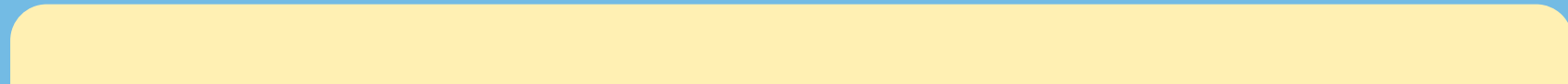




Adult Immunizations

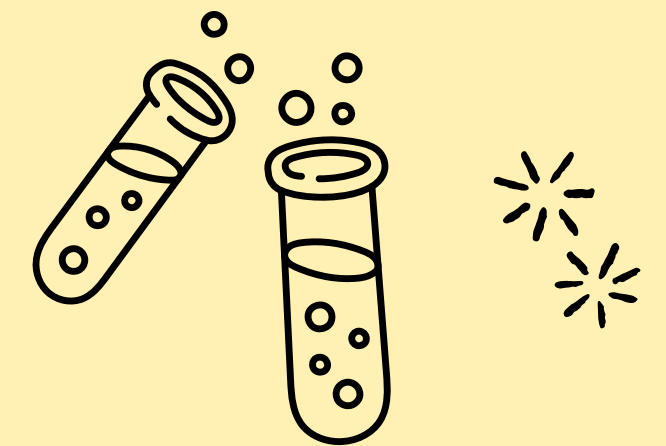
FOR THE YEAR 2023-2024

Garrett Huxall Pharm.D, BCGP, FASCP
PharmCareUSA Tulsa Executive Director



What's New with Vaccines

1. Types of Vaccines
2. Live attenuated (chemo)
3. Nucleic Acid Based
4. Viral vectored
5. Virus like particles
6. Recombinant Proteins



Egg allergy is not a concern anymore

Allergic reaction to any Vaccines

Amantadine and Rimantadine are no longer first line therapies

Because of high level resistance.

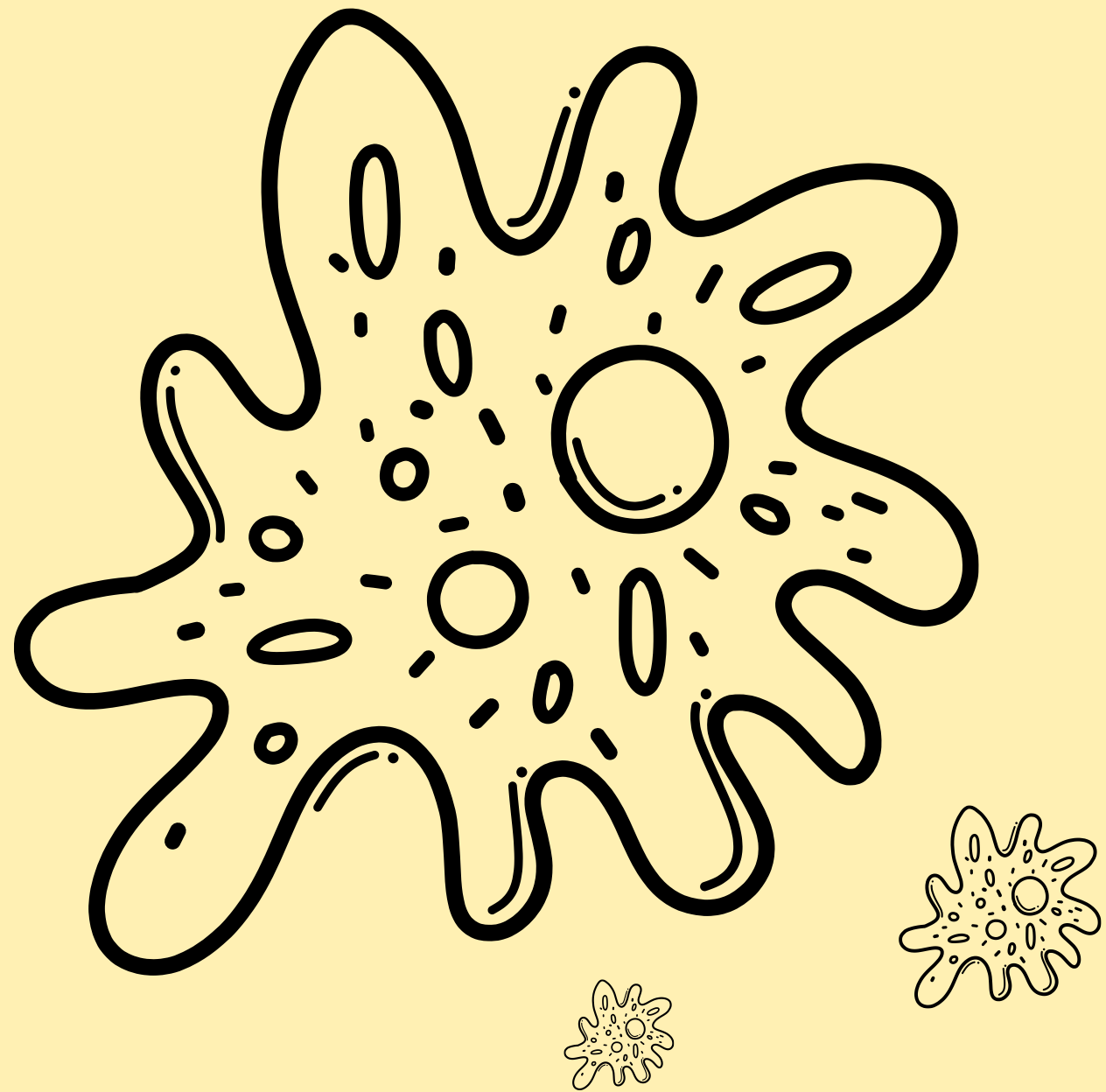
Tamiflu recommend 48 hour onset Zanamivir (nasal solution)

