April 15, 2013

Memorandum

To: Family Physicians, General Internists, Internal Medicine Pediatric Physicians, Infectious Diseases Specialists, Gerontologists, Obstetricians/Gynecologists, Emergency Medicine Physicians

From: GUIDES (Guideline Utilization Implementation Development and Evaluation Studies)
Connie Standiford, MD, GUIDES Lead
Van Harrison, PhD, GUIDES Co-Lead
Grant Greenberg, MD, MA, MHSA, Guideline Development Clinical Lead

Subject: UMHS Clinical Care Guideline Update: Adult Immunizations

What’s New!

**Hepatitis B vaccine for adult diabetic patients**
- Prompted by the number of outbreaks of hepatitis B virus infection in settings that provide assisted blood glucose monitoring
- Administer Hepatitis B vaccine series to the following populations with diabetes mellitus (type 1 and type 2)
  - Unvaccinated adults 19-59 years of age.
  - Unvaccinated adults 60 years of age and older may be vaccinated at the discretion of the treating clinician after assessing their risk and likelihood of an adequate immune response to vaccination.

**Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) for pregnant women during each pregnancy**
- Tdap given to pregnant women will stimulate the development of maternal antibodies, which pass through the placenta, likely providing the newborn with protection against pertussis in early life, and will protect the mother from pertussis around the time of delivery, making her less likely to become infected and to transmit pertussis to her infant:
  - Optimal timing for Tdap administration is between 27 and 36 weeks gestation, although Tdap may be given at any time during pregnancy.
  - For women not previously vaccinated with Tdap, if Tdap is not administered during pregnancy, Tdap should be administered immediately postpartum.
  - Pregnant women who never have been vaccinated against tetanus should receive three vaccinations containing tetanus and reduced diphtheria toxoids (Td or Tdap). Tdap should replace 1 dose of Td, preferably between 27 and 36 weeks gestation.

**Quadrivalent influenza vaccine**
- Includes antigens from two influenza virus type B strains. One strain is derived from the Victoria lineage and the other is a Yamagata-lineage strain. The quadrivalent vaccine will be produced in a limited way for the 2013/2014 flu season.
- UMHS has ordered the following influenza vaccine types for the 2013/2014 flu season:
  - Medimmune FluMist – An Intranasal Quadrivalent vaccine for healthy, non-pregnant persons 2-49 years of age
  - Sanofi Pasteur Trivalent and Quadrivalent vaccines for persons 6 months and older:
    - Adult and pediatric preservative free syringes
    - Multi-dose vials
    - High Dose (TIV only) – for adults 65 years of age and older

**13-valent pneumococcal Conjugate vaccine (Prevnar or PCV13)**
- Adults aged ≥19 years with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants;
o If no previous doses of PCV13 or PPSV23, administer a dose of PCV13 first, followed by a dose of PPSV23 at least 8 weeks later. Subsequent doses of PPSV23 should follow current PPSV23 recommendations for adults at high risk.

o If previously received ≥ 1 dose of PPSV23, administer PCV13 ≥ 1 year after the last PPSV23 was received.

o Those who received PPSV23 before age 65 years for any indication should receive another dose of the vaccine at age 65 years, or later if at least 5 years have elapsed since their previous PPSV23 dose.

### Additional Important Immunization Facts

- Live virus vaccines should be administered simultaneously on the same day or they must be spaced by at least 28 days to be considered a valid dose.
- PPD (tuberculosis) skin testing should be administered before or on the same day as a live virus vaccine. If not, space them by at least 4-6 weeks. Live virus vaccines can impair the response to the PPD skin test.

### Key aspects

See first three pages of guideline for a summary of initial vaccination and revaccination.

- **Increase adult immunization rates.** View all patient care encounters as an opportunity to vaccinate adults.
- **Combination vaccines safe.** Single antigen vaccines offer no safety advantage.
- **Document all immunizations in MiChart Immunizations,** including those vaccinations given outside UMHS.
- **Required MCIR/CDC Vaccine Information Statements.** Vaccine information Statements (VIS) with the Michigan Care Improvement Registry (MCIR)/CDC language must be given to patients at the time of vaccine administration and the publication date of the VIS documented in the MiChart Immunizations section of the medical record.

See MiChart Tip Sheet for more information on documenting administration or deferral: