

IMMUNIZATION TOOLKIT

Improving Influenza and Pneumococcal Vaccination of Residents in Long-Term Care Facilities



Table of Contents

Section 1: Background Information on Influenza and Pneumococcal Disease	5
Introduction	7
Influenza	7
Disease	7
Epidemiology	7
Vaccine.....	8
Administration Timing and Frequency.....	8
Immunization Side Effects	8
Vaccine Efficacy	8
Prevention.....	9
Pneumococcal Disease	9
Disease	9
Epidemiology	9
Vaccine.....	10
Administration Timing and Frequency.....	11
Immunization Side Effects	12
Vaccine Efficacy	12
Prevention	12
Vaccine Information Statements	12
Section 2: Individual Case and Outbreak Management	13
Introduction	15
Influenza	15
Reporting.....	15
Specimen Collection and Testing.....	15
Treatment	16
Control Measures	16
Pneumococcal Disease	18
Reporting.....	18
Specimen Collection and Testing.....	18
Treatment	18
Control Measures	18
References.....	20
Section 3: Appendices.....	21
Appendix A: Influenza	23
Myth/Fact Sheet	25
Vaccination Consent Form*	27
Vaccination Declination Form*	29
Standing Orders for Influenza Vaccine Administration	31
Vaccine Information Statement.....	33
Appendix B: Pneumococcal Disease	35
Myth/Fact Sheet	37
Vaccination Consent Form*.....	39
Vaccination Declination Form*	41
Standing Orders for Pneumococcal Vaccine Administration.....	43
Pneumococcal Conjugate Vaccine Information Statement	45
Pneumococcal Polysaccharide Vaccine Information Statement.....	47
Appendix C: Additional Resources.....	49
Medical Management of Vaccine Reactions in Adults	51
Immunization Tracking Form of Residents*.....	53
Vaccination/Declination Surveillance of Residents*	55
Line List for Respiratory Illness Outbreaks in Residents.....	57
Posters and Stickers	

*These forms are available as fillable forms and links to them can be found in the appendices of this document

Section 1: Background Information on Influenza and Pneumococcal Disease

Introduction

Influenza season occurs annually usually from October to May and can put older adults at risk for serious complications. Pneumococcal disease occurs year round and can result in life-threatening infections, especially in older adults. Long-term care facilities (LTCFs) should aim for 90% immunization coverage among all their eligible residents for both influenza and pneumococcal vaccines.

Each year the Kansas Department of Health and Environment (KDHE) analyzes vaccination coverage of LTCF residents in Kansas using data submitted by LTCFs to the United States Centers for Medicare and Medicaid Services (CMS). To date, influenza and pneumococcal vaccination coverage in Kansas LTCF residents has been below the Healthy People 2020 goal of 90%.

LTCFs should strive to vaccinate all eligible residents to reduce disease transmission and the number of hospitalizations and deaths that occur due to complications from influenza and pneumococcal disease. Administration of influenza vaccination should occur every flu season and although pneumococcal disease may occur year round, the fall or beginning of flu season is an optimal time to institute programs to vaccinate residents with both vaccines. Resident vaccination statuses should be assessed year round, especially for new residents and resident transfers.

This toolkit contains information and useful resources to help LTCFs increase the number of residents vaccinated against influenza and pneumococcal disease and help reduce communicable disease transmission within facilities.

Influenza

Disease

Influenza is a contagious respiratory illness caused by influenza viruses. Although many people that contract the flu usually recover within one to two weeks, influenza can be a serious disease and potentially life-threatening for individuals aged 65 years and older or those that have conditions that put them at high risk for complications. Symptoms usually occur suddenly and can include fever/chills, cough, sore throat, runny or stuffy nose, muscle aches, fatigue, cough, and headache. Individuals with influenza can infect others one day before they become symptomatic and five to seven days after becoming ill. People with weakened immune systems can shed viral particles and transmit the disease to others for longer periods of time. Influenza can spread easily from person to person through droplets when an infected person coughs or sneezes. The virus can also be transmitted by direct contact with an infected person's respiratory secretions (e.g. kissing, sharing utensils) or indirect contact such as when a person touches surfaces or objects that have been contaminated with respiratory secretions from an infected person and then touches their eyes, nose, or mouth.

Epidemiology

The exact timing and duration of flu seasons vary from year to year, but can occur as early as October and last through May, with peak activity usually occurring in January or February. Seasonal influenza results in yearly epidemics with varying severity. On average, 5-20% of the U.S. population gets the flu each year, but it can affect more than 50% of individuals in closed communities such as LTCFs and schools. More than 200,000 people are hospitalized for flu-related complications annually and from 1976 to 2006, the number of flu-related deaths ranged from 3,000 to 49,000.¹ Persons aged 65 years and older are at greatest risk for serious complications from influenza when compared to young, healthy adults. Complications of influenza include pneumonia, bronchitis, sinus infections, and ear infections and the flu can make chronic health conditions, such

as diabetes and asthma worse. Approximately 90% of deaths and more than 60% of hospitalizations associated with the flu occur in persons 65 years of age and older, highlighting the importance of vaccination.²

Vaccine

Every influenza season, a vaccine is developed to protect against the three or four most common circulating virus strains. Vaccination is recommended as soon as the vaccine becomes available. There are two types of influenza vaccine:

1. Nasal Spray: Live-attenuated vaccine (LAIV) that is made with live, weakened flu viruses
 - Approved for persons aged 2 to 49 years who are not pregnant.
2. Injection: Vaccine that is made with either inactivated viruses or no virus particles at all (recombinant)
 - Inactivated Vaccines:
 - Intramuscular vaccine approved for persons aged 6 months and older including healthy people, people with chronic medical conditions, and pregnant women.
 - Intradermal vaccine approved for persons aged 18 to 64 years.
 - High-dose vaccine approved for persons aged 65 years and older.
 - Recombinant Vaccine:
 - Intramuscular vaccine that is egg free and approved for persons aged 18 to 49 years.

Since the immune system may weaken with age, the high-dose vaccine contains four times the amount of antigen, which is intended to create a stronger immune response and therefore offer better protection against the flu. Influenza vaccination is the most effective way to prevent flu-associated illness and death in all age groups.

Administration Timing and Frequency

Influenza immunization campaigns should be implemented as soon as the vaccine becomes available, ideally by October every year. However, residents admitted into a LTCF should be assessed and vaccinated at time of admission if they have not been vaccinated for the current flu season and if flu viruses are still circulating (information on the current flu season in Kansas can be found at KDHE's flu surveillance website, <http://www.kdheks.gov/flu/surveillance.htm>). Immunization status documentation should accompany the resident when s/he is transferred to another healthcare facility or transferred home; and caregivers should be informed if the flu vaccine has already been administered. Only one dose is necessary for each flu season. Studies have shown that there is no benefit of receiving more than one dose of influenza vaccine during a single flu season in adults, even among elderly persons with weakened immune systems.³

Immunization Side Effects

The most common side effect associated with the influenza vaccine is soreness, redness, or swelling at the injection site. It rarely interferes with the individual's ability to conduct daily activities and generally subsides in one to two days. Other side effects following influenza vaccination can include a low grade fever, body aches, itching, and fatigue. When these symptoms occur, they usually begin soon after immunization and last one to two days. Rarely are there severe allergic reactions following influenza vaccination (e.g. hives, breathing problems, hoarseness or wheezing, paleness, fast heartbeat, dizziness). These reactions usually occur within a few minutes to a few hours and generally result from an allergy to a component of the vaccine, most typically the residual egg protein contained in some of the vaccines. It is estimated that severe adverse reactions occur in less than one in a million doses given,⁴ but when they do; effective treatments are available. Procedures for the medical management of various vaccine adverse reactions can be found in Appendix C of this toolkit.

Vaccine Efficacy

For healthy adults that are less than 65 years of age, the vaccine has shown to be 50-70% effective in preventing flu illness when the vaccine is a good match to the circulating virus strains.⁵ The influenza vaccine is only 30-

40% effective in preventing influenza illness in people aged 65 years and older; however, it is 50-60% effective in preventing hospitalization or pneumonia and 80% effective in preventing death in this older population.⁶

Prevention

In addition to influenza vaccination, other approaches should be implemented to help prevent the spread of influenza in LTCFs:

- Ask that family members, staff, and volunteers stay home when sick.
- Ensure that staff wash hands frequently and assist residents in doing the same.
- Encourage staff and residents to cover nose and mouth with elbow or tissue when coughing or sneezing.
- Recognize early symptoms of influenza and implement treatment.

