



Adult Influenza Vaccine Initiative



TEXAS
Health and Human
Services

Texas Department of State
Health Services



Greetings,

The Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS) Adult Influenza Vaccine Initiative is providing a one-time-only allocation of adult influenza vaccine doses to target high-risk populations disproportionately affected or at risk for COVID-19 infection. Targeting these high-risk populations will help decrease the chances of contracting both influenza and COVID-19 simultaneously.

This adult influenza vaccine is for high-risk insured and uninsured Texans. High-risk populations include, but are not limited to:

- Staff and patients in long-term care facilities
- Adults with underlying conditions
- African Americans and other minority groups disproportionately impacted by influenza and COVID-19
- Adults who are part of the critical infrastructure, including:
 - Health care professionals
 - First responders
 - Grocery store workers, manufacturing and food plant workers

As an Adult Influenza Vaccine Initiative provider, you gain a variety of benefits including:

- Influenza vaccine supplied to you at no cost.
- Training and education are provided for your staff at no cost.
- Access to a free automated vaccine ordering and reporting system.
- Ability to provide vaccines to your patients who may not otherwise have access to them.

Healthcare providers enrolled in the Adult Influenza Vaccine Initiative must be enrolled and report doses administered in the Texas Immunization Registry, ImmTrac2. It is imperative for all Adult Influenza Vaccine Initiative providers to report vaccine doses and usage accurately and timely.

For additional information and questions, please visit the [Adult Influenza Vaccine Initiative](#) website or email AdultFluProgram@dshs.texas.gov.

Sincerely,

Immunization Unit
Texas Department of State Health Services

Adult Influenza Vaccine Initiative

The Centers for Disease Control and Prevention (CDC) and the Texas Department of State Health Services (DSHS) Adult Influenza Vaccine Initiative is providing a one-time-only allocation of adult influenza vaccine doses to target high-risk populations disproportionately affected or at risk for COVID-19 infection. This will lower the risk of coinfection between influenza and COVID-19.

Target Population

Through the Adult Influenza Vaccine Initiative, the influenza immunization will be made widely available for high-risk populations, which include, but are not limited to:

- Staff and patients in long-term care facilities
- Adults with underlying conditions
- African Americans and other minority groups disproportionately impacted by influenza
- Adults who are part of the critical infrastructure, including:
 - Health care professionals and first responders
 - Grocery store workers, manufacturing and food plant workers.

Benefits of the Adult Influenza Vaccine Initiative

As an Adult Influenza Vaccine Initiative provider, you gain a variety of benefits including:

- Influenza vaccine supplied to you at no cost.
- Training and education are provided for your staff at no cost.
- Access to a free automated vaccine ordering and reporting system.
- Ability to provide vaccines to patients who may not otherwise have access to them.

The Texas Immunization Registry, ImmTrac2

When you become an Adult Influenza Vaccine Initiative provider, you will be required to enroll in the Texas Immunization Registry, ImmTrac2. A crucial component of this initiative is to promote the registry among adults and encourage consent for ImmTrac2. These activities will be vital in the monitoring and tracking of current adult vaccinations as well as the COVID-19 vaccine when it becomes available.

To enroll in ImmTrac2, visit <https://www.dshs.texas.gov/immunize/immtrac/>.

Provider Enrollment

The process for enrolling in the Adult Influenza Vaccine Initiative is simple:

1. Complete enrollment and obtain your ImmTrac2 Organization Code.
2. Complete Module 10 of the CDC You Call the Shots Training.
3. Complete the Adult Influenza Vaccine Initiative Provider Agreement form.
4. Agree to screen for patient eligibility and maintain screening records.
5. Agree to maintain vaccine safety and inventory.

Adult Influenza Vaccine Initiative Contact Information

Visit the Adult Influenza Vaccine Initiative website or email: AdultFluProgram@dshs.texas.gov.

Immunization Resources

The DSHS Immunization Unit produces educational resources targeting providers and the general public.

The following materials **in bold** can be ordered from the Texas DSHS Immunization Unit's [Online Publications Catalog](#). Updated Recommended Adult Immunization Schedules can be downloaded from the [Centers for Disease Control and Prevention's website](#).

- [ACIP Recommended Adult Immunization Schedule for ages 19 years or older](#)
- **"Fight the Flu" Brochure - English (Stock No. 11-13710)**
- **"Fight the Flu" Brochure - Spanish (Stock No. 11-13710A)**
- **"Fight the Flu" Posters - English/Spanish (Stock No. 11-13710P-1)**
- **"Ways to Fight the Flu" Poster - English/Spanish (Stock No. 11-14015P)**
- **Overview: A Series on Standards for Adult Immunization Practice (Stock No. 6-252)**
- **ImmTrac2 Provider Brochure (Stock No. 11-15065)**
- **ImmTrac2 Parent Brochure, "A Lifetime of Vaccines" - English/Spanish (Stock No. 11-15064)**

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2020

How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (**Table 1**)
- 2** Assess need for additional recommended vaccinations by medical condition and other indications (**Table 2**)
- 3** Review vaccine types, frequencies, and intervals and considerations for special situations (**Notes**)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), and American College of Nurse-Midwives (www.midwife.org).

Vaccines in the Adult Immunization Schedule*

Vaccines	Abbreviations	Trade names
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB® Hiberix® PedvaxHIB®
Hepatitis A vaccine	HepA	Havrix® Vaqta®
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix®
Hepatitis B vaccine	HepB	Engerix-B® Recombivax HB® Heplisav-B®
Human papillomavirus vaccine	HPV vaccine	Gardasil 9®
Influenza vaccine (inactivated)	IIV	Many brands
Influenza vaccine (live, attenuated)	LAIV	FluMist® Quadrivalent
Influenza vaccine (recombinant)	RIV	Flublok® Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R® II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY	Menactra® Menveo®
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero® Trumenba®
Pneumococcal 13-valent conjugate vaccine	PCV13	Prennar 13®
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax® 23
Tetanus and diphtheria toxoids	Td	Tenivac® Tdvax™
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Tdap	Adacel® Boostrix®
Varicella vaccine	VAR	Varivax®
Zoster vaccine, recombinant	RZV	Shingrix
Zoster vaccine live	ZVL	Zostavax®

*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.

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Injury claims

All vaccines included in the adult immunization schedule except pneumococcal 23-valent polysaccharide (PPSV23) and zoster (RZV, ZVL) vaccines are covered by the Vaccine Injury Compensation Program. Information on how to file a vaccine injury claim is available at www.hrsa.gov/vaccinecompensation.

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules App for providers at www.cdc.gov/vaccines/schedules/hcp/schedule-app.html.

Helpful information

- Complete ACIP recommendations: www.cdc.gov/vaccines/hcp/acip-recs/index.html
- General Best Practice Guidelines for Immunization (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/vaccines/pubs/surv-manual
- Travel vaccine recommendations: www.cdc.gov/travel
- Recommended Child and Adolescent Immunization Schedule, United States, 2020: www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2020

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) ^{or}	1 dose annually			
Influenza live, attenuated (LAIV)				
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
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) ^{or}				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			

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

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2020

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count		Asplenia, complement deficiencies	End-stage renal disease; or on hemodialysis	Heart or lung disease, alcoholism ¹	Chronic liver disease	Diabetes	Health care personnel ²	Men who have sex with men
			<200	≥200							
IIV or RIV or LAIV	1 dose annually										
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	NOT RECOMMENDED		1 or 2 doses depending on indication								
VAR	NOT RECOMMENDED		2 doses								
RZV (preferred) or ZVL	DELAY				2 doses at age ≥50 years or 1 dose at age ≥60 years						
HPV	DELAY	3 doses through age 26 years			2 or 3 doses through age 26 years						
PCV13		1 dose									
PPSV23		1, 2, or 3 doses depending on age and indication									
HepA					2 or 3 doses depending on vaccine						
HepB						2 or 3 doses depending on vaccine					
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations										
MenB	PRECAUTION	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib		3 doses HSCT ³ recipients only			1 dose						

