



# IMMUNIZATION UPDATE; ADDITIONS, CHANGES, AND REARRANGES

*AMY BACHRYCZ, PHARM.D*

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## DISCLOSURE

- AMY BACHRYCZ – NOTHING TO DISCLOSE
- SPECIAL THANKS TO DR. MELISSA MARTINEZ AND DR. MELISSA MASON FOR ALLOWING USE OF THEIR ANALOG AND DATA CONTENT

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## Analogs

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VACCINES ARE LIKE SEATBELTS, THERE JUST IN CASE



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### Cocooning Strategy



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## DO I NEED A COVID VACCINE IF I AM CAREFUL IN PUBLIC?



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## WHY DO VACCINES MAKE ME FEEL SICK?

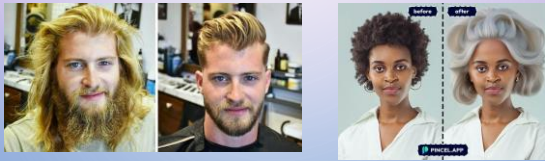
THE BODY IS TRAINING FOR A BIG MATCH AGAINST THE REAL VIRUS  
JUST LIKE PRIZE FIGHTERS TRAIN AND SPAR JUST TO GET READY FOR PRIZE FIGHT.



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## WHY DO WE NEED TO GET VACCINATED EVERY YEAR?

THINK OF IT AS IF THE VIRUS GETS A NEW HAIR STYLE EACH YEAR. THE BODY DOES NOT RECOGNIZE THE VIRUS UNLESS IT HAS BEEN EXPOSED



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## VACCINES ARE LIKE UPDATING YOUR SECURITY SYSTEM



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## NATURAL IMMUNITY IS BETTER?

BOTH INFECTIONS AND VACCINES DO THE SAME THING

THEY WARN THE BODY THAT A VIRUS COULD COME AND CAUSE ILLNESS, SO THE BODY BUILDS UP DEFENSES.

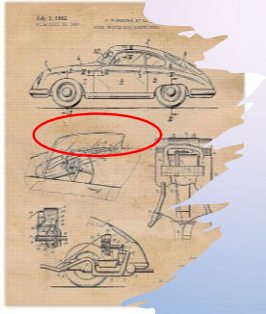


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mRNA Vaccines are like a recipe-card telling cells how to make one small piece of the virus (like just the frosting)  
This small piece of virus is seen by our body make antibodies to fight the infection.

**Recipe**  
Amino Acids  
A A A A  
U U U U  
G G G G  
Place amino acids in ribosomes and create proteins

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**MRNA VACCINES ARE LIKE BLUE-PRINTS FOR A CAR PART**

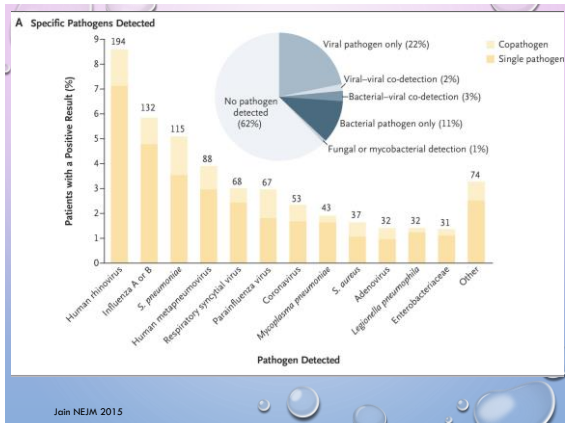
- THEY TELL THE CELLS TO MAKE ONE PART OF THE VIRUS(CAR) LIKE A WINDOW.
- WHEN THE BODY SEES THE WINDOW, IT THINKS THE VIRUS (CAR) IS INVADING

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## OBJECTIVES

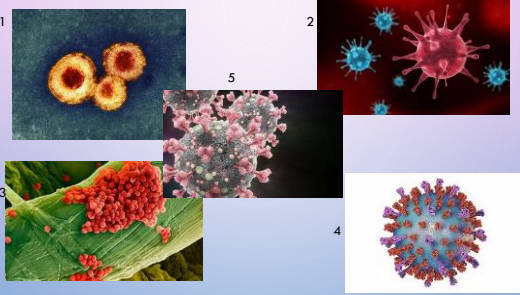
- 1) Discuss and define new ACIP recommendations for existing vaccines.
- 2) Identify interactive case-based scenarios to best utilize the ACIP schedule for the most up to date vaccine recommendations.
- 3) Identify patients that may benefit from updated ACIP vaccine recommendations.
- 4) Review any laws or legal implications that may impact vaccinations state and/or federally.

