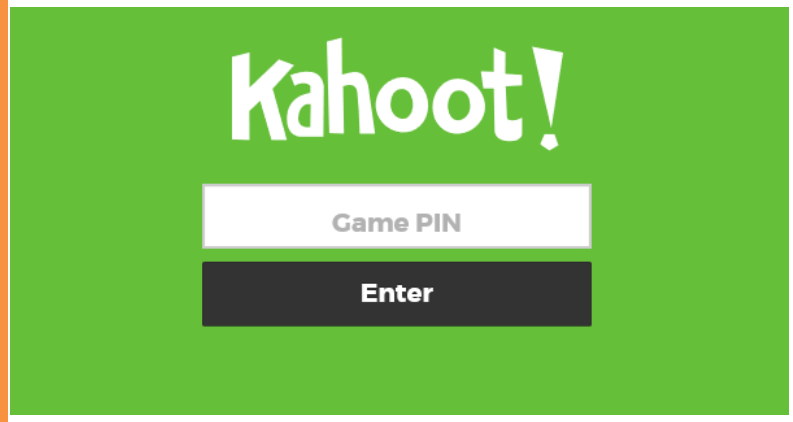
WELCOME!

Before we get started…Please get out your phone, tablet, or computer.

Please use the paper info tents located on your table to help login to the room's wifi if you need it.

Once connected, open your web browser and visit https://kahoot.it/#/



←You should see a screen that looks like this.
Please refer to the paper info tents on the table for your location's "Game Pin".

Make a name that is identifiable to you only.

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Partnering to Immunize Our Children and Families

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Introduction
(Section A)
Presentation Packet & Binder

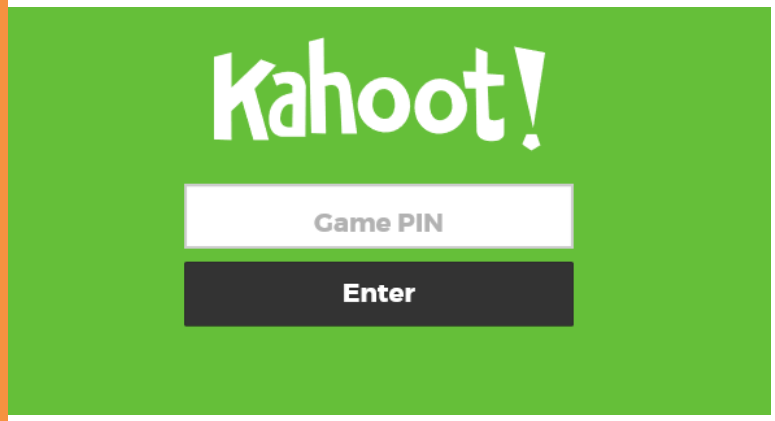
Packet is one per person and binder is one per practice!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Kahoot! Pre-Survey

- Get out your phone, tablet, or computer
- Open your web browser and visit https://kahoot.it/#/



←You should see a screen that looks like this and your "Game Pin" for the Pre-Survey is____###____.

1. **Make a name that is identifiable to you only**
2. **Your score is reflective of your phone's network and your speed in answering**

tapi The Arizona Partnership for Immunization

WhyImmunize.org

EMPOWERMENT SYSTEMS, INC.

"Empowering People to Improve Lives"

Arizona Living Well Institute

At Empowerment Systems, Inc.

azlwi.org

ARIZONA COALITION FOR MILITARY FAMILIES

BUILDING SUPPORT FOR ALL WHO SERVE

Arizonacoalition.org

GVAHEC

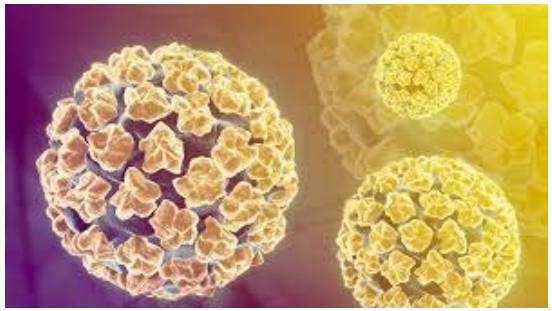
Greater Valley Area Health Education Center

At Empowerment Systems, Inc.

gvahec.org

Advancing the health care workforce by inspiring students to enter health careers, empowering health professionals, and engaging communities in health education.

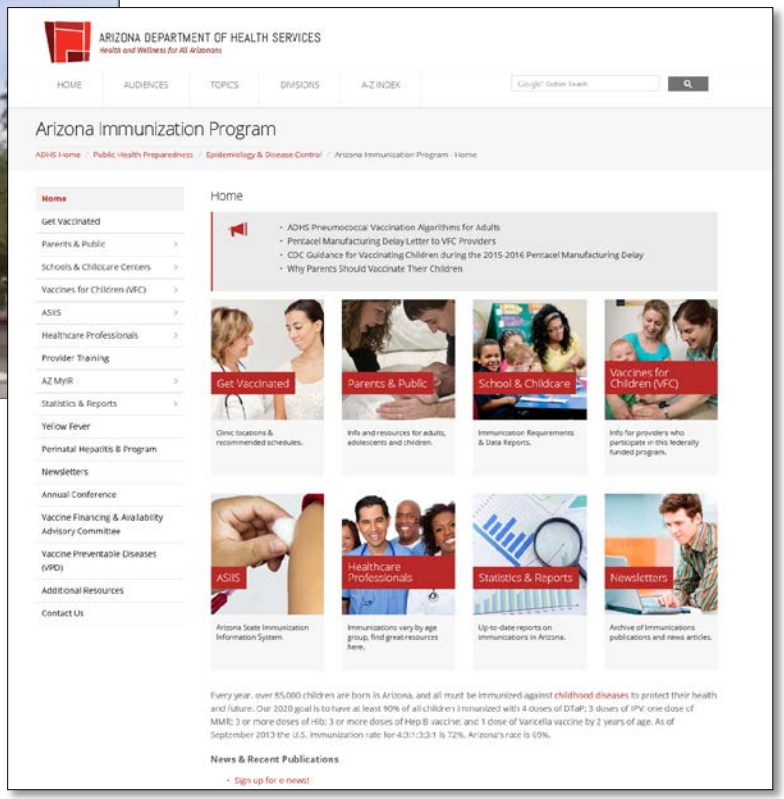
- 5 Year Grant from the CDC through the National AHEC



- Collaboration with TAPI and other Stakeholders to improve and increase HPV coverage rates in Arizona

EMPOWERMENT SYSTEMS, INC.
"Empowering People to Improve Lives"

Arizona Immunization Program



Mission

We foster community wellness and advocate for good public policy and best immunization practices.

Goal

To deliver age appropriate immunizations by the year 2020 to at least 90% of Arizona's two-year-old children before their second birthday and to encourage appropriate immunizations through the lifespan.

tapi The Arizona Partnership for Immunization

WhyImmunize.org

TAPI

Nearly 85,000 babies are born in Arizona each year –

None of them arrive immunized!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

The Arizona Partnership for Immunization

Find Us + **Like Us** + **Tweet** = Prizes

#TIPSTRN2016 (hashtag)

WhyImmunize.org

tapi The Arizona Partnership for Immunization

WhyImmunize.org

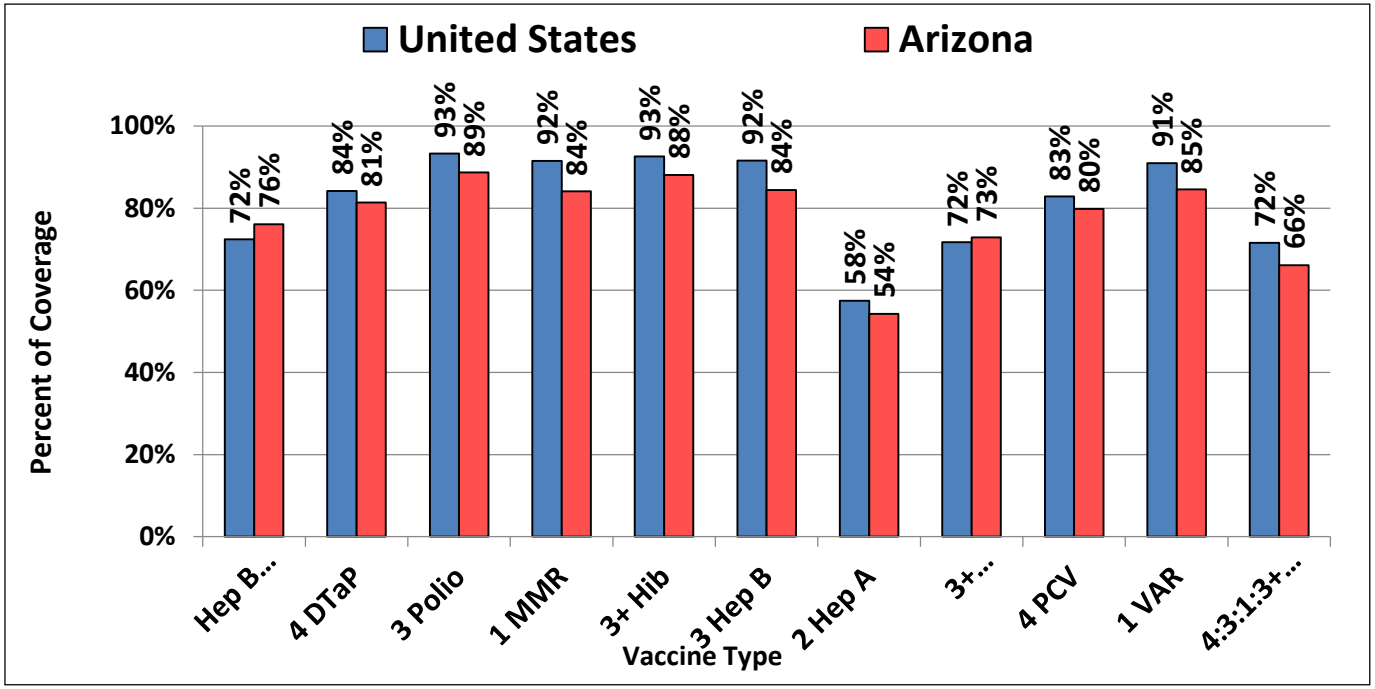
The Arizona Partnership for Immunization…TAPI

- Partners include you!
- Working together can improve outcomes
- Increase coverage rates by implementing best practices
- Where are we now?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

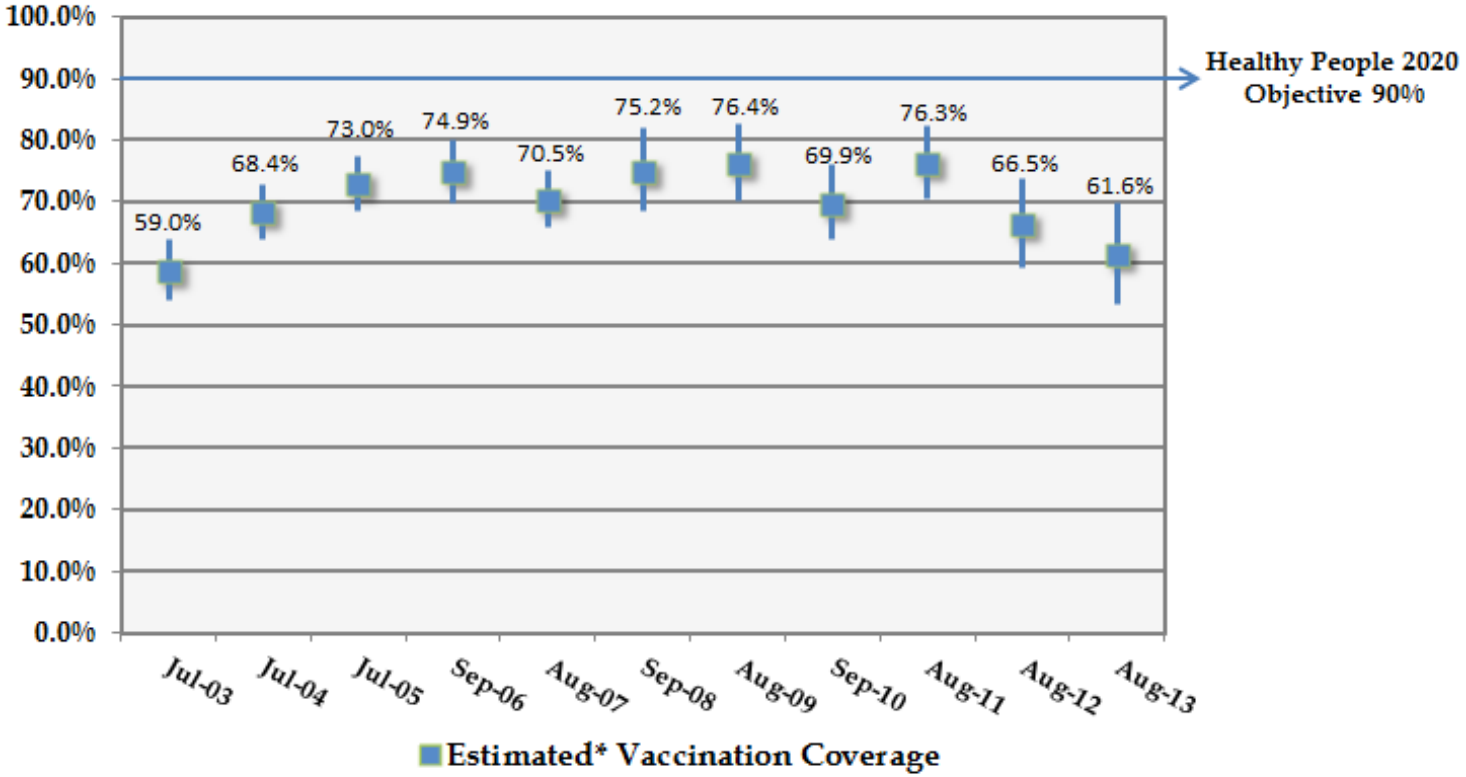
National Immunization Survey
Coverage Level Estimates*
of 19-35 month olds in Arizona and the United States



*Confidence intervals for coverage level estimates range from 0.7% to 1.6% for the U.S., and from 5.1% to 8.1% for Arizona.
Source: National Immunization Survey (NIS) results posted at http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/data/tables-2014.html. The 2014 NIS was conducted during 2014 and released in August, 2015.
Prepared by The Arizona Partnership for Immunization.