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 No recommendation/Not applicable

 Recommended vaccination for adults with an additional risk factor or another indication

 Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction

 Delay vaccination until after pregnancy if vaccine is indicated

 Not recommended/contraindicated—vaccine should not be administered

1. Precaution for LAIV does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. 3. Hematopoietic stem cell transplant.

Haemophilus influenzae type b vaccination**Special situations**

- **Anatomical or functional asplenia (including sickle cell disease):** 1 dose if previously did not receive Hib; if elective splenectomy, 1 dose, preferably at least 14 days before splenectomy
- **Hematopoietic stem cell transplant (HSCT):** 3-dose series 4 weeks apart starting 6–12 months after successful transplant, regardless of Hib vaccination history

Hepatitis A vaccination**Routine vaccination**

- **Not at risk but want protection from hepatitis A** (identification of risk factor not required): 2-dose series HepA (Havrix 6–12 months apart or Vaqta 6–18 months apart [minimum interval: 6 months]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2/5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis A virus infection:** 2-dose series HepA or 3-dose series HepA-HepB as above
 - **Chronic liver disease** (e.g., persons with hepatitis B, hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
 - **HIV infection**
 - **Men who have sex with men**
 - **Injection or noninjection drug use**
 - **Persons experiencing homelessness**
 - **Work with hepatitis A virus** in research laboratory or with nonhuman primates with hepatitis A virus infection
 - **Travel in countries with high or intermediate endemic hepatitis A**
 - **Close, personal contact with international adoptee** (e.g., household or regular babysitting) in first 60 days after arrival from country with high or intermediate endemic hepatitis A (administer dose 1 as soon as adoption is planned, at least 2 weeks before adoptee's arrival)

- **Pregnancy** if at risk for infection or severe outcome from infection during pregnancy
- **Settings for exposure, including** health care settings targeting services to injection or noninjection drug users or group homes and nonresidential day care facilities for developmentally disabled persons (individual risk factor screening not required)

Hepatitis B vaccination**Routine vaccination**

- **Not at risk but want protection from hepatitis B** (identification of risk factor not required): 2- or 3-dose series (2-dose series Heplisav-B at least 4 weeks apart [2-dose series HepB only applies when 2 doses of Heplisav-B are used at least 4 weeks apart] or 3-dose series Engerix-B or Recombivax HB at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2/8 weeks between doses 2 and 3/16 weeks between doses 1 and 3]) or 3-dose series HepA-HepB (Twinrix at 0, 1, 6 months [minimum intervals: 4 weeks between doses 1 and 2/5 months between doses 2 and 3])

Special situations

- **At risk for hepatitis B virus infection:** 2-dose (Heplisav-B) or 3-dose (Engerix-B, Recombivax HB) series or 3-dose series HepA-HepB (Twinrix) as above
 - **Chronic liver disease** (e.g., persons with hepatitis C, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice upper limit of normal)
 - **HIV infection**
 - **Sexual exposure risk** (e.g., sex partners of hepatitis B surface antigen [HBsAg]-positive persons; sexually active persons not in mutually monogamous relationships; persons seeking evaluation or treatment for a sexually transmitted infection; men who have sex with men)
 - **Current or recent injection drug use**
 - **Percutaneous or mucosal risk for exposure to blood** (e.g., household contacts of HBsAg-positive persons; residents and staff of facilities for developmentally disabled persons; health care and public safety personnel with reasonably anticipated risk for

exposure to blood or blood-contaminated body fluids; hemodialysis, peritoneal dialysis, home dialysis, and predialysis patients; persons with diabetes mellitus age younger than 60 years and, at discretion of treating clinician, those age 60 years or older)

- **Incarcerated persons**
- **Travel in countries with high or intermediate endemic hepatitis B**
- **Pregnancy** if at risk for infection or severe outcome from infection during pregnancy (Heplisav-B not currently recommended due to lack of safety data in pregnant women)

Human papillomavirus vaccination**Routine vaccination**

- **HPV vaccination recommended for all adults through age 26 years:** 2- or 3-dose series depending on age at initial vaccination or condition:
 - **Age 15 years or older at initial vaccination:** 3-dose series at 0, 1–2, 6 months (minimum intervals: 4 weeks between doses 1 and 2/12 weeks between doses 2 and 3/5 months between doses 1 and 3; repeat dose if administered too soon)
 - **Age 9 through 14 years at initial vaccination and received 1 dose or 2 doses less than 5 months apart:** 1 dose
 - **Age 9 through 14 years at initial vaccination and received 2 doses at least 5 months apart:** HPV vaccination complete, no additional dose needed.
 - **If completed valid vaccination series with any HPV vaccine, no additional doses needed**
- Shared clinical decision-making**
- **Age 27 through 45 years based on shared clinical decision-making:**
 - 2- or 3-dose series as above
- Special situations**
- **Pregnancy through age 26 years:** HPV vaccination is not recommended until after pregnancy; no intervention needed if vaccinated while pregnant; pregnancy testing not needed before vaccination

Influenza vaccination

Routine vaccination

- **Persons age 6 months or older:** 1 dose any influenza vaccine appropriate for age and health status annually
- For additional guidance, see www.cdc.gov/flu/professionals/index.htm

Special situations

- **Egg allergy, hives only:** 1 dose any influenza vaccine appropriate for age and health status annually
- **Egg allergy more severe than hives** (e.g., angioedema, respiratory distress): 1 dose any influenza vaccine appropriate for age and health status annually in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions
- **LAIV should not be used** in persons with the following conditions or situations:
 - History of severe allergic reaction to any vaccine component (excluding egg) or to a previous dose of any influenza vaccine
 - Immunocompromised due to any cause (including medications and HIV infection)
 - Anatomic or functional asplenia
 - Cochlear implant
 - Cerebrospinal fluid-oro-pharyngeal communication
 - Close contacts or caregivers of severely immunosuppressed persons who require a protected environment
 - Pregnancy
 - Received influenza antiviral medications within the previous 48 hours
- **History of Guillain-Barré syndrome within 6 weeks of previous dose of influenza vaccine:** Generally should not be vaccinated unless vaccination benefits outweigh risks for those at higher risk for severe complications from influenza

Measles, mumps, and rubella vaccination

Routine vaccination

- **No evidence of immunity to measles, mumps, or rubella:** 1 dose
 - **Evidence of immunity:** Born before 1957 (health care personnel, see below), documentation of receipt of MMR vaccine, laboratory evidence of immunity or disease (diagnosis of disease without laboratory confirmation is not evidence of immunity)

Special situations

- **Pregnancy with no evidence of immunity to rubella:** MMR contraindicated during pregnancy; after pregnancy (before discharge from health care facility), 1 dose
- **Nonpregnant women of childbearing age with no evidence of immunity to rubella:** 1 dose
- **HIV infection with CD4 count ≥ 200 cells/ μ L for at least 6 months and no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart; MMR contraindicated in HIV infection with CD4 count < 200 cells/ μ L
- **Severe immunocompromising conditions:** MMR contraindicated
- **Students in postsecondary educational institutions, international travelers, and household or close, personal contacts of immunocompromised persons with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart if previously did not receive any doses of MMR or 1 dose if previously received 1 dose MMR
- **Health care personnel:**
 - **Born in 1957 or later with no evidence of immunity to measles, mumps, or rubella:** 2-dose series at least 4 weeks apart for measles or mumps or at least 1 dose for rubella
 - **Born before 1957 with no evidence of immunity to measles, mumps, or rubella:** Consider 2-dose series at least 4 weeks apart for measles or mumps or 1 dose for rubella