Outbreaks

- Two confirmed positive tests by laboratory testing is considered outbreak within 72 hours.
- Universal precautions (masking, washing hands)
- Patient Isolation when indicated (your Policy/Procedure)

Of note: Hospitals are not always testing for COVID before discharging patients. You can ask that they test before discharging and reporting to the LTC the results. Suggest testing upon admission to LTC.

Preventing transmission of influenza viruses and other infectious agents within healthcare settings, including in longterm care facilities, requires a multi-faceted approach that includes the following: 1. Influenza Vaccination 2. Influenza Testing 3. Infection Prevention and Control Measures 4. Antiviral Treatment 5. Antiviral Chemoprophylaxis



CMS Requires INFLUENZA and PNEUMOCOCCAL Vaccinations to be Offered in Nursing Homes.

The Centers for Medicare and Medicaid Services (CMS) historically requires nursing facilities participating in the Medicare and Medicaid programs to offer all residents influenza and pneumococcal vaccines, and to document the results.

These requirements continue for this 2023-24.

If in doubt of Pneumonia Vaccines already administered. Administer the new 20 valiant would be appropriate.



According to the mandates, each resident is to be vaccinated unless:

- Medically contraindicated
- The resident or a legal representative refuses vaccination
- The vaccine is not available because of shortage (to be supported with documentation).

Surveyors will assess each facility's vaccination policies and procedures for compliance during the annual survey.

