

Educational Handout to Promote Awareness about Immunizations in Adult Populations at Risk 2020 Cycle

Below a description of the most popular immunizations recommended by the CDC for the 2020 year cycle for the adult population 19 years and older. This information is to be used as educational material *only* to inform individual and their guardians on the importance of maintaining the individuals' immunizations schedule up to date as recommended by the most current CDC guidelines and the standard of care. It is *ultimately to the authority of a health care provider to advise and determine what* each patient would need based on having a full understanding of their personal medical history and allergy profile.

Influenza Vaccines:

Flu activity usually peaks in the U.S. in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May.

CDC Recommendation 2019- 2020:

- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.
- Emphasis should be placed on vaccination of high-risk groups and their contacts/caregivers. Here is a list of those considered high risk:
 1. Children aged 6 through 59 months
 2. Adults aged ≥ 50 years
 3. Individuals with chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
 4. Individual who are immunocompromised due to any cause, including (but not limited to) medications or HIV infection
 5. Women who are or will be pregnant during the influenza season
 6. Children and adolescents (aged 6 months through 18 years) receiving aspirin- or salicylate-containing medications who might be at risk for Reye syndrome after influenza infection.
 7. Residents of nursing homes and other long-term care facilities
 8. American Indians/Alaska Natives
 9. Individuals who are extremely obese (BMI ≥ 40 for adults)
 10. Caregivers and contacts of those at risk

For more detailed information please refer to

<https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>

Pneumococcal Vaccine:

Pneumococcal disease is an infection caused by *Streptococcus pneumoniae* bacteria, sometimes referred to as pneumococcus. Pneumococcus can cause many types of illnesses, including pneumonia, blood infections, ear infections, and meningitis. The best way to prevent pneumococcal disease is by getting vaccinated.

CDC Recommendation 2019-2020:

- The number and timing of doses for adults of 19 years of age or older depends on the medical indication, prior pneumococcal vaccination, and age. The individual's health care provider will advise on the number and timing as it clinically applies to each case.
- See the CDC link below for further details on "Pneumococcal Vaccination: Summary of Who and When to Vaccinate for all pneumococcal vaccine recommendations by vaccine and age"

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html>

- It is recommended for all adults 65 years and older and for anyone who is 2 years and older at high risk for disease, including those:
 1. With chronic illnesses (lung, heart, liver, or kidney disease; asthma; diabetes; or alcoholism)
 2. With conditions that weaken the immune system (HIV/AIDS, cancer, or damaged/absent spleen)
 3. Living in nursing homes or other long-term care facilities
 4. With cochlear implants or cerebrospinal fluid (CSF) leaks (escape of the fluid that surrounds the brain and spinal cord)
 5. Who smoke cigarettes.

For more detail information please refer to

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html>

Other vaccines as it pertains to a given age: See table attached including the immunization schedule for adults who are 19 years of age or older for the current 2020 year.

- Always consult with your health care provider.
- Please see the following link to learn more about the vaccination schedule recommended by the CDC.

<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Table 1. Recommended Adult Immunization Schedule for ages 19 years or older, United States, 2020

Always make recommendations by determining needed vaccines based on age (Table 1), assessing for medical conditions and other indications (Table 2), and reviewing special situations (Notes).

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Table 1. By age	Table 2. By indications	Schedule Changes & Guidance	Resources for health care providers	Resources for adults	Download schedules app
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- [8.5"x11" print color](#) [6 pages]
- [8.5"x11" print black and white](#) [6 pages]
- [Compliant version of this schedule](#)

- [Vaccines in the Adult Immunization Schedule](#)
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Legend

 Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection	 Recommended vaccination for adults with an additional risk factor or another indication	 Recommended vaccination based on shared clinical decision-making
 No recommendation/Not applicable		

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) Ⓢ	1 dose annually			
 Influenza live attenuated (LAIV) Ⓢ	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td) Ⓢ	1 dose Tdap, then Td or Tdap booster every 10 yrs			
Measles, mumps, rubella (MMR) Ⓢ	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR) Ⓢ	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) Ⓢ			2 doses	
 Zoster live (ZVL) Ⓢ				1 dose
Human papillomavirus (HPV) Ⓢ	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13) Ⓢ	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23) Ⓢ	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA) Ⓢ	2 or 3 doses depending on vaccine			
Hepatitis B (HepB) Ⓢ	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY) Ⓢ	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB) Ⓢ	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib) Ⓢ	1 or 3 doses depending on indication			

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Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if there are extended intervals between doses. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

MCCMH Preventive Care Guidelines to Promote Awareness about

Immunizations in Adult Populations at Risk

I. **Purpose:**

- a. To provide all, in and out of network providers, with recommendations that can assist them to educate their persons served and their guardians on the importance of creating awareness about maintaining their adult immunizations schedule up to date as recommended by the most current CDC guidelines and the standard of care.
- b. To guide the providers in becoming critical advocates in creating awareness about the important role they must play in assisting our persons served and their guardians in following appropriate preventive care guidelines. It is via the provision of guidelines that MCCMH wants to empower the providers to create their own processes to achieve awareness.
- c. To mitigate the risk of occurrence or recurrence of certain medical conditions by assisting their persons served and their guardians in the need to remain proactive with preventive care practices.

