

Coming Attractions in the Immunization Arena

New immunization developments in the next year or so will make it more important than ever for your office to have systems in place to ensure you get the right vaccine to the right patient.

The new vaccine for H1N1 may be testing your systems now, as you prepare to vaccinate the five high-priority groups identified by the Centers for Disease Control and Prevention (CDC)—pregnant women, caretakers of those with children under 6 months, persons age 6 months to 24 years, persons age 25 to 64 years with chronic underlying medical conditions, and health care workers and emergency responders, said Gregory A. Poland, MACP, chair of ACP's Adult Immunization Advisory Board, and director of the vaccine research group and professor of medicine at the Mayo Clinic in Rochester, MN. More doses will be released each month through March, so the recommendations will probably change or broaden.

"It's going to be confusing to try and educate the public," Dr. Poland said. "Patients won't understand it and there will be a misperception among health care workers [who] still don't understand the seasonal vaccine."

Your practice will be best served by having an immunizations registry, talking to your state public health department to find out how the vaccine will be distributed, and deciding whether you should run a clinic.

Coming soon

Those systems and screening procedures will be even more critical as new vaccines and indications are released over the next year or so. Key among those developments are the following:

- **The adjuvant factor:** A lot of work is going into developing an adjuvant flu vaccine, which could be key for patients 65 years of age or older or immunocompromised patients—populations that haven't always responded well to the current vaccine. It would also help by making any last-minute vaccines work faster and could be used in other vaccines, Dr. Poland said.
- **Pneumococcal conjugate:** The polysaccharide vaccine for adults could be replaced by a conjugate version that would cover 13 instead of 7 strains, said Kathleen Neuzil, FACP, director of the influenza vaccine project at the Seattle-based PATH. The vaccine will be available next year for children and is in trial for adults now. "I think it is exciting. It's a new tool that could increase coverage," she said.
- **Human papillomavirus (HPV) vaccine:** Internists will almost certainly see broadening of the HPV vaccine to males in the same age group as the

existing recommendation for women, according to Dr. Poland. However, Dr. Neuzil noted that information is still being gathered to address the debate over how many cases of genital warts the vaccine would prevent and whether expanding the recommendation would be cost effective.

In addition, a bivalent vaccine may be available in a couple of years, Dr. Poland said.

- **Expanded recommendation:** The CDC Advisory Committee on Immunization Practices (ACIP) is discussing adopting a policy recommendation that all Americans get vaccinated against influenza, said Dr. Neuzil, who is also an ACIP member.

According to Dr. Poland, future developments in the vaccine field include transdermal or transcutaneous shots, combination vaccines, and legislation mandating a set of vaccines for health care workers.

Gearing up

Although having a universal recommendation for the influenza vaccine would eliminate having to sift through risk factors, none is currently in place for influenza, and such a recommendation would not address the other complications of vaccine delivery.

"More vaccines are available but they are not getting used to the level they should be," Dr. Poland said.

That dilemma is only likely to escalate as the number of older patients grows along with the types of vaccines. The key, Dr. Neuzil said, is to stay up-to-date on vaccine recommendations by checking the CDC's Web site (www.cdc.gov) and to have innovative systems that make it easy to vaccinate people.

Dr. Poland said such a system to screen patients for vaccines should:

- Use standing orders whereby nurses can administer vaccines without a doctor having to write individual orders by screening for indications and contraindications for each patient;
- Screen whether vaccines are due and whether past vaccines have been delivered according to the approved schedule;
- Include a way to retrieve that information.

Finally, internists should take a cue from pediatricians and routinely check on patients' vaccines, he said. "There's been a deficit in training of [internists]," he said. "Just like in pediatrics, internists and subspecialists should use every encounter to update the adult immunization schedule for that patient."

Adult Immunization News is made possible by an unrestricted educational grant from Sanofi-Pasteur.