Adult Immunizations Toolkit for Clinicians

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Quality Insights

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This toolkit provides clinicians with resources to help improve adult immunization rates. The tools included represent a few of the many helpful resources available from Quality Insights, the CDC and the Immunization Action Coalition. Additional standing order and vaccine information statement templates are available for download directly from the organization websites. Members of the Quality Insights Community Coalitions can access even more tools and resources by visiting My Quality Insights (www.qualityinsights-qin.org/MyQI), an online learning platform exclusive to Community Coalition members.

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INTRODUCTION

Thousands of adults in the United States develop serious illnesses, are hospitalized and even die each year from vaccine preventable diseases. Although vaccinations are recommended throughout our lifetime, adult vaccination rates remain low.

Adults ≥18 years, flu vaccination coverage was 48.4percent, 3.1 percentage points higher than coverage during the 2018–19 season.[1]

Pneumococcal vaccination coverage among adults aged 19-64 years at increased risk for pneumococcal disease was 24.5 percent in 2017. Pneumococcal vaccination coverage among adults aged >65 years was 69 percent in 2017.[2]

One in 3 people will develop shingles in their lifetime and in 2015, only 30.6 percent of adults aged ≥ 60 years reported receiving a herpes zoster vaccination.[2]

Influenza and pneumonia are the 9th leading cause of death in the U.S.[3]

Nearly 80 percent of all deaths from influenza occur in adults aged 65 and older.[4]

Many adults are not aware of and may be misinformed about the need for vaccines. One of the most important predictors of vaccination receipt among adults is a healthcare provider's recommendation and offer of vaccine during the same visit.[5]

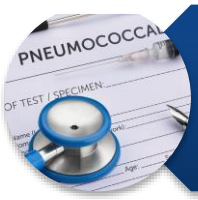
1. Centers for Disease Control and Prevention: https://www.cdc.gov/flu/fluvaxview/coverage-1920estimates.htm#ref10
2. Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/NHIS-2017.html
3. Centers for Disease Control and Prevention: https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm
4. Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/pubs/pinkbook/flu.html
5. Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/hcp/adults/for-practice/standards/index.html

TOOLS & RESOURCES

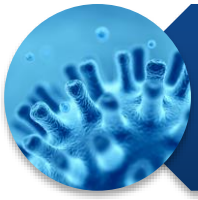
Fast Facts about Influenza, Pneumococcal Disease and COVID-19

The Centers for Disease Control and Prevention (CDC) provides important and up-to-date information about influenza (flu), pneumococcal disease (pneumonia) and coronavirus disease 2019 (COVID-19). Check out the links below for fast facts and frequently asked questions.

Influenza (Flu)
www.cdc.gov/flu/about/keyfacts



Pneumococcal Disease (Pneumonia)
www.cdc.gov/pneumococcal/about/facts



Coronavirus Disease 2019 (COVID-19)
www.cdc.gov/coronavirus/2019-ncov/your-health/need-to-know

Standards for Adult Immunization Practice

Visit bit.ly/QI_ImmAdults to access the complete two-page document.

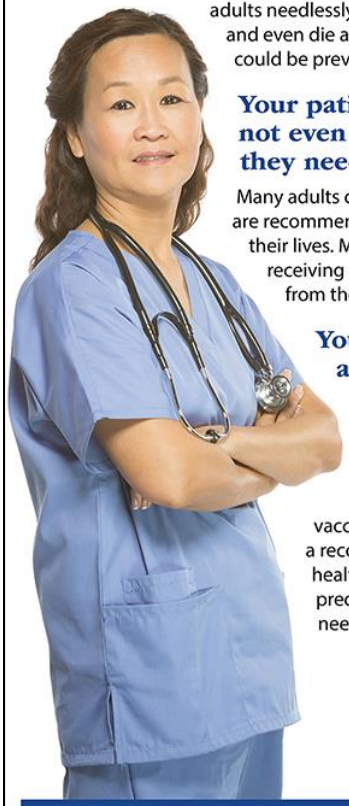
Immunizing Adult Patients:
Standards for Practice

Your patients trust you to give them the best advice on how to protect their health. Vaccine-preventable diseases can result in serious illness, hospitalization, and even death.

Make adult vaccination a standard of care in your practice.

Your patients have probably not received all the vaccines they need.

Even though most insurance plans cover the cost of recommended vaccines, adult vaccination rates in the U.S. are extremely low. Each year, tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.



Your patients may not even realize that they need vaccines.

Many adults don't know which vaccines are recommended for them throughout their lives. Many also report not receiving vaccine recommendations from their healthcare professional.

You can make a difference.

Clinicians are the most valued and trusted source of health information for adults. Research shows that most adults believe vaccines are important and that a recommendation from their healthcare professional is a key predictor of patients getting needed vaccines.

Make Immunization a Standard of Patient Care In Your Practice:

1. **ASSESS the immunization status of all your patients at every clinical encounter.**
   - Stay informed about the latest CDC recommendations for immunization of adults.
   - Implement protocols in your office to ensure that patients' vaccine needs are routinely reviewed and patients get reminders about vaccines they need.
2. **Strongly RECOMMEND vaccines that your patients need.**
   - Address patient questions and concerns in clear and understandable language.
   - Highlight your positive experiences with vaccination (personal or in your practice).
3. **ADMINISTER needed vaccines or REFER your patients to a vaccination provider.**
   - For vaccines that you stock, make vaccination services as convenient as possible for your patients.
   - For vaccines that you don't stock, refer patients to providers in the area that offer vaccination services.
4. **DOCUMENT vaccines received by your patients.**
   - Participate in your state's immunization registry to help your office, your patients, and your patients' other providers know which vaccines your patients have had.
   - Follow up to confirm that patients received recommended vaccines that you referred them to get from other immunization providers.

Standards for Adult Immunization Practice emphasize the role of ALL healthcare professionals—whether they provide immunization services or not—in ensuring that adult patients are fully immunized. These standards are published by the National Vaccine Advisory Committee and supported by the Centers for Disease Control and Prevention as well as a number of national medical associations.

DON'T WAIT. VACCINATE!

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

2021 Recommended Immunization Schedule for Adults – Table 1

Visit bit.ly/QI_ImmSchedule to access the complete six-page document. To request a laminated version, please reach out to your local Quality Insights contact (*see the "State Specific Contact Information" section of this toolkit for your local team member*).

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or **Influenza recombinant** (RIV4)	1 dose annually			
or				
Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
***Haemophilus influenzae* type b** (Hib)	1 or 3 doses depending on indication			

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

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

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

2021 Recommended Immunization Schedule for Adults – Table 2

Table 2 Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2021

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count <200 mm³	HIV infection CD4 count ≥200 mm³	Asplenia, complement deficiencies	End-stage renal disease; or on hemodialysis	Heart or lung disease, alcoholism[1]	Chronic liver disease	Diabetes	Health care personnel[2]	Men who have sex with men
IIV or RIV4 (or)	1 dose annually									(or)	
LAIV4	Not Recommended						Precaution			1 dose annually	
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	Not Recommended*	Not Recommended	1 or 2 doses depending on indication								
VAR	Not Recommended*	Not Recommended		2 doses							
RZV			2 doses at age ≥50 years								
HPV	Not Recommended*	3 doses through age 26 years	2 or 3 doses through age 26 years depending on age at initial vaccination or condition								
PCV13		1 dose									
PPSV23		1, 2, or 3 doses depending on age and indication									
HepA			2 or 3 doses depending on vaccine								
HepB			2, 3, or 4 doses depending on vaccine or condition						<60 years ≥60 years		
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations										
MenB	Precaution	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib		3 doses HSCT[3] recipients only	1 dose								

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

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

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

Recommended vaccination based on shared clinical decision-making

Not recommended/ contraindicated—vaccine should not be administered.

*Vaccinate after pregnancy.

No recommendation/ Not applicable

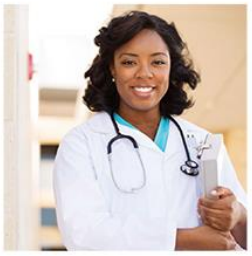
1. Precaution for LAIV4 does not apply to alcoholism. **2.** See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. **3.** Hematopoietic stem cell transplant.

Standing Orders – Influenza and Pneumococcal

Visit www.immunize.org/catg.d/p3067.pdf to access the complete six-page document.

10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction



Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (rare event) occur.

Having standing orders in place **streamlines your practice workflow** by eliminating the need to obtain an individual physician's order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistently effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

While this guide focuses on implementing standing orders for influenza vaccination, the basic principles included can be used to implement standing orders for other vaccines and for any age group desired.

Standing orders are **straightforward to use**. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: *Get Ready* – Build Support of Leadership

STEP 1 **Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.**

Standing orders will:

- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.

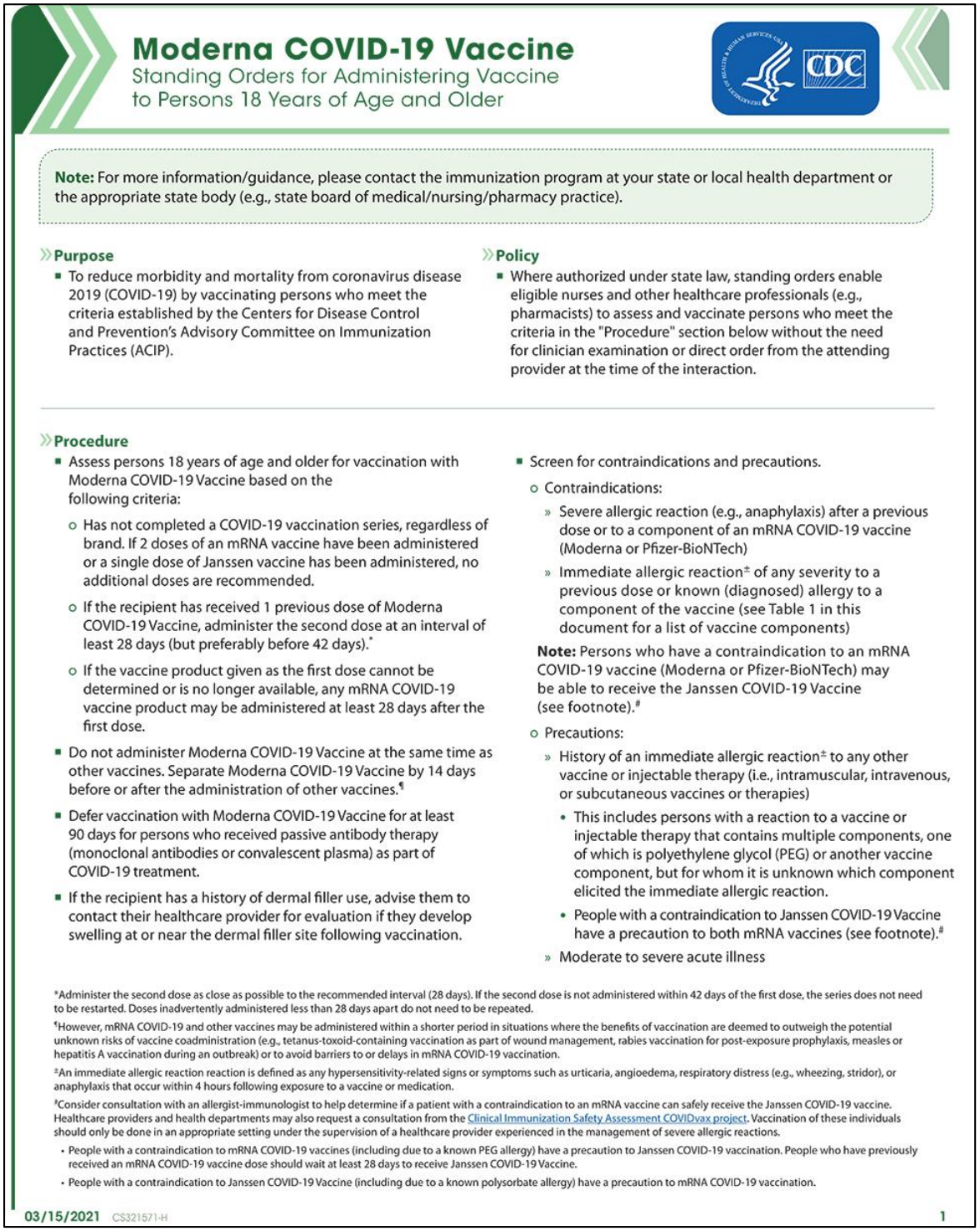
It is important to get buy-in from physician and nurse leadership from the start.

