



STATE OF MARYLAND

DHMH

Office of Health Services
Medical Care Programs

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

October 9, 2009

TO: Nursing Home Administrators

FROM: Mark A. Leeds, Director
Long Term Care and Community Support Services Administration

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this memo.

RE: **Immunization Against the Seasonal Influenza Virus, Pneumococcal Disease, and 2009 H1N1 (Swine) Flu**

As you are aware, nursing homes are required to immunize residents against the seasonal influenza virus and pneumococcal disease, and employees against the influenza virus. In addition, the Centers for Disease Control and Prevention (CDC) has recommended that healthcare staff, emergency medical services personnel, and persons aged 25 to 64 years with chronic health disorders or compromised immune systems receive the 2009 H1N1 (Swine) Flu vaccination. The seasonal influenza vaccine will not provide protection against the 2009 H1N1 Flu. This memorandum is intended to address these requirements and payment issues for Maryland Medicaid recipients.

Seasonal Influenza and Pneumococcal Immunization

Medicare Part B covers the seasonal influenza and pneumococcal vaccines and their administration. Therefore, the Maryland Medicaid Pharmacy Program will pay for these vaccinations given only to Medicaid eligible recipients who do not have Medicare Part B benefits.

Although the current influenza vaccine may contain one or more antigens used in previous years, immunity declines in the year following vaccination. Therefore, annual vaccination using the current vaccine is required. Remaining 2008-2009 vaccine should **not** be used to provide protection for the 2009-2010 influenza season. If your facility is part of an organization and does not have vaccine, or is scheduled to receive it later in the season, contact your parent company to determine if vaccine can be redistributed within your health system. You may also contact the local health department to ask for assistance in locating needed quantities of influenza vaccine.

Vaccination for the seasonal influenza virus should be routinely provided to residents of nursing facilities, with concurrence of physicians, rather than by procuring vaccine administration orders for each resident. Consent for vaccination should be obtained at the time of admission to the facility, and all residents vaccinated at one period of time immediately preceding the influenza season. It is recommended that immunizations for current residents be completed by the end of November. Residents admitted after completion of the vaccination program should be immunized at the time of admission during the winter months. Before the influenza season, facilities should offer influenza vaccine to all personnel, including night and weekend staff.

Individuals known to have an anaphylactic hypersensitivity to eggs should not be given inactivated influenza vaccine. Persons with acute febrile illnesses usually should not be vaccinated until their symptoms have abated. It should also be noted that the influenza virus nasal spray vaccine is not recommended for persons over 49 years of age or persons age 49 or younger who have an underlying medical condition that predisposes them to influenza complications. Therefore, it should not be used for the majority of nursing home residents and will not be reimbursed by Medicaid for residents 50 years of age and older.

Pneumococcal vaccine is also recommended for many of the same high-risk persons for whom influenza vaccine is recommended. While both vaccines can be given at the same time at different sites without increasing side effects, the pneumococcal vaccine can be given even if influenza vaccine is not available. If a resident's prior pneumococcal vaccination status is unknown, they should be vaccinated. The target groups for influenza and pneumococcal vaccine overlap considerably.

Coverage of influenza and pneumococcal vaccine has not changed with the implementation of the Medicare Part D drug benefit and will continue to be covered under Medicare Part B. Follow Medicare's instructions for billing these vaccines. For Medicaid recipients without Medicare Part B coverage, bill the Maryland Medicaid Pharmacy Program (MMPP). For any questions regarding billing these vaccines under Medicaid, contact the MMPP at 410-767-1455 or 1-800-492-5231 (option 3).

2009 H1N1 Influenza Immunization

The CDC has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available, including healthcare workers¹ and persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among higher risk groups has been met, facilities should offer vaccination to people 65 or older. Separate consent for the 2009 H1N1 vaccination should be obtained before administration, even if general immunization consent is already in the resident's record. Because the 2009 H1N1 vaccine is free, Medicaid reimbursement is not available for the vaccine.

¹ As with seasonal influenza, facilities should offer this immunization to all staff, including night and weekend staff.

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In order to receive the 2009 H1N1 vaccine, facilities are required to pre-register with the Department and complete a Provider Agreement that outlines the specific terms and conditions of vaccine use and accountability as defined by federal and state authorities. Facilities may pre-register by visiting the Department's H1N1 Response site at <http://www.dhmh.state.md.us/swineflu/h1n1registration.html>.

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For further information concerning influenzas and vaccinations, please contact the Center for Immunization at 410-767-6679 or visit their website at www.edcp.org.

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cc: Nursing Home Liaison Committee
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