Facilitating Influenza and Pneumococcal Vaccination Through Standing Orders Programs


http://jama.ama-assn.org/cgi/content/full/289/10/1238

Correction  Contact me if this article is corrected.
Citations  Contact me when this article is cited.

Subscribe
http://jama.com/subscribe

Permissions
permissions@ama-assn.org
http://pubs.ama-assn.org/misc/permissions.dtl

Email Alerts
http://jamaarchives.com/alerts

Reprints/E-prints
reprints@ama-assn.org
avoid carbon monoxide intoxication), especially at night, and by wearing properly insulated clothes while performing outdoor activities. The outer layer of clothing should be tightly woven and wind resistant. Inside layers of wool, silk, or polypropylene are preferred over cotton. Persistent shivering always is a signal to return indoors.

REFERENCES

Facilitating Influenza and Pneumococcal Vaccination Through Standing Orders Programs

MMWR. 2003;52:68-69

INFLUENZA AND PNEUMOCOCCAL VACCINES are underused for persons in the United States aged ≥65 years (66% receive influenza vaccine and 55% pneumococcal vaccine).1 even among patients in nursing homes (68% for influenza and 38% for pneumococcal vaccine).2 Systematic literature reviews by the Task Force on Community Preventive Services and the Southern California Evidence-Based Practice Center–RAND have shown that standing orders programs improve vaccination rates.3-4 Standing orders programs authorize nurses and pharmacists, where allowed by state law, to administer vaccinations according to an institution-or physician-approved protocol without the need for a physician’s examination or direct order. Several studies have shown improved influenza and pneumococcal vaccination rates through standing orders programs specifically in long-term care facilities (LTCFs) and hospitals.5-6 Based on the strength of available evidence, the Advisory Committee on Immunization Practices recommends the use of standing orders programs in both outpatient and inpatient settings.7

As a result of this recommendation, on October 2, 2002, the Centers for Medicare and Medicaid published an interim final rule8 that removes the physician signature requirement for influenza and pneumococcal vaccinations from the Conditions of Participation for Medicare and Medicaid participating hospitals, LTCFs, and home health agencies (HHAs). The Conditions of Participation for these types of facilities require orders for drugs and biologicals to be in writing and signed by the practitioner(s) responsible for the care of the patient, with the exception of influenza and pneumococcal polysaccharide vaccines, which can be administered per physician-approved facility or agency policy after an assessment for contraindications. State agencies should be informed about this change so that appropriate policy revisions can be implemented.9

This modification will improve access to influenza and pneumococcal vaccination in hospitals, LTCFs, and HHAs as allowed by state law, consistent with standing orders programs already allowed in community and physician’s outpatient office settings. If implemented rapidly, this change will facilitate achievement of the national health objective for 2010 of vaccinating at least 90% of the institutionalized and noninstitutionalized population aged ≥65 years.10

REFERENCES
7. CDC. Use of standing orders programs to increase adult vaccination rates: recommendations of the Advisory Committee on Immunization Practices. MMWR 2000;49(No. RR-1).