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# Influenza, Pneumococcal, Respiratory Syncytial Virus (RSV), and COVID-19 Immunization Toolkit





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# Introduction

Influenza vaccination is [recommended](#) for all people six months of age and older and the pneumococcal vaccination is [recommended](#) for all those under the age of two and all those 65 years and older. Those between the ages of 2–64 years with certain medical conditions should also receive a pneumococcal vaccine. An [up-to-date](#) COVID-19 vaccine is recommended for all people five years of age and older. Adults, ages 60 and older, may receive a single dose of [Respiratory Syncytial Virus \(RSV\) vaccine](#) based on discussions between the patient and health care provider.

This guide serves as a resource in assisting health care organizations with routine vaccination assessment in effort to vaccinate more adults according to the recommendations.

**VACCINES HELP PROTECT YOU THROUGHOUT YOUR LIFE**

**VACCINE-PREVENTABLE DISEASES INCLUDE:**

- Rubella
- Shingles
- Tetanus
- Whooping Cough
- Chickenspox
- COVID-19
- Diphtheria
- Hepatitis A
- Hepatitis B
- Hib Disease
- HPV
- Influenza (Flu)
- Measles
- Meningococcal Disease
- Mumps
- Pneumococcal Disease
- Polio
- Respiratory Syncytial Virus (RSV)
- Rotavirus

**Vaccine recommendations may change as we age, but the need for protection does not**

**Vaccines Save Lives and Help Prevent:**

- Up to a month of missed work or school days
- Millions of hospitalizations and hundreds of thousands of deaths
- Tens of thousands of illnesses and permanent disabilities

**TALK TO A HEALTHCARE PROFESSIONAL ABOUT VACCINES RECOMMENDED FOR YOU**

National Foundation for Infectious Diseases  
To learn more, visit: [www.nfid.org](http://www.nfid.org)

Image Source:  
<https://www.nfid.org/resource/vaccines-for-life-infographic>

## FACT:

CDC estimates from October 1, 2022 – April 30, 2023, 27-54 million flu illnesses and 300,000-650,000 hospitalizations and 19,000-58,000 deaths associated with influenza. — [2022-2023 U.S. Flu Season: Preliminary In-Season Burden Estimates | CDC](#)

## FACT:

Pneumococcal pneumonia kills about 1 in 20 older adults who get it. Pneumococcal bloodstream infection kills about 1 in 6 older adults who get it.<sup>2</sup>

—CDC

## FACT:

COVID-19 has resulted in 103.4 million confirmed cases and over 1.1 million deaths and was the 4th leading cause of death in 2022.<sup>4</sup>

—CDC

• • •

**Healthy People 2030 Goal:**  
**70% immunization rate for persons aged six months and over for Influenza.**<sup>5</sup>

# Influenza

Influenza: also known as the “flu” is a respiratory illness that infects the nose, throat and sometimes lungs. Influenza may lead to hospitalization or death. The best way to prevent influenza is to receive an annual influenza vaccination.

## Facts

- CDC estimates that 70% –85% of seasonal influenza deaths and between 50–70% of seasonal influenza-related hospitalizations are attributed to those 65+.<sup>5</sup>
- A serious complication of influenza is pneumonia.
- Seasonal incidence: Occurs from early fall through late spring, peaking during winter.
- Symptoms: fever, sore throat, body aches, cough, headache and fatigue.
- Patients who have received an influenza vaccine were found to have 24% lower odds of testing positive for Coronavirus Disease 2019 (COVID-19).<sup>6</sup>

## Prevention Control

- Frequent handwashing prevents the spread of infection.
- Use [Respiratory Hygiene/Cough Etiquette](#) which includes covering your cough, proper disposal of tissue and performing hand hygiene.
- Disinfect surfaces that are touched frequently.
- Document vaccination in your electronic health record (EHR) and State Immunization Registry to maximize patient health care.
- Encourage people to keep [vaccination card](#) on them at all times especially during transitions of care.

## Vaccination Side Effects

- Soreness, redness or swelling at the vaccination site.
- Headache, fever, muscle aches, nausea.
- Occasionally more serious allergic reactions such as hives, difficulty breathing and swelling of the face occur; seek immediate medical attention if this occurs.

# Pneumonia

Pneumonia: is an infection of the lungs that can be caused by bacteria, viruses or fungi. Older adults and those with chronic conditions are at an increased risk of developing complications from pneumonia.

## Facts

- A common cause of pneumonia are viruses such as influenza and COVID-19.
- Approximately 1 million individuals 65+ are hospitalized each year with pneumonia.<sup>7</sup>
- Infection occurs year-round; peaks in winter.
- Common symptoms include cough, shortness of breath, chest pain and fever.

## Prevention Control

- Frequent handwashing prevents the spread of infection.
- Use [Respiratory Hygiene/Cough Etiquette](#) which includes covering your cough, proper disposal of tissue and performing hand hygiene.
- Disinfect surfaces that are touched frequently.
- Avoid or reduce smoking.
- Document vaccination in your EHR and State Immunization Registry to maximize patient health care.
- Encourage people to keep [vaccination card](#) on them at all times especially during transitions of care.

## Vaccination Side Effects

- Soreness, redness or swelling at the vaccination site.
- Chills, muscles aches, headache, fever.
- Occasionally more serious allergic reactions such as hives, difficulty breathing and swelling of the face occur; seek immediate medical attention if this occurs.

