

WebinarPLUS<sup>+</sup>

# FLU VACCINES: BEST PRACTICES AND MYTH BUSTING EXPLORED

If you're reading this in June and are at a skilled nursing facility, your memories of treating residents with the flu could still be quite fresh. So could your concerns about future flu patients. Over the years, strains have mutated and increased in severity, strength and duration.

Consequently, epidemiologists now emphasize the importance of year-round vigilance, and SNFs are on the front lines of prevention, giving added importance to staying current on vaccination policies and procedures. Widespread influenza activity was reported in 17 states as recently as the middle of March.

Not long ago, the Centers for Disease Control and Prevention

was able to predict with reasonable certainty the start and end points of flu season. No more.

"The CDC no longer includes flu dates on its weekly Morbidity and Mortality Weekly Report (MMWR) report," says Nancy Losben, RPh, CCP, FASCP, CG, chief quality officer for Omnicare, a CVS Health company. "While seasonal influenza viruses can be detected year-round in the

United States, flu viruses are most common during the fall and winter, becoming first noticeable around October, and while flu cases typically peak between December and February, activity can last as late as May."

Losben addressed LTC caregivers' major concerns and questions at a recent *McKnight's* webinar. There were, and still are, plenty.

There are many questions facilities have regarding the flu and flu vaccination, ranging from when to administer flu shots to what the current vaccination coverage rate for a building is, for example. It is estimated that 5% to 20% of

the population contracts the flu yearly, and about 71% to 85% of seasonal flu-related deaths occur in people 65 years and older. While it's important to get vaccinated, it's also important to understand the facts surrounding the flu vaccine.

"Long before September starts, healthcare providers are in full swing of the flu season," Losben told the large webinar audience. "Vaccines have already been delivered. Communication about the vaccine looks more like a marketing tool than it does an infection control program. Consent forms are being signed. Once the flu season really starts, some

A SUPPLEMENT TO  
**McKnight's**  
 LONG-TERM CARE NEWS

IN PARTNERSHIP WITH  
**Omnicare**<sup>®</sup>  
 a CVS Health company

of the most interesting questions arise."

One major question concerns the most vulnerable periods for transmission.

The CDC's so-called "pink book," "Epidemiology and Prevention of Vaccine-Preventable Diseases," provides the most comprehensive and current information on commonly used vaccines. Most healthy adults may be able to infect others beginning one day before symptoms develop and up to five days after becoming sick, according to Losben. Children can pass the virus for longer periods of time.

"Symptoms start one to four days after the virus enters the body," she explained. "That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick."

### Best practices

When it comes to timing, providers should know that vaccination periods are not date-specific.

"The flu season is long," Losben noted. "The CDC recommends administering the vaccine when it becomes available each season."

It's easy to see why some facilities would be cautious about vaccinating a resident who arrives in the middle of flu season. In those cases, Losben advises caregivers to discuss the benefits of vaccination, provide educational materials and offer the opportunity for vaccination as soon as possible after admission.

Nursing home caregivers can also sometimes be confused about dosage issues, particularly in younger seniors. According to Losben, high-dose influenza vaccines should never be administered to patients younger than 65. And it is never advisable to give older patients two doses of standard vaccine in lieu of the

### ERASING THE MYSTERY

It is acceptable to vaccinate residents who arrive at a facility with uncertain vaccination status.

high-dose version. The Advisory Committee on Immunization Practices (ACIP) does not recommend that anyone receive more than one dose of influenza vaccine in a season except for certain age-appropriate patients for whom two doses are recommended, she said.

**"Less than one percent of people who are vaccinated with the injectable vaccine develop flu-like symptoms, such as mild fever and muscle aches, after vaccination."**

Nancy Losben, RPh, CCP, FASCP, CG  
Omnicare, a CVS Health company

Another best practice is to use refrigerators approved for vaccine storage. Losben advised the audience to download the CDC vaccine storage toolkit. So-called freezer-fridge "combo" units made for college dorms and bars should never be used, if only for the fact that cold spots are prevalent, putting temperature-sensitive flu vaccines at risk for freezing. Best practice is to check refrigerator temperatures twice daily (the 36- to 46-degree Fahrenheit range is desirable), she added.



Photo: Bojana89/Stock/Getty Images Plus

Caregivers are often unsure about how and when to administer pneumococcal vaccines, and if they should be given concurrent with influenza shots. In general, it is acceptable.

"Since having the flu increases the risk of getting pneumococcal disease, flu vaccine is important

different arms). And never administer different pneumococcal vaccines at the same time.

Adults 65 years or older who have not previously received PCV13 or whose previous vaccination history is unknown should receive a dose of PCV13. Losben also advised caregivers to administer a dose of PPSV23 at least one year after giving PCV13 for most immunocompetent adults. In addition, administer PPSV23 at least eight weeks later for adults with immunocompromising conditions.

