Immunization Clinical Practice Guideline

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Purpose:

This clinical practice guideline (CPG) assists IDT Staff in maximizing members' autonomy through the exploration of outcomes and identification of actions steps during the development of the member centered plan (MCP). The guideline integrates the Health & Wellness Coordinator (HWC) nursing practice process with Inclusa's Prevention & Wellness Program requirements set forth in the Inclusa's Family Care contract with Wisconsin Department of Health Services (DHS).

Quality Improvement supports the Health & Wellness Coordinator's (HWC) activities through proactive communication of Inclusa's immunization process, staff education, and member resource information related to immunizations. Quality Improvement also coordinates the collection of immunization data from residential providers.

The HWC integrates the nursing process in strength based care planning to support members in identification of outcomes with a focus on prevention, maintenance of health, and promotion of wellness. HWC responsibilities include maintaining current knowledge of immunizations recommended per target population, the risks and benefits of immunizations, and recommended immunization timelines.

To further enhance collaborative care, this guideline may be shared with members or legal decision makers and providers to assist in coordination of care.

Overview:

The Centers for Disease Control (CDC) provides individuals and health care providers with the most current recommendations for immunization needs. Immunizations are not just for children; regardless of a member's age, immunizations are needed for optimal health. Under-immunization results in a potential outbreak of disease. Inclusa encourages and assists members to remain current on applicable immunizations and aims to improve immunization coverage within the membership.

The specific immunizations needed as an adult are determined by factors such as age, lifestyle, high-risk conditions, type and locations of travel, and immunization history.

Definitions:

Immunity: protection against a disease. There are two types of immunity, **passive** (protection against disease through antibodies produced by another human or animal; is generally limited and diminishes

over time) and **active** (acquired by either contracting the disease or through vaccination; is usually permanent). Immunity is indicated by the presence of antibodies in the blood and can usually be determined with a laboratory test. Other evidence to suggest immunity includes written documentation of adequate vaccination.

Influenza (flu): a contagious respiratory illness caused by any strain of the **Influenza virus** that infects the nose, throat, and lungs. It can cause mild to severe illness and at times can lead to death. The best way to prevent the flu is by getting a flu vaccine each year.
http://www.cdc.gov/flu/about/disease/

- In general, anyone who is age 6 months or older, unless contraindicated, can benefit from the protection of a flu vaccination.
- The vaccine products available in the U.S. for the 2018-2019 season are:
    - Inactivated Influenza Vaccines (IIVs) – administered intramuscularly for infants, children, and adults
    - Recombinant Influenza Vaccines (RIV4) – administered intramuscularly for persons aged 18 or older
    - Live Attenuated Influenza Vaccine (LAIV4) – administered intranasally for persons aged 2 years through 49 years - https://www.cdc.gov/flu/about/qa/nasalspray.htm

Tetanus: an infection caused by **Clostridium tetani** bacteria that affects the nervous system. Tetanus does not spread from person to person. The bacteria are usually found in soil, dust, and manure and enter the body through breaks in the skin — usually cuts or puncture wounds caused by contaminated objects. Tetanus vaccines are always combined with other vaccines.
http://www.cdc.gov/tetanus/

- In general, for adults who have received the recommended childhood vaccinations for Tetanus, the Diphtheria and tetanus (DT) or Tetanus, Diphtheria and Pertussis (Tdap) are recommended every 10 years.

Diphtheria: an infection caused by **Corynebacterium diphtheria** bacteria produces a thick covering in the back of the throat that results in respiratory issues. Diphtheria an also lead to heart and nerve damage, paralysis, and death. http://www.cdc.gov/diphtheria/

- In general, for adults who have received the recommended childhood vaccinations for Diphtheria, the Diphtheria and tetanus (DT) or Tetanus, Diphtheria and Pertussis (Tdap) are recommended every 10 years.

Pertussis: a respiratory illness, commonly known as whooping cough, is a very contagious disease caused by a type of bacteria called ***Bordetella pertussis***. Pertussis is known for uncontrollable, violent coughing which often makes it hard to breathe. http://www.cdc.gov/pertussis/

- In general, for adults who have received the recommended childhood vaccinations for Pertussis, the Tetanus, Diphtheria and Pertussis (Tdap) can replace one of the 10-year Diphtheria and tetanus (Td) booster doses.