# COVID-19

COVID-19 is a disease caused by the virus SARS-CoV-2. It is highly contagious and can cause respiratory symptoms that can feel much like a cold, the flu, or pneumonia. COVID-19 disease can also affect other parts of the body.

The best way to avoid serious COVID-19 complications is to receive an updated COVID-19 vaccine.

## Facts

- 103.4 million confirmed cases and 1.1 million deaths in the United States to date.
- COVID-19 was the fourth leading cause of death in the United States in 2022.
- Older adults and people with certain underlying medical conditions are more likely to get severely ill.
- Symptoms: fever, cough, shortness of breath, fatigue, body aches, new loss of taste or smell, headache.
- Some people who have been infected with the virus that causes COVID-19 can experience long-term effects from their infection. Post-COVID conditions include a wide range of health problems that may be experienced four or more weeks after first contracting COVID-19.

## Prevention Control

- Frequent handwashing prevents the spread of infection.
- Use [Respiratory Hygiene/Cough Etiquette](#) which includes covering your cough, proper disposal of tissue and performing hand hygiene.
- Disinfect surfaces that are touched frequently.
- Avoid crowds and poorly ventilated spaces.
- Wear a mask indoors when COVID-19 Community Level is high.
- Test to prevent spread to others.
- Follow recommendations for quarantine and isolation.
- Document vaccination in your electronic health record (EHR) and State Immunization Registry to maximize patient/resident health care.
- Encourage people to keep [vaccination card](#) on them at all times, especially during transitions of care.

## Vaccination Side Effects

- Pain, redness or swelling at the vaccination site.
- Fatigue, headache, fever, chills, muscle aches, and nausea.
- Occasionally, more serious allergic reactions such as hives, difficulty breathing and swelling of the face occur; seek immediate medical attention if this occurs.

For more information, visit the U.S. Centers for Disease Control's [COVID Data Tracker \(https://covid.cdc.gov/covid-data-tracker/#datatracker-home\)](https://covid.cdc.gov/covid-data-tracker/#datatracker-home).



# Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. However, RSV can be serious especially for older adults. Severe infection, including bronchiolitis and pneumonia can lead to hospitalization and death. RSV can also make chronic health conditions, like asthma and congestive heart failure (CHF), worse. Patients should discuss with a trusted healthcare provider to decide if the RSV vaccine is right for them.

## Facts

- RSV infection can cause mild cold-like symptoms including runny nose, sore throat, cough, and headache.
- RSV infection can lead to serious conditions in older adults such as pneumonia.
- RSV infection can worsen chronic medical conditions such as asthma, CHF, and COPD and can lead to hospitalization.

## Prevention Control

- Frequent handwashing prevents the spread of infections.
- Use [Respiratory Hygiene/Cough Etiquette](#) which includes covering your cough, proper disposal of tissue and performing hand hygiene.
- Disinfect surfaces that are touched frequently.
- Avoid or reduce smoking.
- Document vaccination in your Electronic Health Record (EHR) and State Immunization Registry to maximize patient health care.
- Encourage people to always keep [vaccination card](#) on them especially during transitions of care.

## Vaccination Side Effects

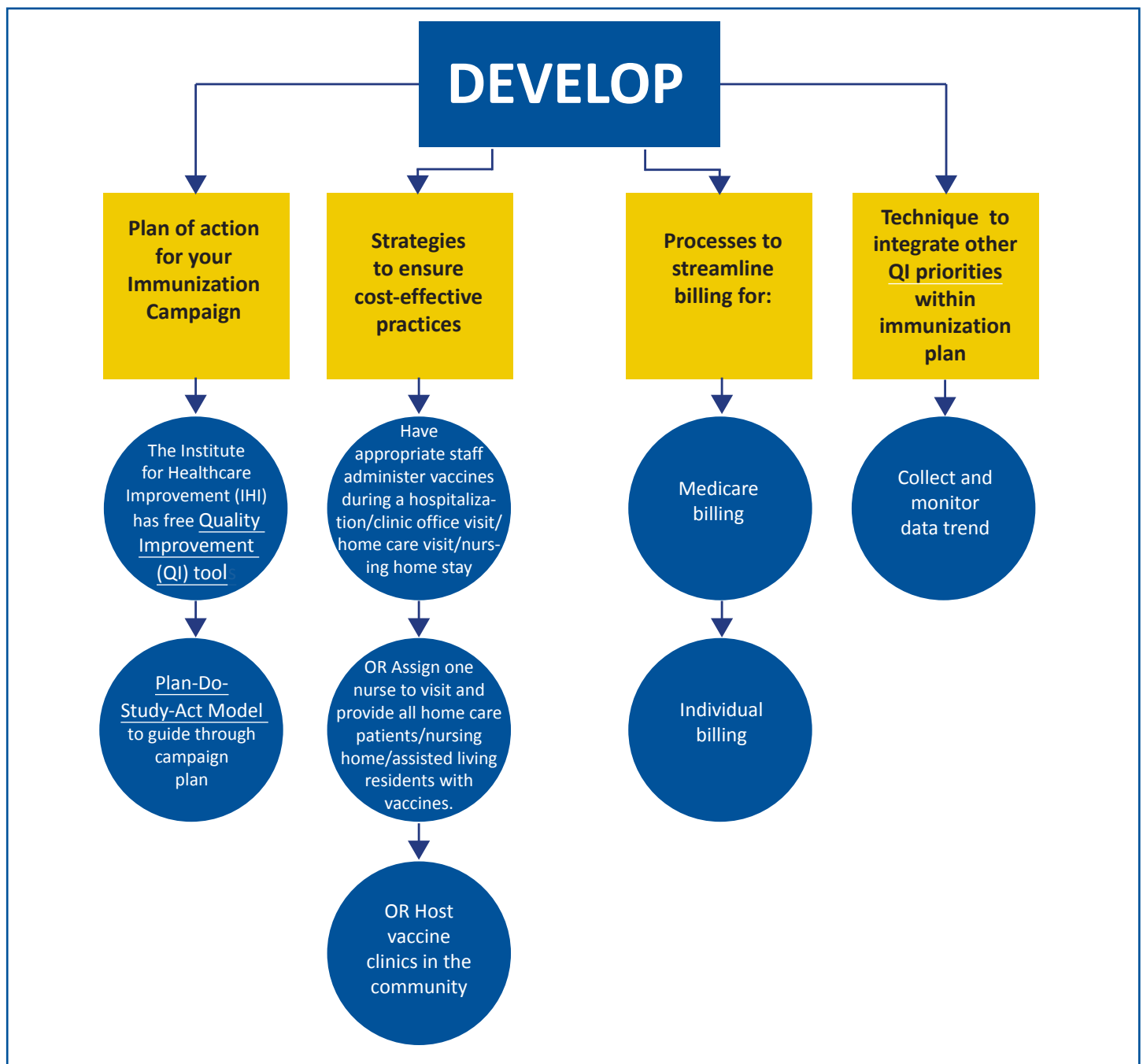
- Soreness at the vaccination site.
- Fatigue, muscles aches, headache.
- Occasionally more serious allergic reactions such as hives, difficulty breathing and swelling of the face occur; seek immediate medical attention if this occurs.

