

Understanding
Vaccination Needs for
Adults and Seniors
Andrew JP Carroll MD
FAAFP

Clinical Assistant Professor, Dept of Family and Community Medicine, University of Arizona College of Medicine - Phoenix

Financial Disclosures

- Andrew Carroll, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose.
- None of the planners for this activity have relevant financial relationships to disclose with ineligible companies.
- The Arizona Alliance for Community Health Centers is accredited by the Arizona Medical Association to provide medical education for physicians.
- The Arizona Alliance for Community Health Centers designated the 2025
 Arizona Immunization Conference educational activity for a maximum of 11
 hours AMA PRA Category 1 Credits Physicians should only claim credit
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Slowly he would cruise the neighborhood, waiting for that occasional careless child who confused him with another vendor.



Overview of Adult Vaccinations

Seasonal Vaccines

Flu vaccines Covid





Senior Vaccines

- Pneumonia (Reco start at 50 yo)
 RSV
 Shingles
 Tdap

ADULT VACCINATIONS

- Tdap
- HPV
- Hepatitis A
- Hepatitis B
- Shingles
- Meningitis



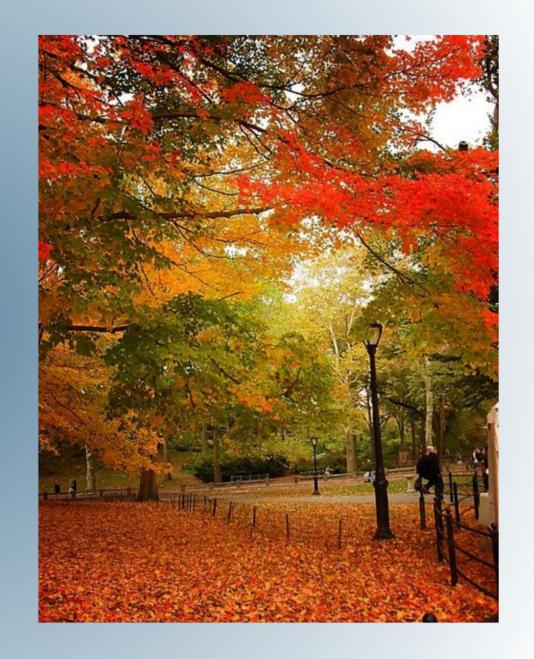


Senior Vaccines

- Pneumonia (Recommendations now start at 50 yo)
- RSV
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Seasonal Vaccines

Flu vaccines Covid RSV





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Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥50 years old

Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B	
None*	PCV20 or PCV21	PCV15 ≥1 year ^t PPSV23¹	
PPSV23 only at any age	≥1 year PCV20 or PCV21	≥1 year PCV15	
PCV13 only at any age	≥1 year PCV20 or PCV21	NO ORTION P	
PCV13 at any age & PPSV23 at <65 yrs	≥5 years PCV20 or PCV21	NO OPTION B	

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

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

Prior vaccines	Shared clinical decision-making option for adults ≥65 years old		
Complete series: PCV13 at any age & PPSV23 at ≥65 yrs	≥5 years PCV20 or PCV21	Together, with the patient, vaccine providers may choose to administer PCV20 or PCV21 to adults 265 years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of 65 years old.	

www.cdc.gov/pneumococcal/index.html



Pneumonia Vaccines

Adults 19–49 years old with specified immunocompromising conditions Complete pneumococcal vaccine schedules

Prior vaccines	Option A		Option B	
None*	PCV20 or PCV2		PCV15 ≥8 weeks PPSV23¹	
PPSV23 only	≥1 year PCV20 c	or PCV21	≥1 year PCV15	
PCV13 only	≥1 year PCV20 c	or PCV21		
PCV13 and 1 dose of PPSV23	≥5 years PCV20 o	or PCV21	NO OPTION B	
PCV13 and 2 doses of PPSV23	≥5 years PCV20 o	r PCV21 Revie	lo vaccines recommended at this time. www pneumococcal vaccine recommendations alin when your patient turns 50 years old.	
Immunocompromising conditions	Chronic renal failure Congenital or acquired asplenia Congenital or acquired immunodeficiency ⁶ Generalized malignancy	HIV infection Hodgkin disease latrogenic immunosuppression ¹ Leukemia Lymphoma	Multiple myeloma Nephrotic syndrome Sickle cell disease/other hemoglobinopathies Solid organ transplant	