Shingles: a painful skin rash, also known as zoster or herpes zoster, is caused by the **varicella zoster virus** - the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays in the body in a dormant (inactive) state. For reasons that are not fully known, the virus can

reactivate years later, causing shingles. Shingles or herpes zoster is not caused by the same virus that causes genital herpes, a sexually transmitted disease. http://www.cdc.gov/shingles/

- In general, the CDC now recommends that healthy adults 50 years and older get two (2) doses of the preferred shingles vaccine called Shingrix® (recombinant zoster vaccine [RZV]) to protect against shingles. Shingrix® is preferred over Zostavax® (zoster live vaccine [ZVL]).
- The Shingrix® vaccine should be administered regardless of past episode of herpes zoster or receipt of the Zostavax® but should be administered at least 2 months after Zostavax®.

Pneumococcal Disease: is an infection caused by a type of bacteria called **Streptococcus pneumoniae (pneumococcus).** There are different types of pneumococcal disease, such as pneumococcal pneumonia, bacteremia, meningitis, and otitis media. http://www.cdc.gov/pneumococcal/

- In general, two (2) pneumococcal vaccines are recommended for all adults age 65 or older and certain adults age 19 and older with conditions that put them at increased risk for pneumococcal disease:
    - The pneumococcal conjugate vaccine (PCV13 or Prevnar 13®) provides protection against the 13 serotypes responsible for most severe illness.
    - The pneumococcal polysaccharide vaccine (PPSV23 or Pneumovax 23®) is a 23-valent polysaccharide vaccine
- The CDC recommends specific Pneumococcal Vaccine Timing for Adults of these two vaccines.

Human Papillomavirus: **genital human papillomavirus** (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 HPV types that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat. Most people who become infected with HPV do not even know they have it. HPV is not the same as herpes or HIV (the virus that causes AIDS). These are all viruses that can be passed on during sex, but they cause different symptoms and health problems. http://www.cdc.gov/hpv/

- In general, the HPV vaccine is recommended for young women through age 26 and young men through age 21.
- HPV vaccine is also recommended for the following people, if they did not get vaccinated when they were younger:
    - young men who have sex with men, including young men who identify as gay or bisexual or who intend to have sex with men through age 26;
    - young adults who are transgender through age 26; and
    - young adults with certain immunocompromising conditions (including HIV) through age 26.

Measles: a highly contagious respiratory illness caused by the **measles virus**. The disease is also called rubeola. http://www.cdc.gov/measles/

- Adults born during or after 1957 who do not have evidence of immunity against measles should get at least one does of the Measles, Mumps and Rubella (MMR) vaccine.

Mumps: a contagious disease that is caused by a **paramyxovirus** and starts with a few days of fever, headache and muscle aches, tiredness and loss of appetite followed by swelling of salivary glands. http://www.cdc.gov/mumps/

- All adults who do not have evidence of immunity should get at least one dose of MMR vaccine.
- Adults who previously received 2 or fewer doses of mumps-containing vaccine and are identified by a public health authority to be at increased risk during a mumps outbreak should receive one (1) dose of the MMR vaccine.

Rubella: an acute viral disease that causes fever and rash, also known as **German Measles**. It is spread by contact with an infected person, through coughing and sneezing. http://www.cdc.gov/rubella/

- All adults who do not have evidence of immunity should get at least one dose of MMR vaccine.

Hepatitis: an inflammation of the liver caused by a viral infection. The most common types are **Hepatitis A, Hepatitis B, and Hepatitis C**. http://www.cdc.gov/hepatitis/

- There are different vaccines and recommendations for who should get those vaccines based on the type of Hepatitis virus. Some types (Hepatitis C, D, and E) have no FDA approved vaccine currently available.
- The Viral Hepatitis resource page from the CDC outlines those differences and recommendations.