# Preparing an Immunization Campaign

## Immunization Campaign Strategy

Preparing a campaign strategy allows you to define an immunization goal and organize your goal into manageable steps to increase vaccination rates for your facility or organization. If needed, modify the steps below to best fit the needs of your facility/organization and patient population.

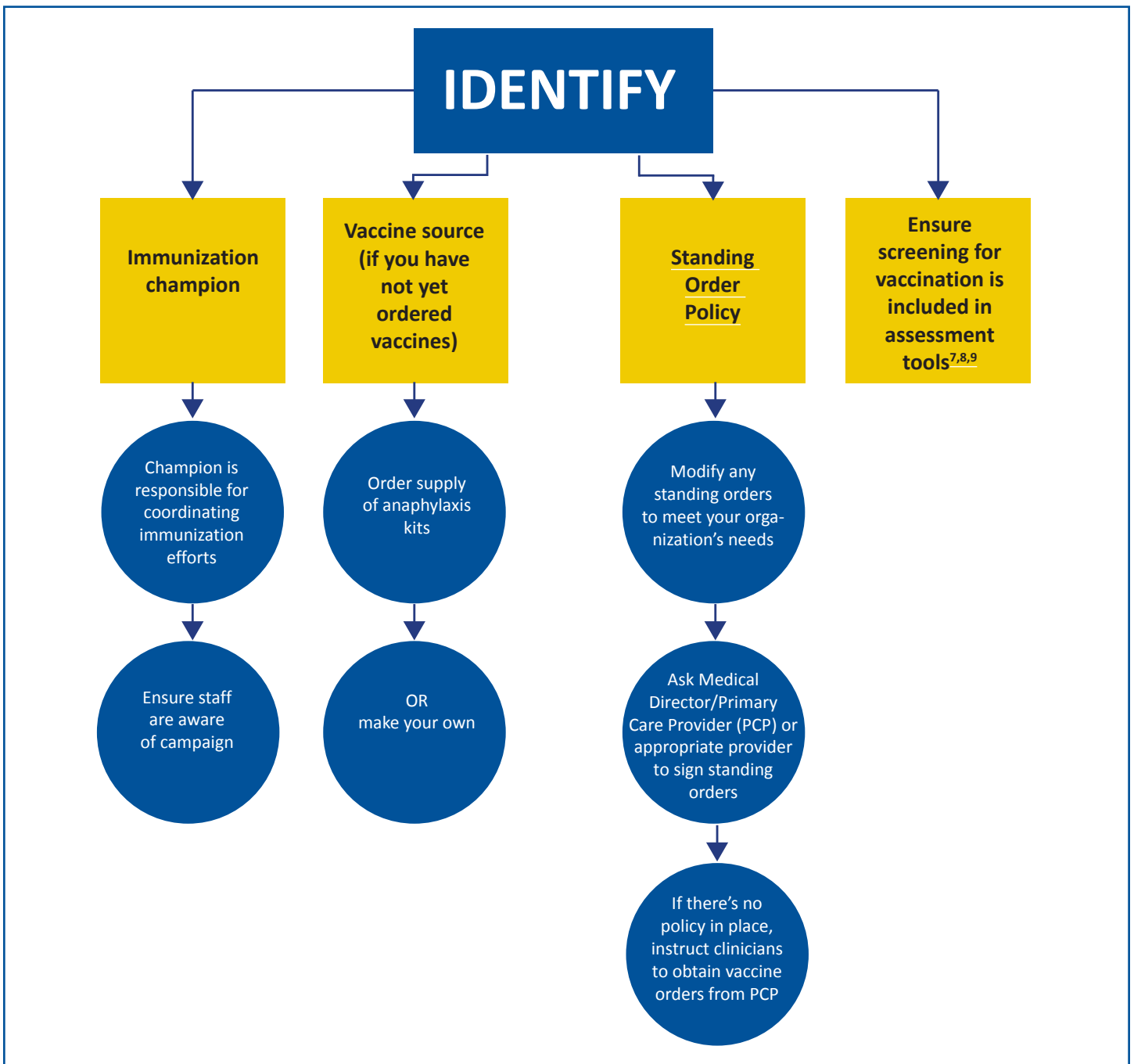
### Step 1: Develop





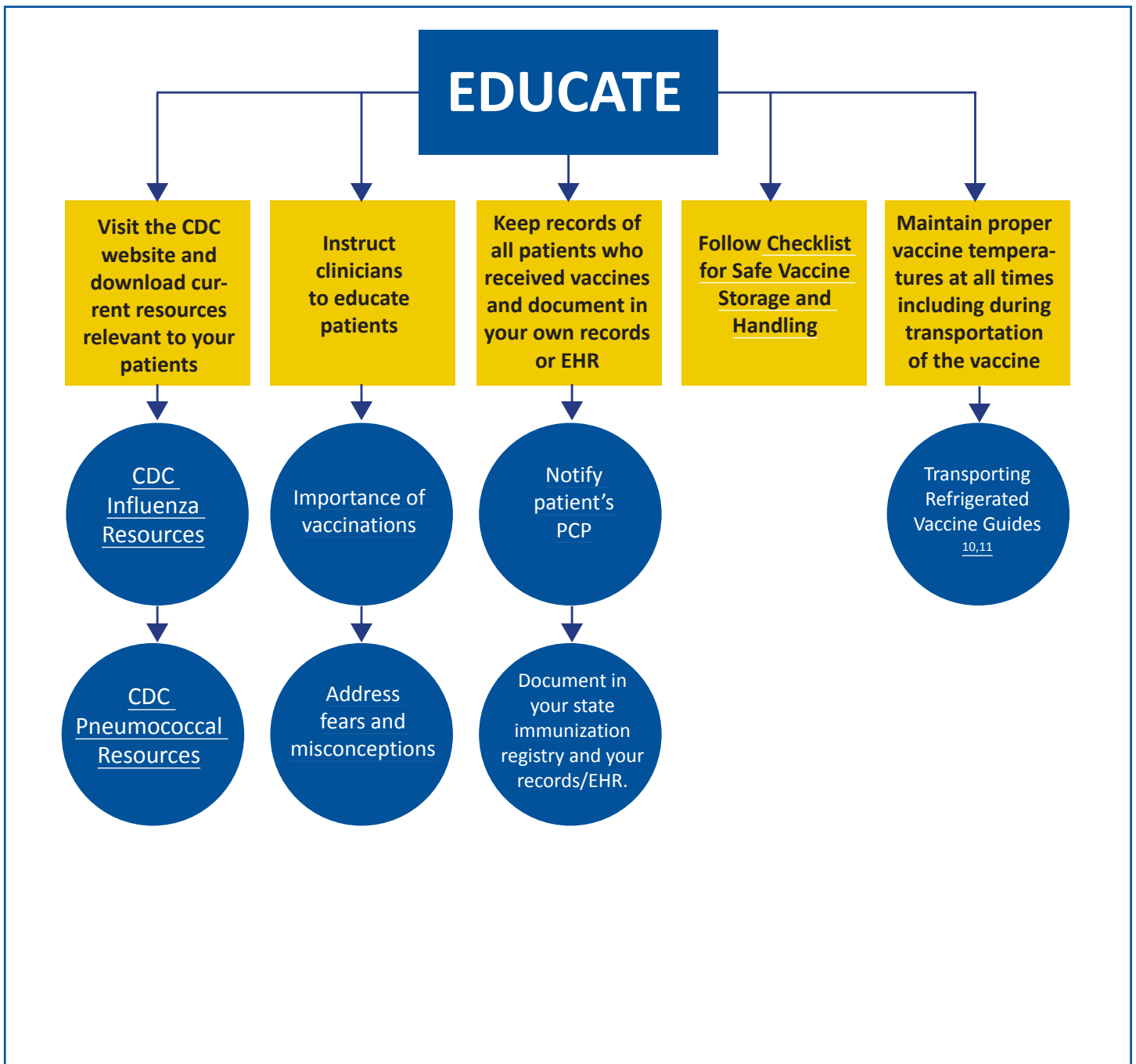
# Preparing an Immunization Campaign (continued)

## Step 2: Identify



# Preparing an Immunization Campaign (continued)

## Step 3: Educate



# Make a Strong Recommendation

Increasing awareness of program goals amongst staff, providers and caregivers not only helps to ensure a successful campaign but ultimately improves patient care. One way to do this is by communicating project goals to those directly involved in treatment as outlined in the sample letters found on pages 15, 16, and 17. Engage patients as well by encouraging them to use CDC's [The Adult Vaccine Assessment Tool](#). This brief, interactive screening tool is simple and easy to use for adults to determine which vaccines are right for them by taking a short quiz.

[Sample Physician Letter](#)

[Sample Staff Letter](#)

[Sample Patient—Patient Representative—Family Letter](#)

## Make a Strong Vaccine Recommendation

As health care professionals, it is important to provide patients with a strong recommendation for vaccination.

