

October 27, 2008

INFLUENZA VACCINE RECOMMENDATIONS FOR 2008-2009

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for the implementation and use of influenza vaccine for 2008-2009.

2. BACKGROUND

a. The influenza vaccination program is an essential component of VHA's health promotion and disease prevention programs. Influenza is a cause of substantial morbidity and mortality in the United States. Influenza vaccination is the most effective way to primarily protect against the disease and resultant complications. Vaccination also reduces the risk of transmitting influenza to family members, other patients and to health care personnel. Vaccination of health care personnel can likewise reduce transmission of influenza to patients, co-workers, visitors, and family members. VHA has made influenza vaccination a priority. The vaccine is a safe and cost-effective means for preventing and controlling influenza. **NOTE:** *Influenza vaccination rates of veteran patients are monitored in the VHA performance measurement system.*

b. The 2008-2009 trivalent vaccine strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida /4/2006-like antigens. All three vaccine virus strains were changed for the recommended influenza vaccine for the 2008-2009 influenza season, compared with the 2007-2008 season.

c. Effective July 1, 2005, trivalent influenza vaccines became covered vaccines under the National Vaccine Injury Compensation Program (VICP) and have been added to the Vaccine Injury Table that lists the vaccines covered under VICP. As required by Federal law under the National Childhood Vaccine Injury Act, all health care providers who administer any vaccine covered by the VICP must provide a copy of the relevant current edition of vaccine information materials, specifically Vaccine Information Statements (VIS) prior to administration of each dose of the vaccine. Vaccine Information Statements are developed by the Centers for Disease Control and Prevention (CDC). The VIS for trivalent inactivated influenza vaccine (TIV) is available from the CDC website at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf> and the VIS for live, attenuated influenza vaccine (LAIV) is available at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf>. The appropriate VIS must be provided to the parent or legal representative of any child to whom the provider intends to administer such vaccine, and to any adult to whom the provider intends to administer such vaccine. The materials must be supplemented with visual presentations or oral explanations, as appropriate. **NOTE:** *If the FDA approves any updated licensing for any of the influenza vaccine products, any new or interim VIS should be used as soon as available from the CDC.*

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d. The immunization standard for long-term care facilities from the Department of Health and Human Services, Centers for Medicare and Medicaid Services became effective October 7, 2005. Participating Medicare and Medicaid long-term care facilities are required to offer each resident immunization against influenza annually, as well as lifetime immunization against pneumococcal disease. For the influenza vaccine, the standard requires education for the resident or legal representative regarding benefits and potential side effects prior to the annual offering of the vaccine, the right of the resident or legal guardian to refuse vaccination, and the pertinent documentation in the medical record. Documentation must include: that specific education was provided, resident either received influenza vaccine or did not receive the vaccine, and whether a refusal was due to medical contraindications.

e. The Joint Commission has approved an infection control standard that requires accredited organizations to offer influenza vaccination to staff, including volunteers, and licensed independent practitioners with close patient contact. The standard became an accreditation requirement beginning January 1, 2007. **NOTE:** *Influenza Vaccine for employees is a performance monitor and the facility is expected to provide data to VA Central Office on the percent of employees who have received influenza vaccine.*

3. POLICY: It is VHA policy to have an annual influenza vaccination program. Though this program is based on annual influenza vaccination recommendations of the CDC Advisory Committee on Immunization Practices (ACIP) as published in the Morbidity and Mortality Weekly Report (MMWR), it is necessary to comply with VHA specific issues in accordance with statutes or other regulations, and policies governing vaccine administration to VHA patients and employees.

4. ACTION: The facility Director is responsible for ensuring that:

a. An influenza vaccination program in accordance with this Directive, applicable updates from CDC, and any VHA Influenza Vaccine Advisories from the Under Secretary for Health is implemented.

b. The influenza vaccination program includes the patient population served by the facility, employees and volunteers covered by the facility. For groups targeted to receive annual influenza vaccination (see Attachment A).

c. An annual influenza vaccination program is developed and implemented at each facility for staff, which includes volunteers and licensed independent practitioners with close patient contact.

d. Appropriate influenza vaccines and antiviral medications with activity against influenza viruses are used for those covered by the facility's influenza vaccination program (see Attachment B).

e. Documentation requirements are met to include:

(1) Patient consent and documentation.