Pneumococcal Disease

Disease

Pneumococcal disease is caused by *Streptococcus pneumoniae* bacteria. These bacteria can cause many types of illnesses, including ear infections, bronchitis, pneumonia, bacteremia, and meningitis. Some of these infections are considered “invasive,” meaning that the bacteria have invaded areas of the body that are normally sterile [e.g. blood, cerebrospinal fluid (CSF), pleural fluid].

Streptococcus pneumoniae bacteria are transmitted through large droplets when an infected person coughs or sneezes as well as through direct contact (kissing, sharing utensils) and indirect contact such as when a person touches surfaces or objects that have been contaminated with the respiratory secretions of an infected person and then touches their eyes, nose, or mouth. Symptoms differ for each type of infection.

Symptoms for the three types of severe pneumococcal disease:

1. Pneumococcal pneumonia (infection of the lungs)
 - Fever, chills, cough, rapid breathing or difficulty breathing, chest pains
2. Pneumococcal meningitis (infection of the tissues surrounding the brain and spinal cord)
 - Stiff neck, fever, headache, pain when looking into bright lights, confusion
3. Pneumococcal bacteremia (infection of the bloodstream)
 - Fever, chills, altered level of consciousness

The exact period of communicability for pneumococcal disease is unknown, but the bacteria can be transmitted for as long as it is present in respiratory secretions.

Epidemiology

Unlike influenza, pneumococcal infections occur year round. Pneumococcal disease kills more people in the United States than all other vaccine-preventable diseases combined and the highest mortality occurs among the elderly and patients with underlying medical conditions.⁷ *Streptococcus pneumoniae* is the most common cause of severe pneumonia in all age groups. Approximately 900,000 people get pneumococcal pneumonia annually resulting in 400,000 hospitalizations, and 5-7% of those result in death. Each year, there are more than 12,000 pneumococcal bacteremia cases with a case fatality of 15%. Roughly 3,000 pneumococcal meningitis cases occur annually and 10% of those result in death. Adults account for 95% of the pneumococcal deaths in the United States and 70 million adults at high risk remain unvaccinated against pneumococcal disease.⁸

Vaccine

There are two different pneumococcal vaccines available to prevent pneumococcal disease in adults; pneumococcal conjugate vaccine (PCV13) and pneumococcal polysaccharide vaccine (PPSV23). PCV13 protects against 13 types of *Streptococcus pneumoniae* bacteria and it is recommended for use in children less than five years of age and for use in adults 19 years and older with certain medical conditions. PPSV23 protects against 23 types of *Streptococcus pneumoniae* bacteria and it is recommended for all adults 65 years and older and for persons two years and older at high risk for disease. Age and immune status determine which vaccine is appropriate, Table 1.

Table 1: Pneumococcal Vaccine Recommendations

PCV13 Vaccination Recommendations	PCV13 Vaccination Schedule
<p>Vaccinate persons 19-64 years of age with any of the following conditions:</p> <ul style="list-style-type: none"> • Immunocompromising conditions (including congenital and acquired immunodeficiencies, HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression, solid organ transplant, and multiple myeloma) • Functional asplenia (including sickle cell disease and other hemoglobinopathies) • Anatomic asplenia (including congenital and acquired asplenia) • CSF leaks • Cochlear implants <p><i>*PPSV23 is also recommended for use in persons with any of these conditions</i></p>	<p>Persons should receive:</p> <ul style="list-style-type: none"> • 1 dose of PCV13 between 19-64 years of age <p><i>*Preferred that PCV13 is given before any PPSV23 doses:</i></p> <ul style="list-style-type: none"> -If resident has no previous doses of PPSV23 then administer PCV13 followed by PPSV23 at least eight weeks later (minimum interval) -If resident has previous doses of PPSV23, there should be at least one year (minimum interval) between the last PPSV23 and the PCV13 dose -Continue to use minimum interval of 5 years between PPSV23 doses

Table 1 Continued: Pneumococcal Vaccine Recommendations

PPSV23 Vaccination Recommendations	PPSV23 Vaccination Schedule
<p>Vaccinate persons 2-64 years of age with any of the following conditions:</p> <ul style="list-style-type: none"> • Chronic heart disease (including congestive heart failure and cardiomyopathies) • Chronic lung disease (including chronic obstructive pulmonary disease, emphysema, and asthma) • Diabetes mellitus • CSF leaks • Cochlear implants • Alcoholism • Chronic liver disease • Cigarette smoking <p><i>*PCV13 is also recommended for use in persons 19-64 years of age with CSF leaks or cochlear implants</i></p>	<p>Persons should receive:</p> <ul style="list-style-type: none"> • 1 dose of PPSV23 between 2-64 years of age • 1 dose of PPSV23 at/after 65 years of age <p><i>*Use minimum interval of 5 years between PPSV23 doses</i></p>
<p>Vaccinate persons 2-64 years of age with any of the following conditions:</p> <ul style="list-style-type: none"> • Immunocompromising conditions (including congenital and acquired immunodeficiencies, HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin disease, generalized malignancy, iatrogenic immunosuppression, solid organ transplant, and multiple myeloma) • Functional asplenia (including sickle cell disease and other hemoglobinopathies) • Anatomic asplenia (including congenital and acquired asplenia) <p><i>*PCV13 is also recommended for use in persons 19-64 years of age with any of these conditions</i></p>	<p>Persons should receive:</p> <ul style="list-style-type: none"> • 2 doses of PPSV23 between 2-64 years of age • 1 dose of PPSV23 at/after 65 years of age <p><i>*Use minimum interval of 5 years between PPSV23 doses</i></p>
<p>Vaccinate all persons 65 years and older:</p> <ul style="list-style-type: none"> • Regardless of medical condition • Regardless of any pneumococcal vaccination history 	<p>Persons should receive:</p> <ul style="list-style-type: none"> • 1 dose of PPSV23 at/after 65 years of age <p><i>*If resident received PPSV23 before age 65, a dose of PPSV23 is needed and make sure to use minimum of 5 years before giving this final dose</i></p> <p><i>*If resident received PPSV23 at age 65 or older, no additional pneumococcal vaccines are needed</i></p>

Administration Timing and Frequency

Residents admitted to a LTCF should be assessed and vaccinated at the time of admission if pneumococcal vaccination has never been given, if vaccination status is uncertain, or if the resident is due for vaccination (see Table 1. Pneumococcal Vaccination Recommendations). Pneumococcal vaccination can be administered year round. Influenza and pneumococcal vaccinations can be administered at the same time in

separate injection sites without increased risk of side effects. Immunization status documentation should accompany the resident when they are transferred to another healthcare facility or home.

Immunization Side Effects

The most common side effect associated with the pneumococcal vaccination is soreness or redness at the vaccination site and this affects about 50% of individuals vaccinated with PPSV23 and PCV13.⁴ However, this rarely interferes with the individual's ability to conduct daily activities, and subsides in one to two days. Less common side effects after vaccination with PPSV23 and PCV13 include fever, muscle aches, fatigue, and chills. Less than 1% of individuals vaccinated with PPSV23 develop these symptoms.⁴ As with any vaccine, pneumococcal vaccination can cause severe adverse reactions, but are very rare. Procedures for the medical management of various vaccine adverse reactions can be found in Appendix C of this toolkit.

Vaccine Efficacy

For adults, PCV13 is estimated to be 50-70% effective in reducing invasive pneumococcal disease.⁹ PPSV23 is estimated to be 50-85% effective in preventing invasive pneumococcal disease in adults with healthy immune systems.¹⁰ It has also shown to be 50-80% effective in preventing invasive disease in immunocompetent elderly persons and adults with underlying medical conditions.¹¹

Prevention

In addition to pneumococcal vaccination, other approaches should be implemented to help prevent the spread of pneumococcal disease in LTCFs:

- Ask that family members, staff, and volunteers stay home when sick.
- Ensure that staff wash hands frequently and assist residents in doing the same.
- Encourage staff and residents to cover nose and mouth with elbow or tissue when coughing or sneezing.
- Recognize early symptoms of pneumococcal disease and implement treatment.