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## Guess the Virus?




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## QUICK FINGERS CHALLENGE 1


- 1) CHAT THE FOLLOWING (no misspellings, correct punctuation):
- Remember, if your son gets his first HPV vaccine today and before he is 15 years of age, he will only need two HPV vaccines rather than three.



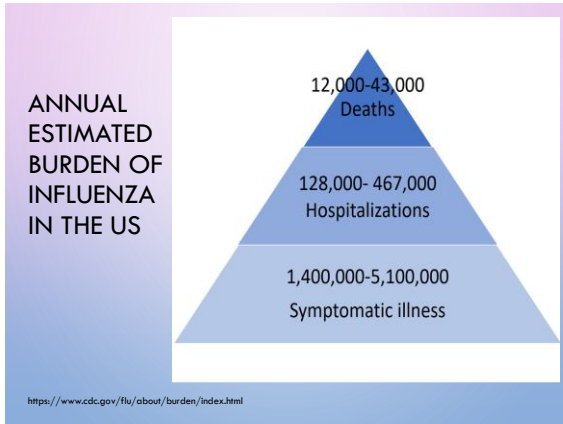
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## INFLUENZA



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**Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024**

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. Do not administer vaccines through licensed providers; see the catch-up schedule (Table 2).

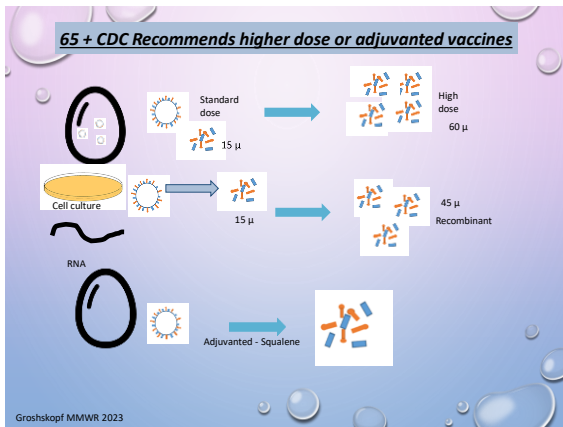
Vaccine and other immunization types	Birth	12 mos	18 mos	24 mos	5 yrs	9 mos	12 mos	15 mos	18 mos	19-24 mos	2-4 yrs	7-10 yrs	11-12 yrs	13-18 yrs
Influenza (IIV)										Annual vaccination 1 or 2 doses				
Influenza (IIVN)													Annual vaccination 1 dose only	

**Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024**

Vaccine	19-24 years	25-49 years	50-64 years	≥65 years
COVID-19			1 or more doses of updated (2022-2023) formulaic vaccine (See Notes)	
Influenza inactivated (IIV) or influenza recombinant (IRIV)			1 dose annually	
Influenza live, attenuated (LIVN)		1 dose annually		

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**Adults aged ≥65 years preference**

High-dose	Fluzone	Inactivated influenza vaccine	HD4IV
Recombinant	Flublock	Influenza vaccine	RIV4
Adjuvanted	Fluad	Inactivated Influenza vaccine	allV4

- No preference for which of the three above.
- If none of these three vaccines are available, then any other age-appropriate influenza vaccine should be used.