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3067.pdf • Item #P3067 (5/20)

Standing Orders – COVID-19

Moderna

Visit bit.ly/ModernaSO to access the complete three-page document.



Moderna COVID-19 Vaccine
Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older

Note: For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

- Assess persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:
  - Has not completed a COVID-19 vaccination series, regardless of brand. If 2 doses of an mRNA vaccine have been administered or a single dose of Janssen vaccine has been administered, no additional doses are recommended.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, administer the second dose at an interval of least 28 days (but preferably before 42 days).*
  - If the vaccine product given as the first dose cannot be determined or is no longer available, any mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose.
- Do not administer Moderna COVID-19 Vaccine at the same time as other vaccines. Separate Moderna COVID-19 Vaccine by 14 days before or after the administration of other vaccines.¶
- Defer vaccination with Moderna COVID-19 Vaccine for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.
- If the recipient has a history of dermal filler use, advise them to contact their healthcare provider for evaluation if they develop swelling at or near the dermal filler site following vaccination.
- Screen for contraindications and precautions.
  - Contraindications:
    - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech)
    - Immediate allergic reaction± of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (see Table 1 in this document for a list of vaccine components)

    Note: Persons who have a contraindication to an mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech) may be able to receive the Janssen COVID-19 Vaccine (see footnote).#
  - Precautions:
    - History of an immediate allergic reaction± to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies)
      - This includes persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is polyethylene glycol (PEG) or another vaccine component, but for whom it is unknown which component elicited the immediate allergic reaction.
      - People with a contraindication to Janssen COVID-19 Vaccine have a precaution to both mRNA vaccines (see footnote).#
    - Moderate to severe acute illness

*Administer the second dose as close as possible to the recommended interval (28 days). If the second dose is not administered within 42 days of the first dose, the series does not need to be restarted. Doses inadvertently administered less than 28 days apart do not need to be repeated.

¶However, mRNA COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in mRNA COVID-19 vaccination.

±An immediate allergic reaction reaction is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within 4 hours following exposure to a vaccine or medication.

#Consider consultation with an allergist-immunologist to help determine if a patient with a contraindication to an mRNA vaccine can safely receive the Janssen COVID-19 vaccine. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment COVIDvax project. Vaccination of these individuals should only be done in an appropriate setting under the supervision of a healthcare provider experienced in the management of severe allergic reactions.

- People with a contraindication to mRNA COVID-19 vaccines (including due to a known PEG allergy) have a precaution to Janssen COVID-19 vaccination. People who have previously received an mRNA COVID-19 vaccine dose should wait at least 28 days to receive Janssen COVID-19 Vaccine.
- People with a contraindication to Janssen COVID-19 Vaccine (including due to a known polysorbate allergy) have a precaution to mRNA COVID-19 vaccination.

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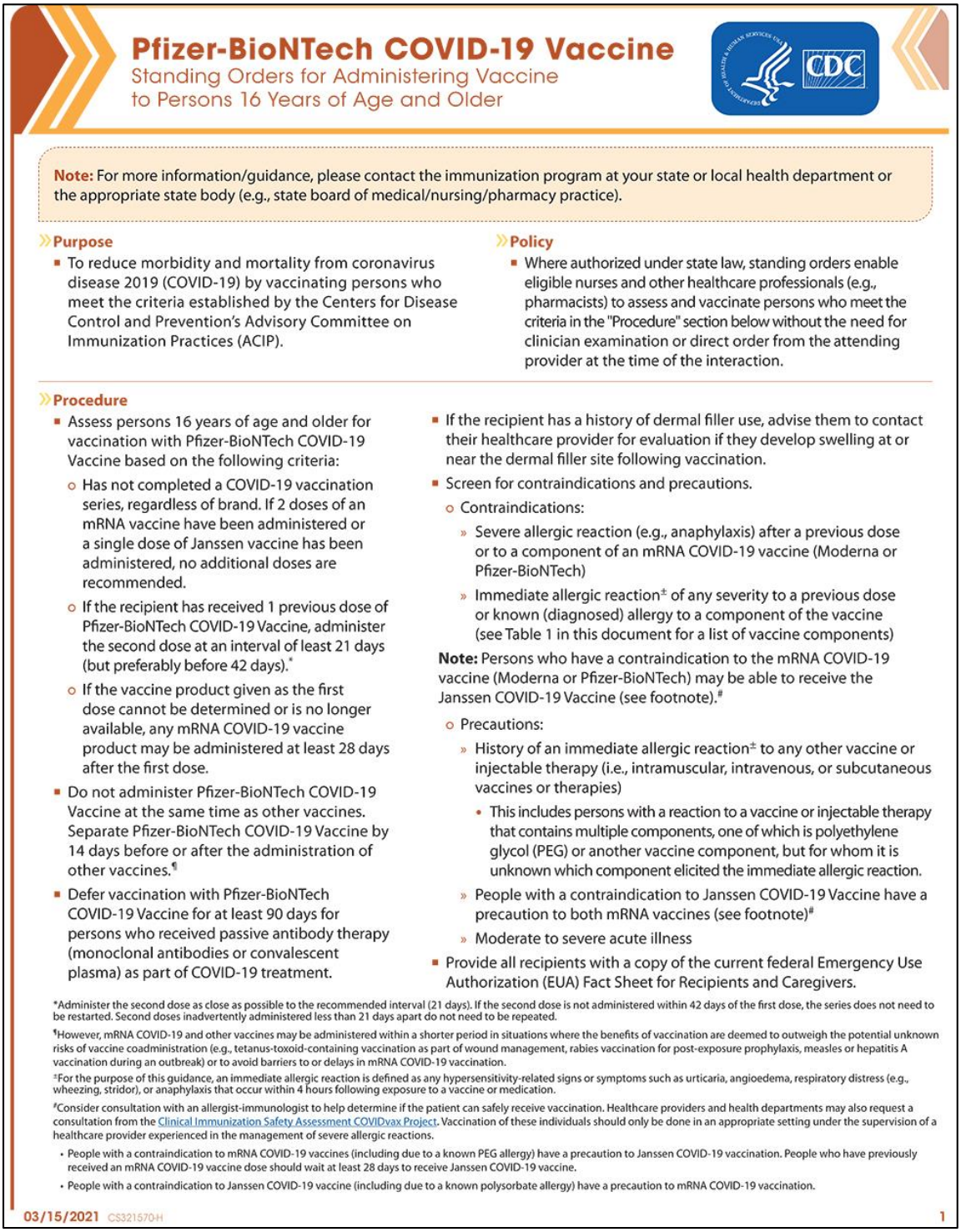
Pfizer

Visit bit.ly/PfizerSO to access the complete three-page document.



Pfizer-BioNTech COVID-19 Vaccine

Standing Orders for Administering Vaccine to Persons 16 Years of Age and Older

Note: For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

- Assess persons 16 years of age and older for vaccination with Pfizer-BioNTech COVID-19 Vaccine based on the following criteria:
  - Has not completed a COVID-19 vaccination series, regardless of brand. If 2 doses of an mRNA vaccine have been administered or a single dose of Janssen vaccine has been administered, no additional doses are recommended.
  - If the recipient has received 1 previous dose of Pfizer-BioNTech COVID-19 Vaccine, administer the second dose at an interval of least 21 days (but preferably before 42 days).*
  - If the vaccine product given as the first dose cannot be determined or is no longer available, any mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose.
- Do not administer Pfizer-BioNTech COVID-19 Vaccine at the same time as other vaccines. Separate Pfizer-BioNTech COVID-19 Vaccine by 14 days before or after the administration of other vaccines.¶
- Defer vaccination with Pfizer-BioNTech COVID-19 Vaccine for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.
- If the recipient has a history of dermal filler use, advise them to contact their healthcare provider for evaluation if they develop swelling at or near the dermal filler site following vaccination.
- Screen for contraindications and precautions.
  - Contraindications:
    - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of an mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech)
    - Immediate allergic reaction‡ of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (see Table 1 in this document for a list of vaccine components)

  Note: Persons who have a contraindication to the mRNA COVID-19 vaccine (Moderna or Pfizer-BioNTech) may be able to receive the Janssen COVID-19 Vaccine (see footnote).#
  - Precautions:
    - History of an immediate allergic reaction‡ to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies)
      - This includes persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is polyethylene glycol (PEG) or another vaccine component, but for whom it is unknown which component elicited the immediate allergic reaction.
    - People with a contraindication to Janssen COVID-19 Vaccine have a precaution to both mRNA vaccines (see footnote)#
    - Moderate to severe acute illness
- Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers.

*Administer the second dose as close as possible to the recommended interval (21 days). If the second dose is not administered within 42 days of the first dose, the series does not need to be restarted. Second doses inadvertently administered less than 21 days apart do not need to be repeated.

¶However, mRNA COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in mRNA COVID-19 vaccination.

‡For the purpose of this guidance, an immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within 4 hours following exposure to a vaccine or medication.

#Consider consultation with an allergist-immunologist to help determine if the patient can safely receive vaccination. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment COVIDvax Project. Vaccination of these individuals should only be done in an appropriate setting under the supervision of a healthcare provider experienced in the management of severe allergic reactions.

- People with a contraindication to mRNA COVID-19 vaccines (including due to a known PEG allergy) have a precaution to Janssen COVID-19 vaccination. People who have previously received an mRNA COVID-19 vaccine dose should wait at least 28 days to receive Janssen COVID-19 vaccine.
- People with a contraindication to Janssen COVID-19 vaccine (including due to a known polysorbate allergy) have a precaution to mRNA COVID-19 vaccination.