- II. **Overview:** Below is a description of two of the most popular immunizations recommended by the CDC for the adult population along with the most up to date recommendation for year 2019-2020.

Influenza Vaccines:

Flu activity usually peaks in the U.S. in January or February. However, seasonal flu activity can begin as early as October and continue to occur as late as May.

CDC Recommendation 2019- 2020:

- Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.
- Emphasis should be placed on vaccination of high-risk groups and their contacts/caregivers. Here is a list of those considered high risk:
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- See the CDC link below for further details on "Pneumococcal Vaccination: Summary of Who and When to Vaccinate for all pneumococcal vaccine recommendations by vaccine and age" <https://www.cdc.gov/vaccines/vpd/pneumo/hcp/who-when-to-vaccinate.html>.
- It is recommended for all adults 65 years and older and for anyone who is 2 years and older at high risk for disease, including those:
 1. With chronic illnesses (lung, heart, liver, or kidney disease; asthma; diabetes; or alcoholism)
 2. With conditions that weaken the immune system (HIV/AIDS, cancer, or damaged/absent spleen)
 3. Living in nursing homes or other long-term care facilities
 4. With cochlear implants or cerebrospinal fluid (CSF) leaks (escape of the fluid that surrounds the brain and spinal cord)
 5. Who smoke cigarettes

For more detailed information please refer to

<https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html>

Other vaccines as it pertains to a given age: See table attached including the immunization schedule for adults who are 19 years of age or older for 2020.

- Always consult with the health care provider assigned to the person's case.
- Please see the following link to learn and educate your staff, persons served, and their guardians about the vaccination schedule recommended by the CDC. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Providers may choose to use the table in page 3 as part of the educational materials they can use to disseminate among their staff and persons served. Be aware that these will need to be updated yearly, or if the CDC guidelines are modified, whichever comes first.

- For persons served who live in specialized settings, the home provider could place the table in a visible and accessible area of the specialized home to assist with the immunization awareness goal.

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III. MCCMH Preventive Care Guidelines and Provider Expectations:

Based on the information provided above and in concurrence with the 2019-2020 CDC guidelines established, as it pertains to vaccinations, it is the recommendation from this office to all of in-network and out-of-network providers that:

- A. Providers develop a process to educate their direct care staff on the most up to date guidelines and resources related to immunization recommendations as above described.
- B. It is to the discretion of the provider to develop a process that guarantees how persons served and their guardians are being provided education on the subject.
- C. Providers may opt to use the MCCMH Handout on Creating Vaccination Awareness in Adult Populations 2019-2020 educational materials here attached as handouts to their staff, persons served and their guardians as part of their efforts to create awareness on the subject. The use of the 2019-2020 MCCMH educational handout disseminated along with these recommendations is *optional*; however, the expectation of the role they must play on providing this education is not. Providers may develop their own educational materials to achieve this awareness goal always abiding by the appropriate up to date CDC guidelines.
- D. It is the provider's responsibility to update their educational materials as the CDC guidelines publishes new revised guidelines.
- E. Providers should remain aware of the importance of these guidelines and encourage their persons served and their guardians to, at least yearly or during the persons served annual physical exam appointment, consult with their health care providers about what immunizations based on their age, allergy profile, and health history, they would need to be aware of and consider.
- F. Providers and direct care staff must know that only the persons served medical health care provider is the *ultimate* authority in determining when a given vaccine type is deemed to be appropriate or contraindicated based on having a full understanding of the individual's medical history and allergy profile. It is of paramount importance that the persons served and their guardians also understand this and that they follow and abide by their health care provider's recommendations at all times.
- G. As part of being integrated care advocates, it is important that providers yearly encourage our persons served to stay up to date with their vaccination schedules/boosters. Providers must have their staff (i.e. supports coordinator) work collaboratively with the individual's medical provider to coordinate that, at minimum yearly, a discussion about this occurs with the person/guardian.
- H. Providers must develop a process for their direct care staff or supports coordinator to document in the record the instances in which education related to the issue was provided.
- I. Granted all of the above occur, if a person/guardian were to exercise his/her right to decline the above recommendation, the provider must develop a process for their staff or supports coordinator to not only thoroughly date and document the efforts made to educate and encourage the person's served/their guardian on addressing the issue but also document the stated reason for the person's/guardian's decline.

- a. Some appropriate documentation parameters to consider at minimum should include date, name and credentials of the staff providing the education/encouragement. And, when applicable, the reason stated by the person served and/or their guardian in the event they choose to decline the education or recommendations from their health care provider.
 - b. In the event a medical contraindication/s is/are the reason for a person served to not be a good candidate for a given vaccine or for revaccination, the provider should make sure they implement a process for their staff or supports coordinator to document those. It is the expectation those instances are clearly documented in the record at the time they are due to revisit each year.
- J. In cases of persons served whose cause of death are related to pneumonia diagnosis or possible complications secondary to it, the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analysis for the review of CRMC.
- K. In the event those are not initially submitted by the provider, the CRMC Committee reserves the right to request the provider for this information when conducting the review of a case in which this is deemed to be pertinent and/or critically relevant for the review.