Chickenpox (Varicella): a very contagious disease caused by the **varicella-zoster virus** that results in a blister-like rash, itching, tiredness, and fever. http://www.cdc.gov/chickenpox/

- In general, all adults who do not have evidence of immunity to chickenpox should consider getting immunized with the Varicella vaccine. However, all adults should consult with their healthcare provider to review the risks and benefits of this vaccine.

Meningococcal Disease: refers to any disease caused by **Neisseria meningitides** bacteria. The illness most people are familiar with is meningococcal meningitis. These illnesses are often severe and deadly and include infections of the lining of the brain, spinal cord, and bloodstream. http://www.cdc.gov/meningococcal/

- The CDC recommends meningococcal vaccination for some adults.

See *Additional Resources* Section below for Other Disease and Non-Routine Vaccination Information

Assessment:

Anticipating, recognizing, and responding to assessed needs.

- The role of the HWC is to assess the health and safety of members including prevention and wellness needs including immunization status.

- HWCs review the member's immunization record(s), then prioritize member education and receipt of vaccinations as part of planning.
- Immunizations are reviewed via the member assessment process and recorded in the member record.
  - Whenever possible, the immunization dates are to be verified by a medical source. Self-reports are acceptable if deemed reliable by the HWC.
- HWCs are responsible for completing documentation of member-specific immunization status per the table below.
- Access to Wisconsin Immunization Registry (WIR) is available for care management staff, including Community Resource Coordinators (CRC). Visit the Electronic Medical Record Resource page for information on how access can be requested/granted.

Immunization Documentation	
Immunization Documentation Tips	Notes: • Pre-dates are **NOT** to be entered. Only complete an entry of vaccine received when the actual date of receipt is known and has occurred. • A new entry is to be used each time an immunization is received OR declined. • For data integrity purposes, do **NOT** write over an existing immunization entry. • For New Enrollments; **document** in the Comprehensive Health Assessment in Section IX. Wellness and Prevention: Immunizations • **Egg Allergy and Influenza Vaccine:** Any egg allergy that is non-severe and does not cause "anaphylaxis or a severe allergic reaction" is no longer defined as an allergy which prohibits a member from receiving the influenza vaccine and should be documented as a "decline." • **System updates effective June 2019**: o New fields will be available with any newly created or copied MCP. o Decline = Refused. "Refused" response invalidated but retained in historical data.
Vaccine Received	**Document** in the Immunization tab under Health Review: • "Immunization" field: Select the immunization received. • "Immunization Date" field: Enter the date immunization was received.
Vaccine Not Received	**Document** in the Immunization tab under Health Review: • "Immunization field": select the immunization declined • "Immunization Declined – Date Verified" field: enter date vaccine was declined • "Reason for No Immunization" field: select from the following options o Declined and educated o Declined and Member declined education o Comfort Cares o Anaphylaxis or Severe allergic reaction to a previous dose of vaccine (any vaccine component) o Vaccination deferred by Health Care Provider due to existing precaution – verified by IDT staff

Vaccine Not Received - Documentation Table

Vaccine Not Received: *Declined and educated* *OR* *Declined and Member declined education*	**Document** in Physical Health Domain of MCP: • Specific reason member declined the immunization: o Provide supporting information as applicable o Document resources and education provided to member and member response. **Documentation Examples** for Member Decline: • "Member states he has an egg allergy, so he will not get the flu shot this year. Provided education regarding CDC recommendations regarding egg allergy and the flu shot and resources on where he can obtain a flu shot. Member verbalized that he understood the information." • "Member states 'I don't like shots, so I won't be getting any immunizations.' Attempted to provide education regarding benefits/risks of vaccines but member declined to discuss."
Vaccine Not Received: *Vaccine Declined due to Comfort Cares*	Select **Comfort Cares** when a member is on hospice and/or has chosen to focus on goals to prevent or treat symptoms of the disease, minimize disease side effects, and relieve suffering but is no longer seeking curative treatment (National Cancer Institute, n.d.).
Vaccine Not Received *Contraindication:* **Severe Allergic Reaction*	Select **Anaphylaxis or severe allergic reaction to a previous dose of the vaccine (any vaccine component)** when member describes, or you have evidence of this type of response to any vaccine type • Acceptable contraindications for **Influenza** vaccination: o History of severe allergic reaction to any component of the vaccine or after a previous dose of any influenza vaccine • Acceptable contraindications for **Pneumococcal** vaccination: o **PCV 13**: Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid-containing vaccine or to a component