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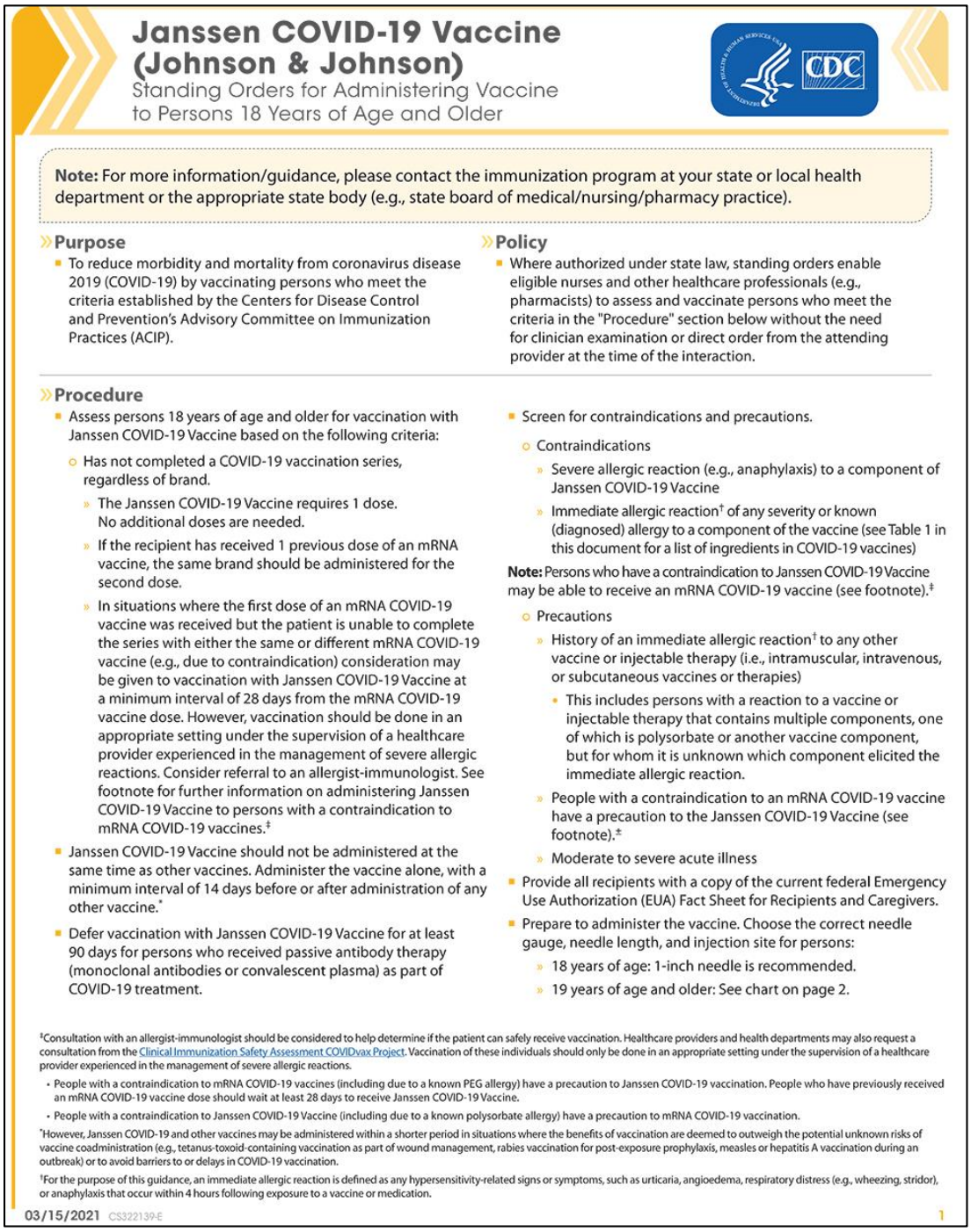
Janssen (Johnson & Johnson)

Visit bit.ly/JanssenSO to access the complete three-page document.

NOTE: *Effective April 23, 2021, CDC and FDA recommend that use of the Janssen COVID-19 Vaccine resume in the United States. However, women younger than 50 years old should be made aware of a rare risk of blood clots with low platelets following vaccination and the availability of other COVID-19 vaccines where this risk has not been observed. Read the CDC/FDA statement.*



Janssen COVID-19 Vaccine (Johnson & Johnson)

Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older

Note: For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

- Assess persons 18 years of age and older for vaccination with Janssen COVID-19 Vaccine based on the following criteria:
  - Has not completed a COVID-19 vaccination series, regardless of brand.
    - The Janssen COVID-19 Vaccine requires 1 dose. No additional doses are needed.
    - If the recipient has received 1 previous dose of an mRNA vaccine, the same brand should be administered for the second dose.
    - In situations where the first dose of an mRNA COVID-19 vaccine was received but the patient is unable to complete the series with either the same or different mRNA COVID-19 vaccine (e.g., due to contraindication) consideration may be given to vaccination with Janssen COVID-19 Vaccine at a minimum interval of 28 days from the mRNA COVID-19 vaccine dose. However, vaccination should be done in an appropriate setting under the supervision of a healthcare provider experienced in the management of severe allergic reactions. Consider referral to an allergist-immunologist. See footnote for further information on administering Janssen COVID-19 Vaccine to persons with a contraindication to mRNA COVID-19 vaccines.‡
- Janssen COVID-19 Vaccine should not be administered at the same time as other vaccines. Administer the vaccine alone, with a minimum interval of 14 days before or after administration of any other vaccine.*
- Defer vaccination with Janssen COVID-19 Vaccine for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.
- Screen for contraindications and precautions.
  - Contraindications
    - Severe allergic reaction (e.g., anaphylaxis) to a component of Janssen COVID-19 Vaccine
    - Immediate allergic reaction† of any severity or known (diagnosed) allergy to a component of the vaccine (see Table 1 in this document for a list of ingredients in COVID-19 vaccines)

Note: Persons who have a contraindication to Janssen COVID-19 Vaccine may be able to receive an mRNA COVID-19 vaccine (see footnote).‡

  - Precautions
    - History of an immediate allergic reaction† to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies)
      - This includes persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is polysorbate or another vaccine component, but for whom it is unknown which component elicited the immediate allergic reaction.
    - People with a contraindication to an mRNA COVID-19 vaccine have a precaution to the Janssen COVID-19 Vaccine (see footnote).‡
    - Moderate to severe acute illness
- Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers.
- Prepare to administer the vaccine. Choose the correct needle gauge, needle length, and injection site for persons:
  - 18 years of age: 1-inch needle is recommended.
  - 19 years of age and older: See chart on page 2.

‡Consultation with an allergist-immunologist should be considered to help determine if the patient can safely receive vaccination. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment COVIDvax Project. Vaccination of these individuals should only be done in an appropriate setting under the supervision of a healthcare provider experienced in the management of severe allergic reactions.

- People with a contraindication to mRNA COVID-19 vaccines (including due to a known PEG allergy) have a precaution to Janssen COVID-19 vaccination. People who have previously received an mRNA COVID-19 vaccine dose should wait at least 28 days to receive Janssen COVID-19 Vaccine.
- People with a contraindication to Janssen COVID-19 Vaccine (including due to a known polysorbate allergy) have a precaution to mRNA COVID-19 vaccination.

*However, Janssen COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in COVID-19 vaccination.

†For the purpose of this guidance, an immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms, such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within 4 hours following exposure to a vaccine or medication.

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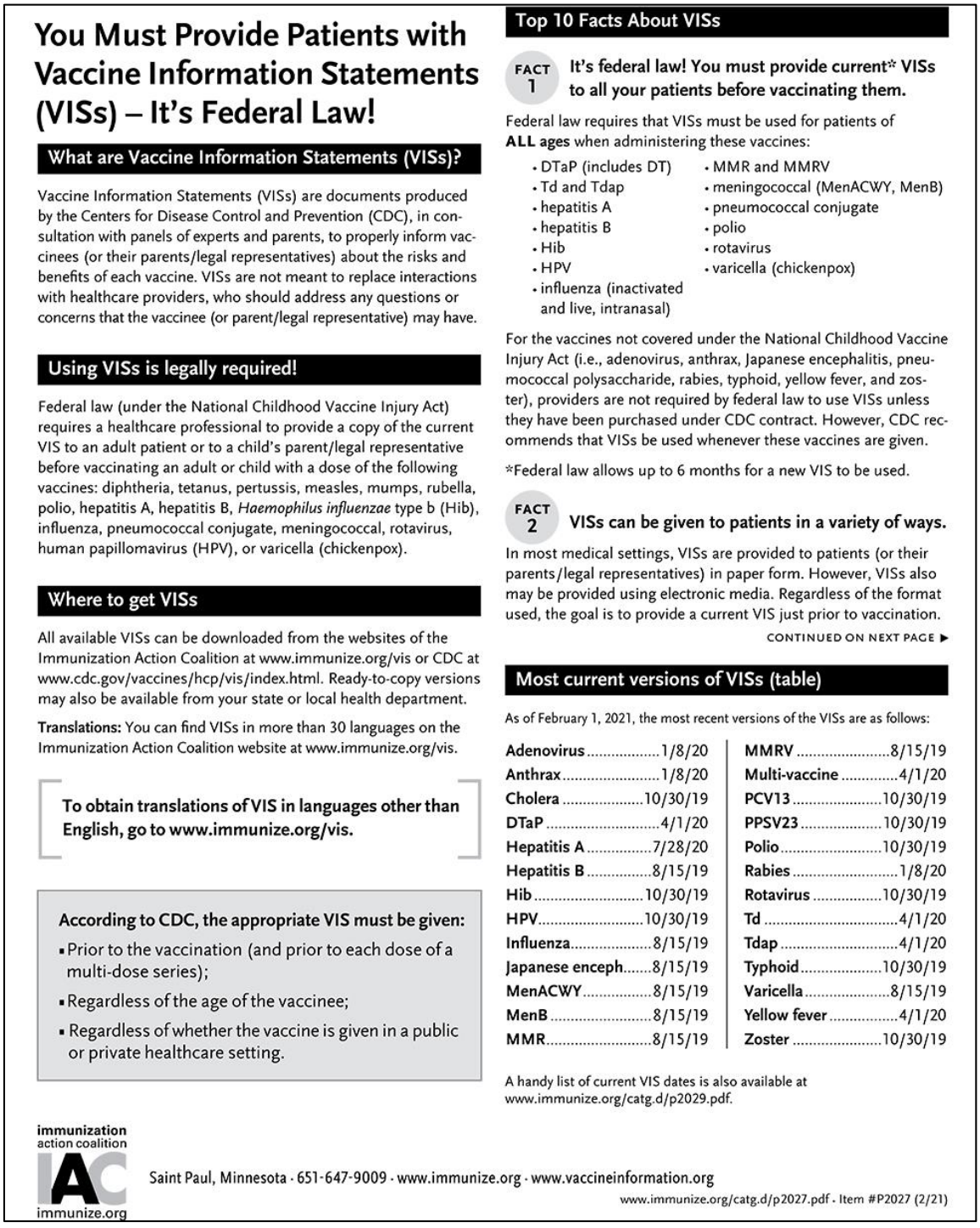
Vaccine Information Statement

Visit www.immunize.org/catg.d/p2027.pdf to access the complete two-page document.



You Must Provide Patients with Vaccine Information Statements (VISs) – It's Federal Law!

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

Using VISs is legally required!

Federal law (under the National Childhood Vaccine Injury Act) requires a healthcare professional to provide a copy of the current VIS to an adult patient or to a child's parent/legal representative before vaccinating an adult or child with a dose of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox).