Arizona National Immunization Survey Results

Children 19 to 35 Months of Age with: 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella



** Estimates presented as point estimate (%) ± 95% Confidence Interval.*

Prepared by Arizona Department of Health Services Immunization Program Office. Data Based on National Immunzation Survey Results

tapi The Arizona Partnership for Immunization

WhyImmunize.org

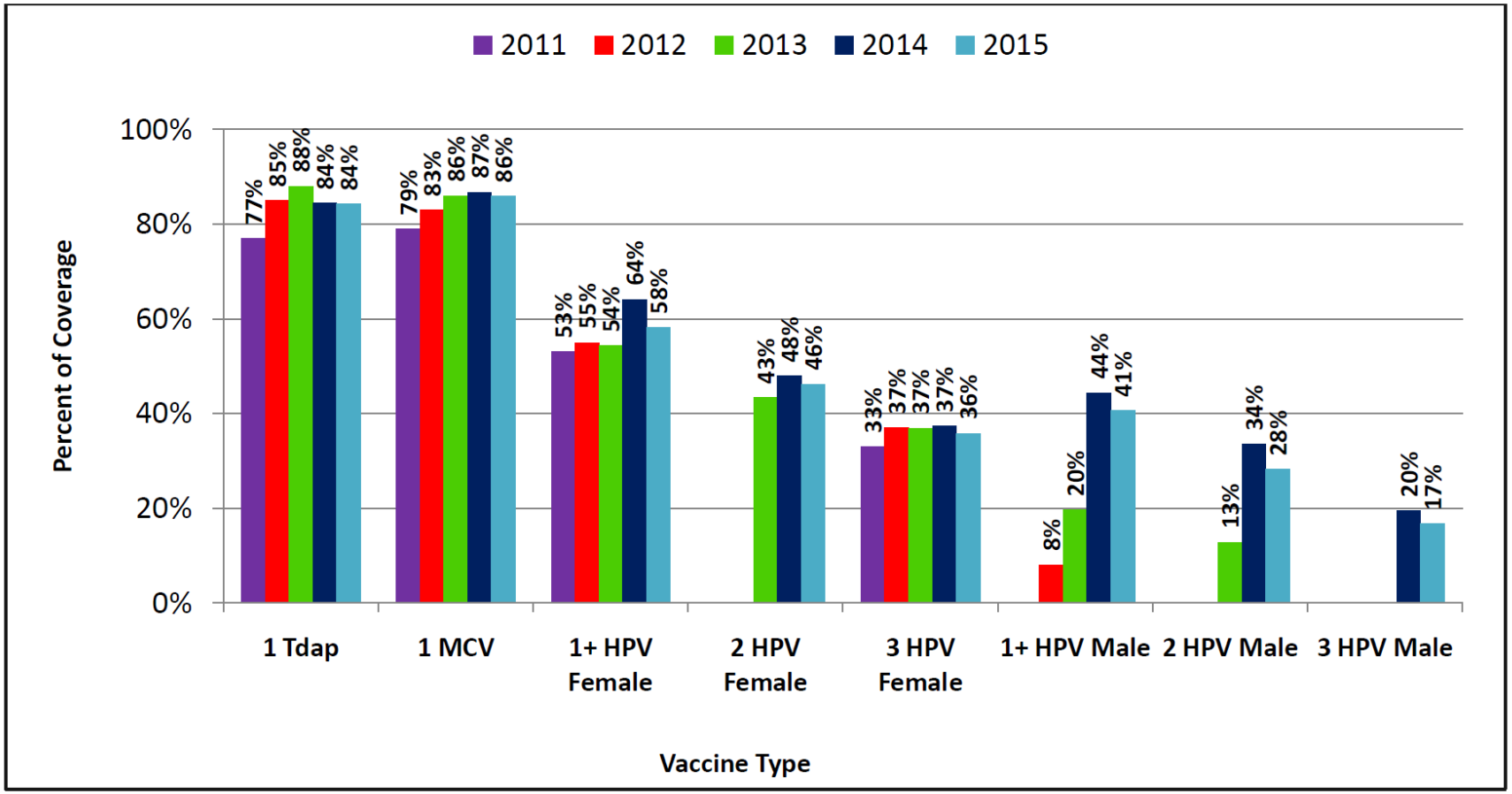
National Immunization Survey
Coverage Level Estimates* (with confidence intervals)
of 19-35 month olds in Arizona Compared to Other States, Puerto Rico (P.R.) and D.C.

	Arizona	Comparison to Other Estimated Coverage Levels
4 DTaP	**81.4%** (±6.4)	12 states + D.C. are lower; 38 states + P.R. are higher
3 Polio	**88.7%** (±5.5)	1 state is lower; 48 states, D.C. + P.R. are higher
1 MMR	**84.1%** (±6.3)	0 states are lower; all states + D.C. and P.R. are higher
3+ Hib	**88.1%** (±5.6)	2 states are lower; 48 states + D.C. and P.R. are higher
Hib Full Series	**77.0%** (±7.1)	4 states are lower; 35 states + D.C. and P.R. are higher
3+ Hep B	**84.4%** (±6.2)	1 state is lower; 48 states, D.C. + P.R. are higher
Hep B birth dose	**76.1%** (±6.8)	26 states and D.C. are lower: 23 states and P.R. are higher
1 Varicella	**84.6%** (±6.2)	1 state is lower; 48 states, D.C. + P.R. are higher
3 PCV	**87.0%** (±6.0)	1 state and P.R. are lower; 48 states and D.C. are higher
4 PCV	**79.8%** (±6.7)	8 states and P.R. are lower; 41 states and D.C. are higher
2 Hep A	**54.3%** (±8.1)	17 states are lower; 32 states + D.C. and P.R. are higher
4:3:1:3+:3:1:4	**66.1%** (±8.0)	7 states and P.R. are lower; 42 states + D.C. are higher

*Confidence intervals for Arizona coverage level estimates range from 5.1% to 8.1%. Consult data tables at the link below for other states, D.C. and Puerto Rico. Source: National Immunization Survey results posted at http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/data/tables-2014.html. Prepared by The Arizona Partnership for Immunization.

Arizona Immunization Coverage Levels of 13-17 year olds

Teen National Immunization Survey Results by Year of Data Release

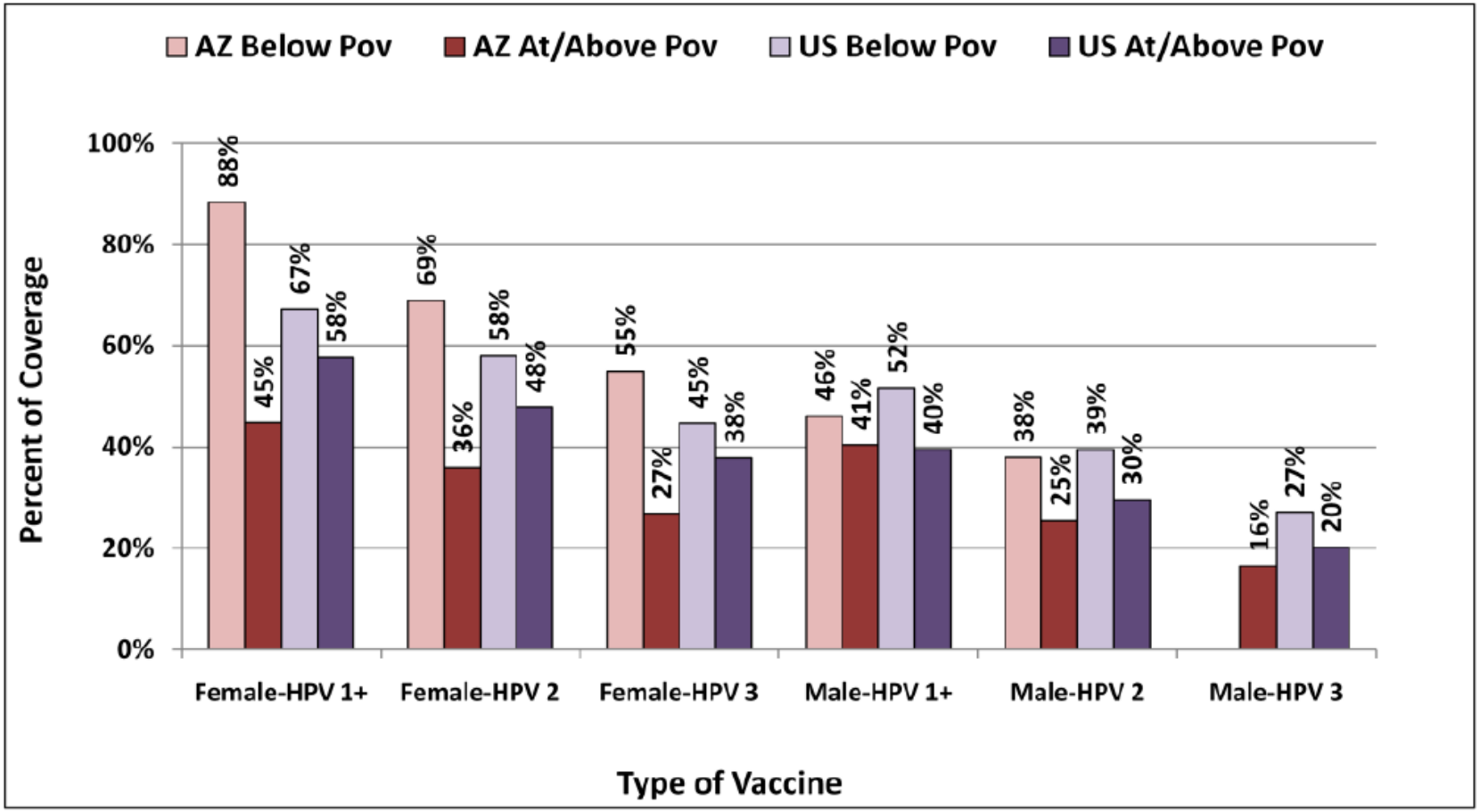


Source: Teen National Immunization Surveys conducted 2010 through 2014, and released 2011 through 2015. Raw data is available at http://www.cdc.gov/vaccines/imz-managers/coverage/nis/teen/index.html. Prepared by: The Arizona Partnership for Immunization.

Graph 2

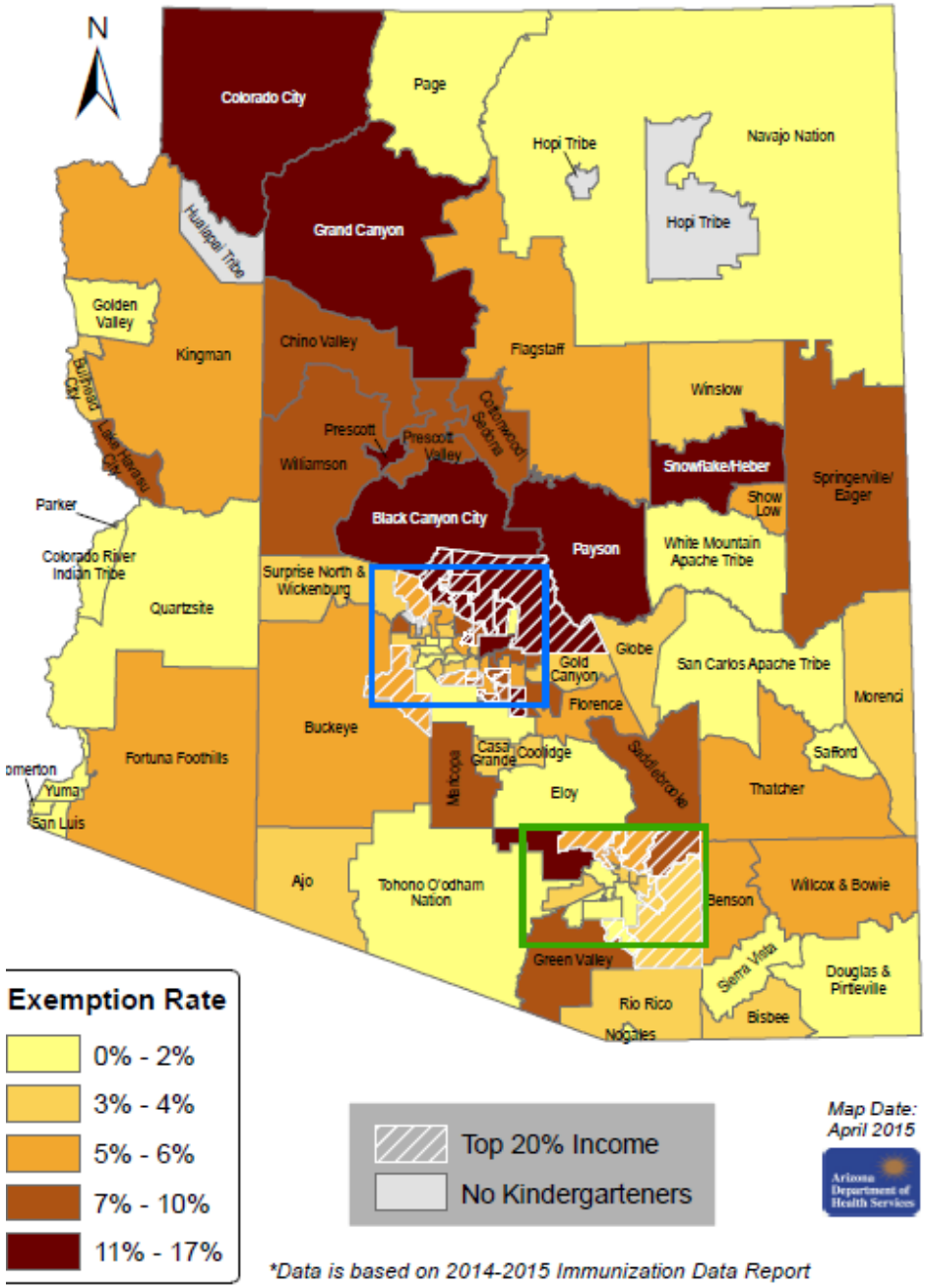
HPV Coverage Levels in the United States and Arizona