⁶ Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous

1 Includes diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy

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¹ The minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose

Centers for Disease Control and Prevention

https://www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf?utm_medium=email&utm_source=govdelivery

¹ If PPSV23 is not available, PCV20 or PCV21 may be used

[†] 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 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

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PCV13 and 1 dose of PPSV23	≥5 years PCV20 or PCV21		
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[§] Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease)

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twindemic

INFLUENZA VACCINE PRODUCT GUIDE 2024-2025







0.5 mL single-dose syringe



2-49 YEARS OLD & HEALTHY

18 YEARS & OLDER







Fluzone® Trivalent Sanofi Pasteur, Inc. 5.0 mL multi-dose vial*

FluLaval* Trivalent

GlaxoSmithKline Biologicals

0.5 mL single-dose syringe

Fluzone® Trivalent

Flucelyax® Trivalent

5.0 mL multi-dose vial

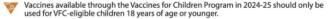
Sanofi Pasteur, Inc. 0.5 mL single-dose

STORE ALL INFLUENZA **VACCINES IN THE** REFRIGERATOR.

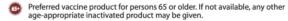
VFC Questions: Call 877-2Get-VFC (877-243-8832)

State General Fund (SGF) Flu Program participants can contact: sgfvaccine@cdph.ca.gov

Children under 9 years of age with a history of fewer than 2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See CDC Website



Multi-dose flu vaccines, which contain thimerosal, should NOT be given to pregnant women and children under 3 years of age unless Secretary of the Health and Human Services Agency issues an exemption (CA Health & Safety Code 124172).





California Department of Public Health

IMM-859 (8/24)

Flu and Covid

COVID-19 Vaccine Timing 2024-25 – Routine Schedule

For online version and details view Interim Clinical Considerations for Use of COVID-19 Vaccines. Schedule is subject to change.

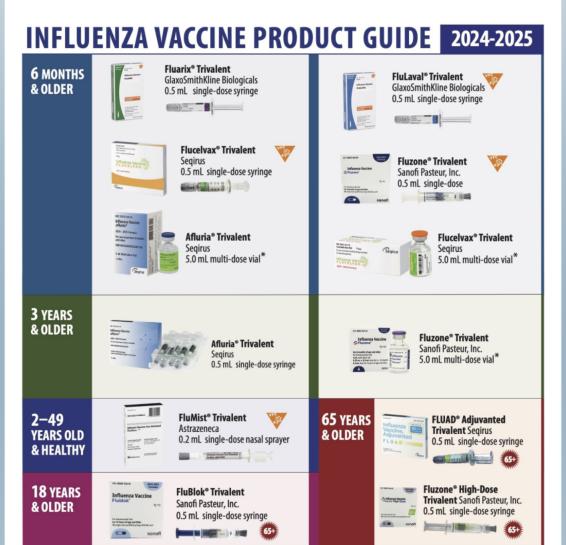
Age'	Vaccine	If unvaccinated:	If had any prior doses, give 2024-25 doses:	
6 months- 4 years†	Pfizer – Infant/Toddler	1st Jose Weeks 2nd Jose Weeks 3rd Jose	If 1 prior dose, then: 3-8" weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1	
	Moderna− Pediatric*	1st d-8 weeks" 2nd Dose	If 1 prior dose, then: 4-8 weeks If ≥2 prior doses then: ≥8 weeks 1	
5 –11 years	Moderna– Pediatric [≠]	1 Dose	If 1 or more prior doses (of any of the brands), then':	
	Pfizer – Pediatric	Dose ≥2 months 1 2024-2: Modern Novava		
12+ years	Pfizer- Adol/Adult (Comirnaty)	1 Dose	If 1 or more prior doses (of any of the brands), then':	
	Moderna– Adol/Adult (Spikevax)	1 Dose 6 months 4 Additional Dose Moderna/	Ages 12-64 years: ≥2 months 1 2024-25 Moderna/Pfizer/ Novavax	
	Novavax	1st 3-8 weeks Dose Open	Ages 65+ years: ≥2 months 1 6 months 2	

- * See CDC recommendations for children transitioning from a younger to older age group
- † Children 6 months 4 years should receive the same brand of the updated vaccine as the prior doses they received.
- ** An 8-week interval may be preferable for some people, especially for males 12-39 years.
- ≠ All Moderna doses 6 months 11 years are 0.25 mL (25 mcg).
- ^ Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.
- § Minimum interval 2 months.
- ¶ If >8 weeks passed since the first Novavax dose, any 2024–25 COVID-19 vaccine (Moderna/Pfizer/Novavax) may be given.