		of a vaccine (PCV 13 or any diphtheria-toxoid-containing vaccine) o **PPSV23**: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component Ensure to document allergy information in the **Allergies** field of **Diagnosis** Section in MATRIX. Document severity and reaction
	Vaccine Not Received *Contraindication:* **Deferred by Health Care Provider due to Existing Precaution and Verified by IDT*	Select **Vaccination deferred by Health Care Provider due to existing precaution – verified by IDT staff** when: • A prescribing health care provider defers the vaccinations on the basis of a precaution • Acceptable precautions for deferring **Influenza** vaccination: o Moderate or severe acute illness with or without fever o History of Guillain-Barre syndrome within 6 weeks after receiving the vaccine (Guillain-Barre Fact Sheet) • Acceptable precaution for deferring any type of **Pneumococcal** vaccination: o Moderate or severe acute illness with or without fever IDT must verify precaution with member's healthcare provider and document in a **Case Note**
Attempted contacts	**Document** in Case Note: • Contact with a member who indicates they will receive the vaccine but has not actually been vaccinated yet is detailed in a case note. • Attempted contacts with no response from the member are detailed in a case note. • Do NOT document attempted contacts in the Immunization tab under Health Assessment Review.	

During Influenza Season

HWCs are responsible for collecting **influenza and pneumonia** immunization data for each member on their case load. It is recommended the HWC and CRC have a conversation to determine the level of assistance the CRC can provide to the HWC with obtaining influenza vaccine information. HWCs are encouraged to have monthly discussions/follow up with their managers regarding data entry progress and any barriers encountered. WIR is a tool to be used for the collection of immunization information.

IDT staff may find the documents listed in the resources section of this guideline helpful when interacting with members.

Some residential facilities host Influenza Immunization clinics to assist with planning and continuity of care. This is an effective option for providers to ensure members are provided with options for education and the resource of a flu shot.

In the hope to reduce multiple calls to residential facilities by IDT staff trying to obtain vaccine information, RCAC, AFH, CBRF, and NH providers have the opportunity to submit member vaccine information to Inclusa. They provide the following data: member's name, date of birth, date of receipt or decline, and comments. The returned data is then entered into the member record by support staff.

To encourage members to obtain the annual influenza vaccine, letters with educational information and a data collection tracker will be sent to members with the direction to return the completed tracker to the member's IDT. The returned data will be entered into the member record by IDT staff.

Plan:

Best Practice standards for prevention and management

The role of the HWC is to encourage members to maintain current immunizations as recommended by the CDC and provide or facilitate ongoing prevention education to members at risk. This education may include a review of the risks and benefits of immunization as well as a preventative plan to reduce the risk of contraction.

- HWCs may use the CDC website as a resource to educate members on standard precautions and immunizations which prevent specific diseases/conditions to maintain wellness.
- Through identifying risk and providing education, HWCs and members collaboratively develop a prevention and wellness plan designed to meet member specific conditions and reduce risk.
- The prevention and wellness plan is reflected in the member's Member Centered Plan through Long Term Care Outcomes, member-specific Personal Experience Outcomes, and Steps to Achieve or Interventions.
- To assist in meeting contractual requirements, the HWCs are expected to document provided education, immunization status, and member's prevention and wellness plan in the appropriate sections of the MCP (Physical Health Domain and Health Review).

Intervention:

Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP.

The role of the HWC is to assess member-specific conditions, identify and anticipate risks, provide education and planning, and encourage interventions to maintain health and wellness.

The Member Centered Plan includes clinical and functional needs supported by action steps which assist the member in achieving identified outcomes. MCP action steps may include interventions such as education, prevention, coordination, and support of maintaining current applicable immunizations (e.g., transportation, shot received at home).

