

December 22, 2011

This important news alert is for all pharmacists, especially those who are actively involved in vaccinating patients as a part of their practice:

Regarding the need for additional screening of patients prior to the administration of live vaccines, we were recently contacted by an oncology provider group with regards to patient reports of some possible screening issues which have resulted in oncology patients receiving zoster vaccine at various pharmacies in Western Montana. Because of our extensive email list we were asked by the oncology provider group to notify all immunizing pharmacists that this has occurred.

As a reminder, Zoster and other live virus vaccines require additional patient screening to avoid administration to patients with moderate or severe illness and who are immune compromised, including those with AIDs and cancer diagnoses and those taking immunosuppressive therapy.

The Immunization Action Coalition (www.immunize.org) provides excellent support for our programs, and has developed standard order forms and screening forms for our use. I've attached their sample standard orders form for Zoster vaccine and the VIS. Will everyone please make a quick check of their pre-vaccine patient screening processes for vaccines, particularly for live attenuated vaccines, to ensure that all of the appropriate questions are being asked? It may also help to remind other pharmacists on your staff to be particularly cautious about screening when live attenuated vaccines are being administered.

With regard to the question of patients taking steroids, the IAC recommends:

Should vaccines be withheld for patients on steroids?

Steroid therapies that are short term (less than 2 weeks); alternate-day; physiologic replacement; topical (skin or eyes); aerosol; or given by intra-articular, bursal, or tendon injection are not considered contraindications to the use of live virus vaccines. The immunosuppressive effects of corticosteroid treatment vary, but many clinicians consider a dose equivalent to either 2 mg/kg of body weight or a total of 20 mg per day of prednisone for 2 or more weeks as sufficiently immunosuppressive to raise concern about the safety of vaccination with live virus vaccines (e.g., MMR, varicella, LAIV, yellow fever). Providers should wait at least 1 month after discontinuation of therapy or reduction of dose before administering a live virus vaccine to patients who have received high systemically absorbed doses of corticosteroids for 2 weeks or more. Inactivated vaccines and toxoids can be administered to all immunocompromised patients in usual doses and schedules, although the response to these vaccines may be suboptimal. http://www.immunize.org/askexperts/experts_general.asp#precautions (accessed 12/22/2011)

If you have any questions or concerns please feel free to contact me at any time.

Thank you and Happy Holidays!

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