Vaccine Information Statements

Vaccine Information Statements (VISs) are information sheets produced by the Centers for Disease Control and Prevention (CDC) that inform vaccine recipients or their legal representatives about the benefits and risks of vaccines. VISs for influenza and pneumococcal vaccines should be given to residents prior to vaccination. VISs in English are included in the Appendices of this toolkit. Other languages can be found online at: <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

Section 2: Individual Case and Outbreak Management

Introduction

Each year, outbreaks of respiratory illness occur in long-term care facilities. LTCFs provide a favorable environment for communicable disease transmission because many of the residents are elderly and can have compromised immune systems, they live in close quarters with other residents, and they have frequent contact with staff, volunteers, and visitors that live outside of the facility. Once an infectious disease, such as influenza, is introduced into a LTCF it is not uncommon for an outbreak to occur. Controlling the spread of disease in these facilities is critical.

An outbreak for any disease is defined as a sudden increase in illnesses over the normal baseline rate. There is no set definition that quantifies an influenza or pneumococcal outbreak for all facilities, but if a LTCF is experiencing any situations described below, an outbreak may be occurring.

Influenza:

1. Two or more residents in close proximity to each other (e.g. same hall or community) that develop symptoms of influenza-like illness (ILI) [fever ($\geq 100^{\circ}\text{F}$) and cough and/or sore throat in absence of another known cause other than influenza] within 72 hours.
OR
2. One laboratory confirmed influenza case and other residents with ILI in close proximity to each other.

Pneumococcal Disease:

1. Two or more residents in close proximity to each other that develop symptoms of pneumonia.
OR
2. Two or more residents with evidence of pneumococcal infection [e.g. isolation of *Streptococcus pneumoniae* from cerebrospinal fluid (CSF) or blood] in close proximity to each other.

Detecting outbreaks early and implementing proper precautions will aid in successfully eliminating disease spread.

Influenza

Reporting

Individual cases of influenza are not reportable to KDHE unless a novel strain of influenza has been identified [report within **four hours** by telephone per Kansas Administrative Regulation (K.A.R) 28-1-2].

In addition, outbreaks of any infectious diseases including influenza are reportable within **four hours** by telephone to **KDHE's Epidemiology Hotline** at **1-877-427-7317** per K.A.R. 28-1-2. For facilities unsure whether an outbreak is occurring, **please call the KDHE Epidemiology Hotline**. Epidemiologists and medical investigators at KDHE can assist in identifying an outbreak, facilitate specimen collection and laboratory testing, as well as recommend infection prevention measures to prevent further spread of disease.

Specimen Collection and Testing

When influenza is suspected as cause of disease, laboratory testing should be done to aid in diagnosis. Early diagnosis can reduce the inappropriate use of antibiotics and assist in implementing appropriate control measures in an outbreak situation. There are a number of tests that can be used to detect the presence of influenza viruses, but they differ in capability, reliability, and specimen source needed to perform each test.

Test Type	Acceptable Specimens	Test Time
Culture*	nasopharyngeal (NP) swab, throat swab, nasal aspirate, sputum	3-10 days
PCR (Polymerase Chain Reaction)	Same as above	Varied (generally 1-6 hours)
Immunofluorescence, Direct (DFA) or Indirect (IFA) Antibody Staining	NP swab, NP wash, nasal aspirate	1-4 hours
Rapid Influenza Diagnostic Tests (RIDTS)*	NP swab, throat swab, nasal wash, nasal aspirate	<30 minutes

*For viral isolation or rapid detection, NP specimens are typically more effective than throat swabs.

Samples should be collected within four days of symptom onset. RIDTS are beneficial because results are available typically within 15 minutes; however, due to limited sensitivity and thus potential for false negative results, it is recommended that rapid tests be performed in combination with culture or PCR because of the reliability and capability to differentiate between virus types and subtypes. During a suspected flu outbreak, not all ill residents need to be tested, but testing should be done on three to five individuals to determine the cause of the outbreak. Flu specimens are not required to be sent to the Kansas Health and Environmental Laboratories (KHEL) for testing and KHEL does not test flu specimens for the general public. Although, if an outbreak of influenza is suspected, specimens can be tested by KHEL, but only through coordination with a medical investigator or epidemiologist at KDHE.

Treatment

All residents in a LTCF suspected or confirmed to have influenza should be prescribed antiviral treatment. Administration of treatment should occur within 48 hours of symptom onset even if laboratory confirmation is not yet available. However, antiviral medications can still be beneficial even when given after 48 hours following symptom onset particularly for residents that are very ill, hospitalized, or those who have progressive illness. Two influenza antiviral drugs are currently recommended for use, Oseltamivir (Tamiflu®), available as a pill or suspension and Zanamivir (Relenza®), available as an inhaled powder. Amantadine and Rimantadine are not recommended for use because of high levels of antiviral resistance among circulating influenza A viruses. The recommended dosing and duration of treatment for Tamiflu® and Relenza® is twice daily for five days. Longer treatment may be considered in residents that remain severely ill after five days of treatment. For control of outbreaks in LTCFs, antiviral chemoprophylaxis with Tamiflu® and Relenza® is recommended for use in all non-ill residents, regardless of their vaccination status. Priority should be given to residents living close to an ill resident. Antiviral chemoprophylaxis can be considered for all unvaccinated staff that provide care to those persons at high risk for complications and should be considered for vaccinated staff if the outbreak is caused by a strain of influenza virus that is not well matched to the current vaccine. To be most effective as chemoprophylaxis, these drugs must be given once daily for a minimum of two weeks and continuing for seven to ten days after the last case is identified.

Antiviral chemoprophylaxis is not a substitute for influenza vaccination; vaccination remains the best way to prevent influenza.

Control Measures

Standard and droplet precautions should be implemented for all residents with suspected or confirmed influenza.

Standard Precautions::

- Wear gloves if anticipate contact with a resident’s respiratory secretions or contaminated surfaces.

- Wear a gown if anticipate soiling of clothes with a resident's respiratory secretions.
- Change gloves and gown after each encounter with a resident.
- Perform proper hand hygiene, either with hand washing (with soap and water) or alcohol-based hand sanitizer before and after touching a resident, a resident's environment, or a resident's respiratory secretions **whether or not gloves are worn**. Gloves do not replace the need for performing hand hygiene. Hand washing is required when hands are visibly soiled, after using the restroom, and before preparing food for residents.

Droplet Precautions:

- Wear a facemask (surgical or procedure mask) and gown upon entering a resident's room. Remove the facemask and gown when leaving the room and dispose of them in a waste container.
- If possible, have resident wear a facemask if it is necessary to move the resident to another area in the facility or to transport the resident out of the facility.
- Place resident in private room (if not already in own private room) if possible. If a private room is not available, cohort ill residents with one another.

Droplet precautions should be implemented until seven days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.

Facilities may choose to apply standard precautions and droplet precautions for longer periods of time based on clinical judgment as immunocompromised individuals can shed the influenza virus for longer periods of time.

When an influenza outbreak is suspected or confirmed in a LTCF, the following control measures should be implemented immediately in addition to standard and droplet precautions. These measures can be lifted ten days after the onset of illness of the last ill resident or four days after resolution of fever and respiratory symptoms of the last ill resident in the facility, whichever is longer.

- Avoid admission of new residents or resident transfers or admit them into an unaffected hall or community within the facility.
- Have symptomatic residents stay in their own room as much as possible, including restricting them from group activities. If possible, have meals served in their rooms.
- Limit the number of large group activities and consider serving meals in resident rooms if the outbreak is widespread.
- Restrict employee movement from areas of the facility having illness to areas not affected for the duration of the outbreak (e.g. dedicate staff to a particular hall, staff cohorting).
- Notify visitors of ongoing outbreak by posting signs at the entrance and throughout the facility.
- Restrict visitors that have respiratory symptoms until the outbreak is over.
- Monitor personnel absenteeism that is due to respiratory symptoms and exclude those with influenza-like symptoms until at least 24 hours after fever has resolved.

Pneumococcal Disease

Reporting

Individual cases of invasive disease (*Streptococcus pneumoniae* isolated from a normally sterile site – e.g. CSF, blood) caused by streptococcus pneumoniae are required to be reported to KDHE per K.A.R. 28-1-2.