Member's acceptance of immunization is facilitated primarily through health and wellness education.

HWC and member continually evaluate and adjust action steps to reflect member's current outcomes.

During Influenza Season

IDT play an important role in providing education which will encourage members to obtain an annual influenza vaccine. Addressing and correcting misconceptions regarding the influenza vaccine is one way to improve member health and wellness.

Misconception	Message to address
"The flu vaccine doesn't really do anything"	Vaccination has been shown to be the single best way to prevent getting the flu
"The rules keep changing about who should get the flu shot. I keep hearing mixed messages."	All people over the age of 6 months should receive a flu shot each year.
"I hear that older people are supposed to get the flu shot. I'm too young to need one."	Even if you are not at high risk, you should get a flu vaccination to protect yourself and help reduce your chances of spreading the flu to others who may be.
"The flu shot (nasal spray) will give me the flu"	*The viruses in the flu shot are killed (inactivated) and cannot cause anyone to get the flu. Most people who get the flu shot have no problems. *You may get a low-grade fever and aches for a day or 2 but this is mild in comparison to getting the flu. *The nasal spray does have live, weakened viruses but also does not cause the flu. *Some people who get the flu shot can still get the flu, however this is not from the vaccine. Sometimes you had already be exposed to the flu before you got the vaccine, but you didn't develop symptoms until after you got vaccinated.
"I don't know what's in the vaccine, so I won't take it." "I don't like putting things in my body especially when no one knows if it is safe."	*The US Food and Drug Administration (FDA) ensures vaccines undergo a rigorous and extensive development program. After a vaccine is approved by the FDA, its safety is continuously monitored. *Ingredients used during the manufacture of flu vaccines include substances to help prevent contamination, inactivate or "kill" the viruses, and stabilize the vaccine from changing.
"I'm very afraid of needles"	*Being afraid of needles means you are normal! *If you are afraid of needles you may be a candidate for the nasal spray vaccine. *The most common side effects from the nasal spray are a runny nose and nasal congestion. *The nasal spray is approved for use in non-pregnant individuals, 2 years through 49 years of age. People with some medical conditions should not receive the nasal spray flu vaccine (CDC, 2018). *Discuss the nasal spray with your health care provider to see if it is an option for you.

"I got the flu last year even though I had the flu shot. So what's the point?" "I got the seasonal flu shot last year. I've heard that once is enough"	*The flu vaccine is changed each year to match the type of flu currently circulating so the vaccine is effective for about one flu season. *Each year the vaccine is formulated to provide a close match to the known circulating strains of flu virus in the most recent flu season. *In years when there is a good match between the circulating viruses and the corresponding vaccine strains, the vaccine's effectiveness in reducing illness can be as high as 70-90 percent. In years where the match is not close, the chances of getting the flu without getting a flu shot is still going to be higher.
"I'm healthy. I've always been healthy. I don't need to get vaccinated for flu." "I have a strong immune system, so I am willing to take the risk." "It's past October, I waited too long to get the flu shot. I'll just get it next year."	*It is never too late to get the flu shot. Flu viruses begin circulating in the United States in the fall and continue into spring *Influenza can cause serious illness and death even in the healthiest of people. *The flu is not a disease that affects just the elderly. The flu can infect any person of any age.
"I don't need the flu shot. If I get the flu, I'll just take an antiviral medication." "If I get the flu, I'll just take an antibiotic."	*Antiviral medications do not eliminate flu symptoms. They do shorten the duration by about 3 days, but you'll feel sick, miss out on your daily activities for several days, and/or need to be out of work. *Antivirals have an associated cost and need to be taken very early in your illness to be effective. *The flu is a virus. Antibiotics only work against bacteria, so they won't help treat the flu.

(Veterans Health Administration, 2017)

Evaluation:

Plan for monitoring of guideline effectiveness.

Member Plan Evaluation:
The HWC will utilize the nursing process in to support the member to effectively manage prevention and wellness needs, including Immunizations.