13-17 Year Olds Living At/Above Poverty and Below Poverty



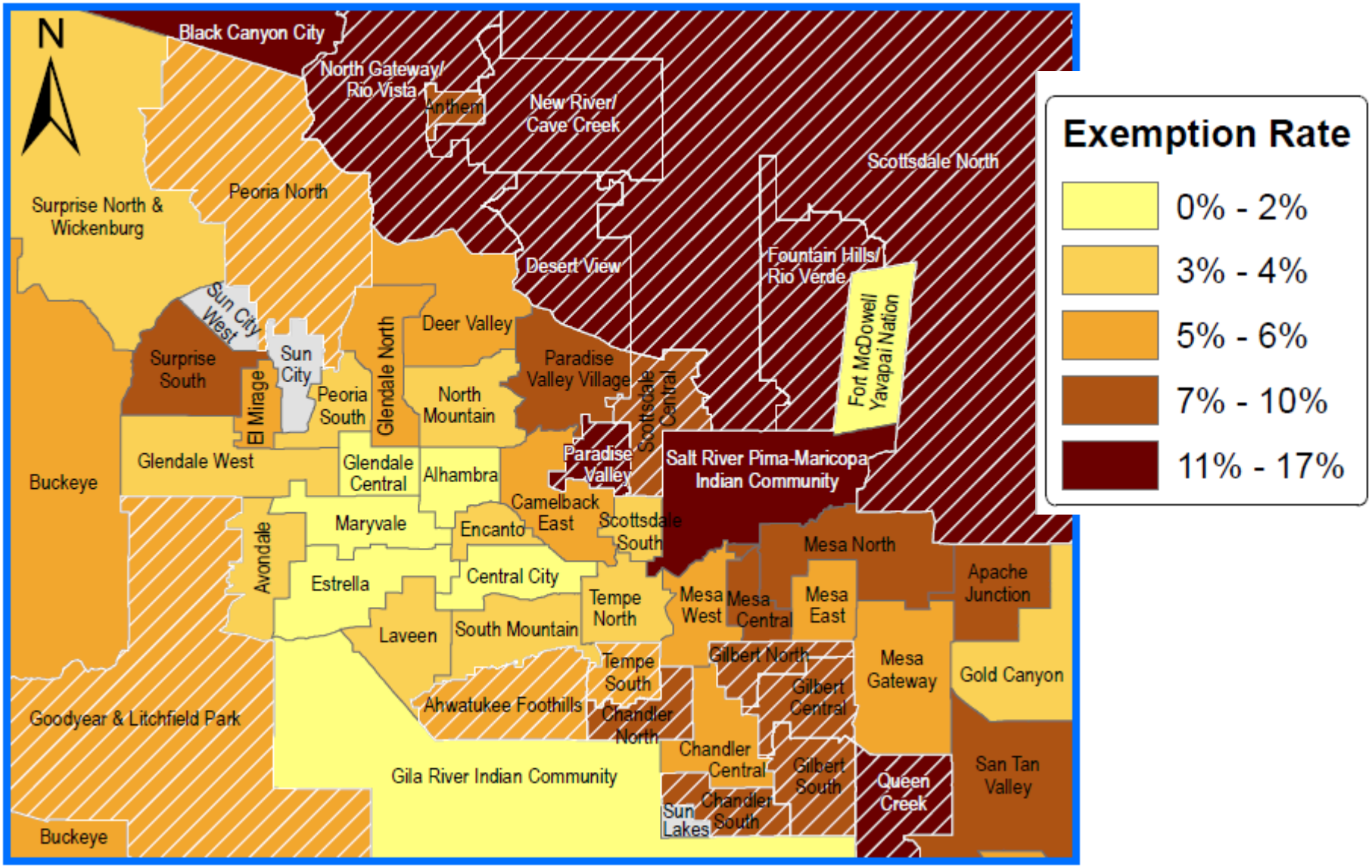
Prepared by The Arizona Partnership for Immunization. Source: Teen National Immunization Survey conducted in 2014 with results released in July 2015. Complete data tables available at http://www.cdc.gov/vaccines/imz-managers/coverage/nis/teen/index.html.

Kindergarteners with Personal Belief Exemptions*



*Data is based on 2014-2015 Immunization Data Report

Metro Phoenix



Arizona Sixth Grade Personal Exemptions by Year and County

	2010-11	2011-12	2012-13	2013-14	2014-15
Apache	0.4%	1.0%	1.3%	2.1%	1.0%
Cochise	2.1%	1.4%	2.4%	1.3%	2.1%
Coconino	7.3%	11.6%	4.3%	5.8%	4.1%
Gila	4.3%	2.9%	4.0%	3.9%	3.6%
Graham	1.7%	1.6%	3.7%	8.1%	1.7%
Greenlee	9.3%	7.1%	2.7%	0%	1.0%
La Paz	0%	1.2%	1.0%	1.1%	0.6%
Maricopa	4.0%	4.2%	4.2%	5.2%	5.1%
Mohave	4.8%	5.9%	3.4%	3.4%	5.8%
Navajo	3.8%	2.8%	4.2%	4.7%	6.0%
Pima	2.4%	0.2%	2.7%	2.9%	2.9%
Pinal	3.8%	5.5%	5.4%	5.2%	4.4%
Santa Cruz	0.9%	1.1%	1.0%	1.9%	1.3%
Yavapai	9.8%	9.4%	10.9%	10.2%	12.4%
Yuma	0.5%	0.1%	0.3%	0.9%	0.4%
Total	3.7%	3.6%	3.9%	4.7%	4.7%

County-specific personal beliefs exemption rates vary widely. Statewide personal exemption rates remained at 4.7% in 2014-2015. In the large population areas, Maricopa's personal beliefs exemption rate decreased by 0.1% to 5.1%, and Pima's rate remained 2.9% . Personal beliefs exemptions increased in five counties.

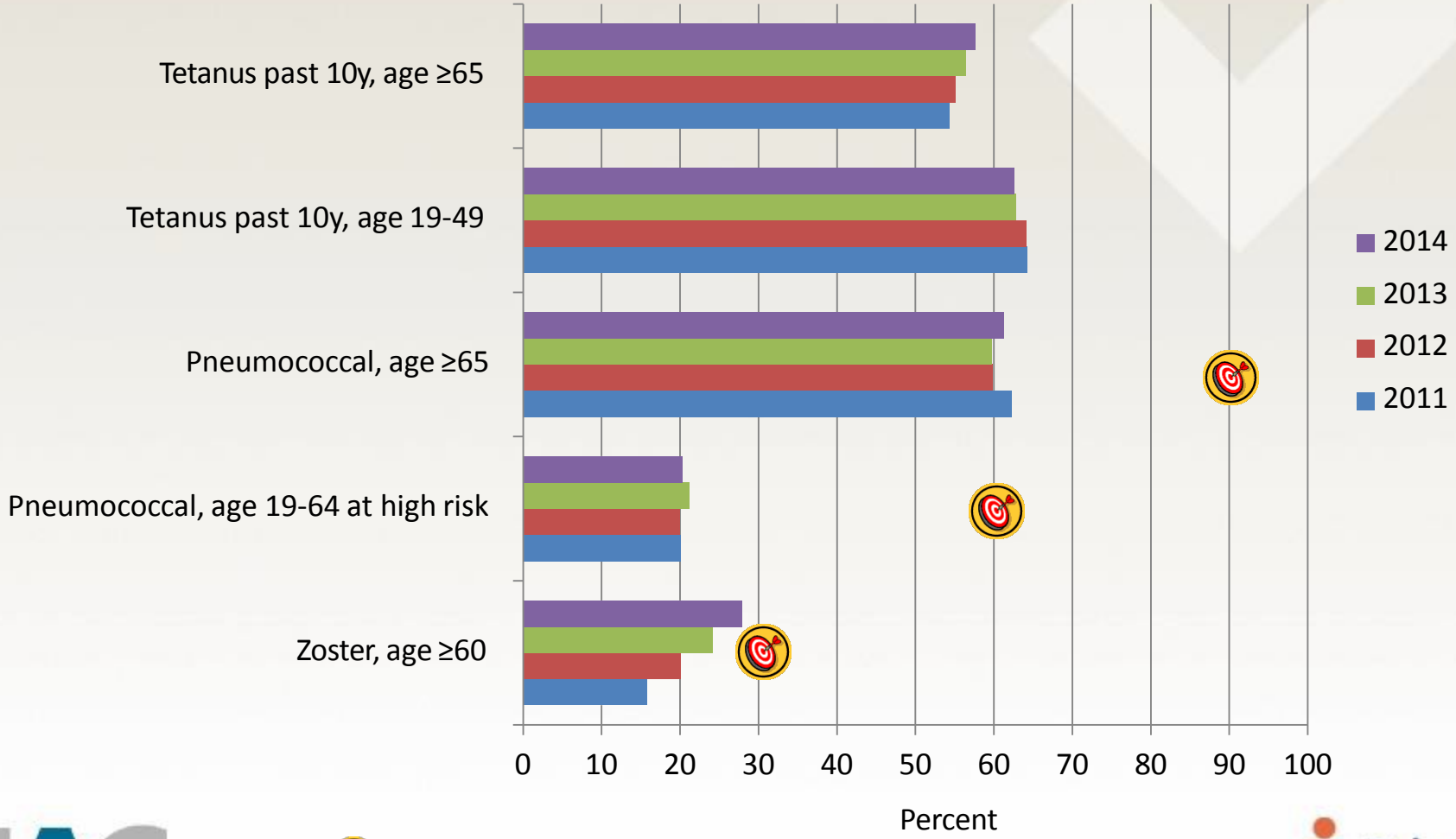
Prepared by The Arizona Partnership for Immunization. Source: Arizona Department of Health Services, Immunization Program. Posted at http://www.azdhs.gov/phs/immunization/statistics-reports/index.php .