Meningococcal vaccination

Special situations for MenACWY

- **Anatomical or functional asplenia (including sickle cell disease), HIV infection, persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use:** 2-dose series MenACWY (Menactra, Menveo) at least 8 weeks apart and revaccinate every 5 years if risk remains
- **Travel in countries with hyperendemic or epidemic meningococcal disease, microbiologists routinely exposed to *Neisseria meningitidis*:** 1 dose MenACWY (Menactra, Menveo) and revaccinate every 5 years if risk remains
- **First-year college students who live in residential housing (if not previously vaccinated at age 16 years or older) and military recruits:** 1 dose MenACWY (Menactra, Menveo)

Shared clinical decision-making for MenB

- **Adolescents and young adults age 16 through 23 years (age 16 through 18 years preferred) not at increased risk for meningococcal disease:** Based on shared clinical decision-making, 2-dose series MenB-4C at least 1 month apart or 2-dose series MenB-FHbp at 0, 6 months (if dose 2 was administered less than 6 months after dose 1, administer dose 3 at least 4 months after dose 2); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series)

Special situations for MenB

- **Anatomical or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (e.g., eculizumab, ravulizumab) use, microbiologists routinely exposed to *Neisseria meningitidis*:** 2-dose primary series MenB-4C (Bexsero) at least 1 month apart or 3-dose primary series MenB-FHbp (Trumenba) at 0, 1–2, 6 months (if dose 2 was administered at least 6 months after dose 1, dose 3 not needed); MenB-4C and MenB-FHbp are not interchangeable (use same product for all doses in series); 1 dose MenB booster 1 year after primary series and revaccinate every 2–3 years if risk remains
- **Pregnancy:** Delay MenB until after pregnancy unless at increased risk and vaccination benefits outweigh potential risks

Pneumococcal vaccination

Routine vaccination

- **Age 65 years or older** (immunocompetent—see www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm?s_cid=mm6846a5_w): 1 dose PPSV23
 - If PPSV23 was administered prior to age 65 years, administer 1 dose PPSV23 at least 5 years after previous dose

Shared clinical decision-making

- **Age 65 years and older** (immunocompetent): 1 dose PCV13 based on **shared clinical decision-making**
 - If both PCV13 and PPSV23 are to be administered, PCV13 should be administered first
 - PCV13 and PPSV23 should be administered at least 1 year apart
 - PCV13 and PPSV23 should not be administered during the same visit

Special situations

(see www.cdc.gov/mmwr/volumes/68/wr/mm6846a5.htm?s_cid=mm6846a5_w)

- **Age 19 through 64 years with chronic medical conditions (chronic heart [excluding hypertension], lung, or liver disease, diabetes), alcoholism, or cigarette smoking:** 1 dose PPSV23
- **Age 19 years or older with immunocompromising conditions (congenital or acquired immunodeficiency [including B- and T-lymphocyte deficiency, complement deficiencies, phagocytic disorders, HIV infection], chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression [e.g., drug or radiation therapy], solid organ transplant, multiple myeloma) or anatomical or functional asplenia (including sickle cell disease and other hemoglobinopathies):** 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later, then another dose PPSV23 at least 5 years after previous PPSV23; at age 65 years or older, administer 1 dose PPSV23 at least 5 years after most recent PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)

- **Age 19 years or older with cerebrospinal fluid leak or cochlear implant:** 1 dose PCV13 followed by 1 dose PPSV23 at least 8 weeks later; at age 65 years or older, administer another dose PPSV23 at least 5 years after PPSV23 (note: only 1 dose PPSV23 recommended at age 65 years or older)

Tetanus, diphtheria, and pertussis vaccination

Routine vaccination

- **Previously did not receive Tdap at or after age 11 years:** 1 dose Tdap, then Td or Tdap every 10 years

Special situations

- **Previously did not receive primary vaccination series for tetanus, diphtheria, or pertussis:** At least 1 dose Tdap followed by 1 dose Td or Tdap at least 4 weeks after Tdap and another dose Td or Tdap 6–12 months after last Td or Tdap (Tdap can be substituted for any Td dose, but preferred as first dose); Td or Tdap every 10 years thereafter
- **Pregnancy:** 1 dose Tdap during each pregnancy, preferably in early part of gestational weeks 27–36
- For information on use of Td or Tdap as tetanus prophylaxis in wound management, see www.cdc.gov/mmwr/volumes/67/rr/rr6702a1.htm

Varicella vaccination

Routine vaccination

- **No evidence of immunity to varicella:** 2-dose series 4–8 weeks apart if previously did not receive varicella-containing vaccine (VAR or MMRV [measles-mumps-rubella-varicella vaccine] for children); if previously received 1 dose varicella-containing vaccine, 1 dose at least 4 weeks after first dose
 - Evidence of immunity: U.S.-born before 1980 (except for pregnant women and health care personnel [see below]), documentation of 2 doses varicella-containing vaccine at least 4 weeks apart, diagnosis or verification of history of varicella or herpes zoster by a health care provider, laboratory evidence of immunity or disease

Special situations

- **Pregnancy with no evidence of immunity to varicella:** VAR contraindicated during pregnancy; after pregnancy (before discharge from health care facility) 1 dose if previously received 1 dose varicella-containing vaccine or dose 1 of 2-dose series (dose 2: 4–8 weeks later) if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **Health care personnel with no evidence of immunity to varicella:** 1 dose if previously received 1 dose varicella-containing vaccine; 2-dose series 4–8 weeks apart if previously did not receive any varicella-containing vaccine, regardless of whether U.S.-born before 1980
- **HIV infection with CD4 count ≥ 200 cells/ μ L with no evidence of immunity:** Vaccination may be considered (2 doses, administered 3 months apart); VAR contraindicated in HIV infection with CD4 count < 200 cells/ μ L
- **Severe immunocompromising conditions:** VAR contraindicated

Zoster vaccination

Routine vaccination

- **Age 50 years or older:** 2-dose series RZV (Shingrix) 2–6 months apart (minimum interval: 4 weeks; repeat dose if administered too soon), regardless of previous herpes zoster or history of ZVL (Zostavax) vaccination (administer RZV at least 2 months after ZVL)
- **Age 60 years or older:** 2-dose series RZV 2–6 months apart (minimum interval: 4 weeks; repeat if administered too soon) or 1 dose ZVL if not previously vaccinated. RZV preferred over ZVL (if previously received ZVL, administer RZV at least 2 months after ZVL)

Special situations

- **Pregnancy:** ZVL contraindicated; consider delaying RZV until after pregnancy if RZV is otherwise indicated
- **Severe immunocompromising conditions (including HIV infection with CD4 count < 200 cells/ μ L):** ZVL contraindicated; recommended use of RZV under review



In addition to getting the vaccine what can I do to keep from getting the flu?
In addition to getting the vaccine, do the following:

- Cover your cough
- Wash your hands often
- Try not to touch your eyes, mouth, and nose too frequently
- Stay away from those who are sick
- Stay home if you are sick
- If you get sick, take anti-viral medication as prescribed by your healthcare provider.

**For more information,
visit [TexasFlu.org](https://www.texasflu.org)
or call (800) 252-9152.**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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FIGHT —THE— FLU



What is the flu?

Influenza, also known as the flu, is a very contagious disease that spreads through droplets made when people with the flu cough, sneeze, or talk and others breathe in these droplets or touch surfaces where the droplets landed.

What are the symptoms and side effects of the flu?

Flu symptoms include fever/chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. People who catch the flu may pass it to others from one day before symptoms begin to 5 - 7 days after getting sick.

Healthy adults and children can easily get sick from the flu. Every year, the flu infects up to 20% of Americans and hospitalizes many. Up to 79,000 Americans will die from the flu each year.

How do I keep from getting the flu?

CDC recommends that everyone 6 months of age and older get a flu shot. This is the first and most important step in protecting against this serious disease.

Young children, pregnant women, older adults, and people with certain chronic medical conditions like asthma, diabetes, and heart disease are at increased risk of serious flu-related complications, so getting the flu vaccine is especially important.

Why do I have to have a flu vaccine every year?

The viruses that are most likely to affect people each flu season change from year to year.

What types of flu vaccines are available?