Evaluation techniques will vary from member to member based on individual outcomes and recommendations by his/her healthcare provider for immunizations based on factors such as age, sex, chronic disease(s), treatment goals, and immune status. Evaluation of outcomes and interventions need to be discussed and agreed upon by the member, the IDT, caregiver(s) as applicable, and other healthcare providers as indicated.

When a member describes or demonstrates a lack of understanding regarding his/her prevention and wellness needs for immunizations, the HWC will assess member barriers and needs, plan to reduce risk as indicated by assessment, and document assessment and planning. Interventions will be put in place and documented as action steps in the appropriate domains in the MCP.

Ongoing education and evaluation of interventions are required to ensure achievement and maintenance of member-identified personal outcomes and to support effective member decision making. The MCP action steps will be modified to address the identified barriers in achieving the outcome.

Quality Improvement Evaluation:
Quality Improvement will monitor that this guideline is effective and is being utilized as recommended through the periodic file review process. Reviewers will audit records for documentation pertaining to implementation and ongoing utilization of this clinical practice guideline according to established criteria.

The Prevention & Wellness Workgroup will ensure regular review of this document along with tools and educational materials. This will ensure IDT, providers, and members are receiving the most current and accurate information.

Additional Resources:

Much of the information within this guideline has been taken from the CDC website, www.cdc.gov, which is a recommended resource where you can find information that includes, but is not limited to:

- Adult Immunization schedule
- Recommended vaccines by disease
- Vaccine Information Statements (VIS) for all CDC Recommended Vaccines
- Seasonal Influenza (Flu) Communication Resource Center
  - CDC Digital Campaign Toolkit
  - Frequently Asked Flu Questions 2018-2019
- Immunization Action Coalition
- Guillain-Barre Syndrome fact sheet

Other Disease and Non-Routine Vaccination Information: All listed below are current selections within MATRIX

Polio (poliomyelitis): is a crippling and potentially deadly infectious disease. It is caused by the **poliovirus**. The virus spreads from person to person and can invade an infected person's brain and spinal cord, causing paralysis. https://www.cdc.gov/vaccines/vpd/polio/public/index.html

- Routine of U.S. adults (i.e., persons aged >18 years) is not necessary. Most adults do not need polio vaccine because they were already vaccinated as children and their risk of exposure to polioviruses in the United States is minimal.

Rabies: Humans get rabies when they are bitten by infected animals. Rabies can cause pain, fatigue, headaches, fever, and irritability. These are followed by seizures, hallucinations, and paralysis. Human rabies is almost always fatal. https://www.cdc.gov/vaccines/vpd/rabies/

- In general, pre-exposure rabies vaccination is one of the non-routine vaccines. It is recommended for persons in high-risk groups, such as veterinarians, animal handlers, and certain laboratory workers

Typhoid: a life-threatening illness caused by strains of the **Salmonella-type viruses**. Most people in the US contract the disease when traveling abroad and it is spread when fecal material gets in water or food. https://www.cdc.gov/vaccines/vpd/typhoid/index.html

- Typhoid fever vaccination is one of the non-routine vaccines. People traveling to a country where typhoid is common should consider being vaccinated and do this at least one (1) week before traveling.

Tuberculosis (TB): is caused by a bacterium called **Mycobacterium tuberculosis**. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. A person may become ill (TB Disease) or the bacteria may stay in the body without producing illness (latent TB or LTBI). https://www.cdc.gov/tb/topic/basics/default.htm

- Bacille Calmette-Guérin (BCG) is a vaccine for tuberculosis (TB) disease. This vaccine is not widely used in the United States and should only administered after consulting with an expert in the field of TB.

Hamemophilus influenzae Disease (including Hib): refers to any illness caused by H. influenzae bacteria. Some of these illnesses, like ear infections, are mild while others, like bloodstream infections, are very serious. However, H. influenzae do not cause influenza (the flu). https://www.cdc.gov/vaccines/vpd/hib/index.html

- In general, vaccination is not recommended for adults

Japanese Encephalitis (JE): is a serious infection caused by the Japanese encephalitis virus. It occurs mostly in rural parts of Asia and is spread through the bite of an infected mosquito. https://www.cdc.gov/vaccines/vpd/j-enceph/index.html

- JE vaccination is one of the non-routine vaccines. People traveling to a country/area where JE is common should consider being vaccinated.