### Share

The CDC recommends the [SHARE](#) method.

- S: SHARE the reasons** why the influenza/pneumococcal vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.
- H: HIGHLIGHT positive experiences** with influenza/pneumococcal vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.
- A: ADDRESS patient questions and any concerns** about the influenza/pneumococcal vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.
- R: REMIND patients** that influenza/pneumococcal vaccines protect them and their loved ones from serious illness and other complications.
- E: EXPLAIN the potential costs** of getting influenza/pneumonia, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

# Motivational Interviewing

Motivational Interviewing (MI) strategies can also be beneficial when initiating conversations to boost vaccine acceptance. The following information was gathered from the Supplemental Material document for *Using Best Practices to Address COVID-19 Vaccine Hesitancy: The Case for the Motivational Interviewing Approach* by Amanda Gabarda, EdD, MPH, CHES and Susan W. Butterworth, PhD, MS.

## Incorporate the “Spirit of MI” in your conversations about vaccine acceptance.

- Partnership:** Building trust and rapport and being together on equal ground.  
*Example:* “Together we will find a solution that you are comfortable with.”
- Acceptance:** Prizing the inherent worth and potential of every patient, acknowledging their strengths, and supporting autonomy.  
*Example:* “The choice is yours and you are the expert on what will work for you and your family.”
- Compassion:** Actively promoting another’s welfare and giving priority to their needs.  
*Example:* “Your well-being is our top priority.”
- Evocation:** Drawing out the patient’s strengths, resources, ideas, feelings and motivations.  
*Example:* “What are some possible benefits you might get from being vaccinated?”

## OARS

Another strategy is using **Open-ended questions, Affirming, Reflective listening, and Summarizing (OARS):**

- Open Questions:** “Tell me more about your thoughts on the influenza vaccine?”  
“What are your concerns about the pneumococcal vaccine?”
- Affirmation:** “You’ve already done quite a bit of research and are well-informed.”  
“You value your family and want to make sure they are safe.”
- Reflection:** “You’re feeling pressured and you need more time to determine if this is the best decision for you.”  
“You are eager to get the vaccine because it will provide a sense of security for you and your family.”
- Summary:** “We’ve discussed both the pros and the cons, and you seem to be leaning in favor of getting vaccinated. You are reassured that the benefits outweigh the risks now that you’ve learned more about the clinical trial process. Would it be okay to talk about next steps for you and your family?”

# Pneumococcal Vaccine Timing for Adults > 65 Years Old

**Assess immunization status at every encounter. Make sure patients are up to date with pneumococcal vaccinations**

The [PneumoRecs VaxAdvisor: Vaccine Provider App](#) | CDC for IOS and Android devices provides patient-specific guidance consistent with the immunization schedule recommended by the U.S. Advisory Committee on Immunization Practices (ACIP). A [web version](#) is also available for use when connected to the internet through a mobile device or computer. The CDC releases guideline changes and enhancements to the app itself.

**Resource:**

[Pneumococcal Vaccine Timing for Adults greater than or equal to 65 years \(cdc.gov\)](#)



For those 65 years of age or greater:

## Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	→ ≥1 year → PCV20	→ ≥1 year → PCV15
PCV13 only at any age	→ ≥1 year → PCV20	→ ≥1 year† → PPSV23
PCV13 at any age & PPSV23 at <65 yrs	→ ≥5 years → PCV20	→ ≥5 years‡ → PPSV23

\* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

‡ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

## Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	→ ≥5 years → PCV20 Together, with the patient, vaccine providers <b>may choose</b> to administer PCV20 to adults ≥65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.

## Coordination of Care

It is important to update the patient's primary care provider whenever a vaccine is administered. An up-to-date vaccination record can help to improve health outcomes as well as streamline provider interventions.

If possible, see if you are able to communicate via EHR.

With COVID-19 vaccinations under way it is also important to know that coadministration of vaccines has been approved, if a patient is interested in getting the influenza or pneumococcal vaccine but has not yet gotten a COVID-19 vaccine, encourage them to do so.

Information on coadministration is available at [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#).

Below is a sample letter to use to coordinate care.

- [Coordination of Care – Sample Notification of Vaccination Letter](#)

**Standing orders  
allow nurses  
and pharmacists  
to administer  
vaccinations per a  
physician or agency,  
approved protocol.**

### Standing Orders

With standing orders, there is increased access to vaccination for community members. These programs can be instituted in inpatient and outpatient organizations, long-term care facilities, managed-care assisted living, correctional facilities, pharmacies and workplaces. The Immunization Action Coalition (IAC) provides [sample standing orders](#) for influenza, pneumococcal and COVID-19.

### State Resources/Registries

Please refer to your state's immunization program for additional information, resources and links to your [State Immunization Registry](#).

### Screening Questionnaire for Adult Immunization

Use the [Screening Checklist for Contraindications to Vaccines for Adults](#), put together by the IAC and adapted by the CDC, as a way to assess adults to determine contraindications, if any, to vaccines. The CDC also provides a [Pre-vaccination Checklist for COVID-19 Vaccines](#).

### Treatment of Adverse Reactions

The [Medical Management of Vaccine Reactions in Adults in a Community Setting](#) created by the IAC indicates what to do in the event of adverse reactions.