The Burden of Adult Vaccine-Preventable Diseases

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Adult Immunization Coverage Rates, National Health Interview Surveys, 2011–2014

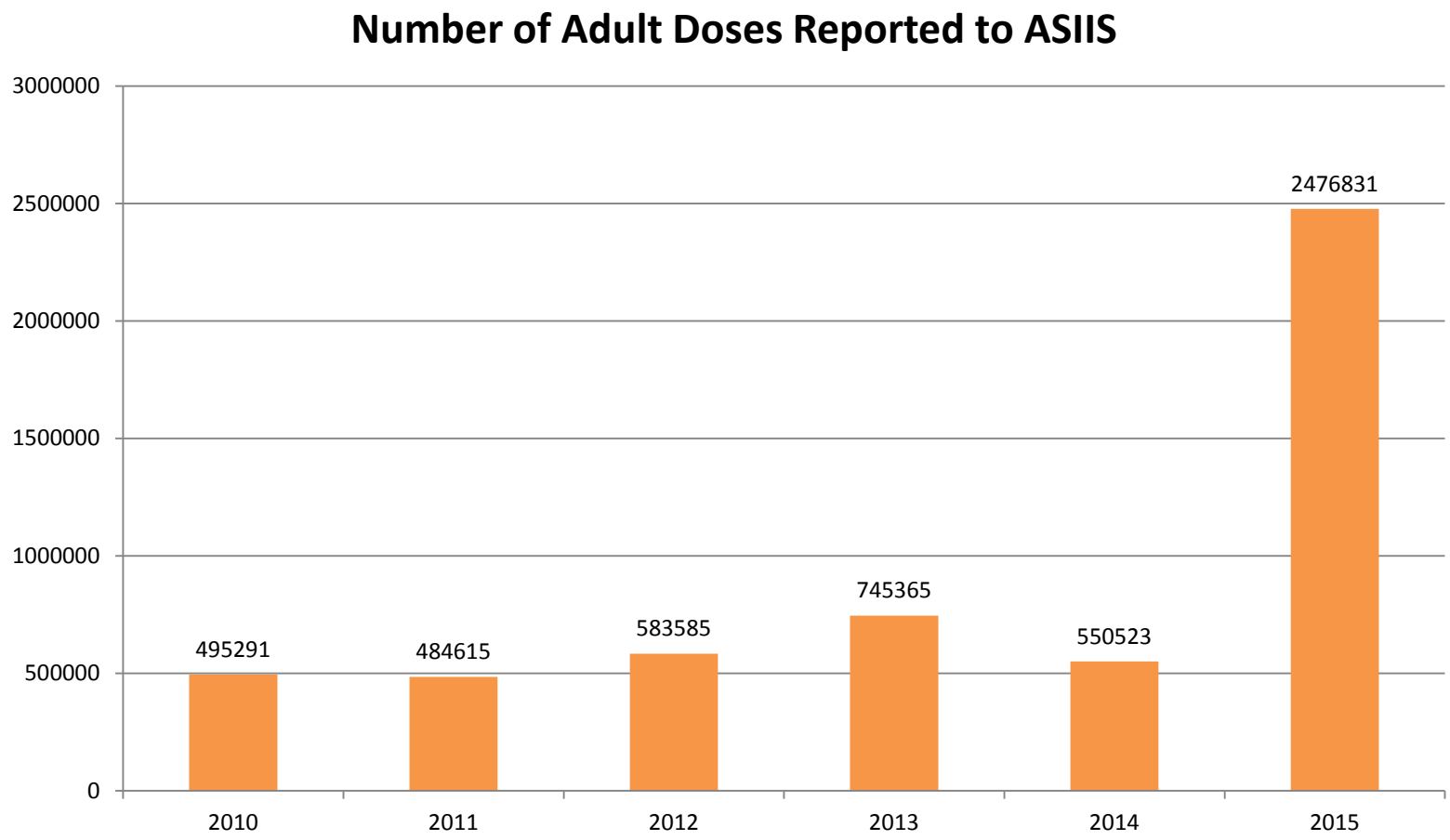


: Healthy People 2020 target

Williams, W.W. et al. MMWR Surveill Summ 2016;65:1–36.

Take a STAND!
Use Standing Orders to Vaccinate Adults

Adult Registry Data

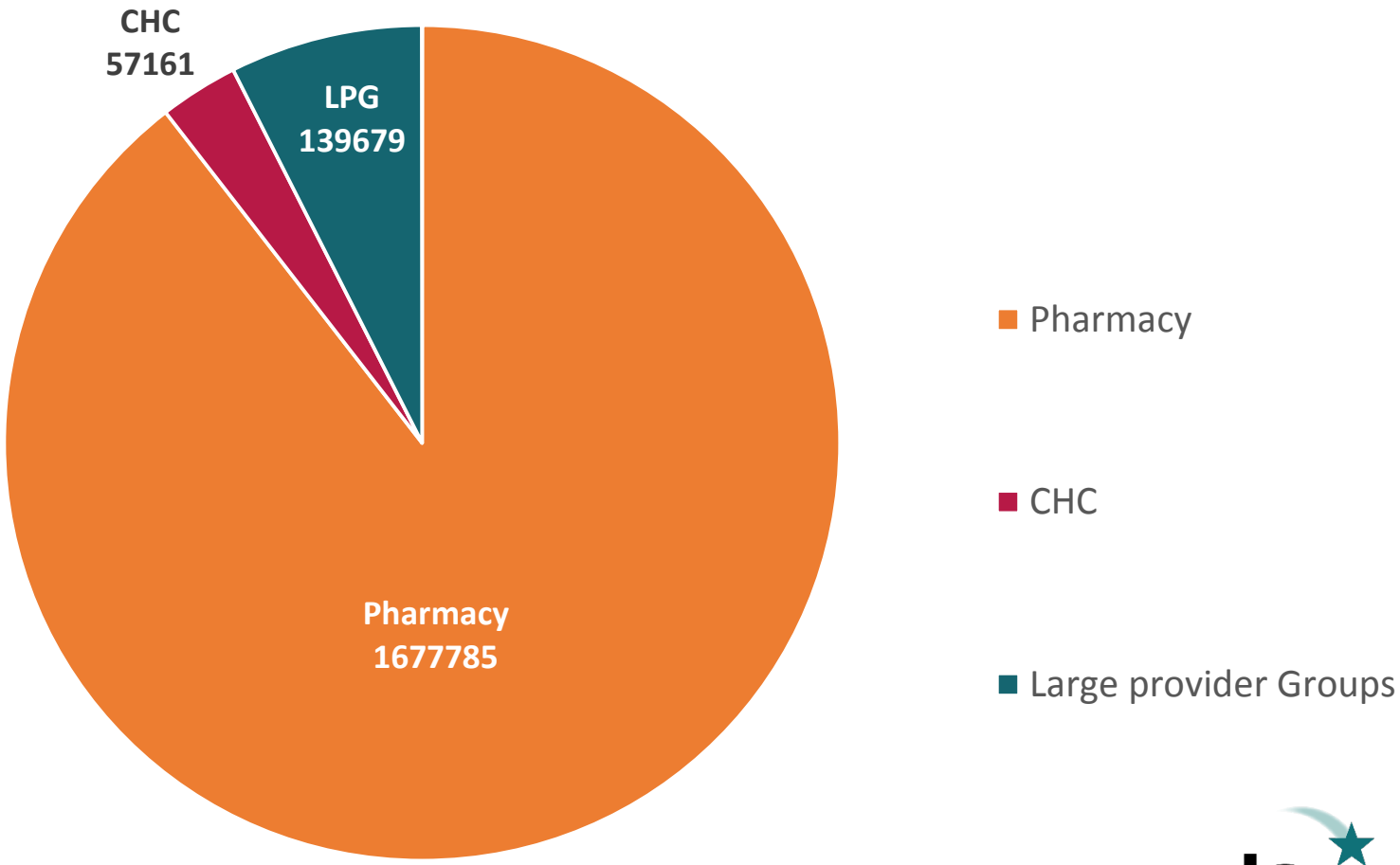


564 Providers Reporting

tapi The Arizona Partnership for Immunization

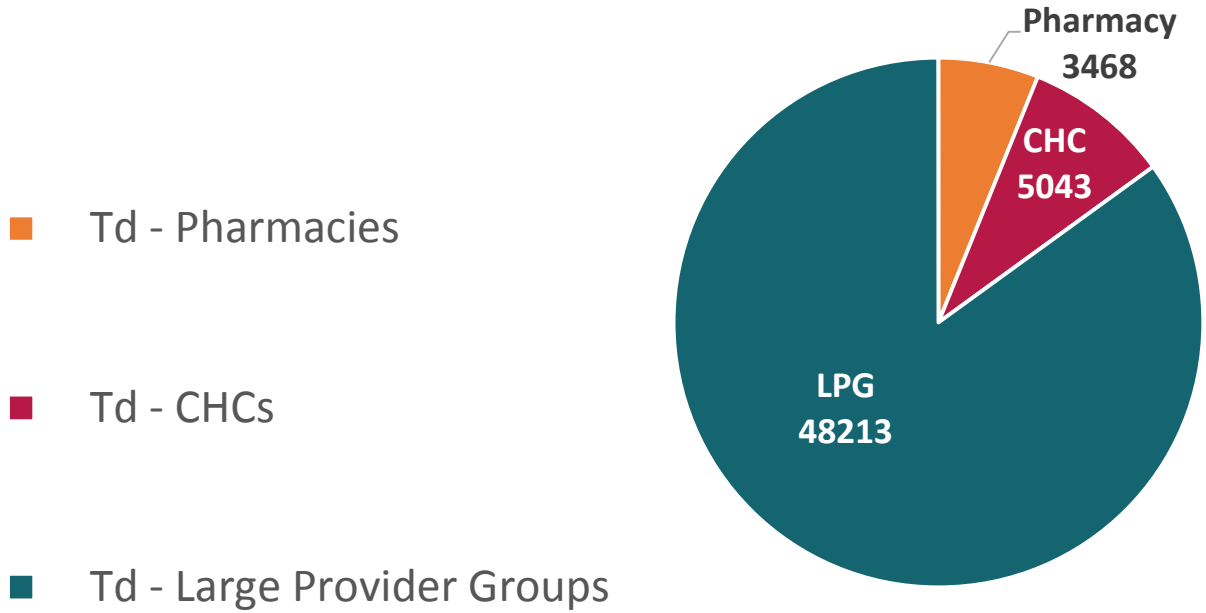
WhyImmunize.org

Influenza

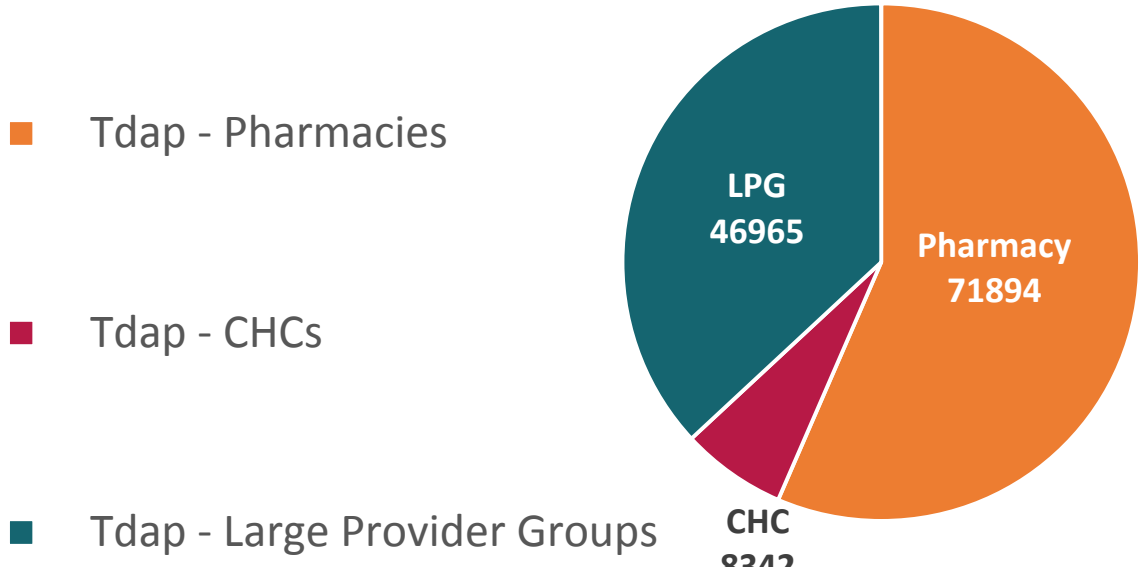


tapi The Arizona Partnership for Immunization

WhyImmunize.org

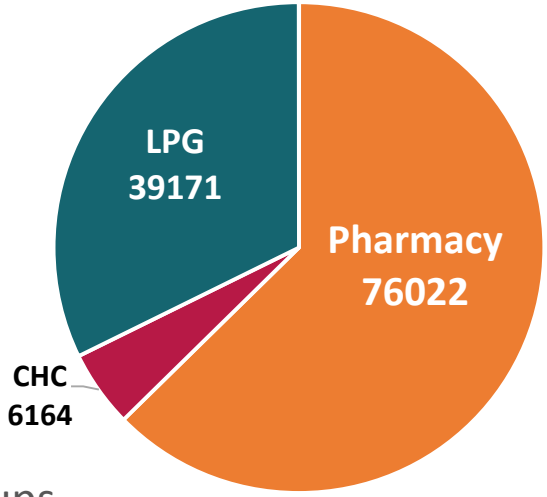

Td - Pharmacies
Td - CHCs
Td - Large Provider Groups
Pharmacy
3468
CHC
5043
LPG
48213

Td


Tdap - Pharmacies
Tdap - CHCs
Tdap - Large Provider Groups
LPG
46965
Pharmacy
71894
CHC
8342