Yellow Fever: is caused by the Yellow Fever Virus which is found in tropical and subtropical areas of Africa and South America and is very rare in the US. The virus is spread to people by the bite of an infected mosquito. https://www.cdc.gov/yellowfever/

- The Yellow Fever vaccine is recommended for people aged 9 months or older and who are traveling to or living in areas at risk for yellow fever virus in Africa and South America. It may be required for entry into certain countries. A single dose provides lifelong protection for most people.

State Indicator Reporting Information: Influenza and Pneumococcal Vaccinations

Monitoring Influenza and Pneumococcal Vaccination Data Entry Progress

HWCs are encouraged to have regular discussions with their managers regarding data entry progress and barriers encountered. HWCs can monitor vaccine data entry progress by utilizing tools built into MATRIX. Review immunizations for each member assigned.

- This is done by going to the "Report" tab in MATRIX, clicking "QA Reports" in the drop-down box, and then clicking "Immunizations." When the form loads onto the screen, fill in each of the blank spaces with the desired information.
- Selecting one immunization type at a time makes the report easer to review, even though multiple immunization types can be chosen at once.

Member Support Managers are encouraged to use the MATRIX reporting capabilities to monitor the influenza and pneumonia immunization status for Inclusa members assigned to HWCs within their unit and provide support as needed.

- During the influenza season blank entries need to be reviewed by the HWC and the HWC will attempt to gather incomplete data and enter into MATRIX.

By **April 1 of the 2nd year of the reporting period**, all **influenza and pneumonia** immunization information is to be entered into the member record.

Definitions

Contraindication: a condition in a recipient that increase the risk for a serious reaction. A vaccine should not be administered when a contraindication is present.

Precaution: a condition that might increase the risk for a serious adverse reaction, might cause diagnostic confusion, or might compromise the ability of the vaccine to produce immunity. In general, vaccinations should be deferred when a precaution is present. However, a vaccination might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction.

Influenza Vaccination rate measurement

This is used to assess the percentage of Family Care members who received the influenza immunization between July 1 and March 31 and were continuously enrolled from July 1 to March 31 of the measurement time frame.

Data source is any evidence source including member immunization record, Wisconsin Immunization Record (WIR), self-report, or other documentation.

Influenza Exclusions and Inclusions for State Indicator Reporting

Exclusions

Contraindication

The following contraindication is noted in the report and excluded from the denominator for state reporting if the member is assessed and determined to have a:

- History of severe allergic reaction to any component of the vaccine or after a previous dose of any influenza vaccine.

Precautions

The following precautions are noted in the report as contraindications and are excluded from the denominator for state reporting if a prescribing health care provider defers a vaccination on the basis of one of the precautions listed below and the precaution is verified with the healthcare provider by IDT staff:

- Moderate or severe acute illness with or without fever
- History of Guillain-Barre syndrome within 6 weeks after a previous dose of any type of influenza vaccine. Guillain-Barre Syndrome fact sheet

Inclusions

Members with Egg Allergies

Members with a history of egg allergy of any severity may receive any licensed, recommended, and age-appropriate influenza vaccine (IIV, RIV4, or LAIV4; Groskopf et al., August 24, 2018, p. 4); the member is to be included in the denominator for state indicator reporting.

Persons who have experienced only hives after exposure to eggs can receive any recommended, age-appropriate influenza vaccine [i.e., inactivated influenza vaccine (IIV), RIV, or LAIV] that is otherwise appropriate for the person's health status.