Per K.A.R. 28-1-2, outbreaks of any infectious diseases including pneumococcal disease are reportable within **four hours** by telephone to **KDHE's Epidemiology Hotline at 1-877-427-7317**. For facilities unsure whether an outbreak is occurring, **please call the KDHE Epidemiology Hotline**. Epidemiologists and medical investigators at KDHE can assist in identifying an outbreak, facilitate specimen collection and laboratory testing, as well as recommend infection prevention measures to prevent further spread of disease.

Specimen Collection and Testing

Testing individuals suspected to have pneumococcal disease for *Streptococcus pneumoniae* should be done to aid in diagnosis. Early diagnosis and treatment is important with pneumococcal infections, especially for those with invasive disease. Due to the complexity of pneumococcal disease (i.e. infection at different sites within the body), if help is needed in determining what specimen to collect, **KDHE** can be consulted at **1-877-427-7317**. Performing both a gram stain and culture on specimens is recommended. The gram stain is considered a preliminary test, but results are available usually within 30 minutes whereas culture results can take three to ten days.

Treatment

Resistance to penicillin and other antibiotics is common so treatment for those who have invasive pneumococcal disease should include a “broad spectrum” antibiotic until results of antibiotic susceptibility testing are completed. No prophylactic treatment is recommended for contacts of ill residents.

Control Measures

Standard and droplet precautions should be implemented for all residents with suspected or confirmed pneumococcal disease.

Standard Precautions:

- Wear gloves if anticipate contact with a resident's respiratory secretions or contaminated surfaces.
- Wear a gown if anticipate soiling of clothes with a resident's respiratory secretions.
- Change gloves and gown after each encounter with a resident.
- Perform proper hand hygiene, either with hand washing (with soap and water) or alcohol-based hand sanitizer before and after touching a resident, a resident's environment, or a resident's respiratory secretions **whether or not gloves are worn**. Gloves do not replace the need for performing hand hygiene. Hand washing is required when hands are visibly soiled, after using the restroom, and before preparing food for residents.

Droplet Precautions:

- Wear a facemask (surgical or procedure mask) and gown upon entering a resident's room. Remove the facemask and gown when leaving the room and dispose of them in a waste container.
- If possible, have resident wear a facemask if it is necessary to move the resident to another area in the facility or to transport the resident out of the facility.

- Place resident in private room (if not already in own private room) if possible. If private room is not available, place ill residents with one another.

For respiratory symptoms caused by *Streptococcus pneumoniae*, droplet precautions should be implemented for the duration of illness (i.e. 24 hours after resolution of fever and respiratory symptoms).

When a pneumococcal outbreak is suspected or recognized in a LTCF, the following control measures should be implemented immediately in addition to standard and droplet precautions. These measures can be lifted four days after the last ill resident's resolution of fever and respiratory symptoms.

- Avoid admission of new residents or resident transfers or admit them into an unaffected hall or community within the facility.
- Have symptomatic residents stay in their own room as much as possible, including restricting them from group activities, and have meals served in their rooms, if possible.
- Limit the number of large group activities and consider serving meals in resident rooms if the outbreak is widespread.
- Restrict employee movement from areas of the facility having illness to areas not affected for the duration of the outbreak (e.g. dedicate staff to a particular hall, staff cohorting).
- Notify visitors of ongoing outbreak by posting signs at the entrance and throughout the facility.
- Restrict visitors that have respiratory symptoms until the outbreak is over.
- Monitor personnel absenteeism that is due to respiratory symptoms and exclude those with symptoms until at least 24 hours after fever has resolved.

References

1. Centers for Disease Control and Prevention. “Seasonal Influenza (Flu) – Seasonal Influenza Q&A.” Retrieved August 2013 from <http://www.cdc.gov/flu/about/qa/disease.htm>
2. Centers for Disease Control and Prevention. “Seasonal Influenza (Flu) – What You Should Know and Do this Flu Season if You Are 65 Years and Older.” Retrieved August 2013 from <http://www.cdc.gov/flu/about/disease/65over.htm>
3. Centers for Disease Control and Prevention. “Seasonal Influenza (Flu) – Misconceptions about Seasonal Flu and Flu Vaccines.” Retrieved August 2013 from <http://www.cdc.gov/flu/about/qa/misconceptions.htm>
4. Centers for Disease Control and Prevention. “Vaccines and Immunizations – Possible Side-effects from Vaccines.” Retrieved November 2013 from <http://www.cdc.gov/vaccines/vac-gen/side-effects.htm>
5. Centers for Disease Control and Prevention. “Seasonal Influenza (Flu) – Flu Vaccine Effectiveness: Questions and Answers for Health Professionals.” Retrieved August 2013 from <http://www.cdc.gov/flu/professionals/vaccination/effectivenessqa.htm>
6. Centers for Disease Control and Prevention. “Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP).” *Morbidity and Mortality Weekly Report*, no. 53. Retrieved August 2013 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm>
7. Immunization Action Coalition. “Ask the Experts Pneumococcal Vaccines (PCV13 and PPSV23).” Retrieved August 2013 from http://www.immunize.org/askexperts/experts_pneumococcal_vaccines.asp
8. Centers for Disease Control and Prevention. “Pneumococcal Disease – Fast Facts.” Retrieved August 2013 from <http://www.cdc.gov/pneumococcal/about/facts.html>
9. Glodé, Mary P. “ACIP recommends PCV13 for more high-risk children.” *American Academy of Pediatrics (AAP) News* March 2013. Retrieved September 2013 from <http://aapnews.aapublications.org/content/early/2013/03/06/aapnews.20130306-2>
10. Centers for Disease Control and Prevention. “Vaccines and Immunizations – Pneumococcal Vaccine – Q&A.” Retrieved September 2013 from <http://www.cdc.gov/vaccines/vpd-vac/pneumo/dis-faqs.htm>
11. Centers for Disease Control and Prevention. “Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23).” *Morbidity and Mortality Weekly Report*, no. 59. Retrieved August 2013 from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5934a3.htm>

Section 3: Appendices

Appendix A: Influenza

Influenza Myth/Fact Sheet

Myth: Influenza is no more than a nuisance, much like the common cold, that cannot be prevented.

Fact: Influenza is a serious respiratory disease and is a frequent cause of hospitalization and death. More than 200,000 people are hospitalized for flu-related complications annually and from 1976 to 2006, the number of flu-related deaths ranged from 3,000 to 49,000. Getting vaccinated every season is the best way to reduce your chances of getting the flu.

Myth: You can get influenza from the vaccine.

Fact: Influenza vaccines are made from either live attenuated viruses, inactivated viruses, or no viruses at all. None of these vaccine types can cause flu illness. Side effects may occur such as soreness, redness, or swelling at site of injection, fever, and aches; however, these are usually mild and short-lived.

Myth: You did not get the flu vaccine in the fall so you have to wait until next year to get vaccinated.

Fact: You can get the influenza vaccine anytime during the influenza season. Vaccination is recommended as soon as the vaccine becomes available (early fall); however, as long as influenza viruses are circulating, vaccination is beneficial because it only takes about two weeks for the body to develop antibodies to protect you against influenza.

Myth: It is not necessary to get vaccinated against the flu every year because protection lasts from previous vaccinations.

Fact: Flu viruses are constantly changing. As a result, a flu vaccine is developed each year to protect against the most common circulating strains for the current flu season. In addition, immunity to influenza viruses declines over time so it is important to get vaccinated every year.

Myth: You should not get the flu vaccine if you are sick.

Fact: Presence of a mild illness, such as a cold or allergies, without fever should not prevent vaccination. Individuals with a moderate-to-severe illness with or without a fever should wait until they recover to get vaccinated; however, vaccination is highly recommended for individuals with chronic illnesses such as asthma, diabetes, and heart disease because of a higher risk of developing flu-related complications.

Myth: You should not get the flu vaccine because the vaccine may not cover the viruses that are currently circulating in the community.

Fact: Influenza is unpredictable; therefore, it is impossible to know with 100% certainty which flu viruses will predominate during a flu season. However, experts choose which viruses to include in the vaccine based off results of many studies that assess how well viruses in the vaccine match to circulating viruses and how well the vaccine protects against illness. Even if the vaccine is not a perfect match for the circulating strains, it can still provide protection against different, but related viruses. This could mean milder illness or prevention of severe complications.