### Adverse Event Reporting Guidelines

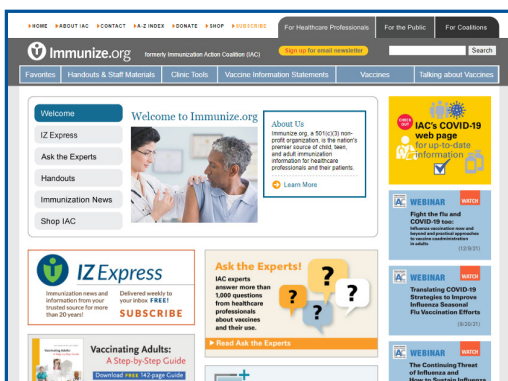
Report all vaccination adverse events through the U.S. Food and Drug Administration (FDA) Vaccines Adverse Events Reporting System (VAERS). Instructions for reporting adverse reactions your patients experience can be found on the [VAERS website](#).

# Patient Education and Self-Management

## Vaccine Information Statements

Vaccine information statements (VIS) documents are information sheets the CDC puts out to in-form vaccine recipients about the benefits and risks of vaccines. [VIS documents](#) must be given out prior to vaccine administration and it is considered a best practice to do so.

- [COVID-19](#)
- [Influenza](#)
- [Pneumonia PCV13](#)
- [Pneumonia PCV15](#)
- [Pneumonia PPSV20](#)
- [Pneumonia PPSV23](#)
- [RSV](#)



## Vaccine Resources

[Immunize.org](#) has a variety of resources for healthcare providers and provides information to patients and families about the composition of vaccines and the way in which they work.

[CDC What Vaccines are recommended for You](#) provides information on routine vaccines and other vaccines based on age, life events and health conditions.

## Vaccinations for Adults

The CDC's [Adult Immunization Schedule](#) outlines all the available and recommended vaccines for adults 19 and older. Pay special attention to the 65 years and older column for Medicare beneficiaries.

**COVID-19 vaccination recommendations have changed. Find the latest recommendations at [www.cdc.gov/covid19schedule](http://www.cdc.gov/covid19schedule)**

### Recommended Adult Immunization Schedule for ages 19 years or older 2023

**How to use the adult immunization schedule**

- 1** Determine recommended (Table 1)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (Table 2)
- 3** Review vaccine types, dosing frequencies and intervals, and considerations for special situations (Notes)
- 4** Review contraindications and precautions for vaccine types (Appendix)

**Vaccines in the Adult Immunization Schedule\***

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	2019V-mRNA 2019V-mRNA 2019V-APS	Comirnaty <sup>®</sup> /Pfizer-BioNTech COVID-19 Vaccine Spikevax <sup>®</sup> /Moderna COVID-19 Vaccine Novavax COVID-19 Vaccine, Recombinant Hibiscin <sup>™</sup> Hibiscin <sup>™</sup> Hiscin <sup>™</sup>
Hemophilus influenzae type b vaccine	HiB	ActHib <sup>®</sup> Hibiscin <sup>™</sup> Hiscin <sup>™</sup>
Hepatitis A vaccine	HePA	Recombivax <sup>®</sup> Vaqta <sup>™</sup>
Hepatitis A and hepatitis B vaccine	HeplisAB <sup>®</sup>	Twinrix <sup>™</sup>
Hepatitis B vaccine	HePB	Engerix-B <sup>®</sup> Heplisav-B <sup>®</sup> Pentabion <sup>®</sup> Recombivax-HB <sup>®</sup>
Human papillomavirus vaccine	HPV	Recombivax-HB <sup>®</sup> Gardasil <sup>™</sup>
Influenza vaccine (live attenuated)	FLV	Many brands
Influenza vaccine (inactivated)	LAIV4 IIV4	FluAid <sup>™</sup> Quadrivalent FluBac <sup>™</sup> Quadrivalent M-M-R <sup>™</sup> Quadrivalent
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CP23 MenB-4C MenB-HP	Menactra <sup>™</sup> Menveo <sup>™</sup> MenQuadri <sup>™</sup> Bexsero <sup>™</sup> TrumenB <sup>™</sup>
Meningococcal serogroup B vaccine	MenB-4C MenB-HP	MenQuadri <sup>™</sup> Bexsero <sup>™</sup> TrumenB <sup>™</sup>
Pneumococcal conjugate vaccine	PCV15 MenACWY-CP23	Vaxneuvac <sup>™</sup> Menveo <sup>™</sup>
Pneumococcal polysaccharide vaccine	PPSV20 PPSV23	Pneumovax <sup>™</sup> Prevenar 23 <sup>™</sup>
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Td Tdap	Tdap/IPV Adacel <sup>™</sup> Boostrix <sup>™</sup>
Tetanus and diphtheria toxoids and acellular pertussis vaccine	Td Tdap	Tdap/IPV Adacel <sup>™</sup> Boostrix <sup>™</sup>
Zoster vaccine, recombinant	RZV	Shingrix <sup>™</sup>

\*Administer recommended vaccines if vaccination history is incomplete or unknown. Do not restart or add doses to vaccine series if they are extended intervals between doses. Use the trade names for identification purposes only and does not imply endorsement by the IAC or CDC.

**Report:**

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department.
- Clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

**Injury claims:**

All vaccines included in the adult immunization schedule except PPSV23, RZV, and COVID-19 vaccines are covered by the National Vaccine Injury Compensation Program (VICP). COVID-19 vaccines that are authorized or approved by the FDA are covered by the Countermeasures Injury Compensation Program (CICP). For more information, see [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or [www.hrsa.gov/cicp](http://www.hrsa.gov/cicp).