(a) All persons receiving trivalent influenza vaccines must receive information about the vaccine and be given a copy of the most current and appropriate VIS (VIS for TIV or VIS for LAIV) prior to administration of the vaccine.

(b) The practitioner who has primary responsibility for the patient, or who will perform the procedure, must explain in language understandable to the patient or surrogate the nature of the procedure, expected benefits, reasonably foreseeable associated risks, complications or side effects, anticipated results if influenza vaccine is not given, and document the non-signature informed consent process in the medical record. Documentation must include all of the following:

1. Date of administration of the vaccine,
2. Lot number,
3. Manufacturer,
4. Route and site of vaccine administration,
5. Name and title of the individual administering the vaccine, and
6. Specific CDC VIS provided, indicating the edition date of the material and the date the VIS was provided.

(c) In order to obtain accurate data, it is critical that administration of influenza vaccine to veteran patients be recorded correctly into VistA (see Attachment C).

(d) A signed consent for administration of influenza vaccine to veteran patients is not required.

(2) Employee Consent and Documentation. Any employee who receives a trivalent influenza vaccine from VA must receive information about the vaccine (CDC's VIS). The information is to include the nature of the procedure; expected benefit; reasonably foreseeable associated risks, complications, or side effects, and anticipated results if influenza vaccine is not given.

(a) Documentation is to include employee receipt of the specific VIS provided indicating the edition date of the material and the date the VIS was given to the employee, lot number, manufacturer, route and site of vaccine administration, date of vaccine administration, the non-signature informed consent process, the and name and title of the individual administering the vaccine. Documentation and maintenance of employee health records concerning influenza vaccine must be in accordance with VA Handbook 5019, Part V. Provision of influenza vaccine to employees, will be at no expense to the employee.

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(b) A signed consent for administration of influenza vaccine to employees is not required.

f. Adverse events related to drug products and vaccines are reported appropriately:

(1) All adverse drug events related to biologicals at the facility must be reported to the Food and Drug Administration (FDA) on a completed FDA form 3500, Med Watch. Reports of adverse events related to vaccine use need to be reported to FDA on completed FDA Form VAERS – 1, Vaccine Adverse Event Form. These forms are available at: <http://www.fda.gov/cber/vaers/vaers.htm>

(2) An adverse event related to voluntary participation in an employee influenza vaccination program is not a work-related Occupational Safety and Health Administration (OSHA) recordable event. This exclusion does not affect eligibility for Office of Workers' Compensation Programs (OWCP) claims.

g. If an influenza vaccine delay or a shortage occurs, prioritization plans for influenza vaccine will be developed at the local facility level in accordance with applicable CDC updates and the Under Secretary for Health through Influenza Vaccine Advisories.

5. REFERENCES

a. CDC. "Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2008," MMWR. Vol. 57 RR-7; 1-61: August 8, 2008. See at: <http://www.cdc.gov/mmwr/PDF/rr/rr5707.pdf>.

b. CDC. "Recommended Adult Immunization Schedule – United States", MMWR. Vol. 56(41); Q1-4: October 19, 2007. See at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5641a7.htm>

c. CDC. "General Recommendations on Immunization," MMWR. Vol. 55 RR-15; 1-48: December 1, 2006. See at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm>

d. CDC. "Influenza Vaccination of Health care Personnel," MMWR. Vol. 55 RR-2; 1-16; February 24, 2006. See at: <http://www.cdc.gov/mmwr/PDF/rr/rr5502.pdf>

e. CDC. Inactivated Influenza Vaccine, Vaccine Information Statement at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>

f. CDC. Live Intranasal Influenza Vaccine, Vaccine Information Statement at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf>

g. CDC. Influenza (Flu) at: <http://www.cdc.gov/flu/>

h. CDC. News about Vaccine Information Statements. See at:
<http://www.cdc.gov/vaccines/pubs/vis/vis-news.htm#flu>

i. Public Health Information from VA. Influenza (Flu) at:
<http://www.publichealth.va.gov/flu/>