Where to get VISs

All available VISs can be downloaded from the websites of the Immunization Action Coalition at www.immunize.org/vis or CDC at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health department.

Translations: You can find VISs in more than 30 languages on the Immunization Action Coalition website at www.immunize.org/vis.

To obtain translations of VIS in languages other than English, go to www.immunize.org/vis.

According to CDC, the appropriate VIS must be given:

- Prior to the vaccination (and prior to each dose of a multi-dose series);
- Regardless of the age of the vaccinee;
- Regardless of whether the vaccine is given in a public or private healthcare setting.

Top 10 Facts About VISs

FACT 1 **It's federal law! You must provide current* VISs to all your patients before vaccinating them.**

Federal law requires that VISs must be used for patients of **ALL ages** when administering these vaccines:

- DTaP (includes DT)
- Td and Tdap
- hepatitis A
- hepatitis B
- Hib
- HPV
- influenza (inactivated and live, intranasal)
- MMR and MMRV
- meningococcal (MenACWY, MenB)
- pneumococcal conjugate
- polio
- rotavirus
- varicella (chickenpox)

For the vaccines not covered under the National Childhood Vaccine Injury Act (i.e., adenovirus, anthrax, Japanese encephalitis, pneumococcal polysaccharide, rabies, typhoid, yellow fever, and zoster), providers are not required by federal law to use VISs unless they have been purchased under CDC contract. However, CDC recommends that VISs be used whenever these vaccines are given.

*Federal law allows up to 6 months for a new VIS to be used.

FACT 2 **VISs can be given to patients in a variety of ways.**

In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format used, the goal is to provide a current VIS just prior to vaccination.

CONTINUED ON NEXT PAGE ▶

Most current versions of VISs (table)

As of February 1, 2021, the most recent versions of the VISs are as follows:

Adenovirus	1/8/20	**MMRV**	8/15/19
Anthrax	1/8/20	**Multi-vaccine**	4/1/20
Cholera	10/30/19	**PCV13**	10/30/19
DTaP	4/1/20	**PPSV23**	10/30/19
Hepatitis A	7/28/20	**Polio**	10/30/19
Hepatitis B	8/15/19	**Rabies**	1/8/20
Hib	10/30/19	**Rotavirus**	10/30/19
HPV	10/30/19	**Td**	4/1/20
Influenza	8/15/19	**Tdap**	4/1/20
Japanese enceph	8/15/19	**Typhoid**	10/30/19
MenACWY	8/15/19	**Varicella**	8/15/19
MenB	8/15/19	**Yellow fever**	4/1/20
MMR	8/15/19	**Zoster**	10/30/19

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

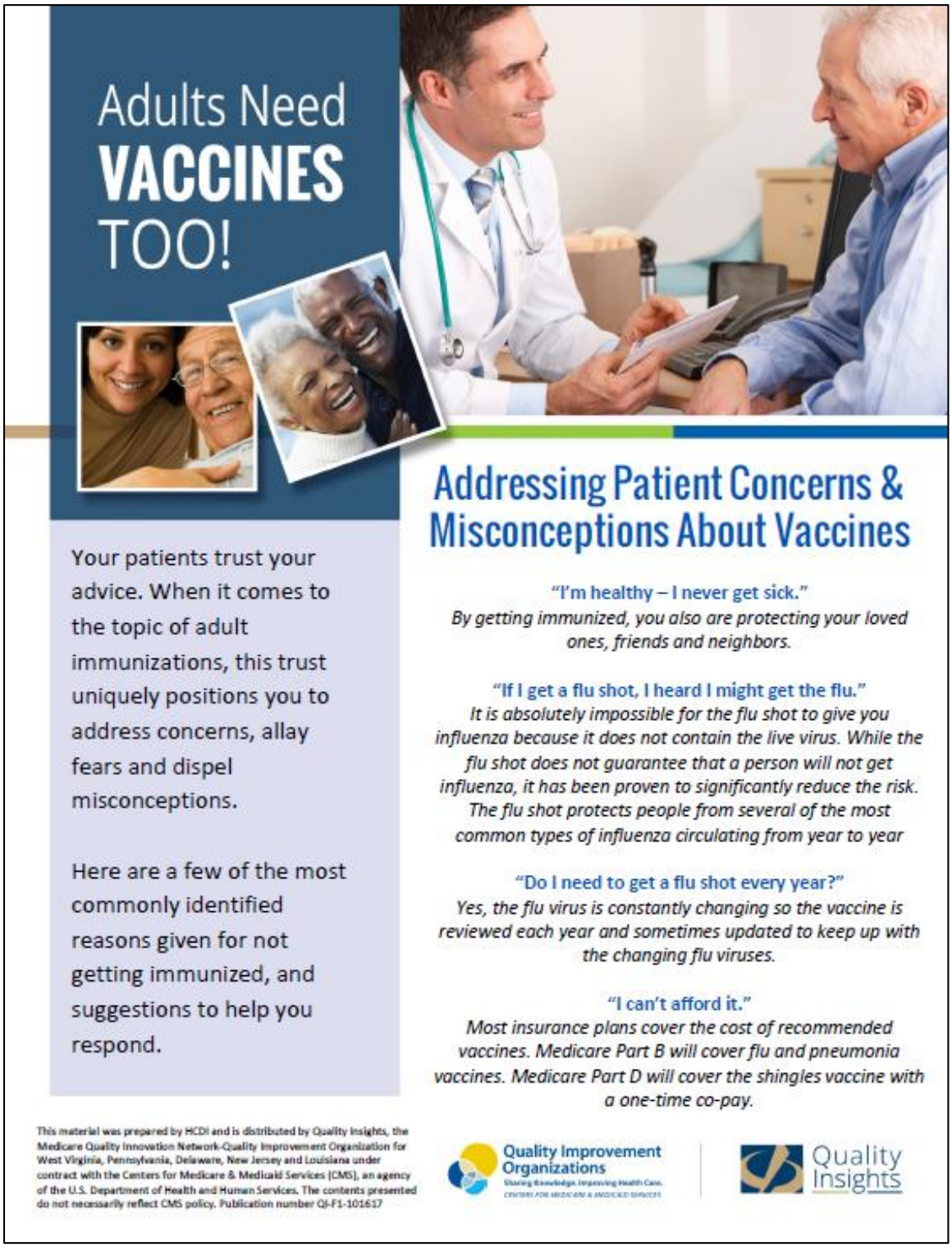
immunization action coalition
IAC
immunize.org

Saint Paul, Minnesota · 651-647-9009 · www.immunize.org · www.vaccineinformation.org

www.immunize.org/catg.d/p2027.pdf · Item #P2027 (2/21)

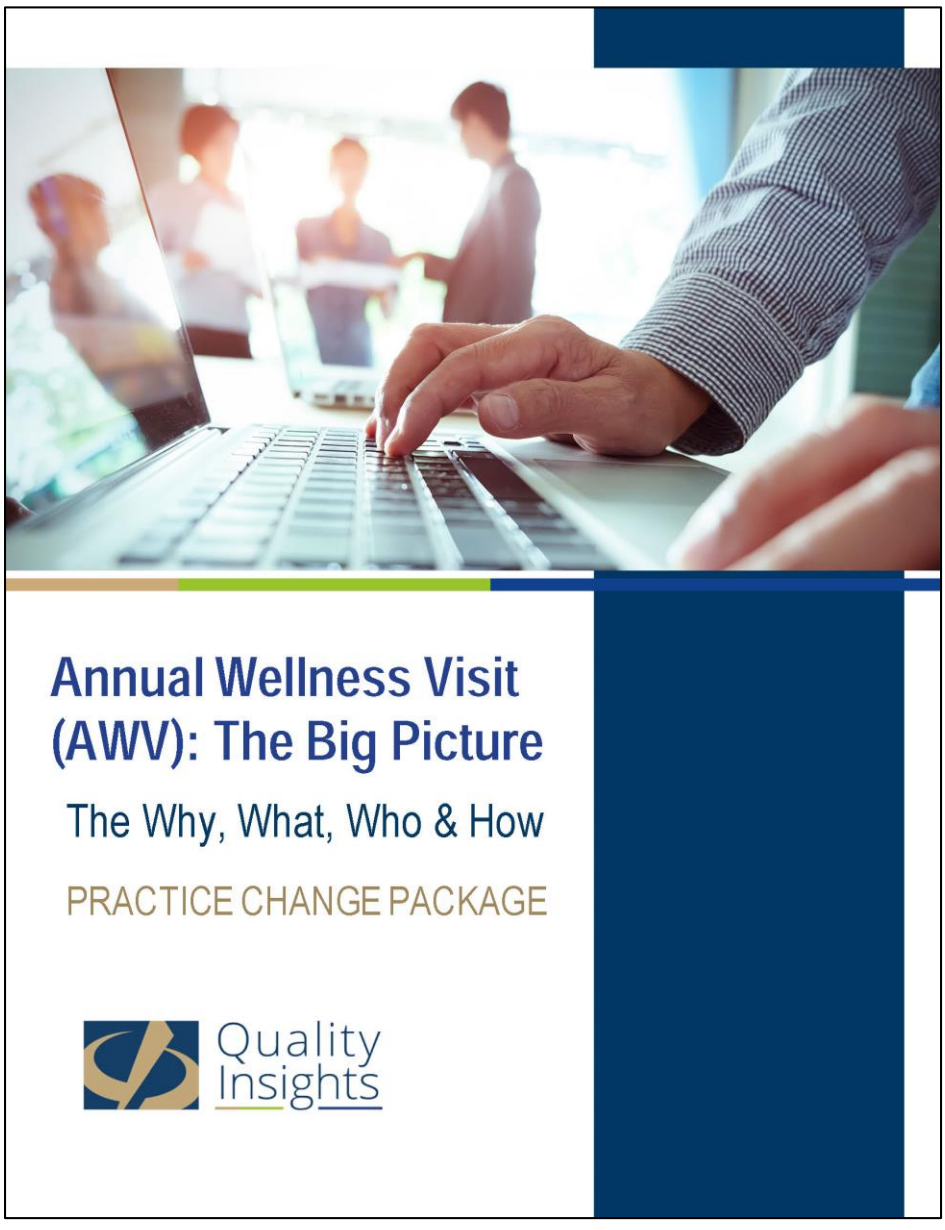
Addressing Patient Concerns and Misconceptions

This flyer is available for download as part of the Adult Immunizations Toolkit. The full toolkit is available at My Quality Insights.



Annual Wellness Visit (AWV) Practice Change Package

The AWV is an underutilized benefit that provides clinically preventive services to Medicare beneficiaries with no out-of-pocket costs. Clinically preventive services that are provided during an AWV identify patients that are in need of screening tests, **immunizations** and counseling to prevent the onset or progression of disease and disability. By utilizing the AWV Practice Change Package as a tool within your practice to implement strategies, processes and workflows that not only identify but engage and educate beneficiaries about their health can help to maintain the focus of preventative health for your older adult patients. Access the AWV Practice Change Package by visiting My Quality Insights. Contents include planning resources, checklists, scripts, letter templates and more.