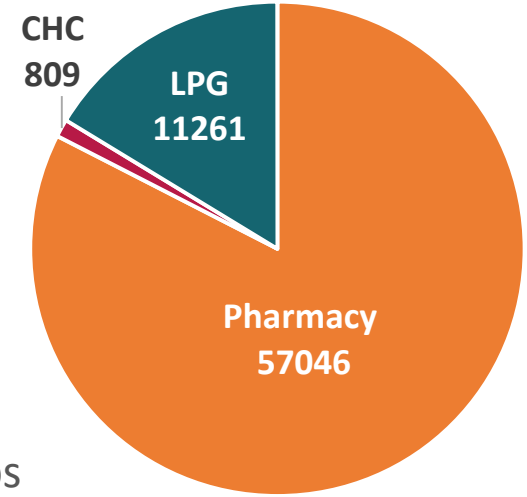
Tdap

- PPSV23 - Pharmacies
- PPSV23 - CHCs
- PPSV23 - Large Provider Groups



PPSV 23

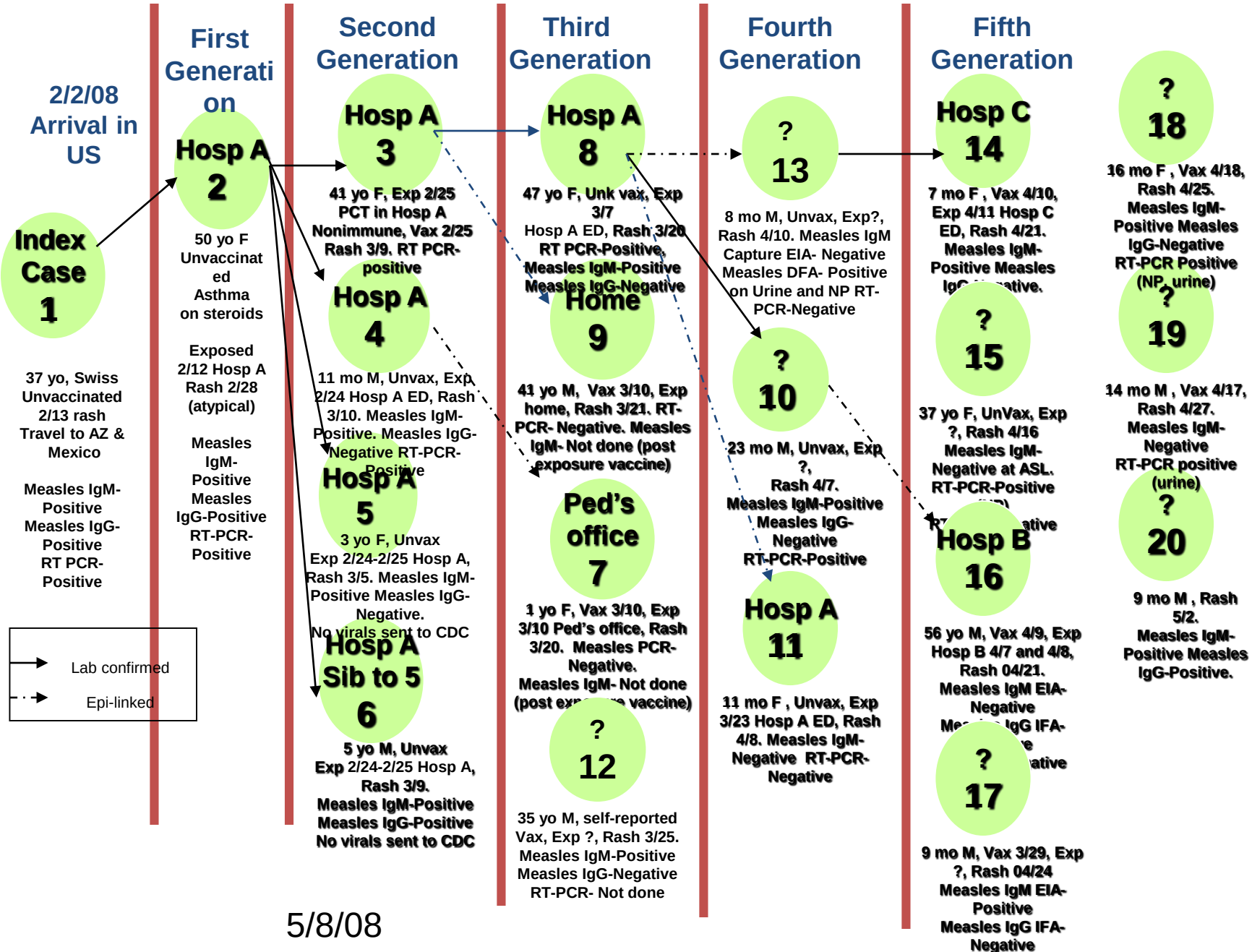
- PCV13 - Pharmacies
- PCV13 - CHCs
- PCV13 - Large Provider Groups



PCV 13

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Pima County Measles Outbreak by Exposure Location



5/8/08

TAPI Alert - Action Requested

Please share attached information about AZ Measles cases, infographic and web banner for more information.

News Release

ARIZONA DEPARTMENT OF HEALTH SERVICES

FOR IMMEDIATE RELEASE
May 26, 2016

Contact:
Holly Ward, ADHS: hollyward@azdhs.gov , 602-542-1094
Courtney Kneuwiesner, MCDPH: courtney.kneuwiesner@mail.maricopa.gov, 602-540-6473
Joe Pyritz, PCPHSD: joe.pyritz@pinalcountyaz.gov, 520-868-6236

State and county officials confirm two cases of measles in Arizona

Recommended: check immunization status immediately and be aware of symptoms

ARIZONA - The Arizona Department of Health Services, Maricopa County Department of Public Health and Pinal County Public Health Services District have confirmed two cases of measles in Arizona. Both are recovering.

One of the cases may have exposed the public at the following times and locations:

- Saturday, May 21, 2016: Hamdi's Ali-Chin Casino, 15406 North Maricopa Road in Maricopa from approximately 6:00 PM until 2:00 AM (May 22).
- Sunday, May 22, 2016: Arco AM/PM Store, 2245 East Florence Boulevard in Casa Grande from 8:30 AM until 11:00 AM.

The other case did not have exposure to public places and does not pose a risk to the public.

"Measles is a highly contagious yet vaccine-preventable disease," said Dr. Cara Christ, director of the Arizona Department of Health Services. "It is spread through the air and through coughing, sneezing, and contact with mucus or saliva from the nose, mouth, or throat of an infected person." You may be protected from measles if you were vaccinated for measles or if you have previously had the disease. You are immune to measles if you have received two Measles, Mumps, and Rubella (MMR) vaccines or were born before 1957 and have received one MMR vaccine. Health care providers are required to report suspect cases of measles to their local health department.

Measles Information

Signs and Symptoms

What Are Symptoms of Measles?

1. Fever - as high as 103-105 degrees
2. Cough
3. Runny nose (Coryza)
4. Red, watery eyes (Conjunctivitis)
5. Rash

What Does the Rash Look Like?

A red, blotchy rash which begins 2-4 days after other symptoms have started. The rash typically starts first on the face and upper body.

Think You Have the Measles?

CALL YOUR HEALTH CARE PROVIDER FIRST.

MEASLES IS HIGHLY CONTAGIOUS.

CALLING AHEAD FOR INSTRUCTIONS WILL HELP AVOID EXPOSING OTHERS.

9 of 10 unvaccinated people exposed to measles will become infected.

To find a vaccine or for more information on measles go to StoptheSpreadAZ.org

Whyimmunize.org

Get your kids vaccinated. The first dose of MMR is given on or after their 1st birthday.

The second dose of MMR should be given at age 4-6 years. However, it may be given as soon as 1 month after the first dose.

Adults who do not know if they are protected against the measles should call and talk to their doctor.

Vaccinating yourself not only protects you and your family, it also protects those too young to get the vaccine (infants) and those that are not able to get the MMR vaccine.

Arizona Department of Health Services · Maricopa County Public Health · tapi

WOULD YOU RECOGNIZE THE MEASLES?

Get Educated - Get Vaccinated

Learn more at StopTheSpreadAZ.org

#iamtherwhy tapi

tapi The Arizona Partnership for Immunization

WhyImmunize.org

I cloth diaper and make baby food.

I'm as crunchy as they come.
But I damn sure vaccinate my kids!

I'm **a Hippy.**
Not an idiot!

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Do outbreaks effect you?

1989-1991 – Resurgence of Measles

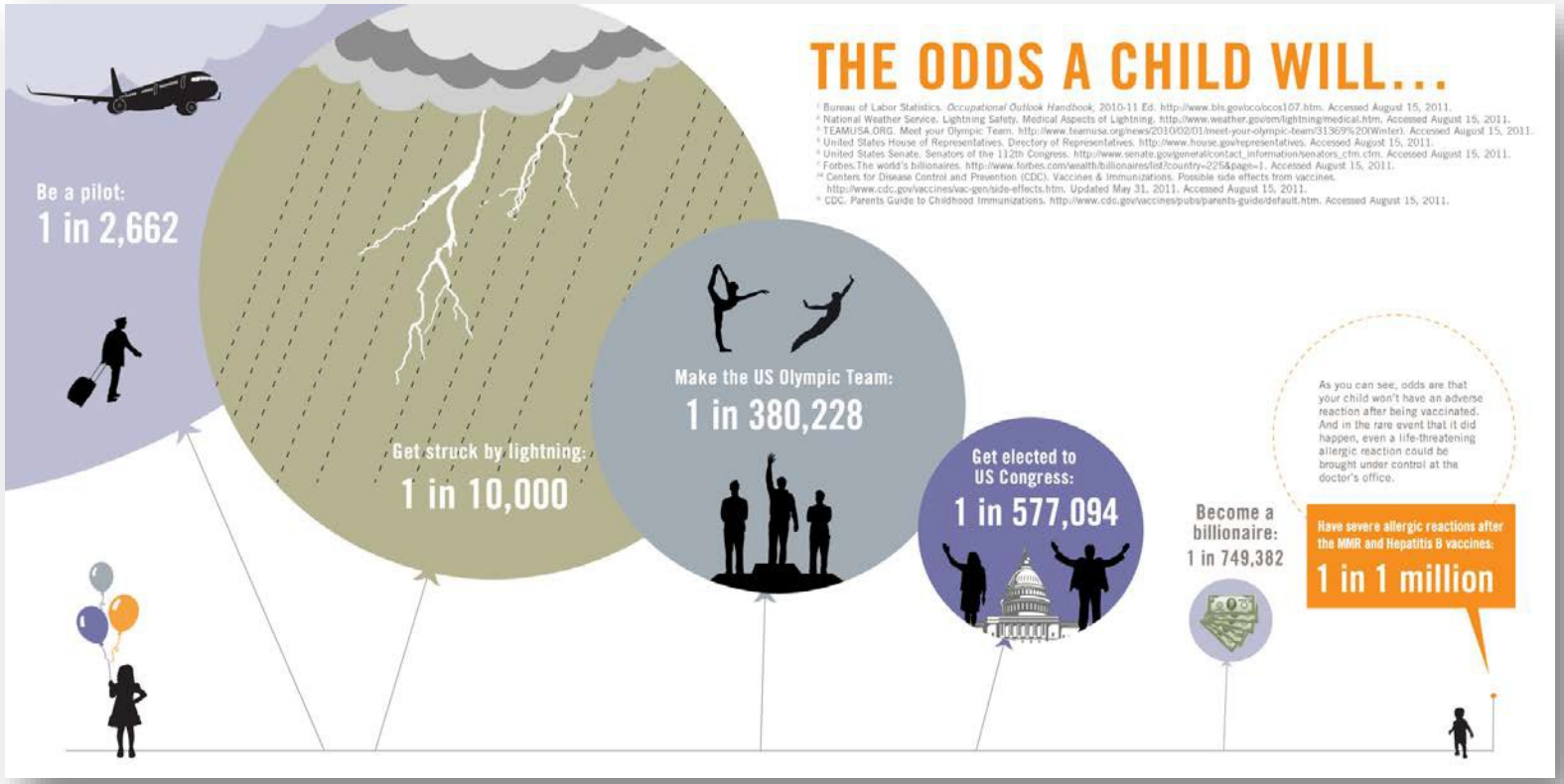
- **55,467 measles cases**
- **Resulting in 11,251 hospitalizations**
- **Encompassing 44,127 hospital days**
- **AND 166 measles-related deaths**

- **While the school aged children were covered there was a failure nationwide to immunize preschool-aged children at appropriate ages**

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Put the Fear in Perspective…



tapi The Arizona Partnership for Immunization

WhyImmunize.org

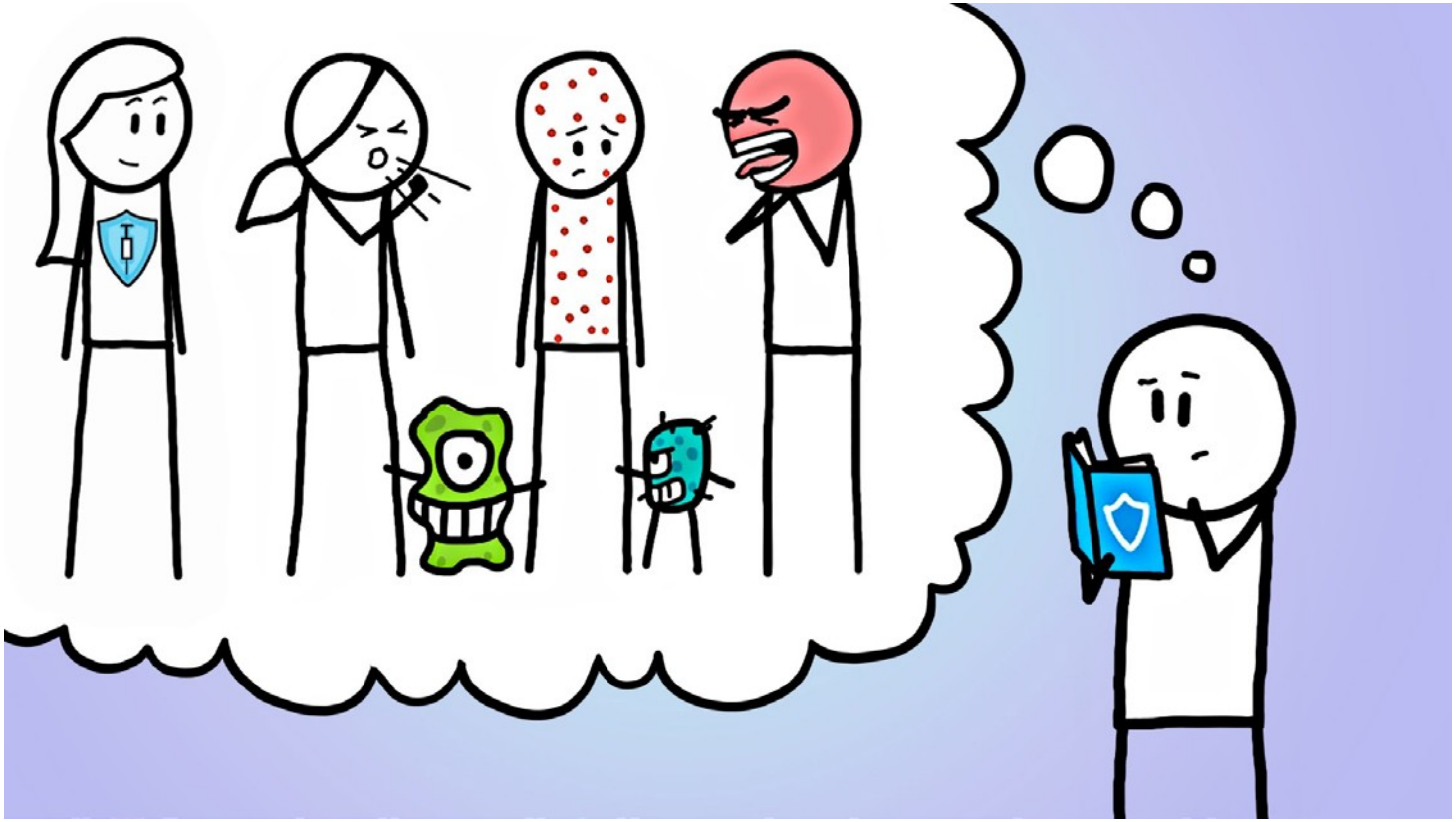
Good Science…

- Addressing concerns
- Easy to understand science
- Collective message!
- Changing community beliefs