**Questions or comments:**

Contact [www.cdc.gov/ncidod/diseases/immunization](mailto:www.cdc.gov/ncidod/diseases/immunization) or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m. – 8 p.m. ET, Monday through Friday, excluding holidays.

**Helpful information:**

- Download the CDC Vaccine Schedule app for providers at [www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html](http://www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html)
- Download the CDC Vaccine Schedule app for providers at [www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html](http://www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html)
- Download the CDC Vaccine Schedule app for providers at [www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html](http://www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html)
- Download the CDC Vaccine Schedule app for providers at [www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html](http://www.cdc.gov/vaccines/schedule/vaccine-schedule-app.html)

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

## Trusted Sources for Patients

Adapted from Superior Health Quality Alliance this [document](#) offers trusted online sources for credible immunization information for patients and families to explore outside of the doctor's office.



# Systems Management Billing

## Resources for Medicare Billing and Immunizations Education

Medicare Part B covers the influenza and pneumococcal vaccine. In 2012, to coincide with the CDC recommendations to begin vaccination efforts as soon as the influenza vaccine becomes available, the payment limit effective date was altered from September 1 to August 1. Updated information on payment allowances for influenza vaccines can be found in the [CMS annual update](#).

Influenza and pneumococcal vaccines are covered by Medicare Part B. Since the switch to ICD 10, coding changes are summarized in the [Roster Billing Guide for Influenza and Pneumonia Immunizations To Medicare Part B](#) (updated July 2020) from Palmetto GBA, a Medicare contractor.

The Medicare Learning Network (MLN) Medicare Preventative Services tool provides information and resources for various preventative services, including information on [influenza virus vaccine](#) and administration and [pneumococcal vaccine](#) and administration. The MLN also provides a [fact sheet](#) on Medicare Part D Vaccines.

## Additional Resources

[CMS Resources for Providers](#) contains many of the resources listed above, along with other CMS and government websites.

The CDC's [Seasonal Influenza Vaccination Resources for Health Professionals](#) includes great resources including toolkits, videos and flyers that can be used within your organization.

[Communicating the Benefits of Influenza Vaccination](#)

[Fall 2023 Respiratory Season Vaccination Decision Making for People 60 and Over](#)

[Get Adults' Vaccinations Back on Track](#)

[My One-Year Vaccination Action Plan](#)

[Friends and Family Vaccine Clinic Toolkit](#) provides tools and resources for planning your vaccine clinic.

[Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel](#) includes resources for improving influenza vaccination coverage among healthcare workers.

[Moving Needles](#) is a CDC-funded initiative that supports adult immunization as a standard of care and offers toolkits to help improve staff and resident immunization rates.

## IPRO QIN-QIO Contacts

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# Sample Physician Letter

Dear [doctor],

As you are most likely aware, each year nearly 80,000 people die from vaccine preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50–80 percent of these deaths — most of which occur in persons over 65 years of age — could be prevented with timely and widespread vaccination. In addition, COVID-19 has killed over one million people in the United States. Vaccines significantly reduce the severity of disease

In an effort to better protect our patients, our agency has set an immunization goal of \_\_\_\_ percent or higher for both influenza and pneumonia. Enclosed is our guideline for immunization at

\_\_\_\_\_.

We seek your support and ask that you continue to encourage patients and their family members/caregivers to be immunized.

In addition, for patients under 65 years of age, it is important to assess for other vaccinations that they may need based on their health conditions, age, occupation and/or participation in risky behaviors.

Thank you, as always, for making a difference.

Sincerely,

[Name]

# Sample Staff Letter

Dear [employee],

Each year, nearly 80,000 people die from vaccine-preventable influenza and pneumonia in the U.S., despite the availability of effective vaccines. Some 50-80 percent of these deaths could be prevented with timely and widespread vaccination. In addition, COVID-19 has killed over one million people in the United States. Vaccines significantly reduce the severity of disease.

You can protect yourself and prevent passing these serious illnesses and their complications to our patients by being immunized. Getting immunized is one way you can demonstrate your professional and ethical commitment to providing exemplary healthcare to our patients.

Our goal is to increase influenza immunization rates to \_\_\_\_\_ percent or higher this year. If you have any questions please contact

Thank you, as always, for making a difference.

Sincerely,

[Name]

# Sample Patient - Patient Representative - Family Letter

Dear [patient name] and family,

Each year, nearly 80,000 people die from vaccine-preventable flu and pneumonia in the U.S., despite the availability of effective vaccines. Some 50–80 percent of these deaths — most of which occur in persons over 65 years of age — could be prevented with timely and widespread vaccination. In addition, COVID-19 has killed over one million people in the United States. Vaccines significantly reduce the severity of disease.

We strongly encourage you to get immunized unless there is a medical reason that prevents you from being able to. With your approval, we will make arrangements to provide these immunizations.

You can protect yourself and prevent passing these serious illnesses and their complications to our patients by making sure that you are immunized each year. An influenza vaccination will protect you from getting the flu and from passing this serious illness to our most vulnerable patients. Getting immunized against the flu demonstrates your commitment to preserving the health of your loved ones. Additionally, vaccines are recommended for all ages based on each individual's health conditions and age — talk to your doctor to make sure that you are also up-to-date on all your other immunizations.