There are two types of flu vaccines:

- The flu shot contains an inactivated vaccine. The vaccine contains a killed virus, meaning that it cannot give you the flu. It is approved for use in people 6 months and older, including healthy people, people with chronic medical conditions, as well as pregnant women.
- The nasal-spray flu vaccine is a vaccine made with live, weakened flu viruses given as a nasal spray (sometimes called LAIV for “Live Attenuated Influenza Vaccine”). The viruses in the nasal spray vaccine do not cause the flu, but may cause some nasal congestion.

How safe is the vaccine?

The flu vaccine is both safe and effective. The flu vaccine does not cause the flu. However, there are certain people who should talk to their doctor before getting the flu vaccine. This includes those individuals who:

- Have had severe reactions to a flu shot in the past

- Have had Guillain-Barre Syndrome (GBS)
- Are younger than 6 months of age
- Are sick with a fever

Is the flu vaccine effective?

Vaccine effectiveness is how well the flu vaccines work to prevent influenza illness. It can vary from year to year and among age and risk groups. Flu vaccination can reduce the risk of serious flu outcomes like hospitalization and death.

When should I get the vaccine?

Flu vaccination should begin soon after the vaccine becomes available, ideally by October. However, as long as flu viruses are circulating, **vaccination should continue to be offered throughout the flu season.**

Where can I get the flu vaccine?

The best place to get the flu vaccine is at your health-care provider’s office or clinic. You can also get it at your local pharmacy or at other community vaccinators. To find the closest place to get a flu vaccine, visit TexasFlu.org and click on the “Flu Vaccine Finder” button.





¿Además de vacunarme qué puedo hacer para evitar que me dé gripe?

Además de vacunarse, haga lo siguiente:

- Cúbrase la boca al toser
- Lávese las manos a menudo
- Trate de no tocarse los ojos, la boca y la nariz con demasiada frecuencia
- Manténgase lejos de las personas enfermas
- Quédese en casa si está enfermo
- Si se enferma, tome medicinas antivirales según se las recete su proveedor médico.

Para más información, visite TexasFlu.org o llame al (800) 252-9152.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Stock No. 11-13710A
Rev. 04/19

COMBATA — LA — GRIPE



¿Qué es la gripe?

La influenza, o gripe, es una enfermedad muy contagiosa. Se transmite a través de las gotitas que la gente enferma de gripe expulsa al aire al toser, estornudar o hablar. Cuando los demás aspiran las gotitas, o cuando tocan superficies donde estas cayeron, se contagian de gripe.

¿Cuáles son los síntomas y los efectos secundarios de la gripe?

Los síntomas de gripe son: fiebre/escalofríos, dolor de garganta, dolores musculares, fatiga, tos, dolor de cabeza, y moqueo o nariz tapada. Una persona puede contagiar de gripe a otros desde un día antes de que tenga los síntomas hasta 5 a 7 días después de que haya enfermado.

Los adultos y los niños sanos pueden enfermarse fácilmente de gripe. Hasta un 20% de estadounidenses se infectan de gripe cada año y muchos son hospitalizados. A causa de la gripe, hasta 79,000 estadounidenses mueren cada año.

¿Cómo evito que me dé gripe?

Los CDC recomiendan que cualquier persona de 6 meses de edad o mayor se vacune contra la gripe. Este es el primer paso y el más importante para protegerse contra esta grave enfermedad.

Los niños pequeños, las mujeres embarazadas, los adultos mayores y las personas con ciertas enfermedades crónicas como asma, diabetes y problemas cardíacos corren un

mayor riesgo de sufrir graves complicaciones de la gripe; por eso, vacunarse es especialmente importante.

¿Por qué necesito vacunarme cada año contra la gripe?

En cada temporada de gripe, los virus con mayor probabilidad de que afecten a la gente cambian año con año.

¿Qué tipos de vacunas están disponibles?

Hay dos tipos de vacunas contra la gripe:

- La vacuna inyectada, la cual es una vacuna inactivada. Esta vacuna contiene virus muertos, lo cual significa que no puede causar gripe. Está autorizada para su uso en personas mayores de 6 meses de edad, incluidas la gente sana, la gente con enfermedades crónicas y las mujeres embarazadas.
- La vacuna en aerosol nasal, que contiene virus de gripe vivos debilitados y se aplica en forma de aerosol nasal (a veces se llama LAIV o "vacuna viva atenuada contra la influenza"). Los virus de esta vacuna no causan la gripe, pero podrían causar cierta congestión nasal.

¿Es segura la vacuna?

La vacuna contra la gripe es tanto segura como eficaz. La vacuna contra la gripe no causa la gripe. Sin embargo, ciertas personas deben hablar con su doctor antes de vacunarse contra la gripe. Esto incluye aquellos individuos que:

- En el pasado han tenido reacciones graves contra la vacuna inyectada.
- Han tenido el síndrome de Guillain-Barré (SGB)
- Tienen menos de 6 meses de edad
- Están enfermos y con fiebre.

¿La vacuna contra la gripe es eficaz?

La eficacia de una vacuna es la capacidad que tiene para prevenir la enfermedad, en este caso la influenza. Esta capacidad puede variar de un año a otro y entre grupos de edades y grupos de riesgo. La vacuna contra la gripe disminuye el riesgo de tener complicaciones graves a causa de la gripe como la hospitalización y la muerte.

¿Cuándo debo vacunarme?

La vacunación contra la gripe debe comenzar poco después de que la vacuna esté disponible, idealmente antes de octubre. Sin embargo, mientras los virus de la gripe estén circulando, **la vacunación debe seguir disponible durante toda la temporada de gripe.**

¿Dónde puedo vacunarme contra la gripe?

El consultorio o clínica de su proveedor médico es el mejor lugar para vacunarse contra la gripe. También puede vacunarse en su farmacia local o con otro vacunador comunitario. Encuentre el lugar más cercano para vacunarse visitando TexasFlu.org, y haga clic en el "Buscador de vacunas contra la gripe".



**FIGHT
THE
FLU**

**PROTECT
YOURSELF
AND
THOSE
AROUND
YOU**

**GET
VACCINATED
TODAY!**
For more information,
go to ImmunizeTexas.com
or call
(800) 252-9152



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**COMBATE
LA
GRIPE**

**PROTÉGETE
Y A LOS
QUE TE
RODEAN**

**¡VACÚNATE
HOY!**

Para más información,
visita ImmunizeTexas.com
o llama al
(800) 252-9152



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FLU Wants You!

Ways to Fight the Flu.



**Get the
FLU
VACCINE
EVERY
YEAR**



**COUGH
and SNEEZE
in your
SLEEVE.**

**Hands
spread the
disease.**



**WASH
HANDS
OFTEN**
for 20 seconds
with soap and
warm water!



REST is BEST.

Stay home if you
have flu symptoms:

- Fever, 100°F/38°C
and above
- Coughing
and sneezing
- Body aches
- Extreme fatigue

**Get your annual flu vaccine and stop the
flu before it gets you.**

For more information visit www.TexasFlu.org



Texas Department of State
Health Services

Texas Department of State Health Services, Immunization Unit

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Stock No. 11-14015P Revised 05/2018



!Alto a la GRIPE!

Formas de combatir la gripe.



**VACÚNESE
CADA AÑO
CONTRA
LA GRIPE**



**AL TOSER y
ESTORNUDAR
cúbrase con
el BRAZO**
y no con las manos,
porque con las
manos se propaga
la enfermedad.



**¡LÁVESE A
MENUDO LAS
MANOS**
durante 20 segundos
con agua tibia
y jabón!



**LO MEJOR es
DESCANSAR.**

Quédese en casa si
tiene síntomas de
la gripe:

- Fiebre de 100°F/38°C más
- Tos y estornudos
- Dolores en el cuerpo
- Fatiga extrema

Vacúnese cada año contra la gripe y evite enfermarse de ella.