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Patients Have Fears and Questions…



tapi The Arizona Partnership for Immunization

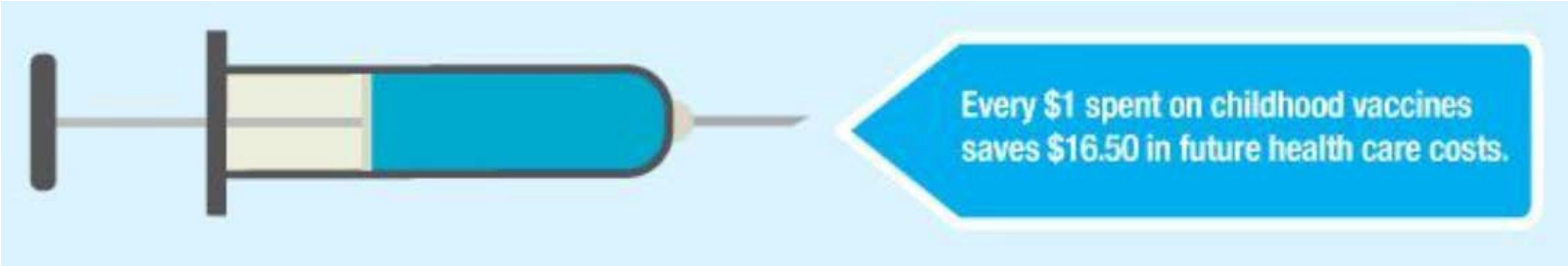
WhyImmunize.org

Vaccinations are for us across the life span!

tapi The Arizona Partnership for Immunization

Wllylmmunize.org

Vaccines Save Health Care Costs



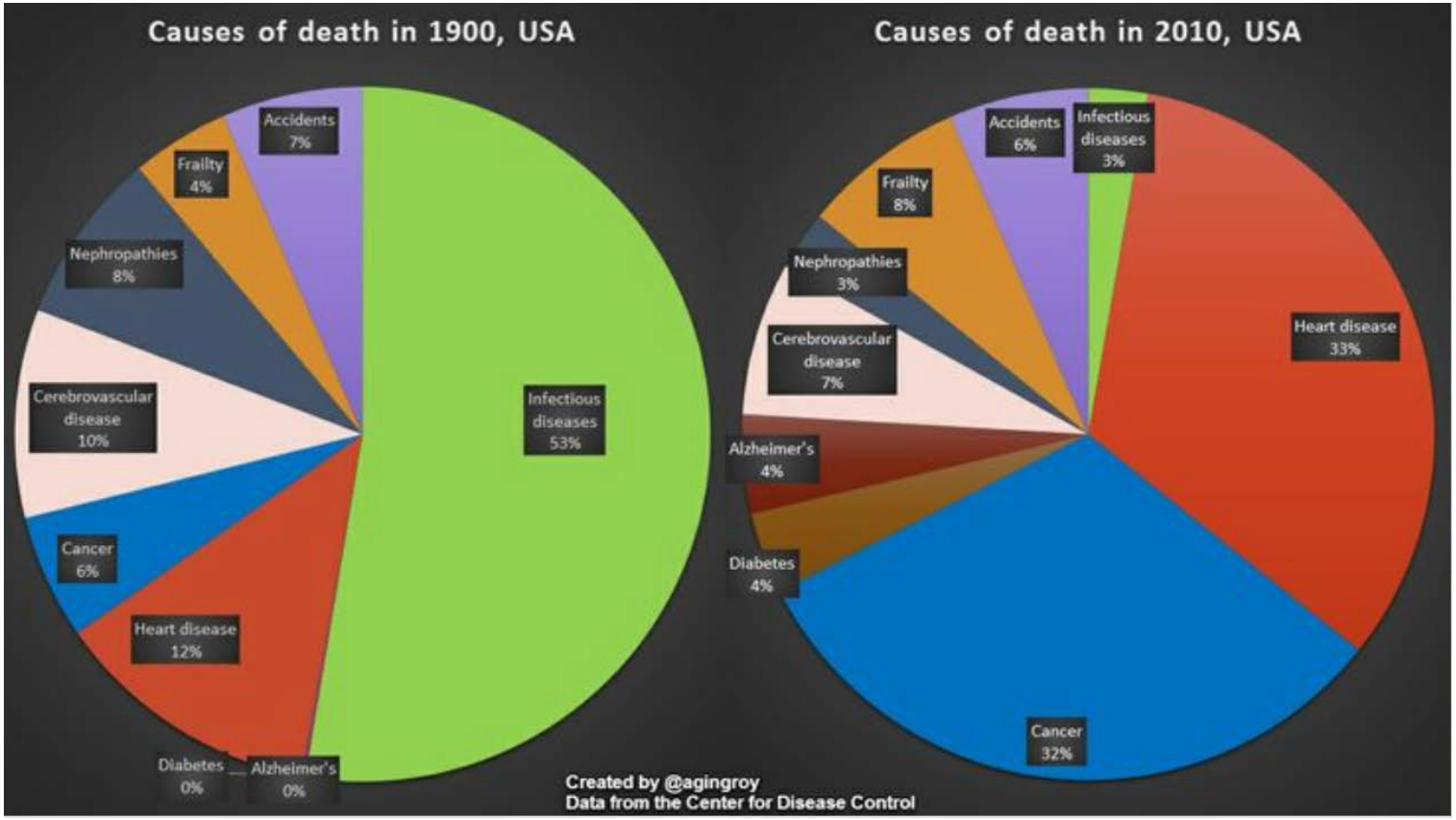
$28,430.82 per childhood series

www.APHA.org

tapi The Arizona Partnership for Immunization

WhyImmunize.org

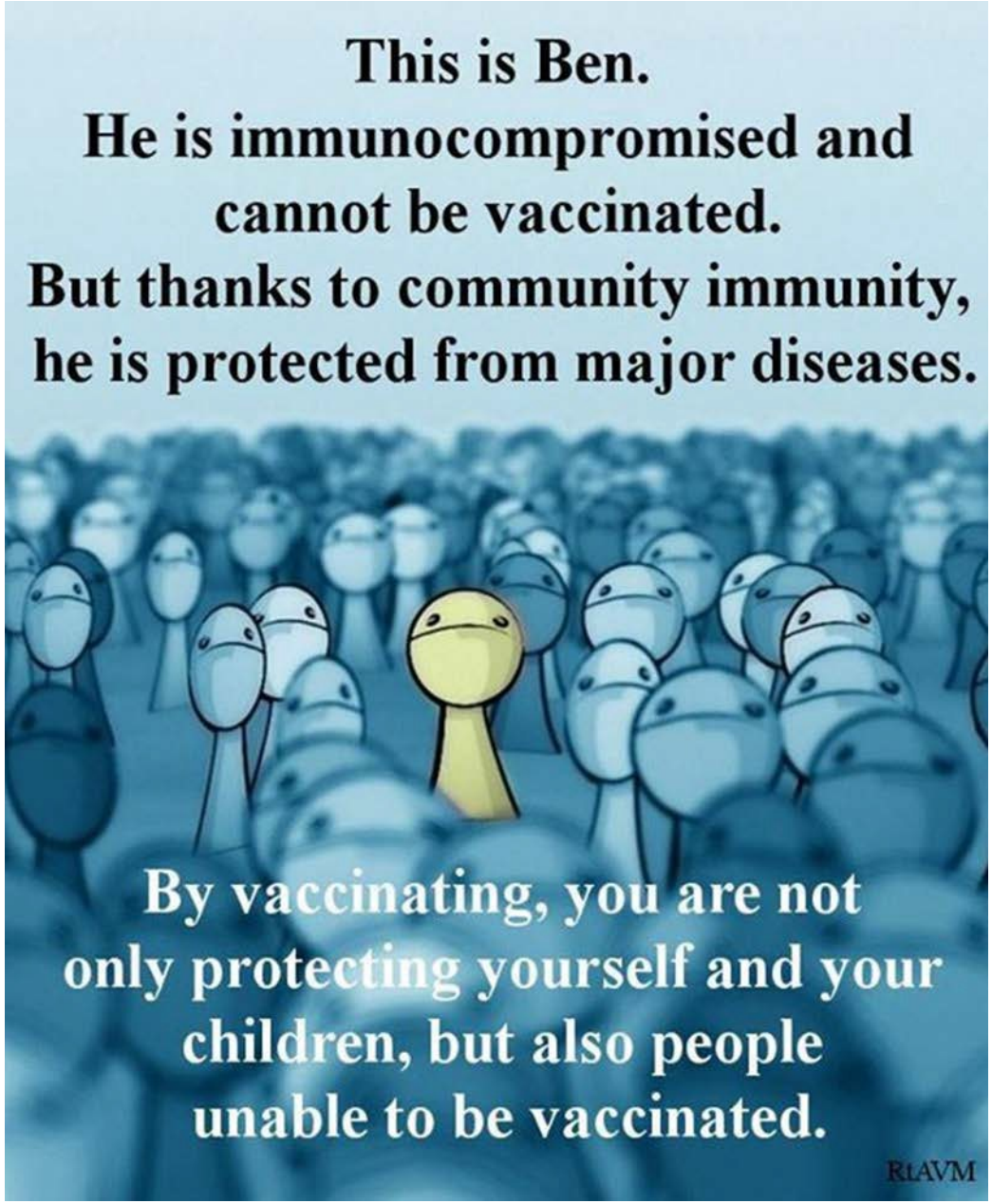
Vaccines Save Lives…



Infectious Disease 53% in 1900 down to 3% in 2010

tapi The Arizona Partnership for Immunization

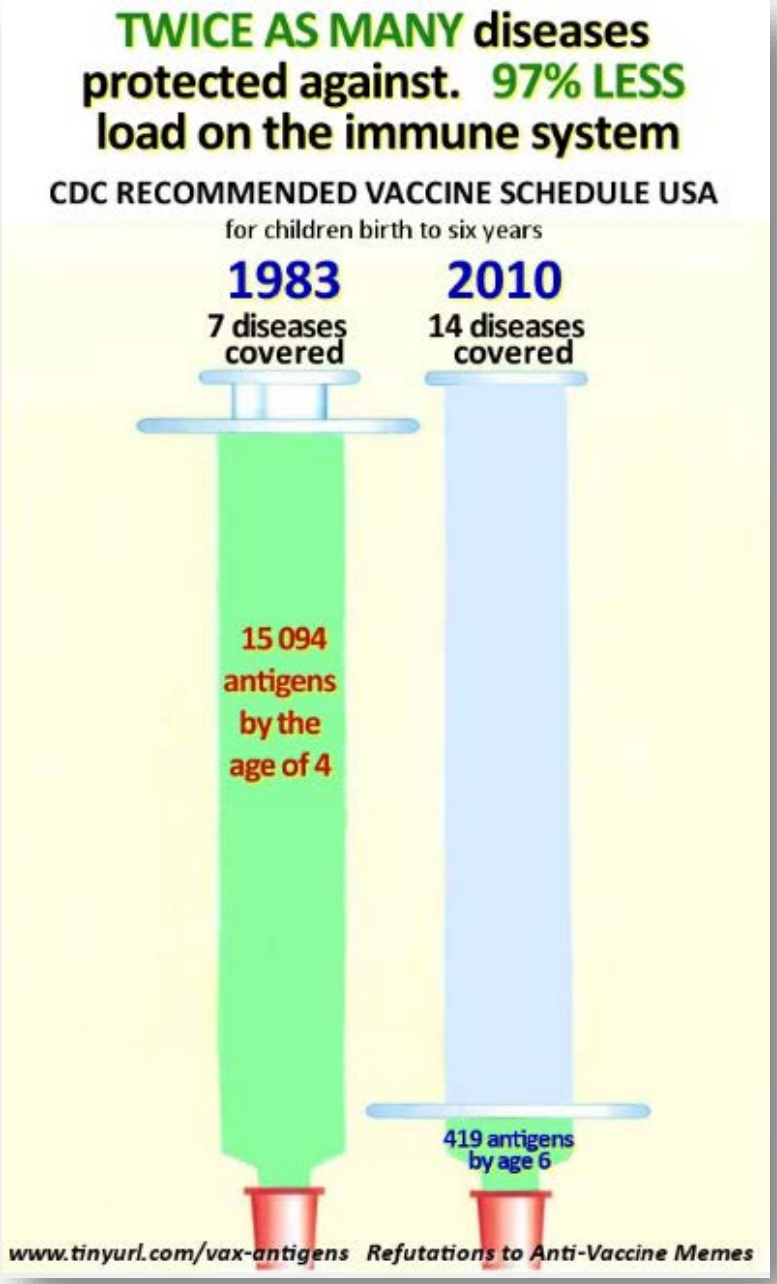
WhyImmunize.org



Vaccines Protect Others

tapi The Arizona Partnership for Immunization

WhyImmunize.org



And They Are Safer

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Patients Are Anxious About Shots!

