

Vaccines and Adults: Our Collective Challenge Webinar

Questions

1. What documentation would a pediatrician need to immunize adult parents to avoid some risk since they are non-patients of the practice but parents of the children in the practice?

Answer: AAP National has a policy statement and will post on website

2. I am trying to locate a simple handout that addresses vaccine safety concerns that could be given to adults who are refusing influenza vaccine. Lots of resources are available for parents but even IAC doesn't have an adult piece.

Answer: An excellent question. The CDC has sites that specifically address talking points on vaccine safety and hesitancy. The general information site on vaccine has links to other CDC resources with summary sections and simple charts available for educational purposes both for clinicians and patients. There are also specific office charts and videos that are available for clinician use. These are evidence based and patient friendly.

3. Will those immunized for varicella (did not have the disease) need to have the shingles vaccine when they reach the appropriate age?

Answer: A good question, as it can be confusing. The answer is probably not – varicella enters the sensory nerve via the skin lesions, and then traveling along the sensory nerve to remain dormant in the sensory dorsal root ganglia located along the spinal cord. If re-activated, the virus travels from the ganglia along the sensory nerves and back to the skin where it creates the shingles rash. Now if a person had a few spots that were misdiagnosed as poison ivy or some other skin eruption, it is possible that that person would develop shingles and that person should get the shingles vaccine

4. Who should be revaccinated with Tdap?

Answer:

For revaccination: All pregnant women during **each** pregnancy, but late in the 2nd or 3rd trimester (27-36 weeks gestation). This is so immunity is transferred from maternal to child vertically and the infant is protected at birth.

The current recommendations for Tdap in general are:

A single dose, if they have not had Tdap before as an adult **and** regardless of the interval since the last tetanus and diphtheria containing vaccine:

- All persons aged 19 and older
 - All family members and caregivers of infants < 12 months old, including those aged 65 and older – grandparents.
 - All health care personnel regardless of age if they have direct patient contact.
 - All pregnant women during **each** pregnancy, but late in the 2nd or 3rd trimester (27-36 weeks gestation).
 - Immediate post partum period before discharge from hospital or birthing center for new mother with unknown vaccination status or if never received Tdap before.
5. Do you have information regarding increasing the knowledge of parents who refuse to immunize their children?

Answer: *If You Choose Not to Vaccinate Your Child, **Understand the Risks and Responsibilities.*** <http://www.cdc.gov/vaccines/hcp/patient-ed/conversations/conv-materials.html>

6. Is a second pneumonia vaccine recommended?

Answer: Adults with immunocompromising conditions, functional or anatomic Asplenia, CSF leaks or cochlear implants, who have not received any pneumococcal vaccine, should receive a dose of PCV 13 first, followed by a dose of PPSV23 at least 8 weeks later; and should continue to receive the recommended doses of PPSV23. If those patients did receive a dose of PPSV23, they should receive a dose of PCV 13 one or more years after the last PPSV23 dose.

Currently, routine PPSV 23 is recommended for all adults 65 years and older without a history of prior PPSV 23 vaccination and for all adults with certain

chronic illnesses, who smoke cigarettes, have asthma or have certain immunocompromised dysfunction. Revaccination, after 5 years, with PPSV23 is recommended for those persons vaccinated at younger than 65 years of age, and for those at highest risk of serious pneumococcal infection.

7. What, if any, preparations should be made by NY/NJ & the NFL, as hosts to the 2014 Super Bowl? What recommendations would you make to this audience in the way of preparedness?

Answer: The NJDOH Communicable Disease Service is working with various stakeholder groups to prepare for the 2014 Super Bowl. NJDOH is working to enhance surveillance systems to detect diseases and encourages healthcare providers to remain vigilant for communicable diseases during the event. It is prudent that all health care providers take this opportunity to review their own vaccination records as well as the vaccination records of their patients and staff in preparation for this event. Everyone should be up-to-date on age-appropriate immunizations. In 2012, there was an outbreak of measles associated with the 2012 Super Bowl in Indiana.

Measles is a highly contagious airborne virus that can spread easily from person-to-person. Everyone should be age-appropriately immunized with the measles-mumps-rubella (MMR) vaccine. Ensuring that everyone 6 months of age and older is vaccinated against influenza will help to prevent the spread of this disease among attendees at this event.

I would like to add that all first responders should review their vaccination records as well.

8. We recently piloted immunization detailing. I would love to hear about others who have tried this strategy.

Answer: Posting Resource on NJAAP website. Need address/link
<http://www.ncbi.nlm.nih.gov/pubmed/18955545>

9. Where can New Jersey patients without health insurance obtain vaccinations? Our patients are residents of Ocean, Burlington, and Atlantic County.