Myth: You should not get the flu vaccine at the same time you receive the pneumococcal vaccine due to increased side effects.

Fact: Both vaccines can be given at the same time (but at different sites) without increasing the risk of side effects. Influenza can result in many complications including pneumococcal pneumonia, especially in elderly persons so getting the flu vaccine can possibly help prevent pneumonia.

Influenza Vaccination Consent Form

Resident Information

Last Name: _____ First Name: _____ Date of Birth: ___/___/_____

Screening for influenza vaccine eligibility

1. Do you have a severe allergy to eggs? Yes No
2. Have you ever had a life-threatening reaction to the influenza vaccine? Yes No
3. Do you have a history of Guillain-Barre Syndrome? Yes No
4. Are you moderately or severely ill today? Yes No

If yes to any questions 1-3 then DO NOT vaccinate with influenza vaccine. If yes to question 4, vaccinate when resident has recovered.

I have read or had explained to me the Vaccination Information Statement about influenza vaccination and I understand the benefits and risks of influenza vaccination. I request that the influenza vaccination be given to me (or the person named above for whom I am authorized to make this request).

Signature: _____ Date: _____

Name (print): _____

Relationship to Resident: _____

To be completed by person administering vaccine

Today's Date: ___/___/_____ Flu Season Dates: 20___ - 20___

Site of Injection: **R** **L** _____ Administered by: _____

Lot #: _____ Expiration date: _____

Medical Record Number: _____ Room Number: _____

****If the fillable form will not open, you can click on the paper clip on the left to access all fillable forms**

Influenza Vaccination Declination Form

Resident Information

Last Name: _____ First Name: _____ Date of Birth: ___/___/_____

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- People 65 years of age and older account for approximately 90% of flu-related deaths and more than 60% of flu-related hospitalizations in the United States each year.
- If I contract influenza, I can shed the virus for up to 24 hours before symptoms appear, increasing the risk of transmission to others.
- If I become infected with influenza, I can spread severe illness to others even when my symptoms are mild or non-existent.
- I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get the flu from the flu vaccine.
- I understand that the Centers for Disease Control and Prevention recommends influenza vaccination for all people 6 months of age and older and especially for people 65 years of age and older because they are at greater risk for serious complications from influenza.
- I understand the consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

Knowing these facts, I choose to decline the influenza vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available.

I ***decline vaccination*** for the following reason(s). Please check all that apply.

- I have already received the 2013-2014 flu vaccine (verified).
- I believe I will get influenza if I get the vaccine.
- I do not like needles.
- My religious beliefs prohibit vaccination.
- I have an allergy or medical contraindication to receiving the flu vaccine.
- Other reason: _____

I have read or had explained to me this information and fully understand the information on this declination form. I am declining the opportunity to receive the influenza vaccine (or the person named above for whom I am authorized to make this decision).

Signature: _____ Date: _____

Name (print): _____

Relationship to Resident: _____

****If the fillable form will not open, you can click on the paper clip on the left to access all fillable forms**

Standing Orders for Administering Influenza Vaccine to Adults

Purpose: To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate patients who meet any of the criteria below.

Procedure:

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
 - a. **Contraindications:** a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who has a history of either an anaphylactic or non-anaphylactic hypersensitivity to eggs, who is pregnant, who is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
 - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
 - c. **Other considerations:** an egg-free recombinant hemagglutinin influenza vaccine (RIV) may be used for people ages 18–49 years with egg allergies of any severity. People who experience onset of hives only after ingesting eggs may also receive inactivated influenza vaccine (IIV) with the following additional safety measures: 1) administration by a healthcare provider familiar with the potential manifestations of egg allergy and 2) observation for 30 minutes after receipt of the vaccine for signs of a reaction.
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer influenza vaccine as follows: a) Give 0.5 mL of IIV to adults of all ages, or RIV to adults age 18–49 years, intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: 5/8" needle may be used for adults weighing less than 130 lbs [<60 kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.) b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. c) For adults age 18 through 64 years, give 0.1 mL IIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle. d) For adults age 65 years and older, give 0.5 mL of high-dose IIV-IM intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Document each patient’s vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____

Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated)

2013-2014

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by the influenza virus, and can be spread by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, or a weakened immune system. Flu vaccine is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection we have from flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated flu vaccine

There are two types of influenza vaccine:

You are getting an **inactivated** flu vaccine, which does not contain any live influenza virus. It is given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccine is recommended every year. Children 6 months through 8 years of age should get two doses the first year they get vaccinated.

Flu viruses are always changing. Each year’s flu vaccine is made to protect from viruses that are most likely to cause disease that year. While flu vaccine cannot prevent all cases of flu, it is our best defense against the disease. Inactivated flu vaccine protects against 3 or 4 different influenza viruses.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

A “high-dose” flu vaccine is available for people 65 years of age and older. The person giving you the vaccine can tell you more about it.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe (life-threatening) allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get a dose. Most, but not all, types of flu vaccine contain a small amount of egg.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** They might suggest waiting until you feel better. But you should come back.



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

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Serious side effects are also possible, but are very rare. Inactivated flu vaccine does not contain live flu virus, so **getting flu from this vaccine is not possible.**

Brief fainting spells and related symptoms (such as jerking movements) can happen after any medical procedure, including vaccination. **Sitting or lying down for about 15 minutes after a vaccination can help prevent fainting and injuries caused by falls.** Tell your doctor if you feel dizzy or light-headed, or have vision changes or ringing in the ears.

Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems following inactivated flu vaccine:

- A **severe allergic reaction** could occur after any vaccine (estimated less than 1 in a million doses).
- There is a small possibility that inactivated flu vaccine could be associated with Guillain-Barré Syndrome (GBS), no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine

07/26/2013

42 U.S.C. § 300aa-26

Office Use Only



Appendix B: Pneumococcal Disease

Pneumococcal Myth/Fact Sheet

Myth: Pneumococcal disease is not common or serious.

Fact: Pneumococcal disease kills thousands of people each year; in fact it kills more people in the United States than all other vaccine-preventable diseases combined. This disease can cause life-threatening infections including pneumonia, bacteremia, and meningitis. Adults account for 90% of the bacteremia and meningitis cases caused by pneumococcal disease in the U.S. and 95% of the pneumococcal deaths in the U.S. occur in adults. Vaccination is the best method to prevent from getting pneumococcal disease.

Myth: You can get pneumococcal disease from the pneumococcal vaccine.

Fact: The two pneumococcal vaccines (PPSV23 and PCV13) are made from inactivated bacteria and cannot cause illness. Side effects may occur such as soreness, redness, or swelling at site of injection, fever, and aches; however, these are usually mild and short-lived. Pneumococcal vaccination is safe and the best way to prevent pneumococcal infection.

Myth: You should not get PPSV23 or PCV13 if you are sick.

Fact: Presence of a mild illness, such as a cold or allergies, without fever should not prevent vaccination. Individuals with a moderate-to-severe illness with or without a fever should wait until they recover to get vaccinated; however, vaccination against pneumococcal disease is highly recommended for adults 65 years and older and adults with certain medical conditions. Individuals that have had a severe reaction to either of the pneumococcal vaccines should avoid vaccination.

Myth: You should not get the pneumococcal vaccine at the same time you receive the influenza vaccine due to increased side effects.

Fact: Both vaccines can be given at the same time (but at different sites) without increasing the risk of side effects. Pneumococcal pneumonia is a complication that can result from influenza, especially in older adults, so it is important for this age group to be vaccinated against both diseases.

Pneumococcal Vaccination Consent Form

Resident Information

Last Name: _____ First Name: _____ Date of Birth: ___/___/___

Screening for pneumococcal vaccine eligibility

1. Have you ever had a life-threatening reaction to the pneumococcal vaccine? Yes No
2. Are you moderately or severely ill today? Yes No

If yes to question 1 then DO NOT vaccinate with pneumococcal vaccine. If yes to question 2, vaccinate when resident has recovered.

I have read or had explained to me the Vaccination Information Statement about pneumococcal vaccination and I understand the benefits and risks of pneumococcal vaccination. I request that the pneumococcal vaccination be given to me (or the person named above for whom I am authorized to make this request).