Groshkopf MMWR 2023

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**INFLUENZA VACCINE UPDATE**

- Persons with egg allergy should receive influenza vaccine unless a contraindication exists.
- Any influenza vaccine (egg based or non-egg based) is acceptable.**
- Life-threatening reactions to vaccines can rarely occur with any vaccine.
- All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

ACIP June 2023

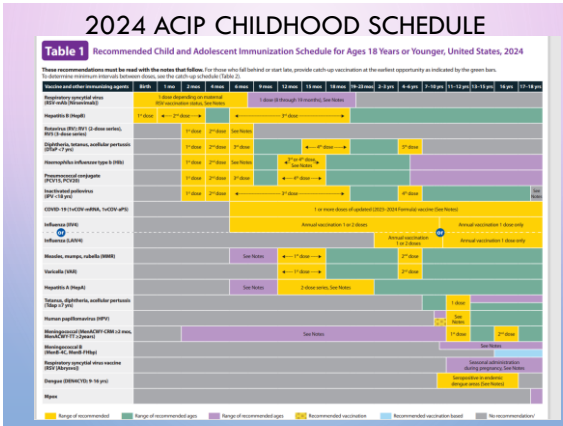
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**INFLUENZA CDC 2023 REPORT HIGHLIGHTS**

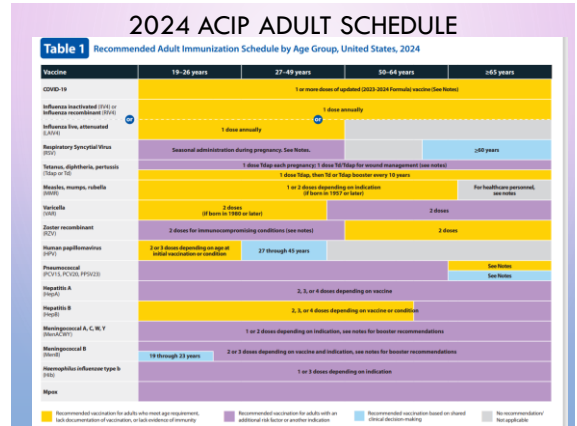
- HEALTH OFFICIALS SHOULD NOTE THAT IN NORTHERN HEMISPHERE JURISDICTIONS PREPARE FOR A POTENTIALLY EARLIER INFLUENZA SEASON THAN NORMAL PEAK OF APRIL AND MAY AND HIGHLIGHT THE BENEFITS OF VACCINATION.
- INFLUENZA B/YAMAOKA LINEAGE HAS NOT CIRCULATED GLOBALLY SINCE 2020, AND ONGOING MONITORING WILL BE NEEDED TO DETERMINE IF B/YAMAOKATA ANTIGENS SHOULD REMAIN IN FUTURE INFLUENZA VACCINE FORMULATIONS.
- VACCINE MANUFACTURING MAY RETURN BACK TO TRIVALENT BASED ON THESE FINDINGS, BUT THIS REMAINS UNKNOWN.

[https://www.cdc.gov/mmwr/volumes/72/wr/mm7237e1.html#f1\\_down](https://www.cdc.gov/mmwr/volumes/72/wr/mm7237e1.html#f1_down)  
<https://www.cdc.gov/flu/resource-center/toolkit/index.htm>

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## QUICK FINGERS CHALLENGE 2

- 1) CHAT THE FOLLOWING:
- Remember, if you are 65 years of age or older, you may benefit more from the enhanced influenza vaccines that we have available which include Fluzone High Dose, Flublock, or Fluad.

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## RSV

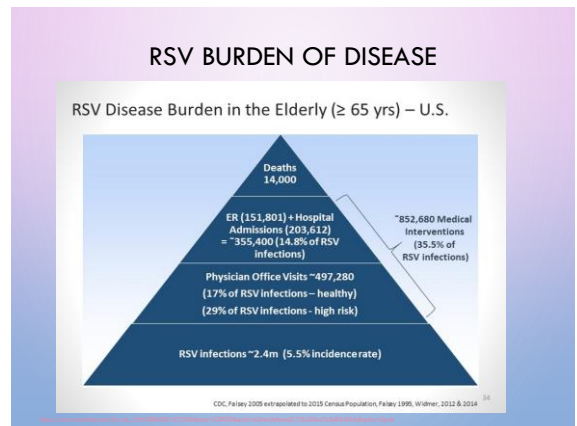
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## RESPIRATORY SYNCYTIAL VIRUS

- ORTHORNAVIRAE
- RNA VIRUS
- A AND B STRAINS
- ANTIGENS HIGHLY VARIABLE
- SOME NATURAL IMMUNITY TO RSV
- BUT REINFECTION THROUGHOUT LIFE
- REINFECTION CAN OCCUR IN SAME SEASON