"If a resident has previously had PPSV23 and has had no doses of PCV13, administer a dose of the PCV13 one year after the PPSV23 dose, regardless of the resident's condition," she added.

While some providers are uncertain about administration practices of quadrivalent and trivalent vaccines, Losben said the CDC does not make a recommendation for a preferred influenza vaccine.

### For more information

The original webcast is available at [www.mcknights.com/April3webinar](http://www.mcknights.com/April3webinar).

## WebinarPLUS<sup>+</sup>

A nursing home might encounter residents who do not have adequate documentation of vaccinations. With the exception of influenza vaccine and pneumococcal polysaccharide vaccine (PPSV), providers should accept only written, dated records as evidence of vaccination, said Losben. Self-reported doses of influenza vaccine and PPSV are acceptable. A resident representative can also report on behalf of the resident if he or she is unable to self-report and the representative has knowledge of the resident's medical care, she added.

Since 2005, CMS has required nursing homes in Medicare and Medicaid programs to offer all residents influenza and pneumococcal vaccines and to document the results. According to requirements, each resident is to be vaccinated unless contraindicated medically, the resident or legal representative refuses vaccination, or the vaccine is not available because of storage issues. This information is to be reported as part of the Minimum Data Set.

### Myth busting

Plenty of myths and misconceptions surround flu vaccinations. One of the most common is that

### BIG BUG

This magnified image of a flu virus belies the ugly effects it can leave behind.

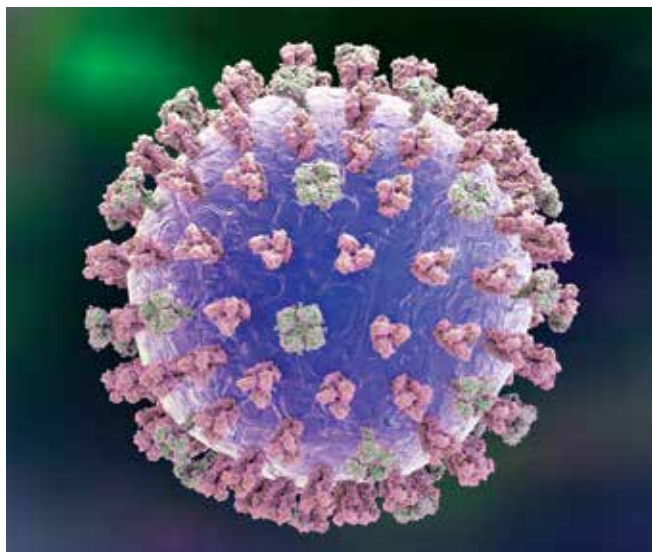


Photo: KATERYNA KON/SCIENCE PHOTO LIBRARY/Getty Images Plus

the vaccine itself causes the flu.

Losben said sometimes people confuse reactions. "These side effects are not the same as having influenza," she said, "but people confuse the symptoms."

Moreover, the influenza vaccine is not 100% effective, especially in older persons. And providers should understand there are risks. For example, protective immunity doesn't develop until one to two weeks after vaccination. And some people who get vaccinated later in the season may be infected with the influ-

enza virus shortly afterward.

"These residents develop influenza because they were exposed to someone with the virus before they became immune," Losben noted. "It is not the result of the vaccination. It is a difficult concept sometimes to ensure that our residents understand the wide time between getting your shot and it becoming efficacious in protecting you from influenza."

Other myths surround expiration issues. Some manufacturers' packaging states that a vaccine should be used immediately after

opening. In the context of reconstitution and administration of vaccines, the CDC defines "immediately" to be the reasonable time it takes to prepare and transport the vaccine to the patient to be administered, Losben said.

One final caveat about expiration myths: If an expired vaccine is administered to a resident, it is acceptable to repeat the dose.

To the surprise of some, unvaccinated residents who arrive in a facility after recovering from confirmed influenza can and should be vaccinated.

"Infection from one virus type does not confer immunity to other types and it would not be unusual to be exposed to more than one type during a typical influenza season," Losben said. "So a person who has recently had influenza will benefit from receipt of a vaccine that contains additional influenza virus strains." ■



Photo: Hero Images/Digital Vision/Getty Images Plus

### REQUIRED NOTES

Skilled nursing facilities are required to document that they've informed residents about vaccinations, and that they have been offered. Providers also must note any refusals and contraindications.

### Editor's note

This McKnight's Webinar Plus supplement is based on a similarly named webinar presented on April 3. The event was sponsored by Omnicare. The full presentation is available at [www.mcknights.com/April3webinar](http://www.mcknights.com/April3webinar).