Texas Department of State
Health Services

Para más información visite www.TexasFlu.org
Texas Department of State Health Services, Immunization Unit

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Overview

A Series on Standards for Adult Immunization Practice



In 2014, the National Vaccine Advisory Committee updated the Standards for Adult Immunization Practice to reflect the critical need for ALL healthcare professionals—whether they provide immunization services or not—to take steps to ensure that adult patients get the vaccines they need.

Patients trust you to give them the best advice on how to protect their health.

Make adult vaccination a standard of care in your practice.

Why should adult immunization be a priority for your practice?

- 1. Your patients are probably not getting the vaccines they need.** Even though most private insurance plans cover the cost of recommended vaccines, adult vaccination rates in the United States are extremely low. Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.
- 2. Your patients are likely not aware that they need vaccines.** Although adults do believe immunization is important, many don't know which vaccines are recommended for them throughout their lives. Many also report not receiving vaccine recommendations from their healthcare professional.
- 3. You play a critical role in ensuring that your patients are fully immunized.** Clinicians are the most valued and trusted source of health information for adults. Your patients rely on you to inform them about the vaccines they need. Research shows that a recommendation from their healthcare professional is the top predictor of patients getting vaccinated.

2014 U.S. Adult Vaccination Rates

Only 20% of adults 19 years or older had received Tdap vaccination. More than 18,000 cases of whooping cough were provisionally reported in 2015. About five in 100 adults with pertussis are hospitalized and others may have complications, which could include pneumonia. Adults can also spread pertussis to infants, who are at most risk for severe illness and death from this disease.

Only 28% of adults 60 years or older had received zoster (shingles) vaccination. Nearly 1 million Americans experience the condition each year, and about half of all cases occur in adults 60 years or older. Older adults are also most likely to experience severe pain from the disease and have postherpetic neuralgia.

Only 20% of adults 19 to 64 years at high risk had received pneumococcal vaccination. While coverage among adults 65 years or older is better, there are still many adults left unprotected. About 67 million adults at increased risk for pneumococcal disease remain unvaccinated.

Only 44% of adults 18 years or older had received flu vaccination during the 2014-2015 flu season. On average, more than 200,000 people are hospitalized each year from influenza-related complications.

Sources: NHIS 2013, NHIS 2014 (MMWR 2016; 64(4)), BRFSS 2014-2015 (www.cdc.gov/flu/fluview)

DON'T WAIT. VACCINATE!



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Centers for Disease Control and Prevention

Summary of 2014 Standards for Adult Immunization Practice

1. **ASSESS** immunization status of all your patients at every clinical encounter.

- Stay informed about the latest CDC recommendations for immunization of adults.
- Implement protocols in your office to ensure that patients' vaccine needs are routinely reviewed and patients get reminders about vaccines they need.

2. Strongly **RECOMMEND** vaccines that patients need.

- Address patient questions and concerns in clear and understandable language.
- Explain the benefits of getting vaccinated and potential costs of getting the diseases they protect against.
- Highlight positive experiences with vaccination (personal or in your practice) to reinforce the benefits and strengthen confidence in vaccination.

3. **ADMINISTER** needed vaccines or **REFER** patients to a vaccinating provider.

- For vaccines that you stock, make vaccination services as convenient as possible for your patients.
- For vaccines that you don't stock, refer patients to providers in the area that offer vaccination services.

4. **DOCUMENT** vaccines received by your patients.

- Participate in your state's immunization registry to help your office, your patient, and your patients' other providers know which vaccines your patients have had.
- Follow up to confirm that patients received recommended vaccines that you referred them to get from other immunization providers.

Proven strategies to increase vaccination rates

In a recent survey of U.S. primary care physicians, only 29% of general internists and 32% of family physicians report assessing vaccination status at every visit.

The CDC recommends the following evidence-based strategies for reducing missed opportunities and improving vaccination rates:

Standing orders authorize nurses, pharmacists, and other healthcare professionals to assess a patient's immunization status and administer vaccinations according to an approved protocol without the need for examination or direct order from the attending physician.

Provider reminder interventions, such as notes in client charts and alerts in electronic medical records, inform providers and their staff that individual patients are due for specific vaccines.

Immunization Information Systems (IIS) support patient vaccination status assessment, reminder and recall interventions, and provider assessment and feedback.

www.TheCommunityGuide.org/vaccines

All healthcare professionals should also ensure that they, and their practice staff, are up-to-date on their OWN vaccinations per ACIP recommendations and consistent with professional guidelines.

www.cdc.gov/vaccines/adults/rec-vac/hcw.html
for more information

For more information on the 2014 Standards and resources for improving adult immunization practice, visit: www.cdc.gov/vaccines/adultstandards

1

Vaccine Needs Assessment

A Series on Standards for Adult Immunization Practice



Assessment is the critical first step in ensuring that your adult patients get the vaccines they need for protection against serious vaccine-preventable diseases.

As a standard of care—whether you provide vaccines or not—you should assess your patients' immunization status at *every clinical encounter* and strongly recommend vaccines that they need.

Assessing your patients' vaccination status at every clinical encounter will decrease missed opportunities to vaccinate.^{1, 2, 3}

- Many adults do not schedule annual check-ups or come in for preventive services, therefore it is critical to assess vaccine status whenever they do come in for a visit.
- Some vaccines are indicated for adults based on factors other than age, making it important to assess regularly whether your patients have had lifestyle, health, or occupational changes that may prompt the need for additional vaccines.
- Vaccine recommendations for adults change over time, and your patients may not be up to date with the latest recommendations.

There are simple ways to implement routine vaccine assessment into your office patient flow.

- Give patients a vaccine assessment form at check-in.
- Include standing orders or protocols for nursing staff to assess and administer needed vaccines.
- Integrate vaccine prompts into electronic medical records.

See back for more tips and resources.

Routinely assessing patient vaccination status will make a difference.

Adults think immunization is important, but most don't know which vaccines they need throughout their lives. Research indicates that your recommendation is the strongest predictor of whether patients get vaccinated.⁴ Implement policies to ensure your patients' vaccination needs are routinely reviewed.

For information on insurance coverage of vaccines for adults, visit: www.cdc.gov/vaccines/hcp/adults

U.S. vaccination rates for adults are extremely low.

For example:

- Only 20% of adults 19 years or older have received Tdap vaccination.
- Only 28% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 44% of adults 18 years or older had received flu vaccination during the 2014–2015 flu season.

Sources: NHIS 2014 (MMWR 2016; 64(4)), BRFSS 2014–2015 (www.cdc.gov/flu/fluview)

For resources and tips on vaccine recommendation, administration, referral, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

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Tips for Improving Vaccine Assessment in Your Practice

- **Implement standing orders or protocols.** Routinely incorporate vaccine assessment and vaccination the same way you incorporate measuring weight and blood pressure during patient office visits.
Examples: www.immunize.org/standing-orders
- **Give your patients a vaccine questionnaire to complete at check-in.** This can help identify vaccines your patients may need based on factors such as upcoming travel or changes in medical conditions.
Example: www.cdc.gov/vaccines/hcp/adults/downloads/patient-intake-form.pdf
- **Use reminders to help your practice stay on top of needed vaccines that are due soon or are overdue.** These reminders can be generated by a computer system (Electronic Health Record) or immunization registries, or you can make a note of needed vaccines on a patient's vaccination chart.
Example: www.immunize.org/catg.d/p2023.pdf
- **Send your patients reminders about missed vaccines or vaccines that are due soon.** This can help keep vaccines on your patients' radar and encourage them to stay up to date.
Example: <http://www.adultvaccination.org/professional-resources/adult/appointment-reminder-cards.html>
- **Review how your practice does in keeping your patients up to date on vaccines.** This can be done by reviewing a sample of patients' charts or analyzing electronic health record data for your practice. Learn more about the CDC Comprehensive Clinic Assessment Software Application (CoCASA) tool here: www.cdc.gov/vaccines/programs/cocasa/index.html

CDC's recommended Adult Immunization Schedule is available in various formats, including an online scheduling tool and mobile phone application:

www.cdc.gov/vaccines/schedules

To learn more about evidence-based strategies for improving vaccination rates, visit: www.TheCommunityGuide.org/vaccines

Don't forget to review contraindications and precautions for vaccination when assessing your patients' vaccine needs.