*Maruz Lancet ID 2023*

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## RSV VACCINE – SUBUNIT VACCINE

- PFIZER RSVPreF ABRYSVO®
- GSK RSVPreF3 AREXVY®

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Efficacy of 1 dose of GSK respiratory syncytial virus RSVpreF3 vaccine against respiratory syncytial virus-associated disease among adults aged ≥60 years – multiple countries, 2021–2023		
Efficacy evaluation period	Vaccine efficacy against outcome	
	RSV-associated LRTD	RSV-associated medically attended LRTD
<b>Season 1</b>	82.6 (57.9–94.1)	87.5 (58.9–97.6)
<b>Season 2</b>	56.1 (28.2–74.4)	—
<b>Combined seasons 1 and 2 (interim)</b>	74.5 (60.0–84.5)	77.5 (57.9–89.0)

Efficacy of 1 dose of Pfizer respiratory syncytial virus RSVpreF vaccine against respiratory syncytial virus-associated disease among adults aged ≥60 years – multiple countries, 2021–2023		
Efficacy evaluation period	Vaccine efficacy against outcome, % (95% CI)*	
	RSV-associated LRTD <sup>†</sup>	RSV-associated medically attended LRTD <sup>†</sup>
<b>Season 1</b>	88.9 (53.6–98.7)	84.6 (32.0–98.3)
<b>Season 2 (interim)</b>	78.6 (23.2–96.1)	—
<b>Combined seasons 1 and 2 (interim)</b>	84.4 (59.6–95.2)	81.0 (43.5–95.2)

MMWR July 2023 LRTD = lower respiratory tract disease

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### Side Effects

	RSVpreF	RSVpreF3
Pain	10.5%	60%
Redness	2.7%	5.5%
Swelling	2.4%	7.5%



	RSVPreF	RSVPreF3
Fever	1.4% (>38.9°C <0.1%)	2% (>39°C 0.1%)
Fatigue	15.5% (Severe 0.3%)	33% (Grade 3 1.7%)
Headache	12.8% (Severe 0.1%)	27.2% (Grade 3 1.3%)
Muscle aches	10.1% (Severe 0.2%)	28.9% (Grade 3 1.4%)
Joint pain	7.5% (Severe <0.1%)	18.1% (Grade 3 1.3%)
Nausea	3.4%	Not reported
Vomiting	0.9%	Not reported
Diarrhea	%,9%	Not reported

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## SERIOUS ADVERSE EVENTS

RSVpreF Pfizer	RSVpreF3 GSK
20,255 participants 3 Neurologic Events	17,922 participants 3 Neurologic Events
<b>Guillain-Barré Syndrome</b> 7 days after vaccination	<b>Guillain-Barré Syndrome</b> 9 days after vaccination
<b>Miller Fisher Syndrome</b> reported 8 days after vaccination	<b>Acute disseminated encephalomyelitis X2</b> 7 and 22 days after vaccination (both also had Flu Shots)
<b>Undifferentiated motor-sensory axonal polyneuropathy</b> —preexisting worsening	One dx changed to hypoglycemia and dementia

Background rate Guillain-Barré Syndrome 1.5-3 per 100,000

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## SUBUNIT VACCINES

PFIZER RSVPreF ABRYSVO®

PREFUSION F PROTEINS FROM A AND B STRAINS



Approved by FDA  
Recommended by CDC as of 9/22/23

IM injection at 32 through 36 weeks gestational age of pregnancy .

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-subunit-program-individuals-prevent-rsv-influenza-like-illness-2023-09-22>

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## RESPIRATORY SYNCYTIAL VIRUS

**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Respiratory syncytial virus (RSV) (2d) (2023-2024)	1 dose	2 doses	3 doses	4 doses	5 doses	6 doses	7 doses	8 doses	9 doses	10 doses	11 doses	12 doses	13 doses	14 doses	15 doses	16 doses	17 doses	18 doses
1 dose	1 dose	2 doses	3 doses	4 doses	5 doses	6 doses	7 doses	8 doses	9 doses	10 doses	11 doses	12 doses	13 doses	14 doses	15 doses	16 doses	17 doses	18 doses

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2024

Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.	≥60 years
Tetanus, diphtheria, pertussis (Tdap) or Td	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)	1 dose Tdap, then 1d or Tdap booster every 10 years

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## RESPIRATORY SYNCYTIAL VIRUS

**Table 2** Recommended Adult Immunization Schedule by Medical Condition or Other Indication, United States, 2024

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple medical conditions or indications are present, refer to precedence in all relevant columns. See Notes for medical conditions or indications not listed.