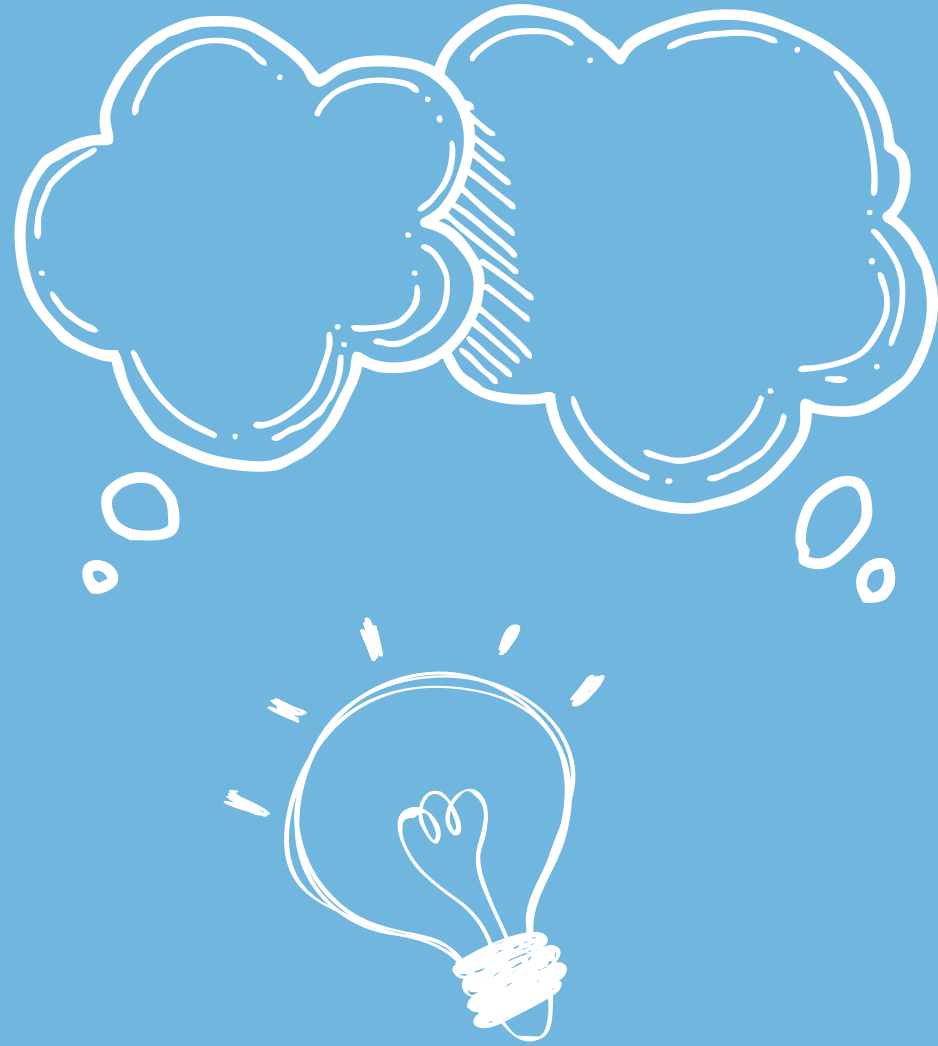
Noncompliance may be cited at F-tag 883.

In its collaborative effort to improve quality of care, CMS is also **encouraging nursing facilities to provide influenza vaccine to their healthcare workers**. Immunizing nursing staff has been shown to reduce mortality rates among residents of long-term care facilities.

CMS Issues Final Rule Lifting Mandatory COVID-19 Vaccination for Staff

- Requirement to Educate on and Offer COVID-19 Vaccinations to Residents and Staff Continues
- Removes expired COVID-19 testing requirements, which were first implemented on September 2, 2020.
- Withdraws the interim rule's requirement that all healthcare workers regulated by CMS be fully vaccinated. *Although this final rule that ends requirements related to staff vaccination for all provider types will not be effective until August 5, 2023.*

CMS has explicitly stated that it will not enforce the vaccination requirement in the interim



Noncompliance related to the permanent requirements for educating on and offering COVID-19 vaccination will be cited at F-tag 887. Note, this tag does not appear in the current SOM Appendix PP. The tag is only viewable in the LTCSP software. Questions can be addressed to the CMS Nursing Home Survey team via email at NHSurveyDevelopment@cms.hhs.gov.

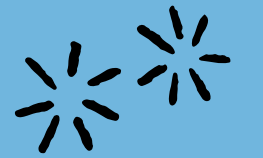
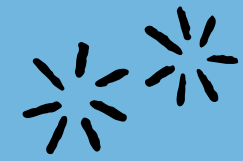
Expiration dates have been extended by one year on both COVID medications and testing products.

Paxlovid is expected to cost patients and insurance companies \$1300-1400

Questions?