Persons "who report having had reactions to egg involving symptoms other than urticarial (hives), such as angioedema, respiratory distress, lightheadedness, or recurrent emesis or who required epinephrine or another emergency medical intervention" after exposure to eggs may similarly receive any recommended, and age-appropriate influenza vaccine (i.e., any IIV,RIV, or LAIV) that is otherwise appropriate for their health status. The selected vaccine should be administered in a medical setting (e.g., clinic, health department, physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

For more information related to egg allergy, see Immunization Action Coalition guide available at http://www.immunize.org/catg.d/p3094.pdf

Other Reasons Stated by Members

Any other contraindication(s), precaution(s), or reason(s) stated by a member for not obtaining the influenza vaccine (other than those noted in the **Exclusions** section above) should be documented as

"refused" in the immunization record with additional details documented elsewhere in the member record but is not an acceptable contraindication for the purposes of data collection for this measure and members will be included in the denominator for state indicator reporting.

Pneumococcal Vaccination rate measurement:

Pneumococcal Vaccination rate measurement is used to assess the percentage of Family Care members age 65 and older (as if July 1 of the measurement year) who have ever received a pneumococcal immunization and were continuously enrolled from, July 1 to December 31 of the measurement year. Include only the first pneumococcal immunization encounter for each member when reporting.

Data source is any evidence source including member immunization record, Wisconsin Immunization Record (WIR), self-report, or other documentation.

Pneumococcal Exclusions and Inclusions for State Indicator Reporting

Exclusions

Contraindication

The following contraindications are noted in the report and excluded from the denominator for state reporting if the member is assessed and determined to have a:

- **PCV 13**: Severe allergic reaction (e.g., anaphylaxis) after a previous dose of PCV13 or any diphtheria-toxoid-containing vaccine or to a component of a vaccine (PCV 13 or any diphtheria-toxoid-containing vaccine)
- **PPSV23**: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component

Precaution

The following precautions are noted in the report as contraindications and are excluded from the denominator for state reporting if a prescribing health care provider defers a vaccination on the basis of one of the precautions listed below and the precaution is verified with the healthcare provider by IDT staff:

- Applicable to both **PCV13** and **PPSV23**: Moderate or severe acute illness with or without fever

Inclusions

Other Reasons Stated by Member

Any other contraindication(s), precaution(s), or reason(s) stated by a member for not obtaining the pneumococcal vaccine should be documented as "refused" in the immunization record with additional details documented elsewhere in the member record but is not an acceptable contraindication for the purposes of data collection for this measure and members will be included in the denominator for state indicator reporting.

Reference List:

Centers for Disease Control. (2018). Multiple resources referenced were retrieved from https://www.cdc.gov/ in September, 2018.

DHS/Bureau of Programs and Policy. (2018). Technical Definition 2018-2019: Percentage of Members Vaccinated for Influenza.

DHS/Bureau of Programs and Policy. (2018). Technical Definition 2018-2019: Percentage of Members Vaccinated for Pneumonia

Grohskopf LA, Sokolow LZ, Broder KR, Walter EB, Fry AM, Jernigan DB. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—United States, 2018–19 Influenza Season. *MMWR Recomm Rep* 2018;67 (No. RR-3):1–20. DOI: http://dx.doi.org/10.15585/mmwr.rr6703a1

Kroger, A.T., Duchin, J., & Vazquez, M. (n.d.). General best practice guidelines for immunization Best practice guidance of the Advisory Committee on Immunizations Practices (ACIP). Retrieved from https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html

National Cancer Institute. (n.d.). NCI dictionary of cancer terms: Comfort care. Retrieved from https://www.cancer.gov/publications/dictionaries/cancer-terms/def/comfort-care

National Institute of Neurological Disorders and Stroke. (2018). Guillain-Barre Syndrome Fact Sheet. Retrieved from https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Guillain-Barr%C3%A9-Syndrome-Fact-Sheet

Veterans Health Administration. (2017). VHA Seasonal Influenza Manual. Retrieved from https://www.publichealth.va.gov/docs/flu/va-flu-manual.pdf#

Revision History #	Date	Description of Revision(s)	Requested By	Staff Training Date
1	09/13/2018	Added to Inclusa approved CPG template; updated for 2018-2019 Immunization season	tmayek/clundeen	10/18/2018 – CMP Unit Meetings
2	06/07/2019	Updated to capture MATRIX system updates rolling out on 6/13/19.	Tricia Mayek	06/13/2019
3				
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