Ask your employer, health plan, family doctor or pharmacist about getting a flu shot. It's the right thing to do!

Sincerely, [Name]

# Coordination of Care Sample Notification of Vaccination Letter

Dear doctor or nurse at [primary care site],

We provided vaccination services today to the patient named below. You were identified as the primary care provider for this patient. An immunization record card was filled out and given to the patient. Please update your patient's clinic chart to include the vaccination information listed below.

Patient's name: \_\_\_\_\_

Patient's birth date \_\_\_\_\_

Vaccine	Date(s) Administered	Dose #/Lot # (if known)	Brand/Manufacturer
Influenza			
Pneumococcal polysaccharide (PPSV23 and/or PCV13, PCV 15, PCV 20)			
COVID-19			
Respiratory Syncytial Virus (RSV)			

Sincerely,

[Staff member's name, organization name]

# Vaccine Storage & Administration Roles and Responsibilities

Task	Staff
<p><b>ASSIGN AN IMMUNIZATION CHAMPION</b></p> <ul style="list-style-type: none"> <li>• Coordinates immunization efforts</li> <li>• Ensures staff is aware of vaccination efforts</li> </ul>	
<p><b>STORAGE</b></p> <ul style="list-style-type: none"> <li>• Use a proper storage unit</li> <li>• Ensure thermometer is properly calibrated</li> <li>• Order vaccine supply</li> <li>• Evaluate cold chain procedures</li> <li>• Inspect vaccine upon delivery</li> <li>• Rotate vaccine stock</li> <li>• Take immediate action if errors in storage/administration occur</li> </ul>	
<p><b>ADMINISTRATION</b></p> <ul style="list-style-type: none"> <li>• Review and update standing orders/resident orders</li> <li>• Never administer a vaccine later than the expiration date</li> <li>• Administer vaccine w/in the prescribed time following reconstitution</li> <li>• Wait to draw vaccines into syringes until immediately prior to administration</li> <li>• Never mix vaccines in the same syringe</li> <li>• Record vaccine and administration information, including lot numbers and injection sites in the patient/resident health record</li> </ul>	
<p><b>TIMING AND SPACING</b></p> <ul style="list-style-type: none"> <li>• Follow the currently recommended immunization schedules</li> <li>• Give recommended vaccines at the same visit/encounter</li> </ul>	

continued on next page

# Vaccine Storage & Administration Roles and Responsibilities

continued

Task	Staff
<p><b>VACCINE CONTRAINDICATIONS AND PRECAUTIONS</b></p> <ul style="list-style-type: none"> <li>Screen every patient/resident for contraindications and precautions</li> </ul>	
<p><b>COMMUNICATE ABOUT VACCINE BENEFITS AND RISKS</b></p> <ul style="list-style-type: none"> <li>Provide a copy of the most recent Vaccine Information Statement (VIS)</li> <li>Discuss the risks and benefits of vaccines using shared clinical decision making</li> <li>Ensure patient/resident and/or designee gave permission to receive vaccine</li> </ul>	
<p><b>MANAGE VACCINE SIDE EFFECTS</b></p> <ul style="list-style-type: none"> <li>Ensure procedures are in place for emergency care/anaphylactic reaction</li> <li>Implement office emergency plan e.g., epinephrine, airway, CPR</li> </ul>	
<p><b>REPORT SUSPECTED SIDE EFFECTS TO VAERS</b></p> <ul style="list-style-type: none"> <li>Report any possible vaccine side effects/adverse events to the Vaccine Adverse Event Reporting System (VAERS)</li> </ul>	

**RESOURCES:**

[ACIP Vaccine Recommendations and Guidelines - bit.ly/3sFTm9m](https://www.cdc.gov/vaccines/imz/downloads/pdf/13p1075.pdf)

[Adult Immunization Schedule - 2023 - bit.ly/3PkWyin](https://www.cdc.gov/vaccines/imz/downloads/pdf/13p1075.pdf)

[Screening Checklist for Contraindications to Vaccines for Adults - bit.ly/480uvx9](https://www.cdc.gov/vaccines/imz/downloads/pdf/13p1075.pdf)

[Skills Checklist for Vaccine Administration - bit.ly/3R6cLdK](https://www.cdc.gov/vaccines/imz/downloads/pdf/13p1075.pdf)

**Providers' Role: Importance of Vaccine Administration and Vaccine Storage & Handling - [bit.ly/3P3xI6o](https://www.cdc.gov/vaccines/imz/downloads/pdf/13p1075.pdf)**



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4. CDC. [COVID-19](#) Last reviewed September 25, 2023
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13. CDC. [\*Post-acute and Long-term Care Facility Toolkit: Influenza Vaccination among Healthcare Personnel | Seasonal Influenza \(Flu\) | CDC\*](#) October 2020
14. [5 Strategies to Strengthen Your Vaccine Recommendations on Vimeo](#)
15. CMS. [Immunization Resources | CMS](#)
16. [CDC: RSV in Older Adults and Adults with Chronic Medical Conditions](#)
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18. [CMS: Medicare Part D Vaccines, updated June, 2023](#)
19. [CDC. Provisional Mortality Data – United States, 2022](#)

The material presented within this guide were adapted from a previous version of this toolkit, as well as various toolkits from the Nursing Home Immunization Workgroup, the Centers for Disease Control and Prevention (CDC), Superior Health Quality Alliance, and other resources.



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