j. VA Influenza Vaccine Advisories at:
<http://www.publichealth.va.gov/flu/advisory.htm>

k. VA Influenza Toolkit Manual 2008-2009 at:
http://www.publichealth.va.gov/flu/flu_toolkit.htm

l. U.S. Department of Labor, OSHA, Regulations (Title 29 Code of Federal Regulations (CFR) – Standards) Determination of Work-relatedness, Standard 1904.5, at:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9636

m. Title 42 United States Code. Chapter 6A, Subchapter XIX Vaccines, at:
<http://www4.law.cornell.edu/uscode/42/ch6AschXIX.html>

n. Federal Register. Title 42 CFR Part 483, Medicare and Medicaid Programs; Condition of Participation: Immunization Standard for Long Term Care Facilities; Final Rule. Vol. 70, No. 194, 58834-58852: October 7, 2005.
http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr483_main_02.tpl

6. FOLLOW-UP RESPONSIBILITY: The Chief Officer, Patient Care Services (11), is responsible for the contents of this Directive. Questions relating to influenza and/or the influenza vaccine may be referred to the Infectious Diseases Program Office at (513) 475-6398.

7. RECISSIONS: VHA Directive 2007-036 is rescinded. This VHA Directive expires on October 31, 2013.

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ATTACHMENT A

TARGET GROUPS FOR ANNUAL INFLUENZA VACCINATION

1. Persons who are at increased risk for severe complications from influenza, or at higher risk for influenza-associated clinic, emergency department, or hospital visits, such as:

- a. All persons aged 50 years and older;
- b. Residents of Community Living Centers, nursing homes and other chronic-care facilities;
- c. Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- d. Adults and children who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
- e. Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of their respiratory secretions or that can increase the risk of aspiration;
- f. Females who will be pregnant during the influenza season;
- g. Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and might be at risk for experiencing Reye syndrome after influenza virus infection; and
- h. All children aged 6 months to 4 years (59 months).

2. Persons who live with or provide care for persons at high risk for influenza-related complications, such as:

- a. Health care personnel;
- b. Employees of assisted living and other residences for persons at high risk for influenza complications;
- c. Persons who provide home care to persons in groups at high risk for influenza complications;
- d. Household contacts (including children) of persons in groups at high risk for influenza complications;

e. Healthy household contacts (including children) and caregivers of children aged 59 months or less (i.e., aged less than 5 years); and

f. Healthy household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

3. Breastfeeding mothers.

4. Travelers.

a. The risk of exposure to influenza during travel depends on the time of year and destination. To reduce the risk for influenza infection if traveling at a time and to an area of influenza activity, the traveler should consider influenza vaccination preferably at least 2 weeks before departure;

b. Persons at high risk for complications of influenza, and who were not vaccinated with influenza vaccine during the preceding fall or winter should consider receiving influenza vaccine before travel if they plan to travel to the tropics, travel with organized tourist groups at any time of year, or travel to the Southern Hemisphere during April and September.

5. General population.

a. This includes any person who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected with influenza.

NOTE: Depending upon vaccination availability, it may be necessary for tiered timing of vaccination of different groups as announced by CDC and the Under Secretary for Health through Influenza Vaccine Advisories.

ATTACHMENT B

**INFLUENZA VACCINE AND ANTIVIRAL MEDICATIONS WITH
ACTIVITY AGAINST INFLUENZA VIRUSES**

There are two trivalent influenza vaccines available for use in the U.S., inactivated influenza vaccine (TIV) and attenuated influenza vaccine (LAIV). Both types of vaccine are to be given in alignment with the package inserts provided by manufacturers, CDC recommendations, and VHA Influenza Vaccine Advisories. **NOTE:** *Information pertinent to influenza vaccines can be found in the VA Influenza Toolkit Manual 2008-2009 http://vaww.vhaco.va.gov/phshcg/Flu/flu_toolkit.htm.* Health care providers must give the most current and appropriate VIS developed by CDC to patients, parents, legal representatives, and health care personnel and volunteers prior to administration of either TIV or LAIV.