California Department of Public Health, Immunization Branch eziz.org

IMM-1396 (11/4/24) Page 1 of 2



STORE ALL INFLUENZA VACCINES IN THE REFRIGERATOR.

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- Vaccines available through the Vaccines for Children Program in 2024-25 should only be used for VFC-eliqible children 18 years of age or younger.
- * Multi-dose flu vaccines, which contain thimerosal, should NOT be given to pregnant women and children under 3 years of age unless Secretary of the Health and Human Services Agency issues an exemption (CA Health & Safety Code 124172).
- Preferred vaccine product for persons 65 or older. If not available, any other age-appropriate inactivated product may be given.



Flu and Covid

COVID-1

For online version Schedule is subject

Age*
6 months4 years†
5 -11
years

years

12+

* See CDC recomm

† Children 6 month

** An 8-week interv

≠ All Moderna dose

Janssen (J & J) va
 Minimum interva

If > 2 weeks pass

¶ If >8 weeks passe (Moderna/Pfizer/

024-2025

/ax® Trivalent

multi-dose vial²

ır, Inc. -dose vial*

Adjuvanted t Seqirus ingle-dose syringe





anofi Pasteur, Inc. le-dose syringe



fluenza vaccine are

25 should only be

to pregnant and Human



IMM-859 (8/24)

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aziz ara

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6 months– 4 years†	Pfizer – Infant/Toddler	1st 3-8 2nd ≥8 3rd Dose weeks Seeks	If 1 prior dose, then: 3-8" weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1	
	Moderna – Pediatric*	1st 4-8 2nd Dose	If 1 prior dose, then: 4-8 weeks 1 If ≥2 prior doses then: ≥8 weeks 1	
5 –11 years	Moderna – Pediatric [≠]	1 Dose	If 1 or more prior doses (of any of the brands), then':	
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	Novavax	1st 3-8 2nd Dose Weeks" 2nd	Ages 65+ years: ≥2 months 1 6 months 2	

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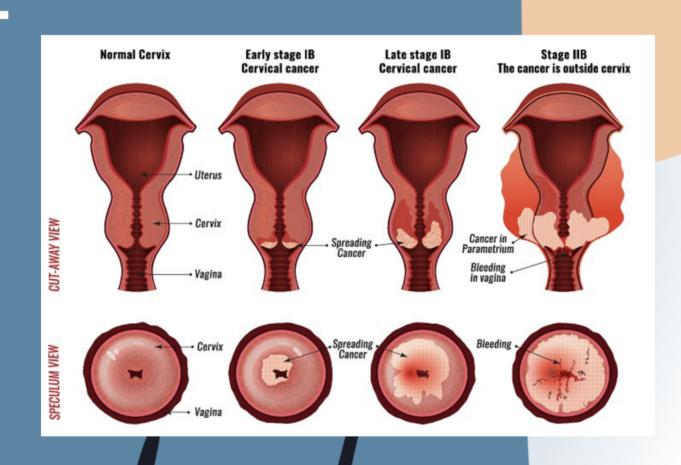


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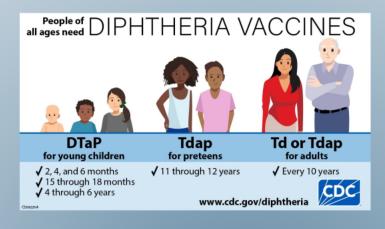
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HPV - The Only Vaccine Against Cancer

- Emphasis about attempting to vaccinate prior to first sexual activity, but is okay to receive at any time
- Discussion about safety, efficacy, long-term studies
- Reduction of cervical screening intervals
- Study in Lancet showed 80% reduction in cervical neoplasia in immunized cohort