Signature: _____ Date: _____

Name (print): _____

Relationship to Resident: _____

To be completed by person administering vaccine

Today's Date: ___/___/___ Age of patient: _____

Site of Injection: **R** **L** _____ Administered by: _____

Lot #: _____ Expiration date: _____

Medical Record Number: _____ Room Number: _____

****If the fillable form will not open, you can click on the paper clip on the left to access all fillable forms**

Pneumococcal Vaccination Declination Form

Resident Information

Last Name: _____ First Name: _____ Date of Birth: ___/___/___

I acknowledge that I am aware of the following facts:

- Pneumococcal disease is a respiratory disease that can cause life-threatening infections in the lungs (pneumonia), blood (bacteremia), and brain (meningitis).
- Pneumococcal disease kills more people in the United States each year than all vaccine-preventable diseases combined and highest mortality occurs among the elderly and patients with underlying medical conditions.
- I understand that the pneumococcal vaccine does not contain live bacteria so I cannot get pneumococcal disease from the vaccine.
- I understand that pneumococcal vaccination is recommended by the Centers for Disease Control and Prevention for adults 19 years of age and older with certain medical conditions and for people 65 years of age and older because they are at greater risk for pneumococcal infection.
- I understand the consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact.

Knowing these facts, I choose to decline the pneumococcal vaccination at this time. I may change my mind and accept vaccination later, if vaccine is available.

I ***decline vaccination*** for the following reason(s). Please check all that apply.

- I am up-to-date on my pneumococcal vaccination (verified).
- I believe I will get pneumococcal disease if I get the vaccine.
- I do not like needles.
- My religious beliefs prohibit vaccination.
- I have an allergy or medical contraindication to receiving the pneumococcal vaccine.
- Other reason: _____

I have read or had explained to me this information and fully understand the information on this declination form. I am declining the opportunity to receive the pneumococcal vaccine (or the person named above for whom I am authorized to make this decision).

Signature: _____ Date: _____

Name (print): _____

Relationship to Resident: _____

****If the fillable form will not open, you can click on the paper clip on the left to access all fillable forms**

Standing Orders for Administering Pneumococcal (PPSV23 and PCV13) Vaccine to Adults

Purpose: To reduce morbidity and mortality from pneumococcal disease by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Policy: Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet any of the criteria below.

Procedure

1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
 - a. Age 65 years or older with no or unknown history of prior receipt of PPSV
 - b. Age 64 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:
 - i. cigarette smoker
 - ii. chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
 - iii. chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
 - iv. diabetes mellitus, alcoholism or chronic liver disease (cirrhosis),
 - v. candidate for or recipient of cochlear implant; cerebrospinal fluid leak
 - vi. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
 - vii. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
 - viii. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
 - ix. organ or bone marrow transplantation; chronic renal failure or nephrotic syndrome
2. Identify adults in need of an additional dose of PPSV23 if 5 or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:
 - a. Age 65 years or older and received prior PPSV vaccination before age 65 years
 - b. Age 64 years or younger and at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.vi.-ix. above)
3. Identify adults age 19 years and older in need of vaccination with pneumococcal conjugate vaccine (PCV13) who are at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.v.–1.ix. above).
4. Screen all patients for contraindications and precautions to pneumococcal vaccine:
 - a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine (PPSV or PCV) or to a vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
 - b. **Precaution:** moderate or severe acute illness with or without fever
5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to document in the patient’s medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
6. Administer vaccine as follows:
 - a. For adults identified in 1. and 2. above, administer 0.5 mL PPSV23 vaccine either intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
 - b. For adults identified in 3. above, administer 0.5 mL PCV13 intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For adults previously vaccinated with PPSV, give PCV13 at least 12 months following PPSV. If not previously vaccinated with PPSV, give PCV13 first, followed by PPSV23 in 8 weeks.

(Note: A 5/8" needle may be used for IM injection for patients who weigh less than 130 lbs [<60kg] for injection in the deltoid muscle, only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
7. Document each patient’s vaccine administration information and follow up in the following places:
 - a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
9. Report all adverse reactions to PPSV23 and PCV13 to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the _____ until rescinded or until _____ (date).
(name of practice or clinic)

Medical Director’s signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders

Technical content reviewed by the Centers for Disease Control and Prevention.

www.immunize.org/catg.d/p3075.pdf • Item#P3075(8/12)

Pneumococcal Conjugate Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

Your doctor recommends that you, or your child, get a dose of PCV13 today.

1 Why get vaccinated?

Pneumococcal conjugate vaccine (called PCV13 or Prevnar® 13) is recommended to protect infants and toddlers, and some older children and adults with certain health conditions, from **pneumococcal disease**.

Pneumococcal disease is caused by infection with *Streptococcus pneumoniae* bacteria. These bacteria can spread from person to person through close contact.

Pneumococcal disease can lead to severe health problems, including pneumonia, blood infections, and meningitis.

Meningitis is an infection of the covering of the brain. Pneumococcal meningitis is fairly rare (less than 1 case per 100,000 people each year), but it leads to other health problems, including deafness and brain damage. In children, it is fatal in about 1 case out of 10.

Children younger than two are at higher risk for serious disease than older children.

People with certain medical conditions, people over age 65, and cigarette smokers are also at higher risk.

Before vaccine, pneumococcal infections caused many problems each year in the United States in children younger than 5, including:

- more than 700 cases of meningitis,
- 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths.

About 4,000 adults still die each year because of pneumococcal infections.

Pneumococcal infections can be hard to treat because some strains are resistant to antibiotics. This makes **prevention through vaccination** even more important.

2 PCV13 vaccine

There are more than 90 types of pneumococcal bacteria. PCV13 protects against 13 of them. These 13 strains cause most severe infections in children and about half of infections in adults.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. Children in this age range are at greatest risk for serious diseases caused by pneumococcal infection.

PCV13 vaccine may also be recommended for some older children or adults. Your doctor can give you details.

A second type of pneumococcal vaccine, called PPSV23, may also be given to some children and adults, including anyone over age 65. There is a separate Vaccine Information Statement for this vaccine.

3 Precautions

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7 (or Prevnar), or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. Tell your doctor if the person being vaccinated has any severe allergies.

If the person scheduled for vaccination is sick, your doctor might decide to reschedule the shot on another day.

Your doctor can give you more information about any of these precautions.



4 What are the risks of PCV13 vaccine?

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Reported problems associated with PCV13 vary by dose and age, but generally:

- About half of children became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a higher fever (over 102.2°F).
- Up to about 8 out of 10 became fussy or irritable.

Adults receiving the vaccine have reported redness, pain, and swelling where the shot was given. Mild fever, fatigue, headache, chills, or muscle pain have also been reported.

Life-threatening allergic reactions from any vaccine are very rare.

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

7 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim) PCV13 Vaccine

2/27/2013

42 U.S.C. § 300aa-26

Office Use Only



Pneumococcal Polysaccharide Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Pneumococcal disease

Pneumococcal disease is caused by *Streptococcus pneumoniae* bacteria. It is a leading cause of vaccine-preventable illness and death in the United States.

Anyone can get pneumococcal disease, but some people are at greater risk than others:

- People 65 years and older
- The very young
- People with certain health problems
- People with a weakened immune system
- Smokers

Pneumococcal disease can lead to serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain (meningitis).

Pneumococcal pneumonia kills about 1 out of 20 people who get it. Bacteremia kills about 1 person in 5, and meningitis about 3 people in 10.

People with the health problems described in Section 3 of this statement may be more likely to die from the disease.

2 Pneumococcal polysaccharide vaccine (PPSV)

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

Pneumococcal polysaccharide vaccine (PPSV) protects against 23 types of pneumococcal bacteria, including those most likely to cause serious disease.

Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well, or at all.

Another type of pneumococcal vaccine (pneumococcal conjugate vaccine, or PCV) is routinely recommended for children younger than 5 years of age. PCV is described in a separate Vaccine Information Statement.