1. Trivalent Inactivated Influenza Vaccine (TIV):

a. Is licensed for use among persons aged 6 months or older, including those who are healthy and those with chronic medical conditions. **NOTE:** *There are currently five TIVs available in the United States for the 2008-2009 influenza season: Fluzone® approved for those who are 6 months of age and older, Fluvirin® approved for those who are 4 years of age and older, Fluarix® approved for those who are 18 years of age or older, FluLuval® approved for those who are 18 years of age and older, and Afluria® approved for those who are 18 years of age and older.*

b. Is administered annually.

c. Virus strains are updated annually.

d. Contains killed viruses.

e. Is administered intramuscularly by injection. **NOTE:** *Adults and older children should be vaccinated in the deltoid muscle. Consideration should be given to using a needle length of at least 1 inch, because shorter needles may not penetrate muscle tissue in certain adults and older children.*

f. Cannot cause influenza.

g. Is preferred for vaccinating household members, health care personnel, and others who have close contact with severely immunosuppressed persons (e.g., patients with hematopoietic stem cell transplants) during those periods in which the immunosuppressed person requires care in a protective environment.

h. Can be co-administered with influenza antivirals.

i. Can be administered in the presence of minor illnesses with or without fever.

j. Guillian-Barre' Syndrome (GBS)

(1) Usage of TIV for those who have experienced Guillian-Barre' Syndrome (GBS) is an issue. Whether influenza vaccination specifically might increase the risk for recurrence of GBS is unknown. However, avoiding vaccinating persons who are not at high risk for severe influenza complications and who are known to have experienced GBS within 6 weeks after a previous influenza vaccination might be prudent as a precaution. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons.

(2) Although data are limited, the established benefits of influenza vaccination might outweigh the risks for many persons who have a history of GBS and who are also at high risk for severe complications from influenza.

k. CDC recommendations indicate that TIV can be simultaneously administered with other vaccines; however, co-administration with other vaccines has been evaluated systematically only among adults who received pneumococcal polysaccharide vaccine or zoster vaccine.

l. Persons who should be vaccinated with TIV include:

- (1) Children aged 6 months to less than 2 years of age;
- (2) Persons aged 50 years and older;
- (3) Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and might be at risk for experiencing Reye syndrome after influenza virus infection;
- (4) Females who will be pregnant during the influenza season;
- (5) Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- (6) Adults and children who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
- (7) Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of their respiratory secretions or that can increase the risk for aspiration;
- (8) Residents of Community Living Centers, nursing homes and other chronic care facilities;

(9) Household members and others who have close contact with severely immunosuppressed persons requiring a protective environment (e.g., hematopoietic stem cell transplant recipients); and

(10) Health care personnel who provide care for severely immunosuppressed patients requiring a protective environment (e.g., hematopoietic stem cell transplant recipients).

m. Persons who should not be vaccinated with TIV include:

(1) Children aged less than 6 months;

(2) Persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine; and

(3) Persons with moderate to severe acute febrile illness usually should not be vaccinated until their symptoms have abated.

2. **Live, Attenuated Influenza Vaccine (LAIV):**

a. Is licensed for use among non-pregnant persons aged 2 years to 49 years of age. Since safety has not been established in persons with underlying medical conditions that confer a higher risk of influenza complications, it is generally stated for use in healthy, nonpregnant persons aged 2 years to 49 years of age (use of the term “healthy” in this recommendation refers to persons who do not have any of the underlying medical conditions that confer high risk for severe complications);

b. Is administered annually;

c. Is updated annually with vaccine virus strains; and

d. Is administered intra-nasally by sprayer.

e. Contains live, attenuated viruses that have the potential to cause mild signs or symptoms such as a runny nose, nasal congestion, fever or sore throat.

f. Can be administered to appropriate persons with minor acute illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever).

g. Deferral of LAIV should be considered if clinical judgment indicates nasal congestion is present that might impede delivery of the vaccine to the nasopharyngeal mucosa until resolution of the illness.

h. If the LAIV recipient sneezes after administration, the dose should not be repeated.