Interval Vaccines









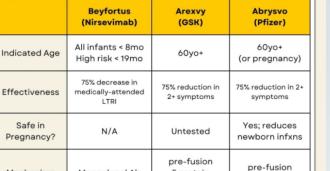


Monoclonal Ab

Mechanism



F protein



F protein

w/ adjuvant

all ages need DIPHTHERIA VACCINES



DTaP for young children

 \checkmark 2, 4, and 6 months

✓ 15 through 18 months

√ 4 through 6 years

Tdap for preteens

√ 11 through 12 years

Td or Tdap for adults

✓ Every 10 years



www.cdc.gov/diphtheria

Immunizations to Protect Against Severe RSV

	Who Does It Protect?	Type of Product	Who Is It Recommended For?	When Is It Available?
	Adults 60 and over	RSV vaccine	Adults ages 60-74 who are at increased risk of severe RSV AND Everyone ages 75 and older	Available any time, but best time to get vaccinated is late summer and early fall
	Babies	RSV antibody (nirsevimab) given to baby	All infants whose mother did not receive RSV vaccine during preg- nancy, and some children ages 8-19 months who are at increased risk for severe RSV	October through March*
19pr	Babies	OR RSV vaccine (Pfizer's ABRYSVO) given to mother during pregnancy	All pregnant women during weeks 32-36 of their pregnancy	September through January





New RSV Immunizations Comparison





	Beyfortus (Nirsevimab)	Arexvy (GSK)	Abrysvo (Pfizer)
Indicated Age	All infants < 8mo High risk < 19mo	60yo+	60yo+ (or pregnancy)
Effectiveness	75% decrease in medically-attended LTRI	75% reduction in 2+ symptoms	75% reduction in 2+ symptoms
Safe in Pregnancy?	N/A	Untested	Yes; reduces newborn infxns
Mechanism	Monoclonal Ab	pre-fusion F protein w/ adjuvant	pre-fusion F protein



What You Can Expect After Getting Shingrix



Common Side Effects

Where you got the shot:

- redness
- swelling
- pain



The rest of your body:

- muscle aches fever
- tiredness
- stomach pain

nausea

- headache
- shivering

These side effects may affect your ability to do daily activities, but they should go away on their own in a few days.

Remember

- Get the second dose of Shingrix even if you have a reaction after the first dose.
- Taking an over-the-counter pain medicine such as ibuprofen or acetaminophen after getting Shingrix can help ease discomfort from side effects.
- Contact your doctor if you have serious side effects.







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Touchpoints for Discussion

When to Bring up Vaccines

- Wellness exams
- · Biometric exams
- Participation exams
- Travel consultations
- Seasonal
- Injuries
- Prenatal discussionsparents and grandparents



How to have the discussion

- Make it part of a normal assessment of their preventive health
- Have staff work as a team to flank the patient with assessments
- Empower staff to encourage patients to be updated on vaccines
- Ask about life events--new children, grandchildren, etc
- Ask about upcoming vacation plans





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Travel and Personal Risks

- MMR
- Hepatitis A
- Hepatitis B
- Typhoid (Typhim and Vivotif Berna)
- Japanese Encephalitis
- mPox
- Yellow Fever
- Meningococcal vaccines
- Cholera
- Chikungunya

Others and Conclusions



Travel and Personal Risks

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01

Effective Approaches to Combat Vaccine Hesitancy - Tuckerman, et al. The Pediatric Infectious Disease Journal 41(5):p e243-e245, May 2022.

02

Nonstructural barriers to adult vaccination - Doherty, et al. Hum Vaccin Immunother. 2024 Apr 17;20(1):2334475.

03

https://www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf? utm_medium=email&utm_source=govdelivery 04 https://eziz.org/assets/docs/ IMM-859.pdf

https://eziz.org/assets/docs/COVID19/ IMM-1396.pdf

06 https://www.cdc.gov/diphtheria

07 https://www.cdc.gov/rsv

https://thecurbsiders.com/cribsiderspodcast/102

https://www.cdc.gov/shingles/downloads/shingrix-factsheet-adults-508.pdf

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Association between HPV vaccination and cervical screening policy changes and cervical cancer incidence and grade-3 cervical intraepithelial neoplasia incidence in England, 2006–2020: a population-based trends analysis Falcaro, Milena et al. The Lancet Regional Health – Europe, Volume 49, 101157

11

Information sharing and motivational interviewing techniques can build trust and make vaccine-hesitant patients more open to getting the shot.

SURASRI PRAPASIRI, MD, MPH, et al. Fam Pract Manag. 2023;30(2):19-23.

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https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/vaccine_reluctancy.html?cmpid=em_FPM_20200909