Learn more: <http://www.cdc.gov/vaccines/hcp/admin/contraindications-adults.html>

References:

1. Hurley LP, Bridges CB, Harpaz R, Allison MA. US physicians survey regarding adult vaccine delivery: Missed opportunities. *Ann Intern Med.* 2014; 160:161-70.
2. Nowalk MP, Zimmerman RK, Feghali J. Missed opportunities for adult immunization in diverse primary care office settings. *Vaccine.* 2004; 22(25-26):3457-63.
3. Nowalk MP, Zimmerman RK, Cleary SM, Bruehlman RD. Missed opportunities to vaccinate older adults in primary care. *J Am Board Fam Pract.* 2005; 18(1):20-7.
4. Johnson DR, Nichol KN, Lipczynski K. Barriers to Adult Immunization. *Am J Med.* 2008; 121:528-535.

For more information and resources on adult immunization,
visit: www.cdc.gov/vaccines/hcp/adults

2

Vaccine Recommendation

A Series on Standards for Adult Immunization Practice



Your recommendation is a critical factor in whether your patients get the vaccines they need.

Routinely assess patient immunization status and strongly recommend vaccines that patients need, whether you stock the vaccines or not.

Recommending vaccines prompts most patients to get immunized.

Research indicates that most adults believe that vaccines are important and are likely to get them if recommended by their healthcare professionals.

For some patients, a clear and strong recommendation may not be enough. You can encourage these patients to make an informed decision about vaccination by sharing critical information.

S

SHARE the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.

H

HIGHLIGHT positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.

A

ADDRESS patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.

R

REMIND patients that vaccines protect them and their loved ones from many common and serious diseases

E

EXPLAIN the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

For tips on answering common patient questions and links to patient education materials, see back.

U.S. vaccination rates for adults are extremely low.

For example:

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- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 44% of adults 18 years or older had received flu vaccination during the 2014–2015 flu season

Sources: NHIS 2014 (MMWR 2016; 64(4)), BRFSS 2014–2015 (www.cdc.gov/flu/fluview)

For resources and tips on vaccine assessment, administration, referral, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

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Tips for Addressing Common Questions About Adult Vaccination

Do I really need vaccines?

- All adults need vaccines to help protect against serious diseases that could result not only in poor health, but also missed work, medical bills, and not being able to care for their families.
- You may not have gotten all of your recommended childhood vaccines. Also, the protection from some vaccines you had as a child can wear off over time and you might need a booster (tetanus and whooping cough). Some vaccines are recommended based on your age, job, lifestyle, or health conditions. For example, adults with chronic conditions like heart disease, diabetes, asthma, or COPD are at higher risk for complications from certain diseases like flu and pneumonia.
- Getting vaccinated not only lowers your chance of getting sick, but also lowers the chance that you will spread a serious disease to those around you—including those most vulnerable to severe illness (infants, older adults, and people with chronic health conditions and weakened immune systems).

For tips on addressing common questions about specific adult vaccines, visit:

www.cdc.gov/vaccines/AdultPatientEd

How well do adult vaccines work?

- Vaccines work with the body's natural defenses to reduce the chances of getting certain diseases and suffering from their complications.
- How much protection you will get varies by vaccine and other factors like your age and health, but immunization is the best defense against many of these serious, and sometimes deadly, diseases.
- The greatest risk of vaccine-preventable diseases occurs among people who are not vaccinated.

Are adult vaccines safe?

- Vaccines are one of the safest ways to protect your health.
- Vaccines go through years of testing before they can be licensed by the Food and Drug Administration (FDA). Once a vaccine is licensed, research is reviewed by medical and scientific experts to make recommendations on who should be vaccinated. Even after a vaccine is licensed, CDC and FDA continue to carefully monitor the safety of vaccines.
- It is safe to receive vaccinations while taking prescription medications. If you take medication that suppresses your immune system, you may not be able to get certain live vaccines including MMR, varicella, and shingles vaccines.

Patients vary in their level of knowledge about immunization and their preferences for learning about it.

Find free education materials for your patients:

www.cdc.gov/vaccines/AdultPatientEd

What are possible risks from adult vaccines?

- Side effects from vaccines are usually minor, such as feeling sore where you get the shot or a slight fever, and go away within a few days.
- Some people may have allergic reactions to vaccines, but serious or long-term effects are rare.

For additional information and resources on adult immunization, visit: www.cdc.gov/vaccines/hcp/adults

3

Vaccine Administration

A Series on Standards for Adult Immunization Practice



Take steps to improve vaccine administration in your office and better protect your patients from vaccine-preventable diseases.

1. Assess patient vaccination status at every visit.

U.S. vaccination rates are extremely low, and research shows that there are many missed opportunities for vaccination of adult patients during clinical encounters.

2. Recommend and offer vaccines at the same visit.

Research shows when patients receive a vaccine recommendation and are offered the vaccine at the same time, they are more likely to get vaccinated. **For vaccines you don't stock, it is still critical to make the recommendation and then refer to another immunization provider.**

See fact sheet 4 in this series for tips on referral.

3. Train and educate your staff on vaccine administration.

Building your staff's skills and confidence in vaccine administration can help improve vaccine delivery and ensure patient safety.

4. Properly store and handle vaccines.

This critical step can reduce wastage.

5. Distribute Vaccine Information Statements (VIS) to patients.

Help your patients make informed decisions about vaccinations by providing them with up-to-date information about the benefits and potential risks for each vaccine they need.

6. Ensure proper care for patients.

Minimize potential risks to your patients by following safety protocols such as having your patients sit or lie down while you administer vaccines.

7. Follow standard precautions to control infection.

Minimize the risks of spreading disease when administering vaccines.

8. Be aware of and prepared for potential adverse reactions.

All vaccines have the potential to cause adverse reactions. Most are minor (e.g., itching, soreness) but severe reactions (e.g., anaphylaxis), while rare, can occur. Make sure you and your staff are prepared to handle severe reactions.

U.S. vaccination rates for adults are extremely low.

For example:

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- Only 28% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 44% of adults 18 years or older had received flu vaccination during the 2014–2015 flu season.

Sources: NHIS 2014 (MMWR 2016; 64(4)), BRFSS 2014–2015 (www.cdc.gov/flu/fluview)

For resources and tips on vaccine assessment, recommendation, referral, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

DON'T WAIT. VACCINATE!



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Resources to Help You and Your Staff Improve Vaccine Administration in Your Practice

- **CDC General Immunization Training**

Self-paced online trainings with free CE or CME credits, webcasts, and more:
www.cdc.gov/vaccines/ed/courses.html

- **Immunization Skills Self-Assessment**

A tool for healthcare staff and supervisors to assess immunization skills and develop a plan of action to improve performance if needed:
www.immunize.org/catg.d/p7010.pdf

- **Storage and Handling**

Training and guidance on proper vaccine storage and handling practices:
www.cdc.gov/vaccines/recs/storage

- **Dose and Route Chart**

Dose, route, injection site, and needle size information for all adult vaccines:
www.immunize.org/catg.d/p3084.pdf

- **Vaccine Information Statements (VIS)**

Federal law requires that you provide VIS to patients prior to administering certain vaccines; however, it is a best practice to do so for all vaccines because the VIS explains both the vaccine benefits and risks to your patients. You can find print-ready VIS at:
www.cdc.gov/vaccines/hcp/vis

- **Guide to Infection Prevention for Outpatient Care**

A downloadable and printable guide on infection prevention including information regarding protective equipment and safe injection practices:
www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html

- **Chart of Medical Management of Vaccine Reactions in Adult Patients**

Procedures to follow if various adverse reactions occur:
www.immunize.org/catg.d/p3082.pdf

- **Vaccine Adverse Events Reporting System (VAERS)**

The National Childhood Vaccine Injury Act (NCVIA) requires healthcare providers to report certain adverse events that occur following vaccination. VAERS is a national reporting system that accepts reports on adverse events with vaccines licensed in the United States:
www.cdc.gov/vaccinesafety/Activities/vaers.html

Standing orders or protocols save time and reduce missed opportunities by authorizing nurses, pharmacists, and other healthcare professionals (where allowed by state law) to assess patient vaccine status and administer vaccinations without examination or direct order from the attending provider.