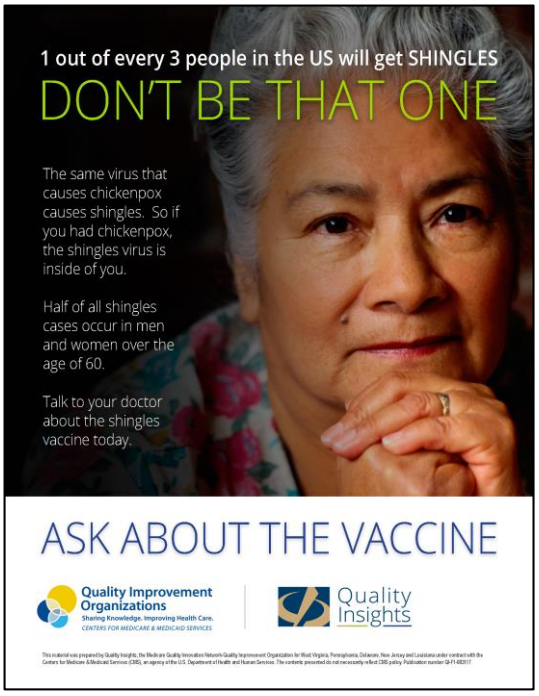


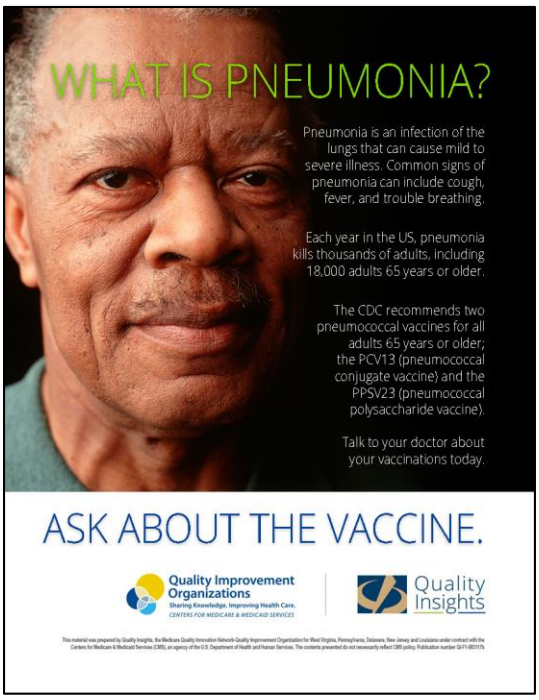
Quality Insights Flyers, Templates and Checklists

The following flyers, templates and checklists are available for download at My Quality Insights.

Flyer/Poster: Flu, Pneumonia and Shingles Vaccination

To request 11" x 17" printed posters, please reach out to your local Quality Insights contact (*see the "State Specific Contact Information" section of this toolkit for your local team member*).





Flyers: Stop the Spread of COVID-19

Flyer: Good Hand Hygiene

Checklist: COVID-19 Status Communication

This tool was developed by Quality Insights Renal Network 4 to help with documentation of phone calls between long-term care and dialysis facilities. Contact Network 4 staff by visiting www.qirn4.org/Contact-Us/Staff-Contact-Information to request a copy of this document.

COVID-19 Status Communication Checklist

Documentation of Phone Calls between Long Term Care and Dialysis Facilities

Nursing Facility Name _____ Phone _____

Definitions of Terms

1. **Symptoms -** Fever, chills, cough, new or worsening shortness of breath, fatigue, headache, muscle pain or body aches, new loss of taste or smell, sore throat, rhinorrhea, nausea or vomiting, diarrhea
2. **Unexposed/Healthy** – No symptoms, no close contact with confirmed /suspected COVID-19 case, and no positive case at the living facility
3. **Person Under Investigation (PUI)** – Had close contact with confirmed/suspected COVID-19 case or there is a positive case at the living facility* within the past 14 days. Patient may or may not have symptoms of COVID-19
4. **Positive** – Tested positive for COVID-19
5. **Negative** – Tested negative for COVID-19
6. **Recovered** -
   a. For adults who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test result for SARS-CoV-2 RNA. OR
   b. For most adults with COVID-19 illness - 10 days after symptom onset and after resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms**

Date	Patient Initials	Symptoms Present		PUI - exposed		Unexposed/ Healthy		Most Recent Test Date	Test Results P - Positive N - Negative		Pending		Recovered		Vaccine Status I - Initiated C - Completed NA - not started			Staff Initials
		Y	N	Y	N	Y	N		P	N	Y	N	Y	N	I	C	NA	

*For more information on testing guidelines for Nursing home https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html

**For more information and recommendations from CDC, visit Summary of Recent Changes or Discontinuation of Transmission-based Precautions

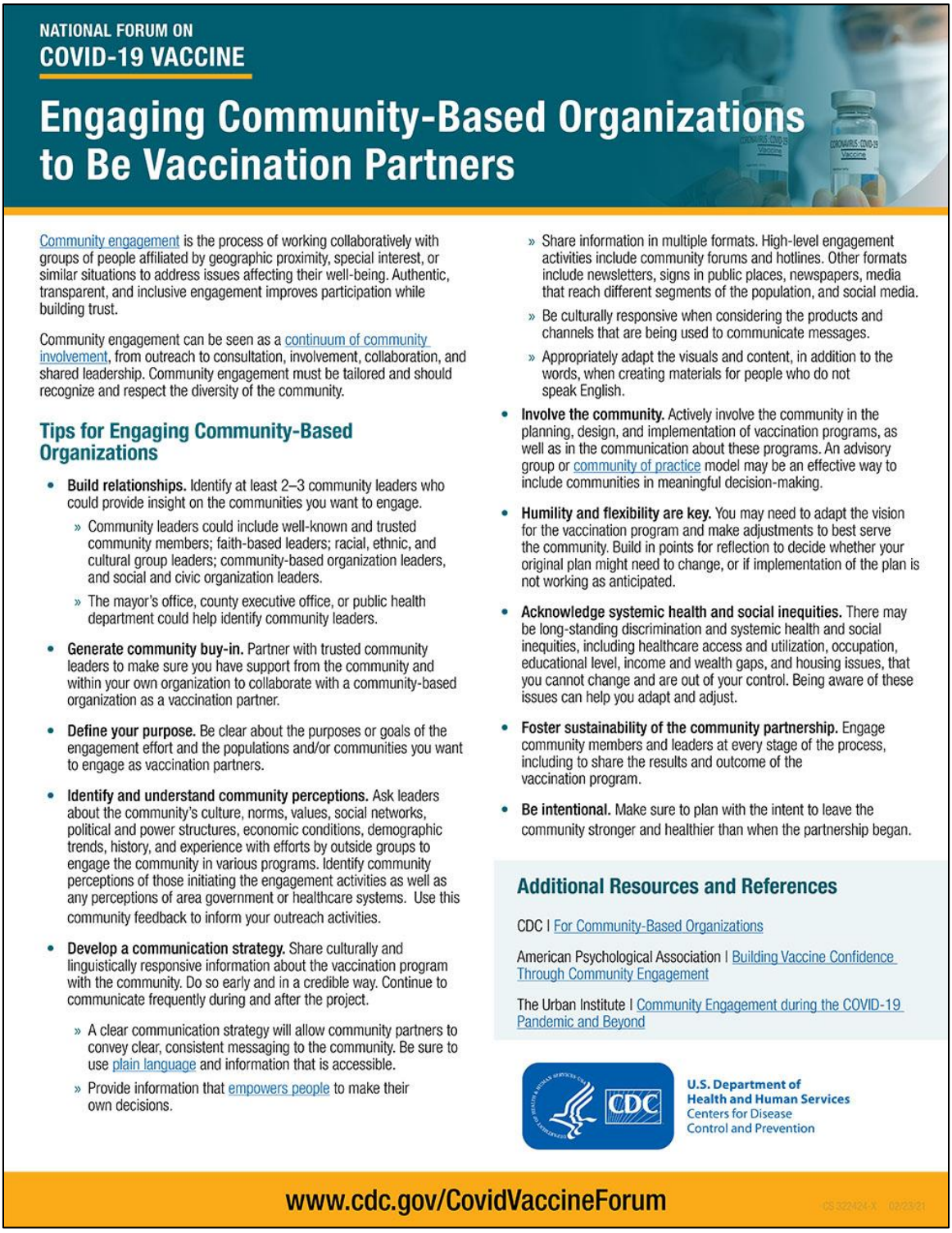
This material was prepared by Quality Insights Renal Network 4 under contract with the Centers for Medicare & Medicaid Services (CMS). The contents do not necessarily reflect CMS policy. Publication No. ESRD4-033121

Quality Insights Renal Network 4

Additional Flyers, Templates and Checklists

Engaging Community-Based Organizations to Be Vaccination Partners

Visit www.cdc.gov/coronavirus/2019-ncov/vaccines/forum/pdf/TipSheet_EngagingCBOs-508.pdf to access the complete one-page document.



NATIONAL FORUM ON
COVID-19 VACCINE

Engaging Community-Based Organizations to Be Vaccination Partners

Community engagement is the process of working collaboratively with groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being. Authentic, transparent, and inclusive engagement improves participation while building trust.

Community engagement can be seen as a continuum of community involvement, from outreach to consultation, involvement, collaboration, and shared leadership. Community engagement must be tailored and should recognize and respect the diversity of the community.

Tips for Engaging Community-Based Organizations

- **Build relationships.** Identify at least 2–3 community leaders who could provide insight on the communities you want to engage.
  - » Community leaders could include well-known and trusted community members; faith-based leaders; racial, ethnic, and cultural group leaders; community-based organization leaders, and social and civic organization leaders.
  - » The mayor's office, county executive office, or public health department could help identify community leaders.
- **Generate community buy-in.** Partner with trusted community leaders to make sure you have support from the community and within your own organization to collaborate with a community-based organization as a vaccination partner.
- **Define your purpose.** Be clear about the purposes or goals of the engagement effort and the populations and/or communities you want to engage as vaccination partners.
- **Identify and understand community perceptions.** Ask leaders about the community's culture, norms, values, social networks, political and power structures, economic conditions, demographic trends, history, and experience with efforts by outside groups to engage the community in various programs. Identify community perceptions of those initiating the engagement activities as well as any perceptions of area government or healthcare systems. Use this community feedback to inform your outreach activities.
- **Develop a communication strategy.** Share culturally and linguistically responsive information about the vaccination program with the community. Do so early and in a credible way. Continue to communicate frequently during and after the project.
  - » A clear communication strategy will allow community partners to convey clear, consistent messaging to the community. Be sure to use plain language and information that is accessible.
  - » Provide information that empowers people to make their own decisions.
  - » Share information in multiple formats. High-level engagement activities include community forums and hotlines. Other formats include newsletters, signs in public places, newspapers, media that reach different segments of the population, and social media.
  - » Be culturally responsive when considering the products and channels that are being used to communicate messages.
  - » Appropriately adapt the visuals and content, in addition to the words, when creating materials for people who do not speak English.
- **Involve the community.** Actively involve the community in the planning, design, and implementation of vaccination programs, as well as in the communication about these programs. An advisory group or community of practice model may be an effective way to include communities in meaningful decision-making.
- **Humility and flexibility are key.** You may need to adapt the vision for the vaccination program and make adjustments to best serve the community. Build in points for reflection to decide whether your original plan might need to change, or if implementation of the plan is not working as anticipated.
- **Acknowledge systemic health and social inequities.** There may be long-standing discrimination and systemic health and social inequities, including healthcare access and utilization, occupation, educational level, income and wealth gaps, and housing issues, that you cannot change and are out of your control. Being aware of these issues can help you adapt and adjust.
- **Foster sustainability of the community partnership.** Engage community members and leaders at every stage of the process, including to share the results and outcome of the vaccination program.
- **Be intentional.** Make sure to plan with the intent to leave the community stronger and healthier than when the partnership began.

