

NAVIGATING THE MAZE OF VACCINATIONS FOR THE OLDER ADULT

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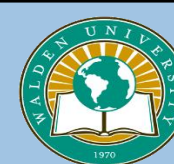
Dr. Kriebel-Gasparro, DrNP, MSN, FNP-BC, GNP-BC, Faculty Walden University, is dually credentialed as a family & gerontological nurse practitioner & has her Doctor of Nursing Practice from Drexel University. Her clinical practice for the past 13 years is performing Medicare assessments in Pennsylvania & New Jersey. In 2020 she received the AANP Pennsylvania State Award for Excellence; & in 2019 the Distinguished Nursing Educator Award from the National Hartford Center of Gerontological Nursing Excellence. In 2020 she received the GAPNA Excellence in Education Award. She has authored for the Journal for Nurse Practitioners, & reviews for HRSA, & multiple peer reviewed journals. She has published on Alzheimer's Disease, Parkinson Disease, & Bipolar Disorder with emphasis on the elderly patient.

ABSTRACT:

GUIDELINES FOR VACCINATIONS IN OLDER ADULTS IN VARIOUS SETTINGS

Older adults are more susceptible to infectious diseases & have an altered immune response to vaccinations; therefore, all Advanced Practice Registered Nurses (APRNs) need to be up to date with current immunization recommendations for older adults in various settings. Influenza & pneumonia remain common causes of death in older adults, & most recently, Covid-19, has the potential to result in premature mortality for all age groups, including those who are older & especially for those who live in congregate settings. This presentation will describe the rationale for the vaccination of older adults throughout their lifespan, including the timing, contraindications, & adverse effects of vaccines used to prevent influenza, pneumonia, herpes zoster, pertussis, & tetanus in older adults. An update on the efficacy of the Covid-19 vaccine in the elderly, especially those in nursing homes & congregate settings will be provided as well as current statistical data on how many have been immunized.

Current guidelines for the advanced practice nurse to follow for vaccination of the older adult when the vaccine history is incomplete or not available will be presented. The need & implications for vaccination of special populations such as the homeless, older immigrants, international travelers, cancer patients, men who have sex with men, renal patients, nursing home & hospice patients will be discussed. Vaccination is critical in promoting healthy aging.



Navigating The Maze of Vaccinations for the Older Adult

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Background & Significance

Older adults are more susceptible to infectious diseases & have an altered immune response to vaccinations; APRNs must be up-to-date on current vaccination recommendations .

Objectives

A review of CDC & scientific literature was performed to explore the most current recommendations for immunizations in the older adult in various situations including the covid-19 vaccine.

Influenza Vaccine

Three types: **inactivated influenza vaccine (IIV), recombinant (RIV), live attenuated (LAIV). High-dose IIV3 & aIIV3 are trivalent approved for 65/older.**
Timing: prior to flu season in Sept. Risk: egg allergy; GB more often from flu rather than immunization. **LAIV** not recommended for 50 yrs.. or older.

Pneumococcal Vaccine

S. Pneumoniae causes meningitis, septic arthritis, endocarditis, CAP in older adults. **PPSV23:** all pts 65yrs.> should receive one dose. ACIP rec. in 2014 **PCV13** be given to all 65yrs.> – prior to **PPSV23**. If PPSV23 given first – give PCV13 12 mos.. later

Herpes Zoster Vaccine

Reactivation of varicella zoster. Lifetime risk is 30%; 1 mill new cases yrly U.S. Zoster can result in PHN w/severe neuropathic pain. **Zoster vaccine live (ZVL)** ACIP: 2008 60> one dose. Efficacy is 49% but wanes over time.

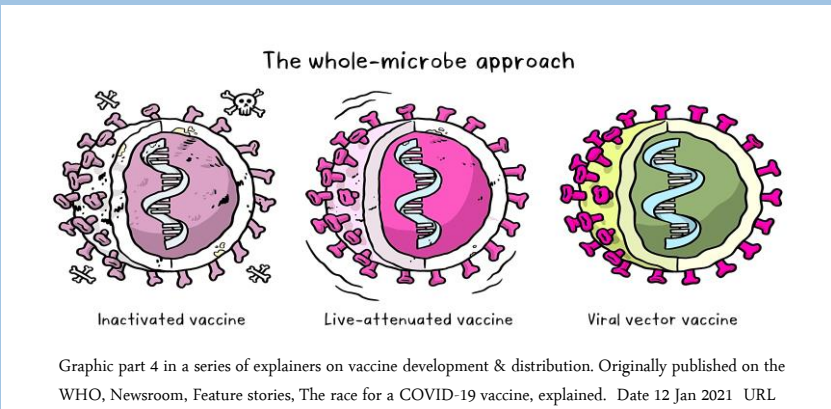
HSV: Recombinant zoster vaccine (RVZ): FDA 2017 rec. ACIP for 50 yrs.> Efficacy >90% - 89% for prevention of PHN. Two doses 0-2-6mos (2nd dose: up to 5 yrs. later)
ZVL contraindicated: pregnancy, or immunocompromised
Adverse reactions >ZVL, fever, myalgia, HA, GI sx.

Tetanus / Pertussis Vaccine

Tetanus now rare due to vaccination, however rate of vaccination in older adults is decreasing. FDA rec. **Boostrix (Tdap -GSK)**. One dose **Tdap**, then **Td** every 10 yrs.
Contraindications: encephalopathy within 7 days of prior **Tdap**, severe allergic reaction. Pertussis increasing in elders – be sure older adult has at least one dose of Tdap

Covid-19 Vaccine

Recommended for all older adults. Two mRNA vaccines: Pfizer/Moderna with 94-95% efficacy- have FDA emergency use auth. Two doses. Thought to be effective against the Delta variant.
Janssen/Johnson&Johnson: Vector vaccine, 66% -85% efficacy. FDA emergency use auth. One dose.
The Delta SARS-CoV-2 virus variant B.1.617.2. is now the dominant strain in the U.S.; spreads quickly, more contagious esp. in unvaccinated.



When Vaccine Status is Unknown

Serologic testing for tetanus / diphtheria antitoxin or give vaccine. One dose **Tdap** then **Td** 4 wks. later 2nd Td 6-12 mos. later.

Immunocompromised Elders

Pneumococcal: ACIP clarified max 3 doses of **PPSV23** rec. for high-risk elders. first booster given 5 yrs..> after 1st dose & one more dose is given if 2nd dose given prior to age 65 years
HIV Infected: same immunizations as older adults, except ZVL: only given if CD4 > 200/mm3.
Cancer: chemo within 3 mos. can receive same except ZVL- can receive RVZ.
Solid Organ Transplant: Same except ZVL. Can have RVZ.
MSM: Same as all older adults with addition of **2 doses Hep. A**
Renal disease: Add Hep. B vaccine, test for immune response in HD pts 1-2 mos. after 3rd dose to check anti-HBs level
LTC: same as all elders esp. influenza & Covid vaccines
Hospice: address on case-by-case basis. Influenza vaccine maintains efficacy even with decreased immune response

International Travel

Check the CDC Destination Pages by country, yellow fever risky >65 & not given to immunocompromised elders:
<https://wwwnc.cdc.gov/travel/destinations/list>

Homeless Elders

Receive the same vaccinations as other older adults. ACIP 2018 rec. **Hep. A** at least once (95% immunity after 1st dose)

Implications for Practice 4

Vaccination is a critical component of healthy aging for the older adult population. APRNs should know the recommended vaccines & their schedules for elders.

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Source: <https://www.yalemedicine.org/news>

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