VACCINE	Pregnancy	Immunocompromised (including HIV infection)	Long-term care facilities and nursing homes	Men who have sex with men	Asplenia, complement deficiency	Heart or lung disease	Kidney failure (end-stage renal disease or on dialysis)	Chronic liver disease (cirrhosis)	Diabetes	Healthcare Personnel
COVID-19		See Notes								
IPV4 or IPV4					1 dose annually					
LAIV4					1 dose annually if age 19–49 years				1 dose annually if age 19–49 years	
RSV	Recommended administration See Notes	See Notes								See Notes

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## MOST LIKELY TO BENEFIT

- Lung disease (such as chronic obstructive pulmonary disease and asthma)
- Cardiovascular diseases (such as congestive heart failure and coronary artery disease)
- Moderate or severely immune compromised
- Diabetes mellitus
- Neurological or neuromuscular conditions
- Kidney disorders
- Liver disorders
- Hematologic disorders
- Other underlying conditions that a health care provider determines might increase the risk for severe respiratory disease
- Frailty
- Advanced age
- Residence in a nursing home or other long-term care facility
- Other underlying factors

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## QUICK FINGERS CHALLENGE 3

- 1) CHAT THE FOLLOWING ANSWER IN:
- List three different conditions where the patient may benefit from the RSV vaccination?

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## PRETERM BIRTH RISK

### FDA

- DATA INSUFFICIENT TO ESTABLISH OR EXCLUDE A CAUSAL RELATIONSHIP BETWEEN PRETERM BIRTH AND RSVPREF.
- **AVOID THE POTENTIAL RISK OF PRETERM BIRTH WITH USE OF ABRYSV0 BEFORE 32 WEEKS OF GESTATION.** ADMINISTER ABRYSV0 AS INDICATED IN PREGNANT INDIVIDUALS AT 32 THROUGH 36 WEEKS GESTATIONAL AGE.

<https://www.fda.gov/news-events/press-announcements/fda-approves-first-vaccine-pregnant-individuals-prevent-respiratory-syncytial-virus-rsv-preference-2023-07-20>

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## CONCERNS WITH RSV PREF VACCINE IN PREGNANCY

- VACCINE PROTECTION MAY WANE MORE QUICKLY
- SOME INFANTS MAY NOT GET FULL PROTECTION FROM MATERNAL VACCINATION IF THEY WERE BORN TOO SOON AFTER IMMUNIZATION, BORN PREMATURELY OR DUE TO MATERNAL DISEASE
- MAY INTERFERE WITH THE EFFECTIVENESS OF TDAP IF GIVEN TOGETHER
- BOTH VACCINE AND NIRSEVIMAB ARE NOT NEEDED

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## CONSIDERATIONS

Nirsevimab in infant with in one week of birth  
Or  
RSV PreF in Mother at 32-36 weeks gestation  
\*NOT Both

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## NIRSEVIMAB EFFICACY AGE <8 MONTHS/FIRST RSV SEASON

**RSV-ASSOCIATED LRTI** No attributable deaths reported  
79.0% (95% CI = 68.5%–86.1%)  
NIRSEVIMAB 31/2,579 PLACEBO 80/1,293

**RSV-ASSOCIATED LRTI WITH HOSPITALIZATION**  
80.6% (95% CI = 62.3%–90.1%)  
NIRSEVIMAB 12/2,579 PLACEBO 33/1,293

**RSV-ASSOCIATED LRTI WITH ICU ADMISSION**  
90.0% (95% CI = 16.4%–98.8%)  
NIRSEVIMAB 1/2,579 PLACEBO 6/1,293

MMWR Aug 2023

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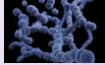
## NIRSEVIMAB CONCERNS

- CAN GIVE WITH OTHER VACCINES
- COST
- VFC COVERAGE
- HOW WILL IMMUNIZATION DATABASE KNOW
- DID MOTHER GET RSV VACCINE
- REPORTING ADVERSE EVENTS FAERS NOT VAERS
- EXCLUDED FROM PHARMACIST PRESCRIBING PROTOCOL