Additional Resources and References

CDC | For Community-Based Organizations

American Psychological Association | Building Vaccine Confidence Through Community Engagement

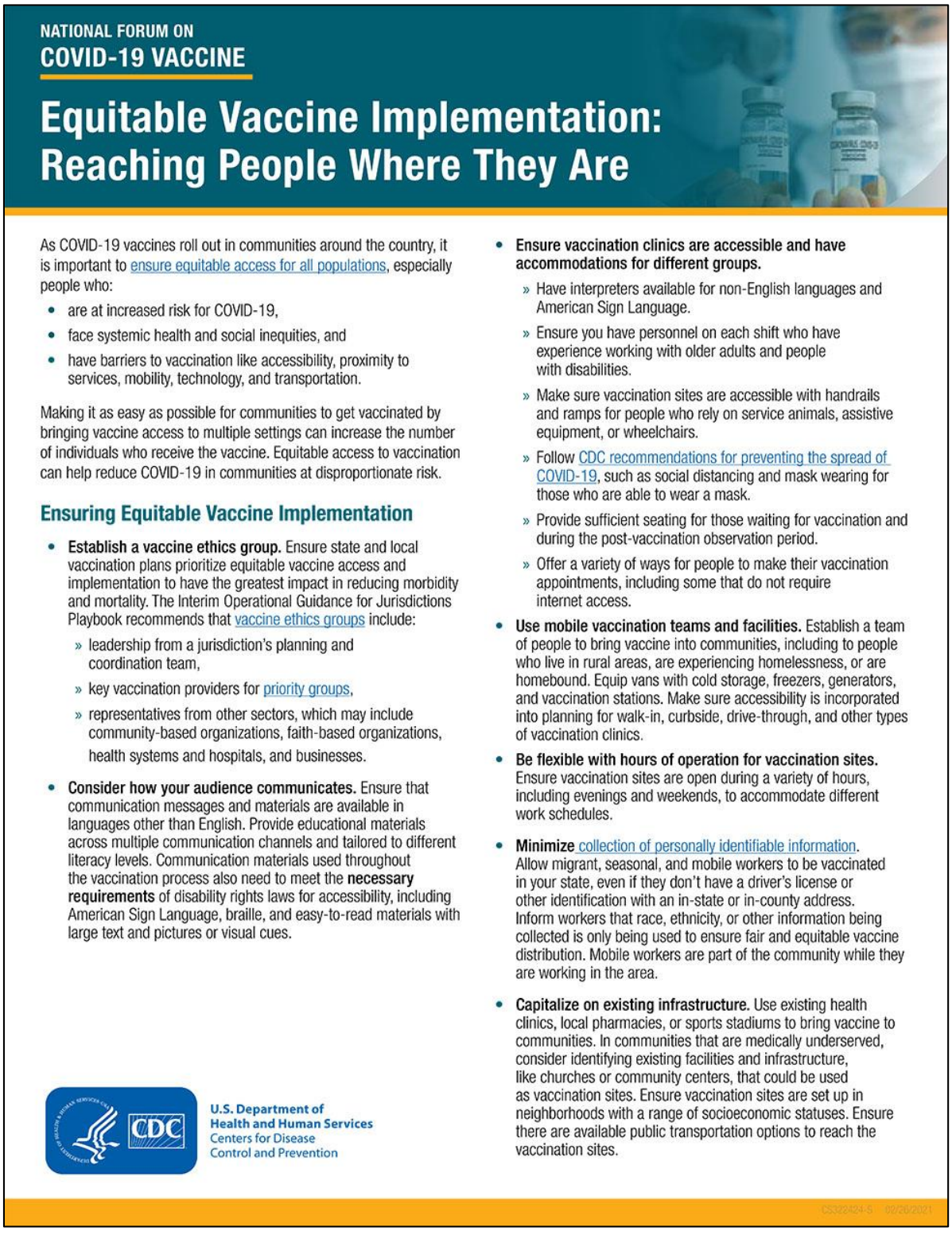
The Urban Institute | Community Engagement during the COVID-19 Pandemic and Beyond

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

www.cdc.gov/CovidVaccineForum

Equitable Vaccine Information: Reaching People Where They Are

Visit www.cdc.gov/coronavirus/2019-ncov/vaccines/forum/pdf/TipSheet_EquitableAccess-508.pdf to access the complete two-page document.



NATIONAL FORUM ON
COVID-19 VACCINE

Equitable Vaccine Implementation: Reaching People Where They Are

As COVID-19 vaccines roll out in communities around the country, it is important to ensure equitable access for all populations, especially people who:

- are at increased risk for COVID-19,
- face systemic health and social inequities, and
- have barriers to vaccination like accessibility, proximity to services, mobility, technology, and transportation.

Making it as easy as possible for communities to get vaccinated by bringing vaccine access to multiple settings can increase the number of individuals who receive the vaccine. Equitable access to vaccination can help reduce COVID-19 in communities at disproportionate risk.

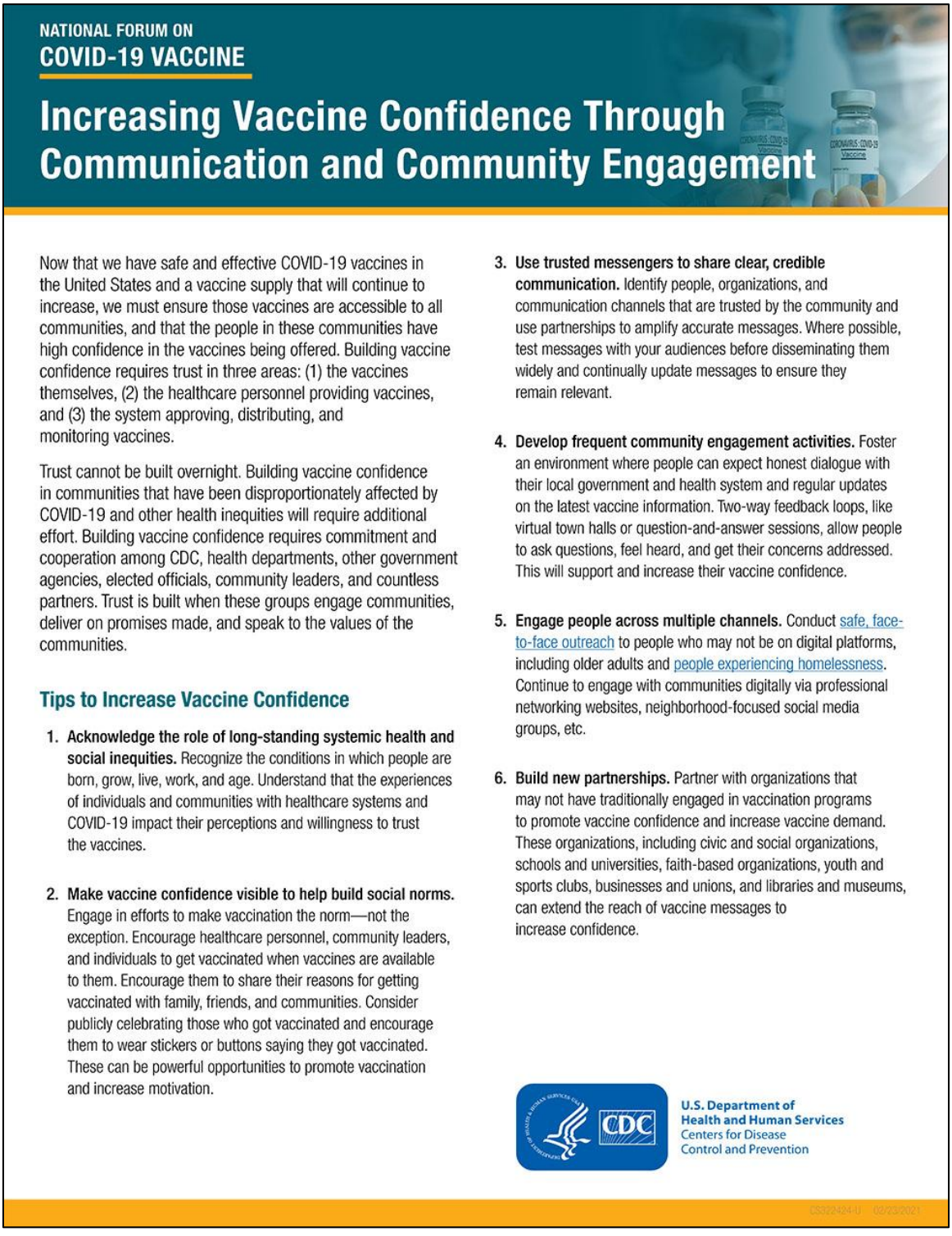
Ensuring Equitable Vaccine Implementation

- **Establish a vaccine ethics group.** Ensure state and local vaccination plans prioritize equitable vaccine access and implementation to have the greatest impact in reducing morbidity and mortality. The Interim Operational Guidance for Jurisdictions Playbook recommends that vaccine ethics groups include:
  - » leadership from a jurisdiction's planning and coordination team,
  - » key vaccination providers for priority groups,
  - » representatives from other sectors, which may include community-based organizations, faith-based organizations, health systems and hospitals, and businesses.
- **Consider how your audience communicates.** Ensure that communication messages and materials are available in languages other than English. Provide educational materials across multiple communication channels and tailored to different literacy levels. Communication materials used throughout the vaccination process also need to meet the **necessary requirements** of disability rights laws for accessibility, including American Sign Language, braille, and easy-to-read materials with large text and pictures or visual cues.
- **Ensure vaccination clinics are accessible and have accommodations for different groups.**
  - » Have interpreters available for non-English languages and American Sign Language.
  - » Ensure you have personnel on each shift who have experience working with older adults and people with disabilities.
  - » Make sure vaccination sites are accessible with handrails and ramps for people who rely on service animals, assistive equipment, or wheelchairs.
  - » Follow CDC recommendations for preventing the spread of COVID-19, such as social distancing and mask wearing for those who are able to wear a mask.
  - » Provide sufficient seating for those waiting for vaccination and during the post-vaccination observation period.
  - » Offer a variety of ways for people to make their vaccination appointments, including some that do not require internet access.
- **Use mobile vaccination teams and facilities.** Establish a team of people to bring vaccine into communities, including to people who live in rural areas, are experiencing homelessness, or are homebound. Equip vans with cold storage, freezers, generators, and vaccination stations. Make sure accessibility is incorporated into planning for walk-in, curbside, drive-through, and other types of vaccination clinics.
- **Be flexible with hours of operation for vaccination sites.** Ensure vaccination sites are open during a variety of hours, including evenings and weekends, to accommodate different work schedules.
- **Minimize** collection of personally identifiable information. Allow migrant, seasonal, and mobile workers to be vaccinated in your state, even if they don't have a driver's license or other identification with an in-state or in-county address. Inform workers that race, ethnicity, or other information being collected is only being used to ensure fair and equitable vaccine distribution. Mobile workers are part of the community while they are working in the area.
- **Capitalize on existing infrastructure.** Use existing health clinics, local pharmacies, or sports stadiums to bring vaccine to communities. In communities that are medically underserved, consider identifying existing facilities and infrastructure, like churches or community centers, that could be used as vaccination sites. Ensure vaccination sites are set up in neighborhoods with a range of socioeconomic statuses. Ensure there are available public transportation options to reach the vaccination sites.