Respiratory Syncytial Virus

60 years of age and older



Respiratory Syncytial Virus Respiratory Syncytial Virus (RSV) is a contagious respiratory virus that spreads via respiratory droplets or contaminated hard surfaces. It commonly causes mild cold-like symptoms including runny nose, coughing, sneezing, and fever. In older adults, especially those with underlying heart or lung disease, or weakened immune systems, RSV can develop into a serious infection such as bronchiolitis or pneumonia, requiring hospitalization.³ Among adults 65 years of age and older, RSV leads to approximately 60,000-160,000 hospitalizations and 6,000-10,000 deaths each year.⁴ Currently, there are two vaccine products available: one adjuvanted recombinant RSV vaccine (RSVPreF3 Oa; Arexvy) and one non-adjuvanted recombinant RSV vaccine (RSVPreF; Abrysvo).⁵ Table 1 provides additional information. Both vaccine products have demonstrated moderate to high efficacy in adults aged 60 years and over in the prevention of symptomatic RSV associated lower respiratory tract disease

Cost of Arexvy and Abrysvo \$350-375 per dosage

Both have to be reconstituted and after reconstituted good for 3 hours



COVID-19 12 years of age and up

Covid is recommended

COVID-19 is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and spreads via respiratory droplets ranging from larger droplets to smaller aerosols. COVID-19 has a variety of signs and symptoms ranging from mild cold and flu-like symptoms to more serious complications such as shortness of breath, pneumonia, heart problems, acute kidney injury, or organ failure. Individuals at risk for serious complications or hospitalizations include older people and those with underlying medical conditions (e.g., diabetes, cardiovascular disease, respiratory disease, cancer).

Recommendations

The CDC recommendations, as of July 2023, state that everyone age 6 years and older should get 1 updated bivalent PfizerBioNTech or Moderna COVID-19 vaccine regardless of original vaccination status. Individuals aged 65 years and older may get 1 additional dose of COVID-19 of updated Pfizer-BioNTech or Moderna COVID-19 vaccine 4 or more months after and individuals who are moderately or severely immunocompromised may get 1 additional dose 2 or more months after the last updated COVID-19 vaccine. Those that received 1 dose of Janssen/Johnson and Johnson Vaccine are recommended to receive 1 bivalent mRNA dose at least 2 months after the previous dose due to the discontinuation of the Janssen vaccine in the United States.²¹ Table 2 provides detailed recommendations for bivalent vaccination in adults.

Influenza 6 months and older low dosage over 65 high dosage Flu Vaccine

Influenza (flu) is a contagious virus that causes acute respiratory infection of the nose, throat, and lungs. Most individuals experience mild symptoms and will recover quickly without medical intervention. However, influenza can cause severe illness requiring hospitalization or death, especially among the very young, the elderly, and those with serious health conditions.²⁵

Recommendations

In June 2023, The CDC adopted ACIP's 2023-2024 recommendations on annual influenza vaccination for everyone 6 months and older in the United States. The recommended timing of flu vaccination has not changed, with September or October being the ideal time for adults, especially those 65 years of age and older. However, the composition of the United States flu vaccine has been updated to match the indicated flu viruses that research suggests will be prominent.²⁶ Additional flu vaccine information will be provided when the annual recommendations become available in the Morbidity and Mortality Weekly Report (MMWR).

Conclusion

Due to evolving diseases and medical advancements, vaccine schedules and recommendations are updated frequently to reflect the most recent and current information. This allows for effective and safe care to reach communities and individuals for protection and prevention from severe disease, hospitalization, or death.²⁷ It is recommended to routinely check ACIP for updated guidelines because changes can occur throughout the year. As healthcare providers, we are a valuable resource to patients regarding vaccine information and administration; leaving a lasting impact on the communities we serve.

New Products & Information

Wearable device for COVID patients monitoring HRV Heart Rate Variability, HRV monitors the inflammation in the heart. Low HRV would indicate increase in heart inflammation .