- Patients don't see the diseases and don't understand why so many shots are needed.
- Media poses questions but offers no answers.
- "Dr. Google" doesn't always have correct answers.
- Focus Groups show 75% of patients have concerns about vaccines.

Have Patient Education flyers available

How did we get here?

- Advice from family and peers can often impact how a new parent makes decisions.
- The good news is 75% of the time patients follow a clinicians advice.
- How many of you have been asked for medical advise from friends, family or total strangers?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Examples of Common Beliefs

The flu shot gives you the flu

True or false?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

False!

The flu shot is made up of pieces of flu virus particles that cannot cause illness. Sometimes when your body responds to a vaccine you feel a little run down for a day or two. That is really just your immune system working not symptoms of a disease. Even FluMist the live virus vaccine has been attenuated or changed so that it cannot cause disease.

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Vaccines Cause Autism

True or false?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

False!

15 large population based studies have not been able to find a link. The original study that claimed a link has been retracted and the researcher has lost his medical license.

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Delaying the immunization schedule is safer

True or false?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

False!

Delaying the immunization schedule puts our most vulnerable babies at risk for diseases.

The recommended vaccine schedule ahs been tested over and over in clinical trails and is recommended by AAP and ACIP.

Even Dr. Bob Sears acknowledges that his delayed schedule has never been tested and never been proven to be safer or more effective.

Natural diseases are safer than vaccines

True or false?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

False!

The disease are just a plane ride away, and with more people choosing not to vaccinate we are creating pockets of vulnerable kids. "Birds of a feather…"

Many states are beginning to see increased cases of pertussis (whooping cough), mumps and measles.

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Parent Education
Making the CASE

Developed by leading
Autism Science Advocate

Allison Singer

You Can Help Heather Burchman's Life Have Meaning

HPV Vaccine as CASE

Corroborate – Acknowledge that concern about the unknown is healthy. Identify some common ground to set the tone for a respectful conversation

About Me – Share with the parent how you have educated yourself about vaccines. Describe your experience

Science – Describe, in common terms, what the scientific data supports

Explain/Advise – Provide straightforward advice

Adapted from the September 2010 VIC Network presentationhttp://www.vicnetwork.org/wp-content/uploads/VICNetworkWebinarSept-23SlidesFinal1.pdf

Why is HPV vaccine given so young?

Corroborate – That is a question many parents have. We need to give all vaccines before a person is exposed to disease – HPV. It is important to me that your child stays healthy now and in his/her future

About Me – I attended an immunization update and learned how effective HPV vaccine is in preventing cancer….. and that nearly all people are exposed to HPV

Science – We know from scientific studies that HPV vaccine is effective in preventing HPV disease and reduces the chance that your child will develop an HPV related cancer later in life

Explain/Advise – The vaccines that are recommended at the 11-12 year old visit are HPV, Tdap and Meningicoccal.

Adapted from the September 2010 VIC Network presentationhttp://www.vicnetwork.org/wp-content/uploads/VICNetworkWebinarSept-23SlidesFinal1.pdf

Been a Hero?… Need a Hero?

1) ***Your*** greatest immunization success

2) Barriers to immunizations in your practice

Wiggle Break- Things to Ponder…

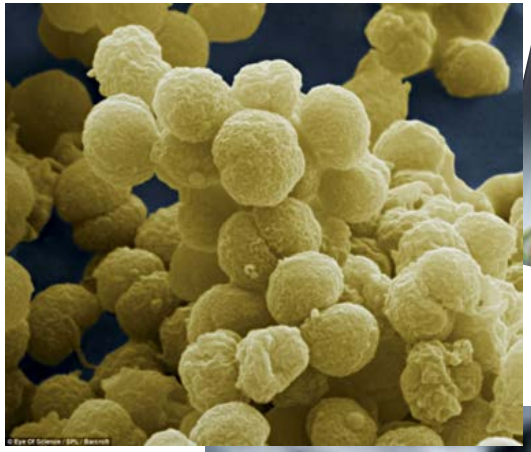
- You are the expert
- Make the C.A.S.E.
- Who is your baby?
- Be the Hero

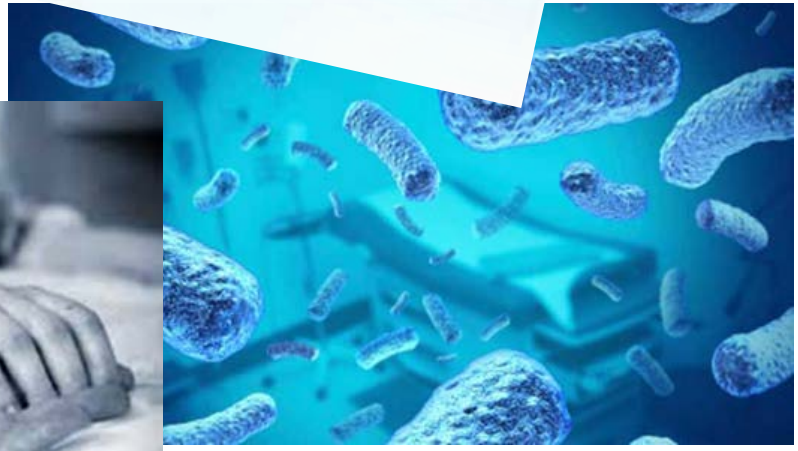
Vaccination History: Vaccine Preventable Diseases (Section B)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Vaccine Preventable Diseases





Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org


disclaimer

Objectives

- Understand vaccine immune response
- Understand strategies in the control of vaccine preventable diseases
  - Community Immunity
  - Cocooning
- Review common vaccine preventable diseases (VPD)
- Recall commonly administered vaccines
- Reflect upon the occurrence of disease at the local, national and global level

Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Two Ways to Acquire Immunity

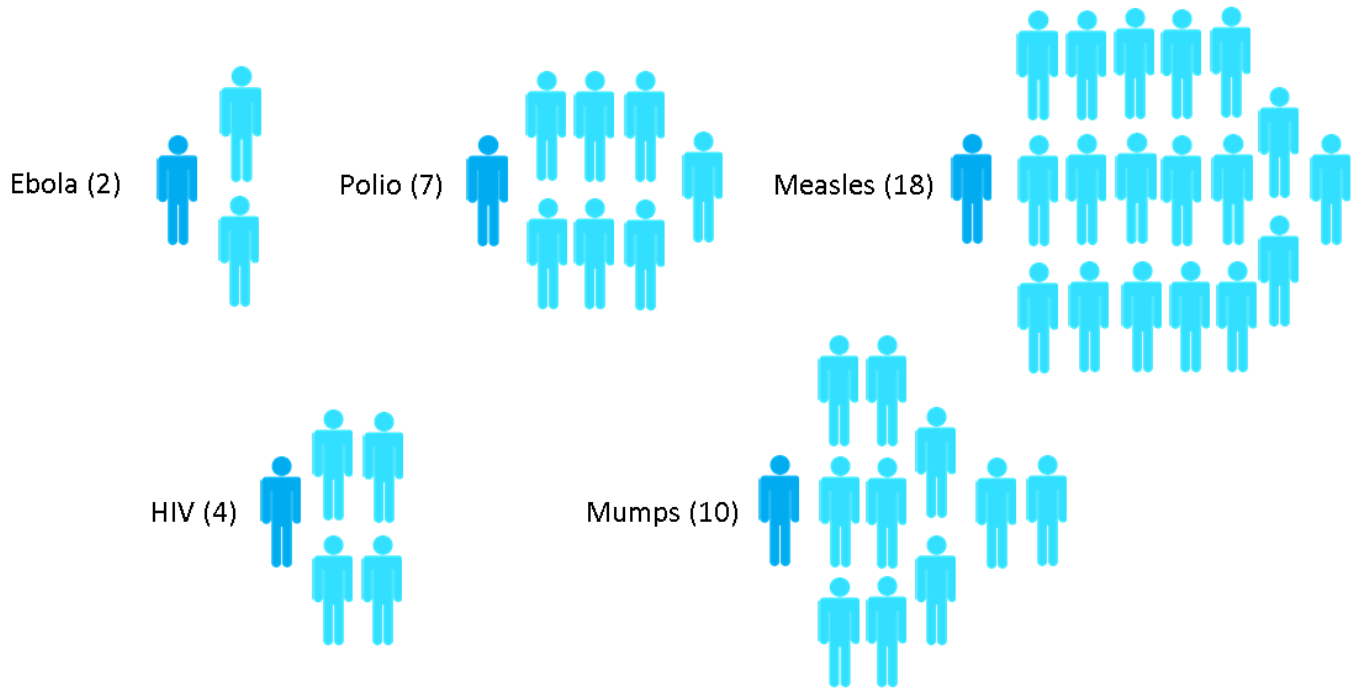
Active Immunity

Passive Immunity

Establishing Community Immunity

Fear or Not to Fear?

R_0 → More Contagious



Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

http://www.npr.org/sections/health-shots/2014/10/02/352983774/no-seriously-how-contagious-is-ebola

We are a Global Community

Image retrieved from Microsoft clipart

Video retrieved 4/9/2015 from https://www.youtube.com/watch?v=Y25BTMDpH4&index=1&list=PL3ZQ5CpNulQkEGqheQyTFztKVRKvYIkfv

Global Immunity

" Worldwide, vaccines are estimated to save the lives of up to 3 million children each year ". (Unicef, 2014)

Yet, 70% of unvaccinated children live in the following ten countries:

Democratic Republic of the Congo, Ethiopia, India, Indonesia, Iraq, Nigeria, Pakistan, Philippines, Uganda and South Africa

Cocooning

- **Cocooning** is a vaccination strategy that encompasses full protection for infants by vaccinating all persons who come in contact with them.

Under the strategy of cocooning, which of the following groups should be vaccinated?

- ❑ **Parents**
- ❑ **Pets**
- ❑ **Healthcare workers**
- ❑ **Siblings**
- ❑ **Child care workers**
- ❑ **Family friends**
- ❑ **Grandparents**

Diseases are Real

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

Images retrieved from http://phil.cdc.gov/phil/home.asp, iac.org, http://www.health.gov.on.ca/en/pro/programs/mumps/

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Vaccine Preventable Diseases

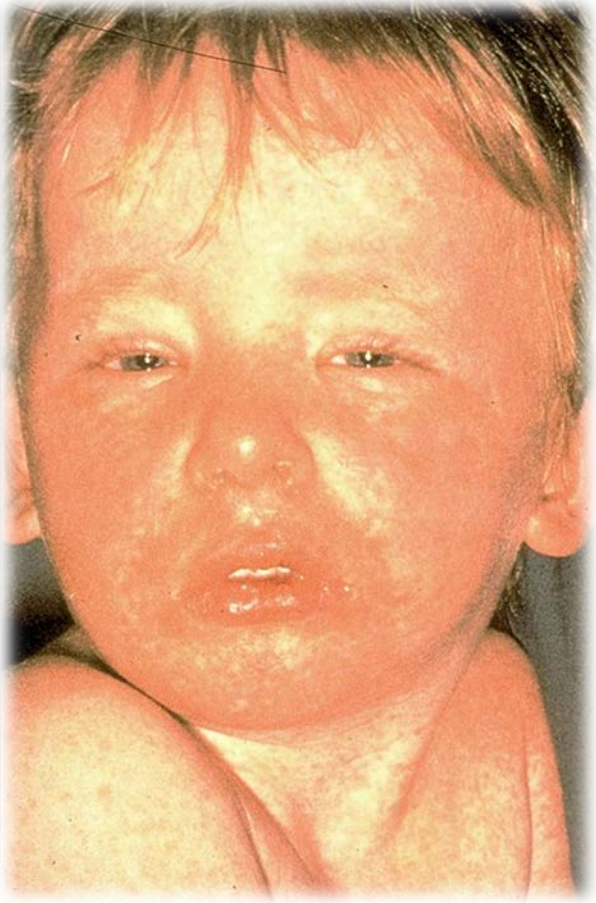
- Measles
- Mumps
- Rubella-German
- Polio
- Pertussis
- Diphtheria
- Tetanus
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae type B
- Pneumococcal
- Rotavirus
- Varicella
- Shingles/Zoster
- Meningococcal
- Influenza
- Human Papillomavirus

Test Your Knowledge

The measles virus can survive on a surface and in the air for_____.