3 Who should get PPSV?

- All adults 65 years of age and older.
- Anyone 2 through 64 years of age who has a long-term health problem such as:
 - heart disease
 - lung disease
 - sickle cell disease
 - diabetes
 - alcoholism
 - cirrhosis
 - leaks of cerebrospinal fluid or cochlear implant
- Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
 - Hodgkin's disease
 - lymphoma or leukemia
 - kidney failure
 - multiple myeloma
 - nephrotic syndrome
 - HIV infection or AIDS
 - damaged spleen, or no spleen
 - organ transplant
- Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, such as:
 - long-term steroids
 - certain cancer drugs
 - radiation therapy
- Any adult 19 through 64 years of age who:
 - is a smoker
 - has asthma

PPSV may be less effective for some people, especially those with lower resistance to infection.

But these people should still be vaccinated, because they are more likely to have serious complications if they get pneumococcal disease.

Children who often get ear infections, sinus infections, or other upper respiratory diseases, but who are otherwise healthy, do not need to get PPSV because it is not effective against those conditions.



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

4 How many doses of PPSV are needed, and when?

Usually only one dose of PPSV is needed, but under some circumstances a second dose may be given.

- A second dose is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been 5 or more years since the first dose.
- A second dose is recommended for people 2 through 64 years of age who:
 - have a damaged spleen or no spleen
 - have sickle-cell disease
 - have HIV infection or AIDS
 - have cancer, leukemia, lymphoma, multiple myeloma
 - have nephrotic syndrome
 - have had an organ or bone marrow transplant
 - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

When a second dose is given, it should be given 5 years after the first dose.

5 Some people should not get PPSV or should wait

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your doctor if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- While there is no evidence that PPSV is harmful to either a pregnant woman or to her fetus, as a precaution, women with conditions that put them at risk for pneumococcal disease should be vaccinated before becoming pregnant, if possible.

6 What are the risks from PPSV?

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small.

7 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

8 How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
PPSV Vaccine

10/6/2009

Office Use Only



Appendix C: Additional Resources

Medical Management of Vaccine Reactions in Adult Patients

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before vaccine is administered. Even with careful screening, reactions may occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life threatening (e.g., anaphylaxis). If reactions occur, staff should be prepared with procedures for their management. The table below describes procedures to follow if various reactions occur.

Reaction	Symptoms	Management
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compress to the injection site. Consider giving an analgesic (pain reliever) or antipruritic (anti-itch) medication.
	Slight bleeding	Apply an adhesive compress over the injection site.
	Continuous bleeding	Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient sit or lie down for the vaccination.
	Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient's face and neck.
	Fall, without loss of consciousness	Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.
	Loss of consciousness	Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.	See "Emergency Medical Protocol for Management of Anaphylactic Reactions in Adults" on the next page for detailed steps to follow in treating anaphylaxis.

Emergency medical protocol for management of anaphylactic reactions in adults

1. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient’s physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient.
3. Drug Dosing Information:
 - a. **First-line treatment:** Administer aqueous epinephrine 1:1000 dilution intramuscularly, 0.01 mL/kg/dose (adult dose ranges from 0.3 mL to 0.5 mL, with maximum single dose of 0.5 mL).
 - b. **Secondary treatment option:** For hives or itching, you may also administer diphenhydramine either orally or by intramuscular injection; the standard dose is 1–2 mg/kg, up to 50 mg maximum single dose.
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient’s head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5–15 minutes for up to 3 doses, depending on patient’s response.
6. Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Notify the patient’s primary care physician.

Sources

Simons FE, Camargo CA. Anaphylaxis: Rapid recognition and treatment. In: UpToDate, Bochner BS (Ed). UpToDate: Waltham, MA, 2013.
Boyce JA, Assa’ad A, Burks AW, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID- Sponsored Expert Panel. *Allergy Clin Immunol* 2010; 126(6):S1–S57.

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the _____, until rescinded or until _____.	
name of clinic	date
_____ Medical Director’s signature	_____ Effective date

www.immunize.org/catg.d/p3082.pdf • Item#P3082(11/13)

****If the fillable form will not open, you can click on the paper clip on the left to access all fillable forms**

Vaccination/Declination Surveillance

Flu Season: 20 ___ - **20** ___

Quarter _____

Influenza

Number of Residents		Percentage of Residents	
1.	# of Residents in Facility =		
2.	# of Residents Vaccinated in Facility =	% of Residents Vaccinated in Facility	(2/1)*100 =
3.	# of Residents Vaccinated Outside of Facility* =	% of Residents Vaccinated Outside of Facility	(3/1)*100 =
		% of Residents Up-to-Date in Facility	(2+3/1)*100 =
4.	# of Residents Medically Contraindicated or Allergic to Vaccine =	% of Residents Medically Contraindicated or Allergic to Vaccine	(4/1)*100 =
5.	# of Residents not Medically Contraindicated or Allergic to Vaccine, but Declined Vaccination =	% of Residents not Medically Contraindicated or Allergic to Vaccine, but Declined Vaccination	(5/1)*100 =

*E.g. pharmacy, doctor's office, facility resident transferred from, etc.

Pneumococcal

Number of Residents		Percentage of Residents	
1.	# of Residents in Facility =		
2.	# of Residents Vaccinated in Facility =	% of Residents Vaccinated in Facility	(2/1)*100 =
3.	# of Residents Vaccinated Outside of Facility* =	% of Residents Vaccinated Outside of Facility*	(3/1)*100 =
		% of Residents Up-to-Date in Facility	(2+3/1)*100 =
4.	# of Residents Medically Contraindicated or Allergic to Vaccine =	% of Residents Medically Contraindicated or Allergic to Vaccine	(4/1)*100 =
5.	# of Residents not Medically Contraindicated or Allergic to Vaccine, but Declined Vaccination =	% of Residents not Medically Contraindicated or Allergic to Vaccine, but Declined Vaccination	(5/1)*100 =

*E.g. pharmacy, doctor's office, facility resident transferred from, etc.

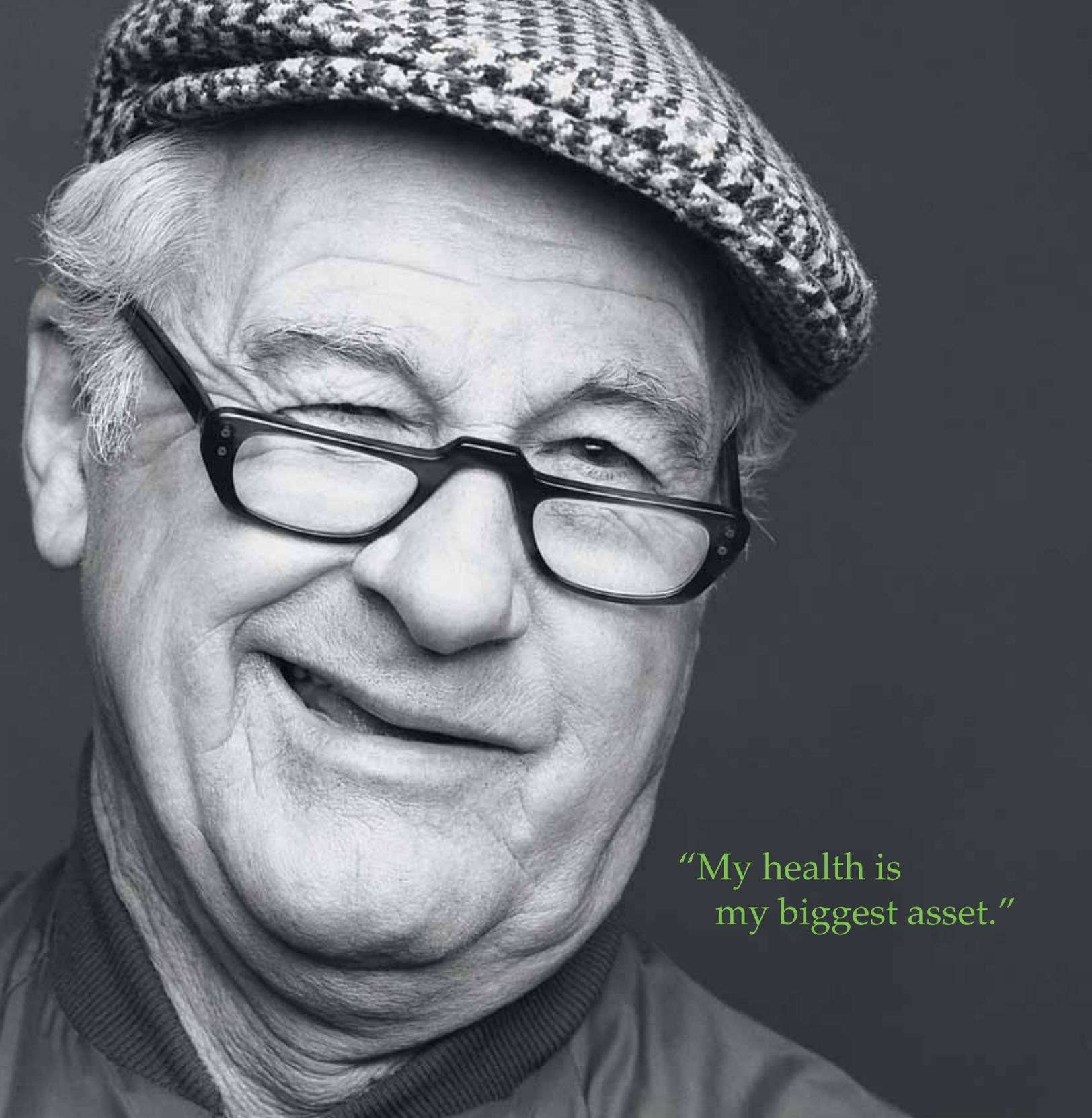
****If the fillable form will not open, you can click on the paper clip on the left to access all fillable forms**

