# Clinical Practice Guidelines



## Influenza Vaccine

nfluenza is a highly contagious respiratory infection that can cause fever, chills, headache, dry cough, runny or stuffy nose, sore throat, and muscle aches. Influenza can lead to pneumonia and can be very dangerous for people 50 and older. Influenza is spread easily from person to person primarily when an infected person coughs or sneezes. By avoiding the flu themselves, people also avoid giving it to others. Vaccination against influenza is highly recommended.

The ACE (Acute Care for the Elderly) Card below offers recommendations of the Advisory Committee on Immunization Practices. ACE Cards are evidencebased resources that provide guidelines for assessment of a particular behavior and list risk factors as well as suggestions for an initial approach. Developed by Dr. Michael Malone and his colleagues at the Aurora Sinai Medical Center in Milwaukee, WI, the complete series of cards can be ordered from Dr. Michael Malone at Michael.Malone.md@aurora.org.



### **ACE Cards ©**

#### **Influenza Vaccination in Older Adults**

Acute Care for the Elderly (ACE) Program Aurora Sinai Medical Center/ UW School of Medicine & Public Health

#### Recommendations of the Advisory Committee on **Immunization Practices (ACIP):**

- Vaccinate older patients in outpatient office settings.
- Vaccinate during the months of October and November.
- Vaccine administered after November is likely to be beneficial in the majority of influenza seasons.
- Standing orders programs at long-term care facilities, hospitals, and home health agencies help to ensure the recommended vaccination.
- Vaccinate institutionalized seniors to deliver the vaccine at one time to all residents.
- Offer and strongly encourage flu vaccination for seniors who are hospitalized at any time between September and March, if they have not already received the vaccine that season.
- Vaccinate unvaccinated residents of assisted living facilities and retirement communities on-site before the influenza season.
- Assess pneumococcal vaccination status of the older patient and provide pneumococcal vaccine, as appropriate, at the same time as the flu vaccine.
- Do not administer live attenuated influenza nasal vaccine to seniors.



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#### **Influenza Vaccination in Older Adults**

#### Vaccine Contraindications:

- Hypersensitivity to influenza virus vaccine or any components (egg protein) of the formulation.
- The presence of an acute respiratory disease or other active infection or illness.
- Active neurological disorder (immunization should be

#### Warnings/Precautions/Drug Interactions should be reviewed in package insert.

#### Vaccine Side Effects:

- Some minor side-effects that could occur are:
  - Soreness, redness, or swelling at the site of injection.
  - Low-grade fever.
  - Aches.
- A patient cannot get the flu from the flu shot.

#### **Vaccine Effectiveness:**

- Evidence from multiple cohort studies has shown efficacy of influenza vaccine in elderly in preventing respiratory illness, pneumonia, and hospitalization.
- There is evidence of a decrease in mortality among elderly persons who receive flu vaccination.

#### Paying for the Vaccine:

Medicare will pay for the flu vaccine once every flu

Michael Malone, MD and Ariba Khan, MD 10-06 Reference: MMWR July 28, 2006, Vol. 55 (RR10): 1-42 www.cdc.gov/flu www.medicare.gov