For sample standing orders, visit: www.immunize.org/standing-orders

For more information and resources on adult immunization,
visit: www.cdc.gov/vaccines/hcp/adults

4

Vaccine Referral

A Series on Standards for Adult Immunization Practice



Even if your practice doesn't stock all or any vaccines, you still have a critical role to play in ensuring your patients are protected from serious diseases.

Routinely assess your patients' immunization needs, vaccinate with vaccines you do stock, and provide referrals for recommended vaccines you do not stock.

Here's why it's important:

- **Each year, thousands of adults in the United States suffer illness, are hospitalized, or even die from diseases that could be prevented by vaccines.**

Adults believe immunization is important, but most don't know which vaccines they need throughout their lives.

- **Patients rely on you to give them the best advice on how to protect their health.**

If you don't tell them about the vaccines they need, your patients are unlikely to get vaccinated.

Here's what you can do:

- **Refer your patients to other immunization providers for vaccines you don't stock.**

It may not be possible to stock all vaccines in your practice. But you can still ensure that your patients are getting the vaccines they need by following up your strong recommendation with a referral. There is an expanding network of immunization providers, and it is easier than ever to find providers in your area who offer vaccination services. See back for details.

- **Confirm that patients received recommended vaccines by following up at the next visit.**

Document the vaccines your patients receive, whether you administer them or not, to make sure patients are fully immunized. Simple reminders can help your practice and your patients stay up to date.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 20% of adults 19 years or older have received Tdap vaccination.
- Only 28% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 44% of adults 18 years or older had received flu vaccination during the 2014–2015 flu season.

Sources: NHIS 2014 (MMWR 2016; 64(4)), BRFSS 2014–2015 (www.cdc.gov/flu/fluview)

For resources and tips on vaccine assessment, recommendation, administration, and documentation, visit:

www.cdc.gov/vaccines/adultstandards

**DON'T WAIT.
VACCINATE!**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccine Referral Options

- **HealthMap Vaccine Finder** (<http://vaccine.healthmap.org>) is a free, online service where users can search by zip code for providers who offer vaccines.
- **Health Departments** often provide routine vaccinations or can help you identify other local vaccine providers. Visit www.vaccines.gov/getting/where/ and click on your state to learn more.
- **Pharmacies** are a convenient location for many patients to get vaccinated. Most pharmacies have on-site clinics that provide vaccines.
- **Travel Clinics** are current with vaccine recommendations for international travel and often carry vaccines that are less frequently recommended and might be cost-prohibitive to stock. Find travel clinics in your area: <http://wwwnc.cdc.gov/travel/page/find-clinic>

Remind patients to check with their insurance plans regarding which providers their insurance includes for vaccine services.

When referring, consider giving your patients a vaccine prescription. If your patients can leave your office with a prescription for the vaccines you recommend it may help them to take the next step.

Vaccine prescription pads, customizable with your provider information, are available at: <http://www.cdc.gov/vaccines/hcp/adults/downloads/vaccine-rx-pad.pdf>

**For more information and resources on adult immunization,
visit: www.cdc.gov/vaccines/hcp/adults**

5

Vaccine Documentation

A Series on Standards for Adult Immunization Practice



Since patients can get their vaccines from many different healthcare professionals, assessing current vaccination status for patients can be challenging but it is very important.

Keep an up-to-date record of the vaccines your patients have received to make sure they have the best protection against vaccine-preventable diseases.

To ensure patients get the vaccines they need and to prevent unnecessary vaccination, you should:

- Record vaccination in patients' medical records
- Provide documentation of vaccines received to patients for their personal records
- Document vaccinations in immunization information systems (IIS)

IIS are confidential, community-wide, computerized databases that record vaccines administered by participating healthcare professionals. Documenting vaccines into IIS can benefit your practice by:

- Consolidating vaccination records for your patients
- Helping you assess your patients' immunization status
- Making sure your patients have completed necessary vaccine series (for example, all three doses of hepatitis B vaccine)
- Reducing chances for unnecessary doses of vaccine or missed opportunities to provide vaccines
- Facilitating use of reminder and recall notifications to send to patients
- Making calculation of your office's immunization coverage rates easier

For more information on how to access IIS, contact your state coordinator. (See back for details.)

Even if you do not administer vaccines in your office, follow up with your patients to ensure they received the recommended vaccines from another immunization provider.

U.S. vaccination rates for adults are extremely low.

For example:

- Only 20% of adults 19 years or older have received Tdap vaccination.
- Only 28% of adults 60 years or older have received zoster (shingles) vaccination.
- Only 20% of adults 19 to 64 years old, at high risk, have received pneumococcal vaccination.
- Only 44% of adults 18 years or older had received flu vaccination during the 2014–2015 flu season.

Sources: NHIS 2014 (MMWR 2016; 64(4)), BRFSS 2014–2015 (www.cdc.gov/flu/fluview)

For resources and tips on vaccine assessment, recommendation, administration, and referral, visit:

www.cdc.gov/vaccines/adultstandards

**DON'T WAIT.
VACCINATE!**



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Resources for Documenting Vaccines Received by Your Patients

- Learn more about Immunization Information Systems (IIS)
www.cdc.gov/vaccines/programs/iis/training.html
- Reach out to your state's main contact regarding questions about your state or local registry, including whether you may be able to automatically transmit immunization data from your electronic medical records to your state's IIS
www.cdc.gov/vaccines/programs/iis/contacts-registry-staff.html
- Provide your patient with a vaccine administration record
www.immunize.org/catg.d/p2023.pdf
- Learn how to protect the privacy, confidentiality, and security of your patients' information
www.immregistries.org/resources/privacy-security-confidentiality
- Learn more about meaningful use of Electronic Health Record systems and IIS
www.cdc.gov/vaccines/programs/iis/meaningful-use/index.html
www.cdc.gov/ehrmeaningfuluse/introduction.html

Documenting vaccinations in IIS fulfills one of the Centers for Medicare & Medicaid Services "Core" Meaningful Use criteria. Learn more at:

www.healthit.gov/providers-professionals/achieve-meaningful-use/core-measures-2/immunization-registries-data-submission

For more information and resources on adult immunization,
visit: www.cdc.gov/vaccines/hcp/adults



Texas Department of State
Health Services

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Rev. 07-2017

ImmTrac2

Introducing ImmTrac2.

Your fingertips
won't believe
your eyes.



**Enroll today at
ImmTrac.com.**

**8.1 million Texans'
immunization records.**

**60,000 organizations
store them in 1 place.**



Texas Department of State
Health Services

Stock No. 11-15065
Rev. 11/2017

Introducing ImmTrac2, the Texas Immunization Registry.

Whether you're a health care provider or a school, it makes a seemingly impossible task easy. You now have everything from immunization history, forecasts, and reminders to instant reports, easy edit/delete functions, and resettable passwords at your fingertips.



History and Forecasting

Access records of immunizations received and recommended immunization schedules.



Passwords

Reset your own password at any time.



Ad Hoc Reports

Pull reports specific to an organization or client.



Enhanced Search Functionality



Improved EMR Data Exchange

Use our HL7 interface to generate and submit data.



Free and Secure



Enhanced Recall and Reminder Functionality



School and Childcare Reports

Manage reports independently.



She'll need vaccine records for a lifetime.

Let's help her keep them organized.

**Enroll today at
ImmTrac.com.**



One place for all vaccine records.

If you think keeping up with your kids is hard, try keeping up with their immunization records. The Texas Immunization Registry makes it easy. Just ask any one of the millions of Texas families who already depend on it.