Answer: DOH Response: New Jersey patients without health insurance can access vaccinations at FQHCs and/or local health departments that have a vaccination program. In addition, they can contact the VFC Program to

inquire about FQHCs/LHDs/Non-Profits that participates in the VFC's 317 adult vaccination program (which provides vaccines at little or no cost to the uninsured adult population).

10. I hope to hear about advances in HPV coverage and recommendations to increase HPV vaccination rates.

Answer: Sorry we did not get to your question. I think the major way to improve rates is for us to advocate and remind patients at each and every visit. Personally I think it will be easier to immunized preteens but every effort should be made by pediatricians, obstetricians/gynecologists, and internists to encourage immunization against the human papillomaviruses.

11. What documentation, if any, is required for the children with religious exceptions?

Answer: There is a form declining immunizations on the American Academy of Pediatrics website; it was developed by the Section of Infectious Diseases. It can be downloaded and altered by your practice to make it more personal. It should be documented that there was a discussion of the risks of not immunizing the child. It is suggested that immunization be discussed at each visit even if they were declined in the past. Some school districts have policies that require immunization for all members of sports teams; in these situations, the religious exemption sometimes fades away.

12. Will the varicella IgG guide whether Zostavax should be given? Clarifying - Varicella IgG lab testing.

Answer: Serology for varicella is notoriously insensitive; many people who have no evidence of antibody have cell mediated immunity. Thus I would not use serology as an absolute; if it is positive, it shows that the person was either immunized or had wild disease. If immunized, Zostavax may not be needed while it would be recommended for those with wild disease.

13. A HCW has an allergy to formaldehyde, and there is <5mcg of residual formaldehyde remaining in the flu vaccine we are administering at our facility. Would you recommend this HCW receive the nasal form of flu vaccine if she is <49 year old and not pregnant?

Answer: That is certainly a fine option; otherwise, your institution might need to order a different brand of vaccine.

14. Registry for adults, as of July 12, 2013, NYS can get a verbal consent for adults to put them into NYSIIS

Answer: That is very good news for New York!

15. If a person has already had shingles, should Zostavax be given? If so, how long after the shingles episode?

Answer: Yes, it is recommended that Zostavax be given in this case; however, there is no recommendation for the timing. This is the link to the ACIP recommendations: <http://www.cdc.gov/mmwr/PDF/rr/rr5705.pdf>

Note that personally I would suggest waiting a few years since we know that Zoster stimulates a brisk antibody response; however, there is no clinical evidence on which to base a firm recommendation for timing. **

16. Should Hep A series ever be repeated?

Answer: No; however, if the patient undergoes a bone marrow transplant, re-immunization would be recommended.

17. Will this presentation be made available to the NJ Gerontologists, Family Practitioners and other health care providers?

Answer: Access will be open to all who can access our web site.

18. All adults are eligible for a dose of PPSV23 at age 65 years, regardless of previous PPSV23 vaccination; however, a minimum interval of 5 years between PPSV23 doses should be maintained.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6140a4.htm>

Answer: Agreed; sorry we didn't make that clear.

19. There is a recommendation for a 3rd dose of PPSV23 for some high risk groups. Please refer to ACIP statement.

Answer: Thank you for pointing this out – we have added specifics regarding situations in which 3 doses might be needed in the slide below

ACIP Recommendations for Vaccination with PPSV23

POPULATION	RECOMMENDATION
All adults ≥ 65 years of age	Single dose
IMMUNOCOMPETENT <ul style="list-style-type: none"> • Chronic heart disease (excluding hypertension) • Chronic lung disease • Diabetes mellitus • Chronic liver disease • Cigarette smoking • Alcoholism • Cerebrospinal fluid (CSF) leak • Cochlear implant 	<p>A dose of PPSV23 followed by another dose at ≥ 65 years if ≥ 5 years have passed from previous dose.</p> <p>Routine revaccination of immunocompetent persons previously vaccinated with PPSV23 is NOT recommended.</p>
Sickle cell disease, congenital or acquired asplenia	1 dose \rightarrow 2 nd dose ≥ 5 yrs later \rightarrow 3 rd dose at ≥ 65 yrs if ≥ 5 yrs have passed from previous dose
Congenital acquired immunodeficiency, HIV, solid/hematologic cancers, organ transplant, chronic renal failure, nephrotic syndrome, and those receiving immunosuppressive drugs or therapy	1 dose \rightarrow 2 nd dose ≥ 5 yrs later \rightarrow 3 rd dose at ≥ 65 yrs if ≥ 5 yrs have passed from previous dose