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

Increasing Vaccine Confidence through Communication and Community Engagement

Visit www.cdc.gov/coronavirus/2019-ncov/vaccines/forum/pdf/TipSheet_CommandCommunity-508.pdf to access the complete two-page document.



NATIONAL FORUM ON
COVID-19 VACCINE

Increasing Vaccine Confidence Through Communication and Community Engagement

Now that we have safe and effective COVID-19 vaccines in the United States and a vaccine supply that will continue to increase, we must ensure those vaccines are accessible to all communities, and that the people in these communities have high confidence in the vaccines being offered. Building vaccine confidence requires trust in three areas: (1) the vaccines themselves, (2) the healthcare personnel providing vaccines, and (3) the system approving, distributing, and monitoring vaccines.

Trust cannot be built overnight. Building vaccine confidence in communities that have been disproportionately affected by COVID-19 and other health inequities will require additional effort. Building vaccine confidence requires commitment and cooperation among CDC, health departments, other government agencies, elected officials, community leaders, and countless partners. Trust is built when these groups engage communities, deliver on promises made, and speak to the values of the communities.

Tips to Increase Vaccine Confidence

1. **Acknowledge the role of long-standing systemic health and social inequities.** Recognize the conditions in which people are born, grow, live, work, and age. Understand that the experiences of individuals and communities with healthcare systems and COVID-19 impact their perceptions and willingness to trust the vaccines.

2. **Make vaccine confidence visible to help build social norms.** Engage in efforts to make vaccination the norm—not the exception. Encourage healthcare personnel, community leaders, and individuals to get vaccinated when vaccines are available to them. Encourage them to share their reasons for getting vaccinated with family, friends, and communities. Consider publicly celebrating those who got vaccinated and encourage them to wear stickers or buttons saying they got vaccinated. These can be powerful opportunities to promote vaccination and increase motivation.

3. **Use trusted messengers to share clear, credible communication.** Identify people, organizations, and communication channels that are trusted by the community and use partnerships to amplify accurate messages. Where possible, test messages with your audiences before disseminating them widely and continually update messages to ensure they remain relevant.

4. **Develop frequent community engagement activities.** Foster an environment where people can expect honest dialogue with their local government and health system and regular updates on the latest vaccine information. Two-way feedback loops, like virtual town halls or question-and-answer sessions, allow people to ask questions, feel heard, and get their concerns addressed. This will support and increase their vaccine confidence.

5. **Engage people across multiple channels.** Conduct safe, face-to-face outreach to people who may not be on digital platforms, including older adults and people experiencing homelessness. Continue to engage with communities digitally via professional networking websites, neighborhood-focused social media groups, etc.

6. **Build new partnerships.** Partner with organizations that may not have traditionally engaged in vaccination programs to promote vaccine confidence and increase vaccine demand. These organizations, including civic and social organizations, schools and universities, faith-based organizations, youth and sports clubs, businesses and unions, and libraries and museums, can extend the reach of vaccine messages to increase confidence.

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

Checklist: COVID-19 Vaccine for Staff and Residents of LTC Facilities

Visit bit.ly/PADOH_LTCChecklist to access the complete one-page document.

pennsylvania
DEPARTMENT OF HEALTH

COVID-19 Vaccine for Staff and Residents of Long-Term Care Facilities
Long-Term Care Facility Checklist

- ☐ If your facility does not have access to COVID-19 vaccine, reach out to your long-term care pharmacy to see if they are enrolled in PA-SIIS and the FPP:
  - ☐ If the long-term care pharmacy is enrolled in both, request COVID-19 vaccine and schedule clinic when notified of receipt.
  - ☐ If the long-term care pharmacy is not currently enrolled, they can refer to the Long-Term Care Pharmacy Checklist.
- ☐ If your long-term care pharmacy does not plan to enroll in PA-SIIS and the FPP, check the list of participating pharmacies available on CDC's website. (The list of participating pharmacies is in alphabetical order by state; scroll through to get to Pennsylvania.) If there are no participating pharmacies available for your facility, email ra-dhcovidvax@pa.gov for assistance. Please include the facility name, point of contact name, and a description of the actions taken to connect with an eligible long-term care pharmacy.
- ☐ If your facility has an in-house pharmacy that would like to enroll in PA-SIIS and the FPP to receive COVID-19 vaccine directly from a Partner, refer to the Long-Term Care Pharmacy Checklist.
- ☐ If your facility and your eligible long-term care pharmacy mutually agree to enter into a subcontractor arrangement to allow your facility to administer the vaccine received from the eligible long-term care pharmacy, it must be in accordance with CDC requirements (which will be provided by the Partner).
- ☐ If your facility is unable to connect with an eligible long-term care pharmacy to order COVID-19 vaccine, email ra-dhcovidvax@pa.gov for assistance. Please include the facility name, point of contact name, and a description of the actions taken to connect with an eligible long-term care pharmacy.

Examples of Immunization Audits – Flu and Pneumonia

IMMUNIZATION AUDIT

FLU

DATE: 6-30-20 ROOMS: 121-133 COMPLETED BY: SPoole RuBon

RM	RESIDENT	TYPE	CONSENT	DATE GIVEN	ORDER	EMAR	NN	PCC
121								
122								
123A	Gainey		H	9-30-19				✓
123B	English		H	10-3-19				✓
124A	Musselman		ref					✓
124B								
125	Gootman		ref					✓
126A	Dugan							
126B			ref					✓
127A	Himes, J	ø info						
127B	Graffius	ø info						
128A								
128B	Snyder		ref.					✓
128C								
129A	Arford		not eligible?					✓
129B	McKnight		ref					✓
130A	Santiago		refused					✓
130B	Haidar		Y	10-14-19				✓
131A	Miller, B		Y	10-14-19				✓
131B	Santone		Y	11-15-19				✓
131C	Patterson	ø						
132A								
132B	Anderson W		Y	10-14-19				✓
132C	Anderson S		Y	10-14-19				✓
133A	Pauley		Y	10-24-19				
133B	Findley		H	10-7-19			–	

IMMUNIZATION AUDIT

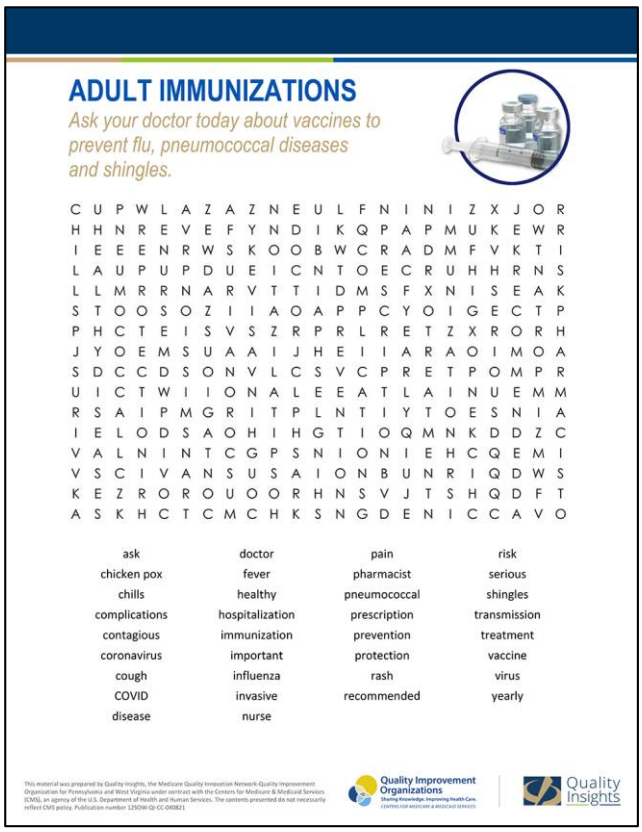
PNEUMO

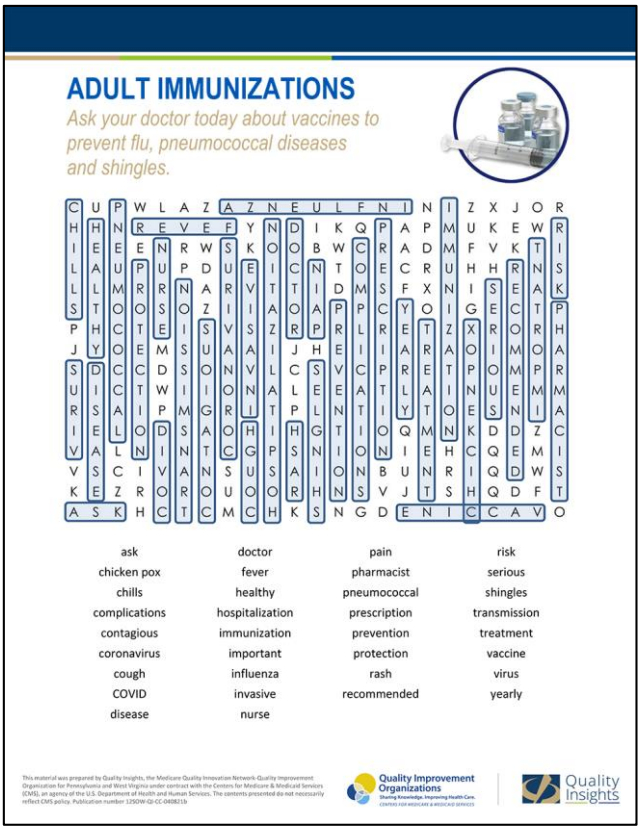
DATE: 6-30-20 ROOMS: 121-133 COMPLETED BY: SPoole RuBon

RM	RESIDENT	TYPE	CONSENT	DATE GIVEN	ORDER	EMAR	NN	PCC
121								
122								
123A	Gainey	PVC 13	refused					✓
123B	English	Pneu 23	H	9-5-19				✓
124A	Musselman	PCV 13 / Pneu 23	ref / H	12-12-14				✓
124B								
125	Gootman		ref					✓
126A	Dugan	ø info						
126B								
127A	Himes, J	ø info						
127B	Graffius	ø info						
128A								
128B	Snyder		ref					✓
128C								
129A	Arford	PCV 13	Y	10-1-17				✓
129B	McKnight		ref					✓
130A	Santiago		refused					✓
130B	Haidar	PCV-13 / Pneu 23	Y Y	11/9/18 - 10/21/16				✓
131A	Miller, B	Pneu 23	Y	1-1-13				✓
131B	Santone		refused					✓
131C	Patterson	PCV-13 / Pneu 23	9/13/20 - 4/28/20					✓
132A								
132B	Anderson W	PCV-13	Y	11-20-19				✓
132C	Anderson S	Pneu-23	H	1-1-13				✓
133A	Pauley	PCV 13 / Pneu 23	ref / Y	10/21/16				✓
133B	Findley							

Word Search Puzzle and Answer Key

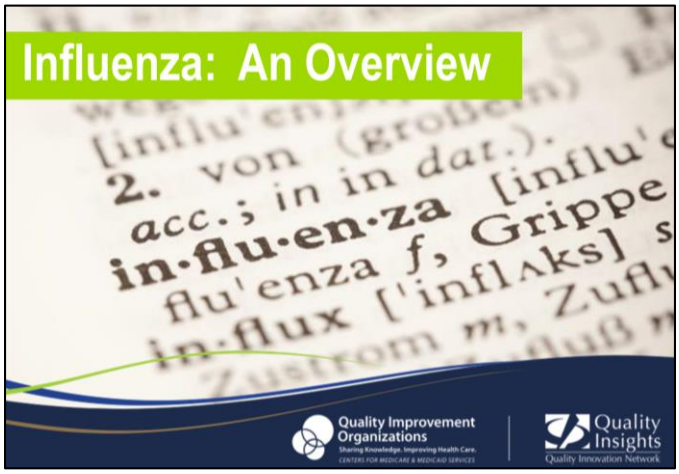
The word search and answer key are available for download at My Quality Insights.