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# PNEUMOCOCCAL



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## ANNUAL ESTIMATED BURDEN OF PNEUMOCOCCAL IN THE US

- Pneumococcal pneumonia hospitalizes about 150,000 people in the US each year—killing about 5-7%, or 1 in 20 of those infected.
- The death rate is even higher among adults age 65 years and older and people with certain medical conditions or other risk factors.
- **Pneumococcal meningitis and bacteremia** killed approximately **3,250 people** in the United States in 2019.

<https://www.cdc.gov/infectious-diseases/prevention/13canc/pneumococcal2023/pneumococcal2023report/index20230401.html>

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## PNEUMOCOCCAL CDC 2023 REPORT HIGHLIGHTS; ADULTS

- ACIP RECOMMENDATIONS SPECIFY THE USE OF EITHER PCV20 ALONE OR PCV15 IN SERIES WITH PPSV23 FOR ALL ADULTS AGED ≥65 YEARS AND FOR ADULTS AGED 19–64 YEARS WITH CERTAIN UNDERLYING MEDICAL CONDITIONS OR OTHER RISK FACTORS WHO HAVE NOT RECEIVED A PCV OR WHOSE VACCINATION HISTORY IS UNKNOWN.
- IN ADDITION, ACIP RECOMMENDS USE OF EITHER A SINGLE DOSE OF PCV20 OR ≥1 DOSE OF PPSV23 FOR ADULTS WHO HAVE STARTED THEIR PNEUMOCOCCAL VACCINE SERIES WITH PCV13 BUT HAVE NOT RECEIVED ALL RECOMMENDED PPSV23 DOSES.
- **SHARED CLINICAL DECISION-MAKING IS RECOMMENDED REGARDING USE OF A SUPPLEMENTAL PCV20 DOSE FOR ADULTS AGED ≥65 YEARS WHO HAVE COMPLETED THEIR RECOMMENDED VACCINE SERIES WITH BOTH PCV13 AND PPSV23.**
- UPDATED AND NEW CLINICAL GUIDANCE FOR IMPLEMENTATION FROM CDC INCLUDES THE RECOMMENDATION FOR USE OF PCV15 OR PCV20 FOR ADULTS WHO HAVE RECEIVED PPSV23 BUT HAVE NOT RECEIVED ANY PCV DOSE.
- THE REPORT ALSO INCLUDES CLINICAL GUIDANCE FOR ADULTS WHO HAVE RECEIVED 7-VALENT PCV (PCV7) ONLY AND ADULTS WHO ARE HEMATOPOIETIC STEM CELL TRANSPLANT RECIPIENTS.

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### Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agent(s)	Birth	1 mo	2 mo	4 mo	6 mo	12 mo	15 mo	18 mo	19–24 mo	2–7 yr	4–6 yr	7–10 yr	11–12 yr	13–15 yr	16 yr	17–18 yr
Pneumococcal conjugate (PCV15, PCV20)																