Accessible across provider offices.

No matter how many times you move or change health care providers, your family's immunization records will be at any Texas doctor's fingertips.



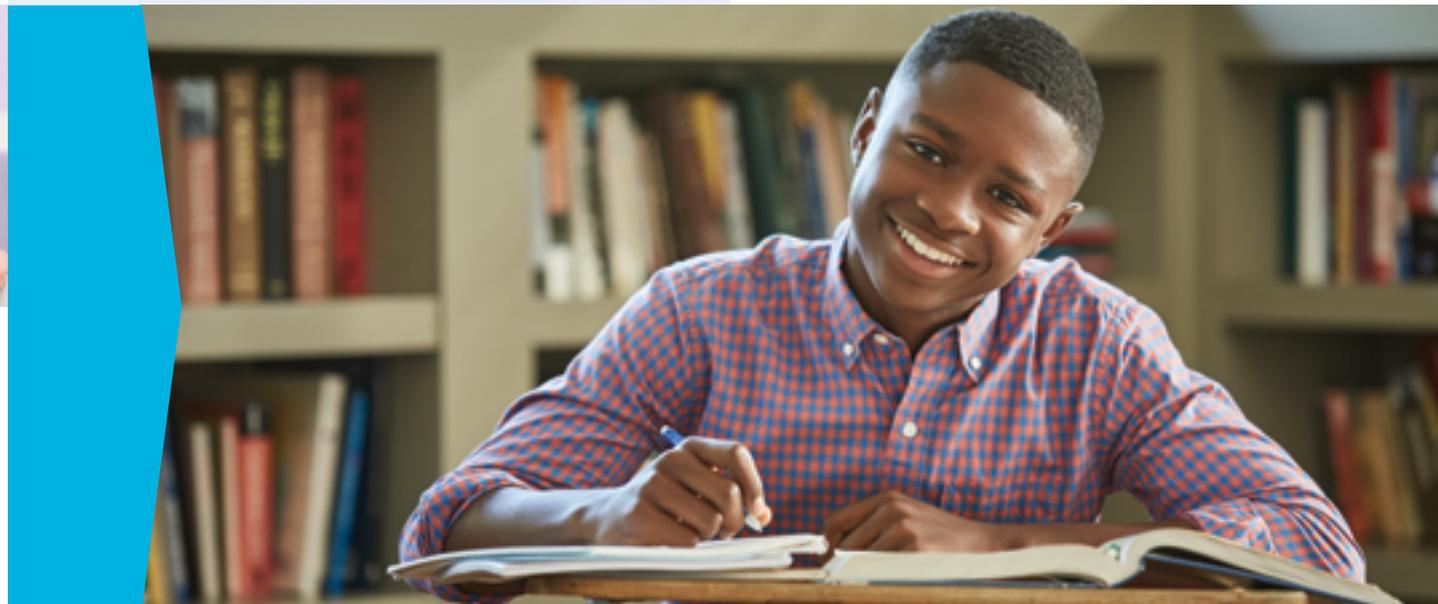
Schools can verify vaccine records.

With the Texas Immunization Registry, schools can access your children's records and review which are needed for school requirements, so you'll never have to round up the records yourself.



Free and secure.

There's no charge for enrolling and no monthly fees. The database meets the highest security standards, and only authorized providers can access your family's records.



A lifetime of vaccines.

One place to store everyone's records.

You'll need vaccine records your entire life.



Infancy



Daycare



Elementary School



Middle School



College



Employment



International Travel



Emergency



TEXAS
Health and Human
Services

Texas Department of State
Health Services



Un lugar para todos los historiales de vacunación.

Si piensa que es difícil estar al día con sus hijos, imagínese lo difícil que es estar al día con los historiales de sus inmunizaciones. El Registro de Inmunización de Texas hace que eso sea muy sencillo. Solo tiene que preguntarle a cualquiera de los millones de familias en Texas que ya cuentan con el servicio.



Accesible desde todos los consultorios de proveedores.

No importa cuántas veces se mude o cambie de proveedor médico, los historiales de inmunización de su familia estarán al alcance de cualquier doctor de Texas.



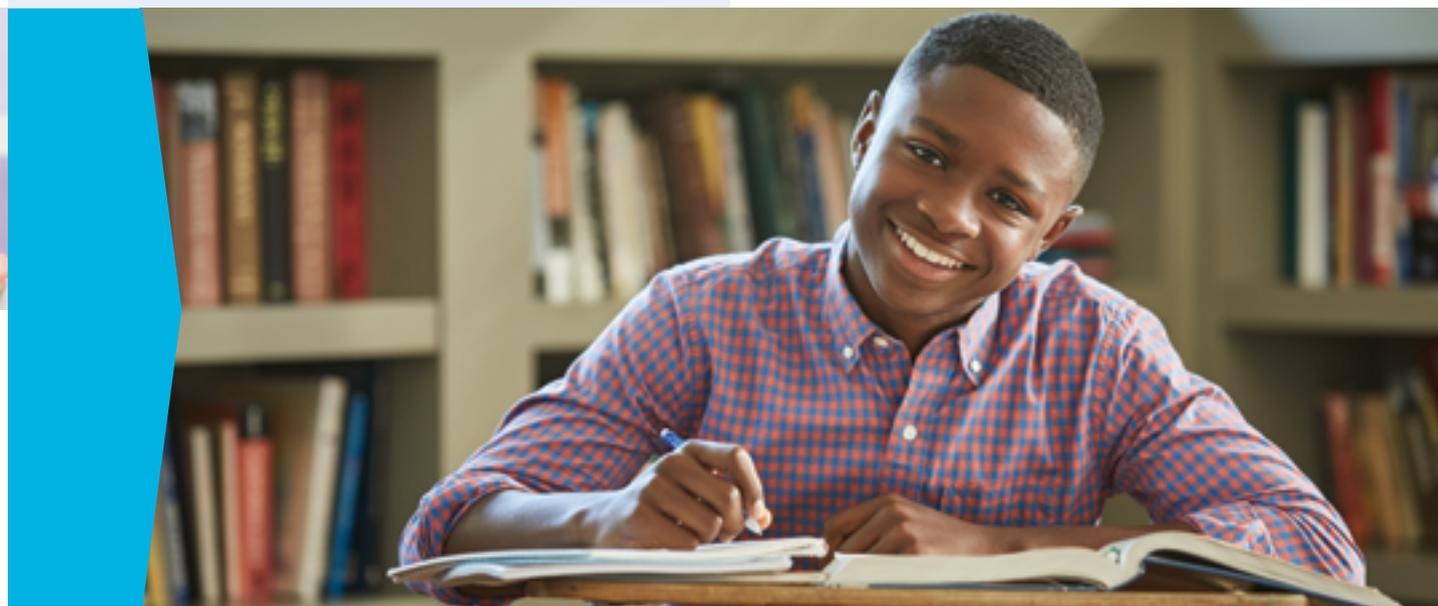
Las escuelas pueden verificar los historiales de vacunas.

Con el Registro de Inmunización de Texas, las escuelas tienen acceso a los historiales de vacunas de sus hijos y pueden comprobar cuáles son necesarias para cumplir con los requisitos de la escuela, de modo que nunca tendrá que buscar los historiales usted mismo.



Gratuito y seguro.

La inscripción es gratuita y no tiene que pagar ninguna cuota mensual. La base de datos cumple con los más altos estándares de seguridad, y solo los proveedores autorizados pueden acceder a los historiales de vacunas de su familia.



Las vacunas de toda una vida.

Un lugar donde guardar el historial de vacunas de todo el mundo.

ImmTrac.com

En todas las épocas de su vida, usted necesitará el historial de vacunas.



Quando se es un bebé



Para la guardería



Para la escuela primaria



Para la secundaria



Para la universidad



Para el empleo



Para viajar al extranjero



En caso de emergencia



TEXAS Health and Human Services

Texas Department of State Health Services

