget your flu shot this fall! To find out where you can receive the flu shot and other vaccines visit www.immunizenevada.org/community/where-go
- Don't miss out on the opportunity to protect yourself and those around you from potentially fatal diseases! To find out more, visit www.immunizenevada.org/adults #NoFOMO

Monthly Themed Posts from NFID

January

- Keep those healthy New Year's resolutions going strong! Make sure you are up to date on recommended #vaccines bit.ly/adultvax
- Get a healthy start on the new year & help your family #FightFlu. Need more reasons? bit.ly/1N9ZU2q
- What's your New Year's resolution? Practice healthy habits & #GetVaccinated to #FightFlu each year bit.ly/adultvaxflu

February

- There are tools available to help HCPs remind patients about #vaccines at every opportunity! bit.ly/adultvaxhcp
- February is #HeartMonth. Protect yours by getting vaccinated against #flu before it's in your community #FightFlu
- African Americans are at higher risk for #flu complications. Protect yourself & loved ones by getting vaccinated! #BlackHistoryMonth
- #Vaccines are critical when you have health conditions such as heart disease or stroke http://1.usa.gov/1no8nhq #GoRedWearRed #HeartHealthy
- Roses are red, violets are blue. I got my flu #vaccine, how about you? Learn about vaccines for adults! bit.ly/adultvaxflu

March

- It's #WorldKidneyDay! #Pneumococcal #vaccination is recommended for those with kidney disease bit.ly/adultpneumo
- #Flu season isn't over yet. RT to share that diabetics are at a higher risk of flu complications #DiabetesAlertDay #FightFlu

April

- It's #AprilFools but #vaccine-preventable diseases are no joke! #GetVaccinated & learn more: www.nfid.org
- It's #WorldHealthDay – In our modern world, infectious diseases are just a flight away #GetVaccinated
- Before going to college, ask your healthcare professional about BOTH types of #Meningococcal #vaccines www.nfid.org/meningitis
- New baby boy or girl in the family? Make sure to #GetVaccinated to protect them from whooping cough & measles #NIIW bit.ly/adultvaxvp

May

- Do your patients know chronic hepatitis can lead to liver cancer? Talk to them about vaccination bit.ly/adultvaxhepb #HepAware

- Encourage adults with asthma to get an annual #flu vaccination to help keep them healthy bit.ly/adultvaxflu #AsthmaAwarenessMonth
- On #MothersDay we'd like to thank all the moms who help keep their kids healthy through #vaccination! bit.ly/adultvax
- Did you know there's a #vaccine to protect against cervical cancer? #NWHW adultvaccination.org/hpv
- Thanks to all members of the US armed forces & the HCPs keeping them healthy & #immunized #MemorialDay #GetVaccinated

June

- Vacation safe & healthy! Visit wwwnc.cdc.gov/travel/ & #GetVaccinated BEFORE you travel
- #Vaccines save lives. Happy #FathersDay to all the #DadsWhoVax today and every day!

July

- Best protection against #measles is #MMR #vaccine adultvaccination.org/measles
- It's World Hepatitis Day! Make sure those who need it #GetVaccinated against #HepB #WorldHepDay bit.ly/adultvaxhepb

August

- HCPs have a major influence on patient decisions about #vaccination. Tools available: bit.ly/adultvaxhcp
- Use this quiz to find out what #vaccines you need to keep yourself & your loved ones healthy www2.cdc.gov/nip/adultimmsched/
- Studying abroad? Research your destination at wwwnc.cdc.gov/travel/ to find out what #vaccines you need before travel #NIAM17
- Preparing teens for college? Don't forget #meningitis booster & ask about #MenB! bit.ly/U75gQg #NIAM17
- Teens heading off to college? Make sure they're vaccinated against #meningitis #HPV #Tdap #flu

September

- Happy #LaborDay! Why not use the day off to #GetVaccinated against #flu? bit.ly/adultvaxflu
- For Grandparents Day #DoSomethingGrand & tell yours to keep healthy by getting a flu #vaccine! bit.ly/adultvaxflu #FightFlu
- On #GrandparentsDay, remind yours about #pneumo vaccine. Even if they got 1, they may need another to be protected. bit.ly/adultpneumo
- Hispanics have highest #flu #vaccination coverage compared to other ethnicities. Keep up the good work! bit.ly/adultvaxflu #HHM
- #Vaccines are critical for those w/health conditions such as heart disease or stroke http://1.usa.gov/1no8nhq #WorldHeartDay

October

- Flu can spread up to 6 feet from a cough or sneeze! Learn more at bit.ly/C8yu #FightFlu

- It's #LiverAwarenessMonth – Hepatitis B can lead to liver cancer. #GetVaccinated against #HepB bit.ly/adultvaxhepb
- On #WPD don't forget that adults with certain underlying conditions may need a #pneumococcal #vaccine bit.ly/adultpneumo
- 5 reasons adults with #lungdisease should #GetVaccinated against #pneumococcal disease bit.ly/1Mcr5tk
- You know what's scary? The flu! It's a serious disease & anyone can get it – even healthy adults should #GetVaccinated to #FightFlu

November

- It's National Diabetes Month. If you have diabetes, flu can be especially serious. Protect yourself & #GetVaccinated to #FightFlu #NDAM
- Stay home if you're sick-don't be 'That Guy!' bit.ly/ZVrkky #FightFlu
- Thank you caregivers! If you care for an older adult, make sure they are up to date on all recommended #vaccines bit.ly/1TaK3kl
- Give thanks, not flu. Protect yourself & your family by getting #vaccinated! #FightFlu bit.ly/1N9ZU2q
- Give thanks for your family's health & keep them healthy with recommended #vaccines. bit.ly/adultvax

December

- Have a happy and healthy holiday season! Make sure all adults get recommended #vaccines bit.ly/1TaK3kl
- Give the gift of health-here are 10 reasons to #GetVaccinated! bit.ly/1N9ZU2q
- It's not too late to protect yourself & your loved ones against the flu bit.ly/adultvaxflu #FightFlu
- During #NIVW2017 be sure that your whole family is up-to-date on all recommended #vaccines! bit.ly/adultvaxresources
- If you're 65+, add #pneumococcal #vaccine to your schedule this year. It's the best way to stay healthy bit.ly/1Mcr5tk

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