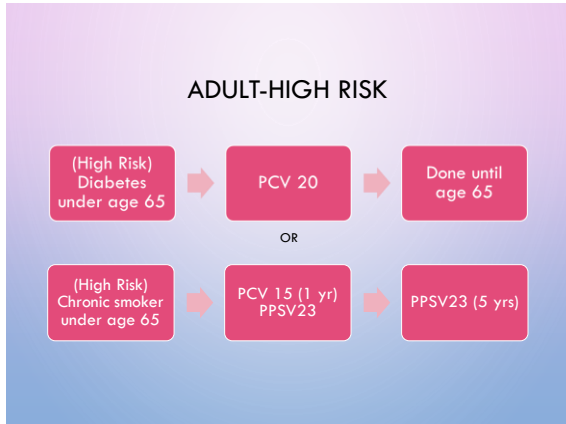
  

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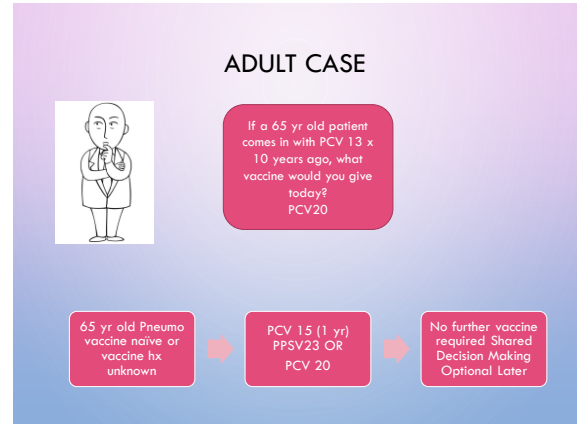
Vaccine	19–24 years	27–49 years	50–64 years	≥65 years
Pneumococcal (PCV15, PCV20, PPSV23)				

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### PNEUMOCOCCAL CAMPAIGN AND CDC APP

Pneumobics App (CDC)  
Pneumo vaccines given based on:

- Enter a patient's age.
- Note if the patient has specific underlying medical conditions.
- Answer questions about the patient's pneumococcal vaccination history.

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### CHILDREN 2-23 MONTHS

PCV15 OR PCV20

- 2 Months
- 4 Months
- 6 Months
- 12-18 Months

*ACIP June 2023*

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### QUICK FINGERS CHALLENGE 4

- 1) CHAT THE FOLLOWING ANSWER IN:
- TRUE OR FALSE, if you are 75 years of age or older and have already completed your pneumococcal series five years ago, you may not get a revaccination with Pevnar 20.

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### MPOX

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**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

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Dengue (DENVax) 9-16 yr																		
Meningococcal (MenACWY) 9-16 yr																		
Meningococcal (MenB) 11-12 yr																		
Meningococcal (MenB) 16-18 yr																		

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Meningococcal (MenA, C, W, Y) 19-26 yr				
Meningococcal (MenB) 16-18 yr				
Meningococcal (MenACWY) 16-18 yr				
Meningococcal (MenB) 50-64 yr				

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# MENINGOCOCCAL

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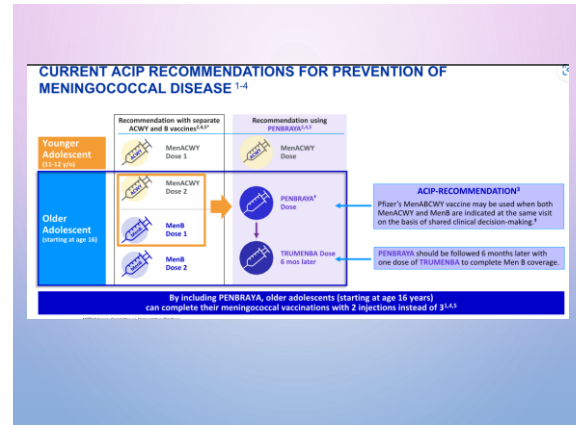
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Meningococcal (MenACWY) 11-12 yr																	
Meningococcal (MenACWY) 16-18 yr																	
Meningococcal (MenB) 11-12 yr																	
Meningococcal (MenB) 16-18 yr																	

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Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Meningococcal (MenA, C, W, Y) 19-26 yr				
Meningococcal (MenB) 16-18 yr				
Meningococcal (MenACWY) 16-18 yr				
Meningococcal (MenB) 50-64 yr				

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## VACCINE WORK IS NEVER DONE... SCHOOL REQUIREMENTS

**NMDOH New Mexico Childcare/Pre-School/School Entry Immunization Requirements 2023-24 school year**

See the New Mexico Statewide and general public health activities by the NM Secretary of Health for collecting and submitting immunization information

Vaccine	Minimum # of vaccine doses by children and grade school entry												Vaccine doses by school grade level												Notes	
	1	2	3	4	5	6	7	8	9	10	11	12	K	1	2	3	4	5	6	7	8	9	10	11		12
Epidemiology																										
Public Health																										
Maternal																										
Preventive																										

**Recommended schedule**: These vaccines are recommended but not required for school entry at this time.

**Required (R)**: All age-appropriate vaccines are recommended every year.

**Strongly Recommended (S)**: All age-appropriate vaccines are strongly recommended at age 11-12, and can be given as early as age 9.

