Regardless of the motive, managers and leaders in long-term care facilities should take the initiative to see that all persons connected to the facility receive influenza vaccine. Using a contracted service is also an attractive option, as these companies are set up to provide both Part B and Part D vaccines.

There is one fly in the ointment when it comes to applying these findings in the real world. Costs of nursing home care are often covered through a variety of manipulations. For high-dose influenza vaccines, the idea is simple: higher doses produce greater protection.

The research-based innovations described in the December 2017 issue of this newsletter have significant implications for providers in long-term care settings. For example, the high-dose trivalent influenza vaccine significantly reduced total health care costs of influenza in a long-term care population. Presented at: American Geriatrics Society 2018 Annual Scientific Meeting; May 4, 2018; Orlando, FL. Abstract P17.

The high-dose vaccine is targeted to persons aged 65 years and older, and it is particularly effective in preventing severe influenza and associated hospitalization among this group of persons. The Centers for Disease Control and Prevention (CDC) recommends the high-dose vaccine for all persons 65 years of age and older. Based on hospitalizations during the 2015–16 influenza season, the relative vaccine effectiveness for high-dose versus standard-dose influenza vaccine.

In February 2017, the Centers for Medicare & Medicaid Services (CMS) announced that it would pay an additional $20 for high-dose influenza vaccine during the 2017–18 influenza season. Influenza can also necessitate transfers to acute care facilities with all their added expense, disorienting sequelae, produce delirium, lead to patient isolation or even facility closure, and result in cardiovascular disease.

For high-dose influenza vaccines, the idea is simple: higher doses produce greater protection. Using a contracted service is also an attractive option, as these companies are set up to provide both Part B and Part D vaccines. However, the high-cost and lower immunogenicity of the high-dose vaccine have been identified as barriers to its acceptance by health care providers and patients. In the current study, the high-dose influenza vaccine would provide greater protection.

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