- i. If influenza antiviral therapy has been taken, LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy, and influenza antiviral medications should not be administered for 2 weeks after receipt of LAIV.
- j. Persons receiving antivirals within the period 2 days before to 14 days after vaccination with LAIV should be revaccinated at a later date.
- k. CDC recommendations indicate that LAIV can be simultaneously administered with other vaccines; however, co-administration has been evaluated systematically only among children aged 12 months to 15 months of age who received measles, mumps, and rubella or varicella vaccine. CDC further suggests that it may be prudent to space vaccinations of LAIV and other live vaccines 4 weeks apart.
- l. As a precautionary measure, health care personnel who receive LAIV should avoid providing care to severely immunosuppressed patients requiring a protective environment (e.g., hematopoietic stem cell transplant recipients) for 7 days after vaccination.
- m. Hospital visitors who received LAIV should avoid contact with severely immunosuppressed persons requiring a protective environment (e.g., hematopoietic stem cell transplant recipients) for 7 days after vaccination.
- n. Can be administered by persons at higher risk for influenza complications. These include persons with underlying medical conditions placing them at higher risk or who are likely to be at risk, including pregnant women, persons with asthma, and persons aged 50 years or older.
- o. Should not be administered by severely immunosuppressed persons.
- p. Is an option for vaccination of healthy, non-pregnant persons aged 2 years to 49 years, including health care personnel and other close contacts of high-risk persons.
- q. Persons who should not be vaccinated with live attenuated influenza vaccine include:
 - (1) Persons aged less than 2 years or those aged 50 years or older.
 - (2) Persons with any of the underlying medical conditions that serve as an indication for routine influenza vaccination, including asthma, reactive airway disease, or other chronic disorders of the pulmonary or cardiovascular systems; other underlying medical conditions, including such metabolic diseases as diabetes, renal dysfunction, and hemoglobinopathies; or known or suspected immunodeficiency diseases or immunosuppressed states;
 - (3) Family members or close contacts of immunosuppressed persons requiring a protective environment (e.g., hematopoietic stem cell transplant recipient);

- (4) Children or adolescents receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection;
- (5) Children aged 2 years to 4 years of age who in the preceding 12 months had an episode of wheezing or asthma;
- (6) Persons with a history of GBS after receiving an influenza vaccination; and
- (7) Pregnant females.
- (8) Persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs.

3. **Antiviral medications with activity against influenza viruses:**

a. Antiviral medications with activity against influenza viruses are useful adjuncts in the prevention of influenza; are effective when used early in the course of illness for treatment; and for chemoprophylaxis after an exposure to the influenza virus. These agents are not a substitute for vaccination, although they are critical adjuncts in preventing and controlling influenza.

b. Oseltamivir and zanamivir are the only antiviral medications for influenza currently recommended for use in the United States. During the 2007-2008 influenza season, there was some resistance of influenza A (H1N1) viruses to oseltamivir but no identified resistance to influenza B viruses. Influenza A (H1N1) virus strains that are resistant to oseltamivir remain sensitive to zanamivir.

(1) Oseltamivir (available through the VA National Formulary restricted to specific criteria for use developed by the Pharmacy Benefits Management-Services-Medical Advisory Panel) or zanamivir can be prescribed if antiviral treatment or chemoprophylaxis is indicated.

(2) Since the drugs differ in pharmacokinetics, side effects, routes of administration, approved age groups, dosages, and costs, administration of the medications needs to be in alignment with the package inserts provided by the manufacturers and the most recent CDC guidelines for usage.

c. Amantadine or rimantidine should not be used for treatment or chemoprophylaxis of influenza in the U.S. until evidence of susceptibility to these antiviral medications has been reestablished among circulating influenza A viruses.

d. Clinicians should be alert to changes in antiviral recommendations that might occur as additional antiviral resistance data becomes available during the 2008-08 influenza season (<http://www.cdc.gov/flu/professional/antivirals/index.htm>).

ATTACHMENT C

TECHNICAL REVIEW NEEDED FOR RECORDING IMMUNIZATION INFORMATION

NOTE: This document was attached to memorandum dated May 29, 2007, from Deputy Under Secretary for Health for Operations and Management, subject being: Correct Entry of Immunization, and is reproduced here.