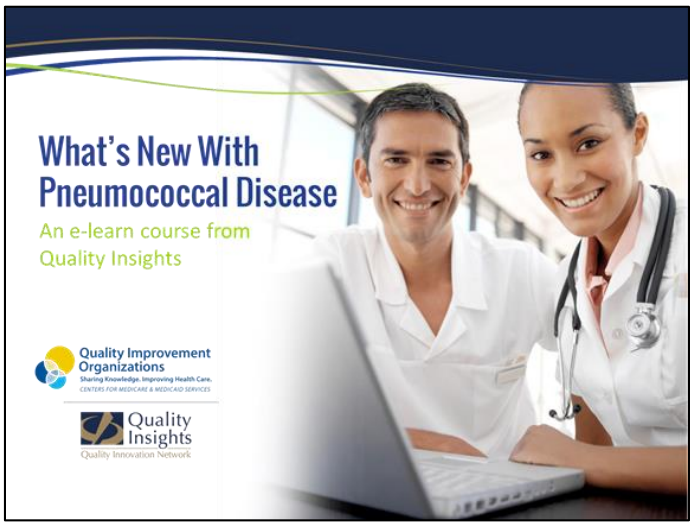




Adult Immunization E-learns

The following e-learns are examples of what is available at My Quality Insights.





QUALITY MEASURES

Merit-Based Incentive Payment System (MIPS)

The Centers for Medicare & Medicaid Services' new reimbursement program has entered year five for clinicians who bill Medicare Part B. The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) changed from a fee-for-service (FFS) Medicare payment schedule to one focused on outcomes-based payment. Eligible clinicians will be assessed on performance scores within the Merit-based Incentive Payment System (MIPS) unless they are newly enrolled in Medicare, they are full or partial participants in an Alternative Payment Model (APM) or their total claims are below the low volume threshold.

Four MIPS performance categories will be scored in 2021. The following tables summarize how the four performance categories – Quality, Promoting Interoperability, Cost and Improvement Activities – relate to immunizations. Reporting these measures will earn MIPS points. If you obtain at least 60 points, you can avoid the 9 percent Medicare penalty in 2023.

Quality Insights can assist you in tracking immunization-related measure rates and implementing workflow changes to help improve your MIPS scores.

Quality Category			
Measure Name	**Measure Description**	**Quality ID**	**Data Submission Method**
Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	110	Claims EHR Registry CMS Web Interface
Pneumococcal Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	111	Claims EHR Registry CMS Web Interface

Promoting Interoperability		
Performance Measure Name	**Measure Description**	**PI Points**
Immunization Registry	The MIPS EC is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry or immunization information system (IIS)	10 points if reporting 0 points if not reporting

Improvement Activity Category		
Improvement Activity Name	**Validation**	**Activity ID**
Take steps to improve health status of communities, such as collaborating with key partners and stakeholders to implement evidenced-based practices to improve a specific chronic condition. Refer to the local Quality Innovation Network (QIN) for additional steps to take for improving health status of communities as there are many steps to select from for satisfying this activity. QINs work under the direction of CMS to assist MIPS eligible clinicians and groups with quality improvement, and review quality concerns for the protection of beneficiaries and the Medicare Trust Fund.	Activity to improve specific chronic condition within the community is being undertaken	IA_PM 5
Take steps to improve healthcare disparities, such as Population Health Toolkit or other resources identified by CMS, the Learning and Action Network, Quality Innovation Network, or National Coordinating Center. Refer to the local Quality Improvement Organization (QIO) for additional steps to take for improving health status of communities as there are many steps to select from for satisfying this activity. QIOs work under the direction of CMS to assist eligible clinicians and groups with quality improvement, and review quality concerns for the protection of beneficiaries and the Medicare Trust Fund.	Activity to improve health disparities	IA_PM 6
Use evidence-based decision aids to support shared decision making.	Use of evidence based decision aids to support shared decision making with beneficiary	IA_BE 12
Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology.	Inclusion of patients, family and caregivers in plan of care and prioritizing goals for action, as documented in certified EHR	IA_BE 15
As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services (e.g., investment of on-site diabetes educator).	Implementation of additional processes, practices, resources, or technology to improve access to services, as a result of receiving QIN technical assistance	IA_EPA 4
Use decision support and protocols to manage workflow in the team to meet patient needs.		IA_PSPA 16
Measure and improve quality at the practice and panel level that could include one or more of the following: 1) Regularly review measures of quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group (panel); and/or 2) Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.		IA_PSPA 18

Minimum Data Set (MDS) Tip Sheets

The following tip sheets are available for download at My Quality Insights.

Influenza Vaccine

Quality Measure Tip Sheet: Influenza Vaccine

Quality Measure Overview

- This measure reports the percentage of residents who are assessed and/or given, appropriately, the influenza vaccine during the most recent influenza season.
- Residents meeting any of the following criteria on the selected influenza vaccination assessment qualify if the:
  - Residents received the influenza vaccine during the most recent influenza season, either in the facility (O0250A =1) or outside the facility (O0250C = 2), or
  - Resident was offered and declined the influenza vaccine (O0250C = 4), or
  - Resident was ineligible due to contraindications (O0250C = 3) (e.g., anaphylactic hypersensitivity to eggs or other components of the vaccine, history of Guillain-Barre Syndrome within six weeks after a previous influenza vaccination, bone marrow transplant within the past six months).

Exclusions:

- Resident's age on target date of selected influenza vaccination assessment is 179 days or less.

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Code the reason if the resident did not receive the vaccine, as follows (O0250C):
  - Resident not in the facility during this year's influenza season. (Code 1)
  - Received influenza vaccine outside the facility. (Code 2)
  - Not eligible—medical contraindication. (Code 3)
  - Offered and declined. (Code 4)
  - Not offered. (Code 5)
  - Inability to obtain vaccine due to a declared shortage. (Code 6)
  - None of the above, if none of the listed reasons apply or answer is unknown. (Code 9)

Note: Responses of code 5, 6 and 9 will negatively impact your Influenza Quality Measure. This measure is only calculated once per 12-month influenza season which begins on July 1 of a given year and ends on June 30 of the subsequent year and reports data for residents who were in the facility for at least one day during the target period of October 1 through March 31.

Ask These Questions…

- Was the MDS coded as per the Resident Assessment Instrument requirements?
- Are the facility staff members aware of the current influenza season? (Current season information is available at www.cdc.gov.)
- Does a process exist for obtaining the required completed documentation (e.g., for consent, decline, and/or contraindicated to administer) prior to submitting the MDS?
- Does the facility have an internal tracking process to ensure that documentation is completed and available for review?
- Is the required documentation accessible to MDS prior to coding?
- Does evidence exist that the resident has been educated on the importance of receiving the vaccine?
- Does evidence exist of administration of the vaccine?

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Pneumonia Vaccine

Quality Measure Tip Sheet: Pneumonia Vaccine

Quality Measure Overview

- This measure reports the percentage of residents whose pneumococcal vaccine status is up-to-date during the 12-month reporting period.
- Residents meeting any of the following criteria on the selected target assessment qualify if they:
  - Have an up-to-date pneumococcal vaccine status (O0300A = 1), or
  - Were offered and declined the vaccine (O0300B = 2), or
  - Were ineligible due to medical contraindications (O0300B =1) (e.g., anaphylactic hypersensitivity to components of the vaccine, bone marrow transplant within the past 12 months, or in receipt of a course of chemotherapy within the past two weeks).

Exclusion: Resident has not yet reached 5th birthday on target date.

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Indicate if the resident's pneumococcal vaccination is current.
- State the reason, if applicable, that the vaccine was not received:
  - Not eligible (i.e., medically contraindicated) (Code 1)
  - Offered and declined (Code 2)
  - Not offered (Code 3) NOTE: A response of Code 3 will negatively impact your Pneumonia Quality Measure.

Ask These Questions…

- Was the MDS coded as per the Resident Assessment Instrument requirements?
- Does a process exist for obtaining the required completed documentation (i.e., for consent, decline, and/or contraindicated to administer) prior to submitting the MDS?
- Does the facility have an internal tracking process to ensure that documentation is completed and available for review?
- Is the required documentation accessible to MDS prior to coding?
- Does evidence exist that the resident is educated on the importance of receiving the vaccine?
- Does evidence exist of administration of the vaccine?

Should the Resident Receive the Vaccine?

- All adults 65 years of age or older should receive the vaccine.
- Certain individuals should be vaccinated before the age of 65:
  - Immunocompromised persons 2 years of age and older who are at increased risk of pneumonia due to Hodgkin's disease, leukemia, lymphoma, multiple myeloma, nephrotic syndrome, cochlear implant, organ transplants, chemotherapy treatments, high-dose corticosteroids for 14 days or longer, and asymptomatic or symptomatic HIV.
- Individuals living in environments or social settings that could increase exposure risk should be vaccinated.
- If vaccination status is unknown, the individual should be vaccinated.
- Pneumonia vaccine is given once in a lifetime. Revaccination is given in certain situations:
  - Persons 2 years of age and older who are at increased risk of pneumonia due to asplenia, sickle cell disease, HIV or AIDS, cancer, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, chemotherapy treatments, high-dose corticosteroids, and asymptomatic or symptomatic HIV.
- Persons 65 years or older should be administered a second dose of the vaccine if they received the first dose of the vaccine more than five days earlier and were younger than 65 years old at the time of the first dose.
- If the resident has had a severe allergic reaction to vaccine components or following a prior dose of the vaccine, he or she should not be vaccinated.
- If the resident has a moderate to severe illness, he or she should not be vaccinated until the condition improves or stabilizes. However, if the individual has a minor illness, such as a cold, check with the resident's physician prior to administering the vaccine.

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STATE SPECIFIC CONTACT INFORMATION

Pennsylvania

Immunization Information System Website:	https://www.health.pa.gov/topics/Reporting-Registries/PA-SIIS/Pages/PA-SIIS.aspx
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West Virginia

Immunization Information System Website:	https://www.wvimm.org/wvsiis/main.jsp
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