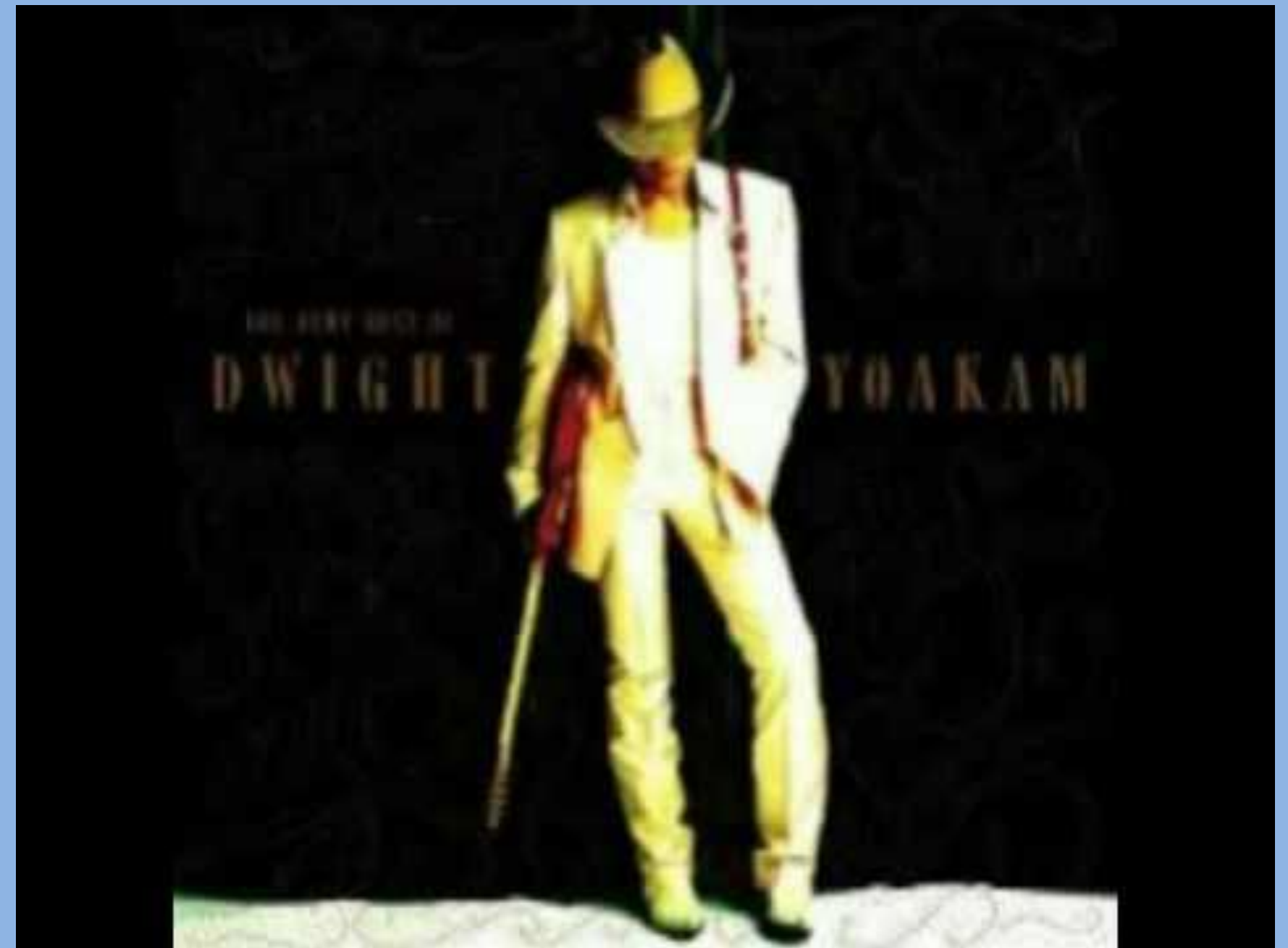
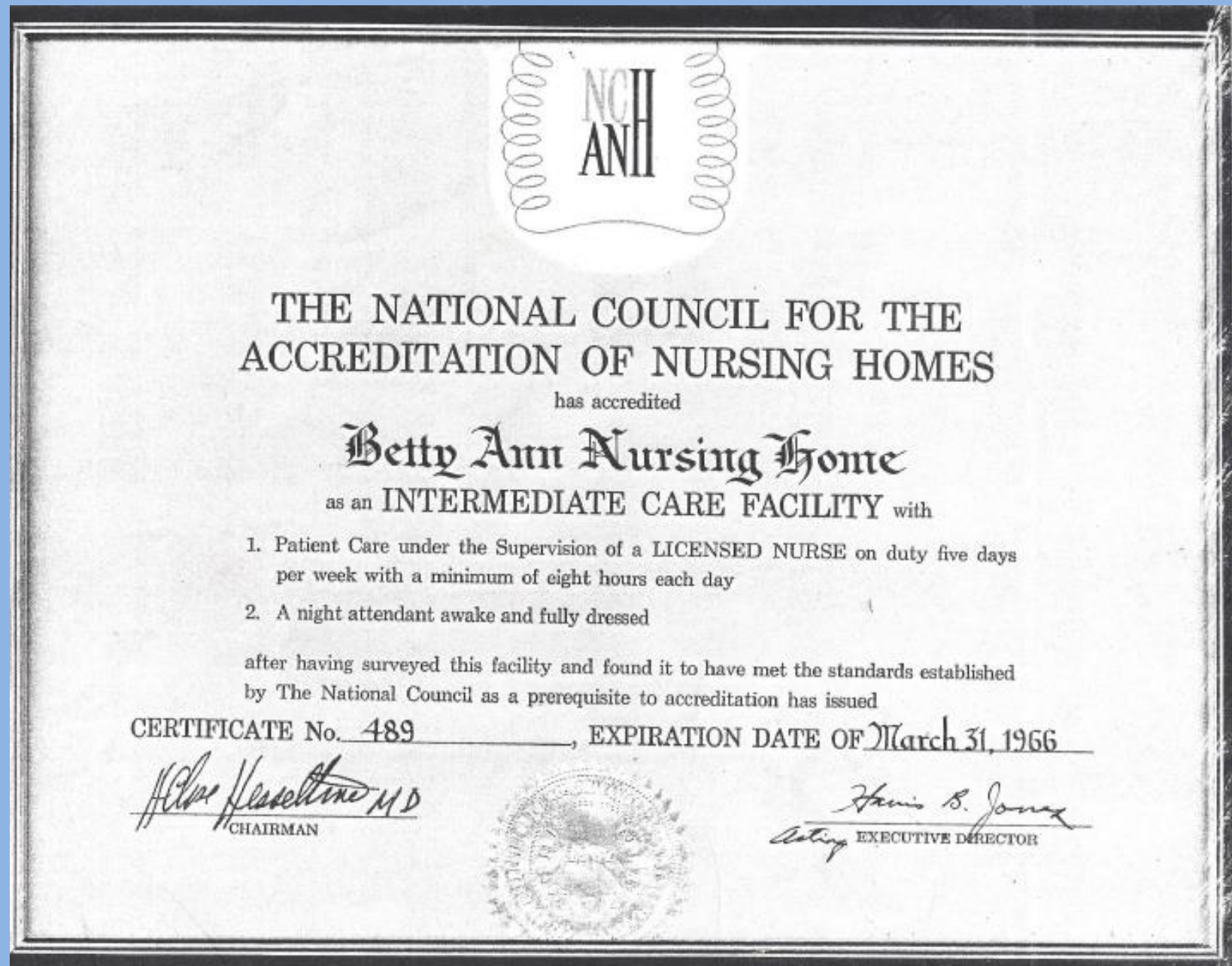
Paxlovid patients are having trouble completing therapy because of Paxlovid mouth. Usually starts in 1-2 days after starting therapy. Also one of the main medications with interactions are all STATIN medications. Largevrio is one tablet daily for 5 days and does not have the Paxlovid mouth or as many interactions.

Administration: You are able to administer COVID, FLU and RSV together. Concerns with triple administration are reactions. We have had two homes request all three be administered at once. I have followed up every 7 days with each home and the triple injections are with sequalae.

- Egg allergies are no longer a concern with new vaccines
- Tylenol ApAp 325mg 2 tabs before triple vaccination would be appropriate. Motrin is not recommended because of the blockade of the inflammation of the vaccines.
- For safety a licensed person administering vaccines should be current with CPR certification

Conclusion

Due to evolving diseases and medical advancements, vaccine schedules and recommendations are updated frequently to reflect the most recent and current information. This allows for effective and safe care to reach communities and individuals for protection and prevention from severe disease, hospitalization, or death. It is recommended to routinely check ACIP for updated guidelines because changes can occur throughout the year. As healthcare providers, we are a valuable resource to patients regarding vaccine information and administration; leaving a lasting impact on the communities we serve



Things Change!

When you're looking for a pharmacy, don't look for a company—look for a partner!



Links to Information Sheets

- [Vaccine Information Statement](#)
- [Vaccine Adverse Reactions](#)
- [Vaccine Consent Form](#)

Questions?

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