The patient's immunization list is maintained in the V IMMUNIZATION file (VistA File 9000010.11) and can be displayed in health summaries, on the cover sheet of CPRS, within patient data objects and eventually in My HealthVet. Immunizations that are given outside the VA and at other VA sites should also be recorded in this file in order for the patient's immunization list to be accurate and complete. The list of immunizations available at a facility to be recorded in the patient's list is maintained in a separate file which is the IMMUNIZATION file (VistA File 9999999.14).

Entries are made in the patient's immunization list (V IMMUNIZATION file) in a number of different ways:

- 1) Entry from an encounter form on the immunization tab of the encounter form in CPRS or direct entry in PCE
- 2) Entry via a reminder dialog or a reminder dialog template
- 3) Automatic entry triggered by an entry of a linked CPT code based on the set up of the PCE CODE MAPPING file.

In order to allow immunizations to be displayed and used consistently across the VA and used for national reports, all immunizations should be represented by entries in the V IMMUNIZATION file. This includes outside immunizations.

1. Immunizations should not be recorded as health factors. A health factor may be used as an additional entry if it is needed for tracking purposes but the immunization must also be recorded as in the V IMMUNIZATION file.
2. Local entries in the IMMUNIZATION file representing outside immunizations should not be different from the entries used to record immunizations done at the VA. Entries such as FLU - OUTSIDE, or PNEUMOVAX-GIVEN ELSEWHERE are not appropriate entries in the IMMUNIZATION file (file 9999999.14) and should not be used.
3. Recording refusals or contraindications to vaccines is not a record of an immunization and should not be on the patient's immunization list. Refusals and contraindications do not belong in the IMMUNIZATION file or in the V IMMUNIZATION file.
4. Entry of an immunization should automatically trigger the entry of the appropriate CPT code and entry of the CPT code should automatically trigger the entry of the immunization. This is accomplished by setting up the PCE CODE MAPPING file. Immunization types that are being used and recorded on the patient's immunization

record should all be mapped to the appropriate CPT code in the PCE CODE MAPPING file. This will require that all sites review the setup of their PCE CODE MAPPING file as described below in order to ensure that the appropriate CPT codes are linked to the immunizations and the immunizations are linked to the CPT codes for any vaccine that is being administered at the facility.

Data will be pulled in FY09 for influenza immunizations from all sites based on use of one or more entries in the PCE CODE MAPPING file for the immunizations associated with the CPT codes of 90658 or 90660. If you have entries in your immunization file that are associated with these CPT codes, then those immunizations will be pulled as valid influenza immunization occurrences. Additional immunization data will be pulled in the near future. Entries in the immunization file that are no longer in use (FLU – OUTSIDE, FLU SHOT 2004) but that are representative of an immunization event should also have entries in the PCE CODE MAPPING file – any immunization that has been given in the past need to be represented in the PCE CODE MAPPING file.

Steps for Sites to take:

1. Review all immunization reminder dialogs to ensure that the immunization finding items for any immunizations being recorded (both administered locally and done elsewhere) are immunizations and that health factors are not being used as the only data element recorded.

The CAC or Clinical Reminder Coordinator at each facility must review reminder dialogs to ensure that all immunizations are recorded as entries in the V IMMUNIZATION file and not solely as a health factor. Outside immunizations should also be recorded as immunizations.

2. Verify that the immunizations that are active in the IMMUNIZATION file (file 9999999.14) and being used in reminder dialogs are appropriate entries in the immunization file and not entries such as FLU - OUTSIDE, PNEUMOVAX-GIVEN ELSEWHERE.

The CAC or Clinical Reminder Coordinator should check any dialogs used to record outside immunizations and verify that the immunizations being recorded when a historical entry is made are the same as the entries being made when that immunization is given at the facility and that refusals and contraindications are not being recorded in the V IMMUNIZATION file.

3. Patient refusals and contraindications of a particular immunization are not immunizations and should not be recorded in the patient's immunization list. These entries should be made as health factors if data elements are needed for these records.

The CAC or Clinical Reminder Coordinator should inactivate any IMMUNIZATION file entries used for refusals or contraindications. If these types of entries are needed as

data elements, then health factors should be created for these and substituted in the reminder dialogs where appropriate.