Line List for Respiratory Illness Outbreak in Residents

Facility Name: _____

County: _____

								Vaccination History		Signs and Symptoms										Laboratory Testing					
								Mark "Y" for yes and "N" for no										Mark "P" for positive, "N" for negative, and "NP" for not performed							
Last Name	First Name	MR #	Room #	Age	Sex	Onset Date	Date Recovered	UTD Flu Vaccine	UTD Pneumococcal Vaccine	Fever	Cough	Sore Throat	Runny Nose	Congestion – Nasal	Congestion – Chest	Muscle Aches	Pneumonia	Hospitalized	Died	Viral Culture	PCR	Rapid Flu Test	Bacterial Gram Stain	Bacterial Culture	



“My health is
my biggest asset.”

**If you're 65 years or older, getting a flu shot
is the best way to protect yourself
and those around you from flu.**

Get Your Flu Vaccine. Not the Flu.

The flu benefit is a covered service for Medicare
and for children enrolled in Medicaid and CHIP.

<http://www.flu.gov>
1-800-CDC-INFO





Shots aren't just for kids.

Vaccines for adults can prevent serious diseases and even death. Ask your doctor about what immunizations **you** need. Because **staying healthy at any age** isn't kid stuff.



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

*Vaccines can prevent Influenza (flu),
shingles, diphtheria/tetanus, pertussis,
and pneumococcal diseases.*

<http://www.cdc.gov/vaccines/adults>

Get the Flu Shot!

The reasons are all around you.

Content and graphics courtesy of the Canadian Coalition for Influenza Immunization



www.publichealth.va.gov/InfectionDontPassItOn





You can't stop time,
but you can **STOP**
serious diseases before they ever start.

You may need one or more vaccines.
Ask your doctor what's right for you.

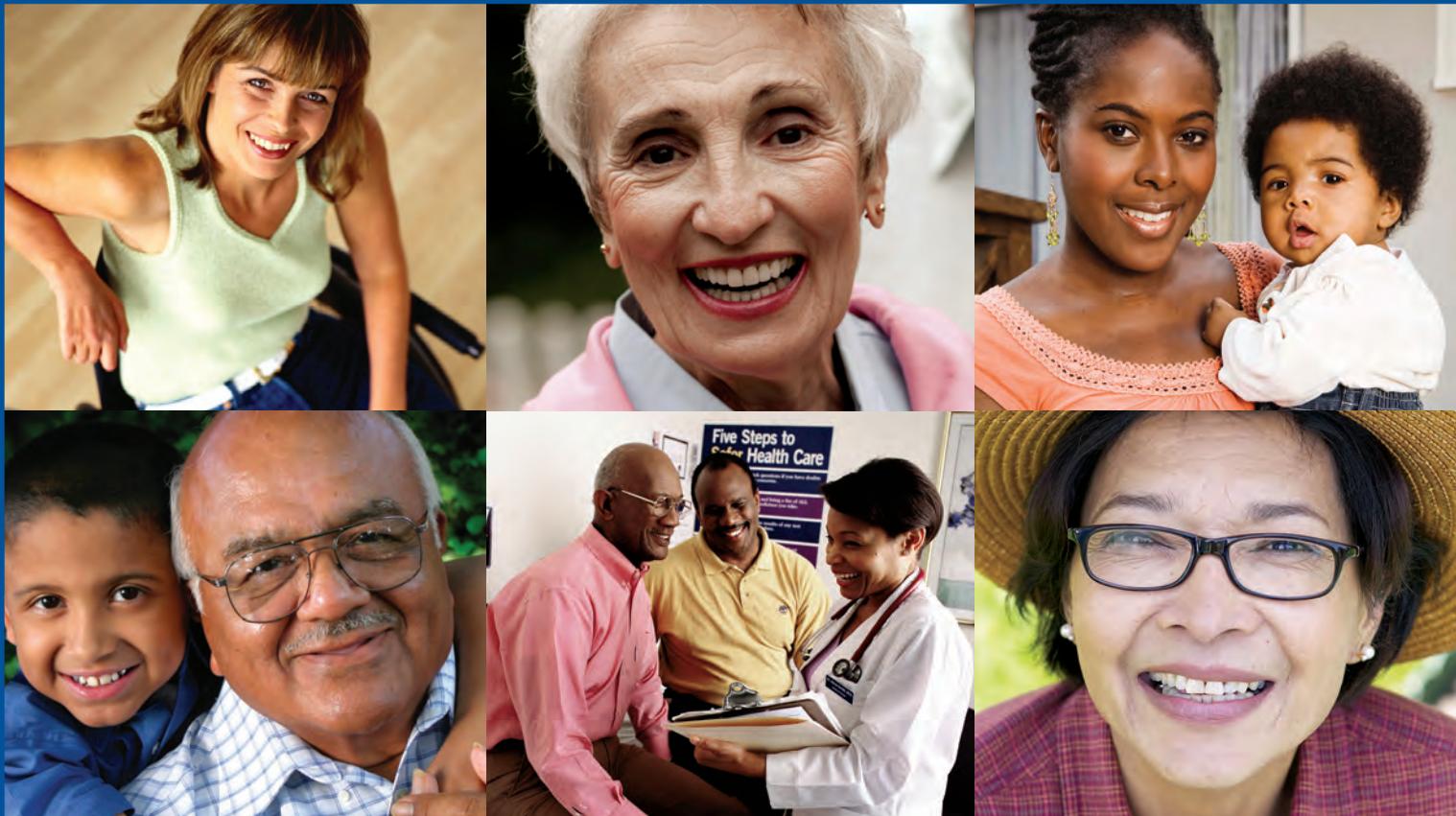
*Vaccines can prevent Influenza (flu),
shingles, diphtheria/tetanus, pertussis,
and pneumococcal diseases.*

<http://www.cdc.gov/vaccines/adults>



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

CS213468-A



GET THE FLU VACCINE, NOT THE FLU.

Flu vaccines are covered for people with
Medicare and Medicaid/CHIP.

For information, call 1-800-MEDICARE
or visit www.medicare.gov or www.insurekidsnow.gov.

OBTENGA VACUNA DE GRIPE, NO LA GRIPE.

Medicare, Medicaid/CHIP pagan por las vacunas de gripe.

Para información, llame al 1-800-MEDICARE
o visítenos en www.medicare.gov o www.insurekidsnow.gov.



We're All in This Together

Stop flu from spreading!



Cover your cough or sneeze
Clean your hands



STOP!
This means YOU.



Help Protect Our Residents!

Please do not visit if you have a fever or cough.



All healthy visitors please:



- ◆ Clean your hands before and after your visit.

COUGH CATCHER



- ◆ Always cover your cough.
- ◆ Use a tissue or your sleeve when you cough or sneeze



- ◆ Clean your hands after you cough or sneeze

Acknowledgements

Kansas Foundation for Medical Care, Inc.
LeadingAge Kansas
Kansas Health Care Association

For additional information, please contact the KDHE
Epidemiology Hotline by phone at 1-877-427-7317 or
email at epihotline@kdheks.gov