**ACIP-RECOMMENDED (A)**: All age-appropriate vaccines are recommended for all people, though all are not recommended. Refer to the New Mexico Department of Health website for the latest guidance: <https://www.health.nm.gov/immunization/>

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# COVID-19

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## COVID

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Vaccine and/or immunizing agent	8 wk	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
COVID-19 (14CZV-wRNA, 14CZV-wP2)																

1 or more doses of updated (2023-2024) Formula vaccine (See Notes)

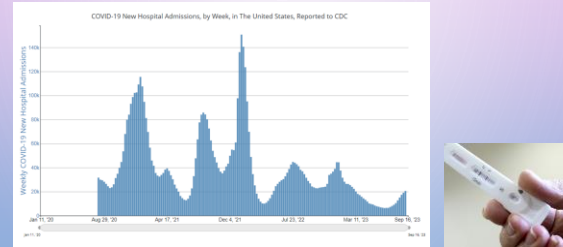
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COVID-19				

1 or more doses of updated (2023-2024) Formula vaccine (See Notes)

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## COVID-19 STILL A PROBLEM



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## LEGISLATION AFFECTING VACCINE ACCESSIBILITY IN THE LAST 30 YEARS

- 1) Vaccines For Children program (VFC) was passed in 1994. VFC ensures that children in low-income families can receive all recommended vaccines for only a small administration fee. More than 60 percent of the vaccines given to children are paid for by VFC.
- 2) Affordable Care Act (ACA) in 2010. The ACA required private insurance companies to make many preventive services, including vaccines, free to beneficiaries.
- 3) Inflation Reduction Act (IRA). The IRA received bipartisan support to address high prescription drug costs for seniors.



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## INFLATION REDUCTION ACT



- The new law makes changes to Medicare Part D drug benefits, including putting a limit on out-of-pocket payments for insulin and making vital vaccines free.
- Starting on Jan. 1, 2023, Medicare enrollees won't have any out-of-pocket costs for CDC recommended vaccines for adults.
- Medicare Part B, which applies to doctor visits, diagnostic tests and other outpatient services, already fully covers some vaccines, including flu shots, pneumonia vaccines, hepatitis B inoculations and now coronavirus vaccines (initial shots as well as boosters).
- But other vaccines, most notably the more expensive vaccines, are covered under the Part D prescription drug plans without a co-pay. The new law eliminates co-pay or cost-sharing. (Projected to affect 4.1 million people)

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## CONTINUING GAPS IN VACCINE ACCESSIBILITY

- One out of 10 adults on Medicare do not subscribe to a Part D plan, so they may still have to pay for many recommended vaccines.
- Additionally, it is difficult for clinics and offices to contract with all Medicare Part D plans.
- If there is no contract or they do not carry vaccines, the patient has to go to a pharmacy to be vaccinated.

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## QUICK FINGERS CHALLENGE 5

- IT IS JANUARY, A JUST-TURNED 65 YEAR OLD PATIENT COMES TO THE PHARMACY FOR "THEIR SHOTS" AND WITH A NEW DIAGNOSIS OF DIABETES, WHAT VACCINES WOULD YOU RECOMMEND FOR THEM? THEY HAVE NO RECORDS OF PREVIOUS VACCINATIONS EVER!
- PLEASE CHAT THE CORRECT ANSWER IN:

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## QUICK FINGERS CHALLENGE 5 ANSWER

- IT IS JANUARY, A JUST-TURNED 65 YEAR OLD PATIENT COMES TO THE PHARMACY FOR VACCINES AND WITH A NEW DIAGNOSIS OF DIABETES, WHAT VACCINES WOULD YOU RECOMMEND FOR THEM? THEY HAVE NO RECORDS OF PREVIOUS VACCINATIONS EVER!
- CORRECT: INFLUENZA, COVID, PNEUMOCOCCAL, RSV, TDAP, SHINGRIX
- PROVISIONALLY CORRECT: HEP A, HEP B, MMR, MENINGOCOCCAL
- INCORRECT: MPOX, VARICELLA, DTAP, MENINGOCOCCAL B, HIB

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## SUMMARY

- Keeping track of vaccine updates and updated notes are important for providers.
- Expanded ACIP schedule changes have been implemented in new guidelines and schedules.
- There will be many more changes and updates to vaccines in coming years.

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