

# Vaccination Among Hospitalized Adults in Acute Care

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## KEYWORDS

- Vaccine • Vaccination • Immunizations • Immunize • Pneumococcal vaccine
- Influenza vaccine

## HOSPITAL MEDICINE CLINICS CHECKLIST

1. Influenza and pneumonia are one of the leading causes of vaccine-preventable death among older adults in the United States.
2. The inpatient setting provides an opportunity to improve vaccine uptake.
3. Develop a systematic approach to identify inpatients eligible for vaccine; standing order programs have been successfully used for this purpose.
4. Understand the barriers associated with influenza and pneumococcal vaccination. Counsel patients regarding the benefit of vaccination and unfounded concerns of side effects.
5. Clearly document any contraindication to vaccination.
6. Consider administering additional vaccinations for eligible patients.

## BACKGROUND

*What are the current recommendations for adult vaccines?*

Each year, the Advisory Committee on Immunization Practices (ACIP) reviews the recommended adult immunization schedule to ensure that the schedule reflects current recommendations for licensed vaccines. **Figs. 1** and **2** outline their most recent effort.<sup>1</sup>

*What are the incidence, prevalence, and consequences of influenza and pneumococcal disease?*

Of all the recommended adult vaccines, those targeted toward influenza and pneumococcal disease have been the focus of most inpatient vaccination plans. According to

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Disclosures: None.

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## Recommended Adult Immunization Schedule—United States - 2012

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

VACCINE ▼	AGE GROUP ►	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza <sup>2</sup>		1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>3,*</sup>		Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs					Td/Tdap <sup>3</sup>
Varicella <sup>4,*</sup>		2 Doses					
Human papillomavirus (HPV) Female <sup>5,*</sup>		3 doses					
Human papillomavirus (HPV) Male <sup>5,*</sup>		3 doses					
Zoster <sup>6</sup>						1 dose	
Measles, mumps, rubella (MMR) <sup>7,*</sup>		1 or 2 doses			1 dose		
Pneumococcal (polysaccharide) <sup>8,9</sup>		1 or 2 doses					1 dose
Meningococcal <sup>10,*</sup>		1 or more doses					
Hepatitis A <sup>11,*</sup>		2 doses					
Hepatitis B <sup>12,*</sup>		3 doses					

\*Covered by the Vaccine Injury Compensation Program



For all persons in this category who meet the age requirements and who lack documentation of vaccination or have no evidence of previous infection



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)



Tdap recommended for ≥65 if contact with <12 month old child. Either Td or Tdap can be used if no infant contact



No recommendation

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

Information on how to file a Vaccine Injury Compensation Program claim is available at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

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

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**Fig. 1.** Recommended adult immunization schedule by vaccine and age group. (Data from Centers for Disease Control and Prevention. Recommended adult immunization schedule- United States, 2012. MMWR Morb Mortal Wkly Rep 2012;61(4):1–7.)

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