4. When possible, reminder dialogs should use a national immunization entry in the IMMUNIZATION file (file 9999999.14). National immunization entries have an IEN of 65 or lower and have already been mapped in the PCE CODE MAPPING file. Although it is preferable that these national entries be used when possible, it is not required. This is because the Data Standardization Team has made the decision to inactivate all entries in the IMMUNIZATION file in the future and not convert these to the list of standard immunizations that will be installed at the sites by the standardization process.

5. If your IMMUNIZATION file does not have entries for HPV (Papillomavirus – Gardasil), Zoster – (Zostravax) and TDAP, you will need to create these as local entries in the file if you plan on administering any of these 3 vaccines in the near future. New entries can be added to the IMMUNIZATION file using the menu option in VistA - PCE Table Maintenance ... [PXTT TABLE MAINTENANCE].

6. Review the PCE CODE MAPPING file entries (file 811.1) for the following immunizations to make sure that the appropriate CPT code is linked to the immunization being used at the facility and vice versa (IMM to CPT and CPT to IMM).

- Influenza
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Hepatitis A/Hepatitis B combination
- Varicella Zoster
- Papillomavirus
- Td Adult
- TDAP

Common Name	CPT Code	Most Frequent National Entry in IMMUNIZATION file	IEN in the IMMUNIZATION file
Influenza	90658	INFLUENZA	12
	90658	FLU, 3 YRS	52
Influenza Nasal	90660	FLU, NASAL	54
Pneumococcal (Pneumovax)	90732	PNEUMOCOCCAL (or PNEUMO-VAC)	19
	90732	PNEUMOVAX	66
Hepatitis A	90632	HEPATITIS A	25
	90632	HEPA ADULT	44
Hepatitis B	90746	HEPATITIS B	10
Hepatitis A/Hepatitis B combination	90636	HEPA/HEPB ADULT	47

Varicella Zoster (Zostavax)	90736	none- need to create locally	
Papillomavirus (HPV)	90649	none- need to create locally	
Td Adult	90718	TETANUS DIPHTHERIA (ADULT)	2
TDAP	90715	none- need to create locally	

Review the above table and for each of the immunizations in column 1 verify the settings in the PCE CODE MAPPING file for each one (for influenza, pneumococcal immunization and hepatitis A, choose one of the available entries – only one immunization needs to be active for each of these). For each of these 9 immunizations, verify that there are 2 PCE CODE MAPPING file entries for each:

- a. From the immunization to the CPT code and (FROM: IMM TO: CPT)
- b. From the CPT code to the immunization. (FROM: CPT TO: IMM)

Changes or additions to the PCE CODE MAPPING file can be made using Fileman Enter/Edit to this file.

NOTE: The above table was embedded as an Excel file in the original memorandum. There should be 2 file entries for each of the 9 active immunizations listed above. These should look similar to the one shown below for Td: The correct CPT code needs to be verified for each and the ON/OFF FLAG should be set to ON. Incorrect entries should be edited or inactivated by setting the ON/OFF FLAG to OFF. If you have an entry that you are no longer using, turn the flag off but do not delete the entry or remove the CPT code – just set the flag to OFF. The CPT code – Immunization mapping needs to be intact for old immunizations to be found even if you are no longer using those entries.

FILE ENTRY: TETANUS DIPHTHERIA (TD-ADULT)
RELATED SUPPORTING FILE ENTRY: 90718 FROM: IMM
TO: CPT ON/OFF FLAG: ON

FILE ENTRY: 90718
RELATED SUPPORTING FILE ENTRY: TETANUS DIPHTHERIA (TD-ADULT)
FROM: CPT TO: IMM
ON/OFF FLAG: ON

7. For entries in the immunization file that are no longer in use but that have been used in the past, verify that there is an entry in the PCE CODE MAPPING file that links this inactive immunization to the correct CPT code and that this entry has the ON/OFF FLAG field set to OFF.

FILE ENTRY: INFLUENZA ELSEWHERE RELATED SUPPORTING FILE
ENTRY: 90658
FROM: IMM TO: CPT
ON/OFF FLAG: OFF