A. The virus cannot survive outside its host
B. Two hours
C. Three days

Test Your Knowledge



Measles/Rubeola

Etiology

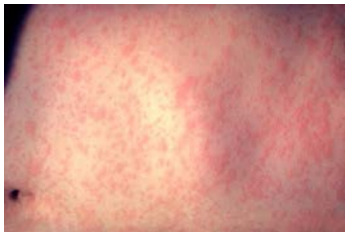
- Virus
- Transmission: Airborne through infectious respiratory droplets
- Incubation period: 7-21 day

Notable Characteristics

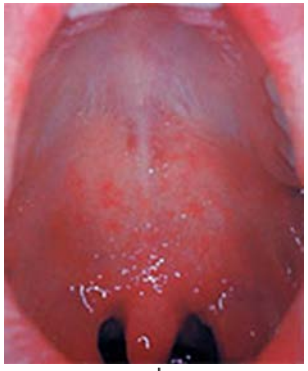
- Fever: Commonly initial symptom
- Rash: Appears 2-3 days after the fever begins
- Contagious period: Four days before rash appears and 4 days after rash develops

Complications

- Pneumonia, Otitis media, Encephalitis, Death



www.cdc.gov



www.cdc.gov

Number of measles cases by year since 2010

Year	Cases
2010	63
2011	220
2012	55
2013	187
2014	667
2015*	189
2016**	2

*Cases as of January 2, 2016. Case count is preliminary and subject to change.

**Cases as of March 4, 2016. Case count is preliminary and subject to change.

Source: Morbidity and Mortality Weekly Report (MMWR), Notifiable Diseases and Mortality Tables

Retrieved 3/13/2016 from http://www.cdc.gov/measles/cases-outbreaks.html

Test Your Knowledge

(American Academy of Pediatrics , 2009)

www.cdc.gov

Mumps

Etiology

- Virus
- Transmission: Airborne through infectious respiratory droplets
- Incubation period: 12-25 days post exposure

Notable Characteristics

- Swelling of the parotid glands

Complications

- Male and Female: Reproductive System
- Deafness
- Encephalitis

(American Academy of Pediatrics , 2009)

Test Your Knowledge

Test Your Knowledge

A person infected with rubella may be asymptomatic

A. True
B. False

Rubella/German Measles

Etiology

- Virus
- Transmission: Airborne through infectious respiratory droplets
- Incubation period: Range 12-23 days

Notable Characteristics

- Asymptomatic
- Usually very mild disease
- Fever and rash

Complications

- Pregnancy Risks: Miscarriage, birth defects

http://phil.cdc.gov/phil/details.asp

Test Your Knowledge

Test Your Knowledge

Nearly____ new cases of polio are reported in the U.S. each year:

A. 50
B. 3
C. 0

Poliomyelitis/Polio

Etiology

- Virus
- Transmission: Fecal-oral, respiratory
- Incubation period: Range 3-35 days

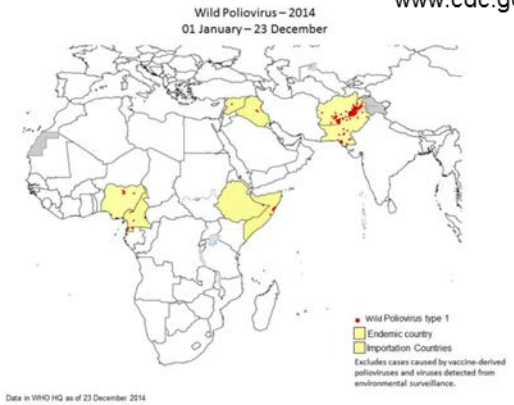
Notable Characteristics

- Subclinical
- Non-paralytic
- Paralytic

Complications

- Paralysis, respiratory failure, death

www.cdc.gov



Test Your Knowledge

Test Your Knowledge

The preferred time to give a pregnant woman the Tdap vaccine during pregnancy is

A. At discharge
B. During the first-trimester
C. During the third-trimester

Pertussis

Etiology

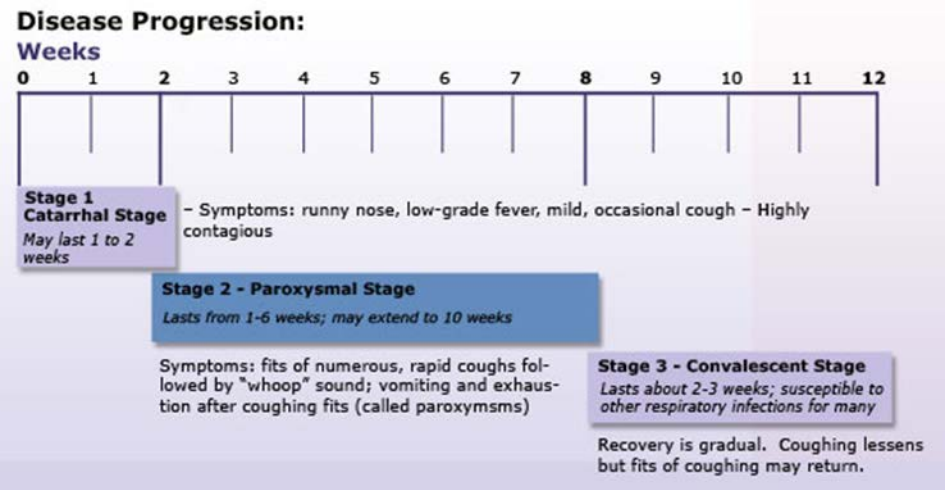
- Bacteria
- Transmission: Airborne through infectious respiratory droplets
- Incubation period: Range 4-21 days

Notable characteristics

- Long duration of cough (100 days)
- Rapid coughing spells
- “Whoop" sound upon inhalation

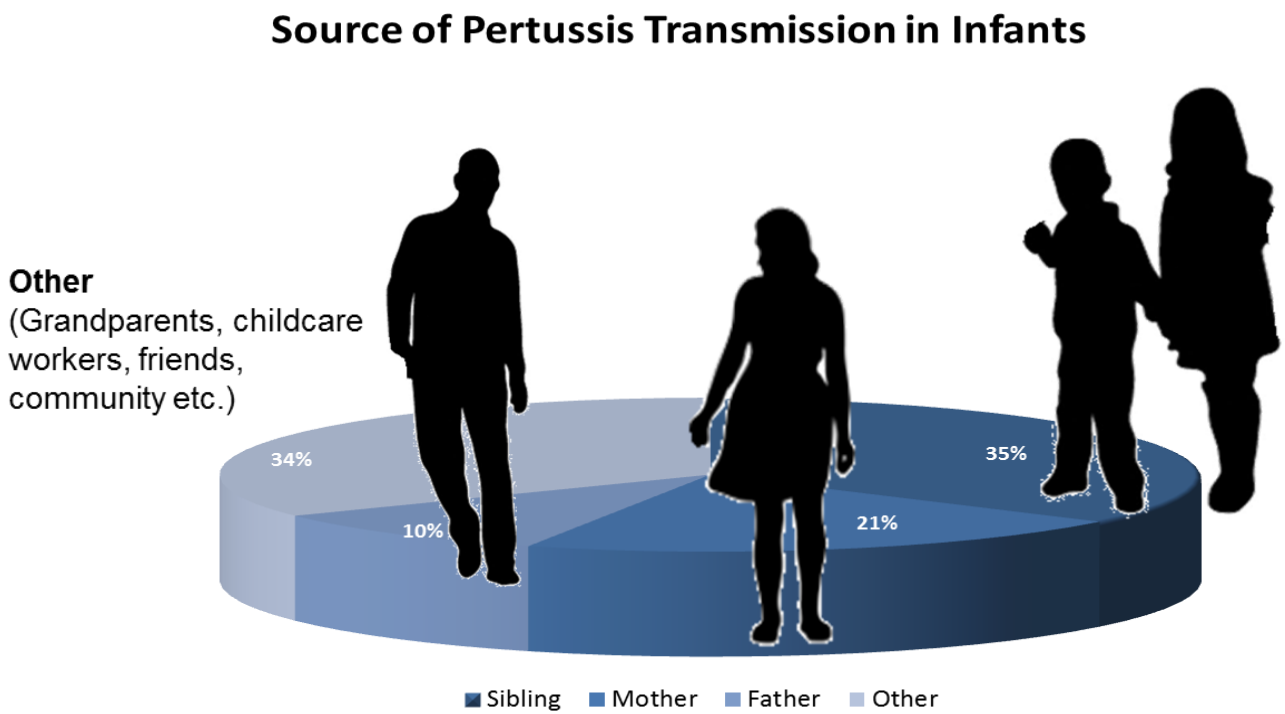
Complications

- Pneumonia, apnea, death



http://www.cdc.gov/pertussis/about/signs-symptoms.html

Pertussis



85.2% of the cases are transmitted by immediate and extended family members

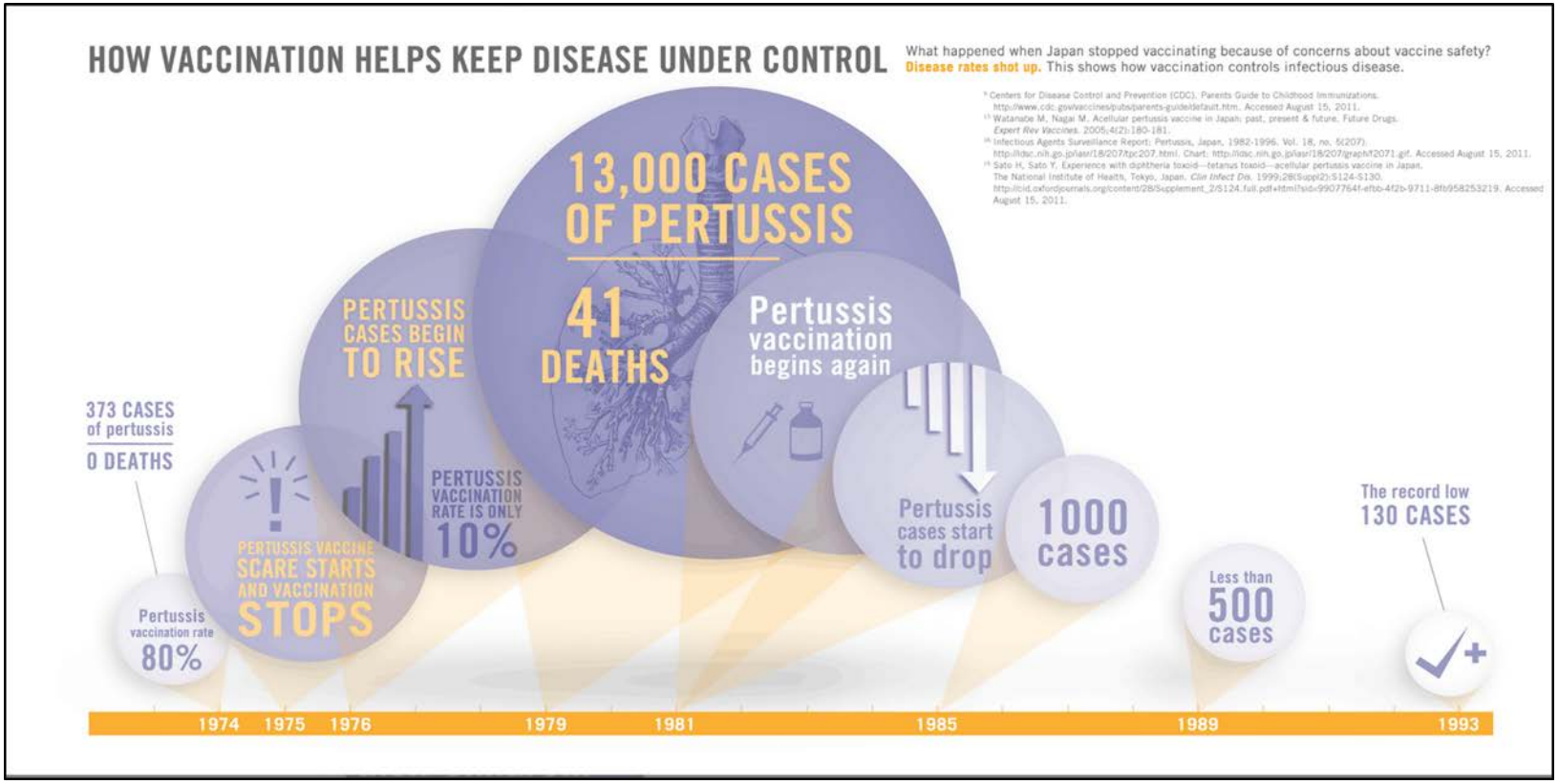
The data reflects information obtained from 1306 cases of pertussis in infants; of which 569 of the cases had a known source.

(Skwarecki, "Infants more likely to contract pertussis from siblings")

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

What if We Stopped



In 1975, Japan stopped vaccinating against pertussis. Just 5 years later they went from having 373 cases of pertussis to 13,000 cases and 41 deaths.

Retrieved May 1, 2014 from http://www.vaccinews.net/2011/12/why-vaccinate-the-reasons-are-in-the-vaccination-research/

Test Your Knowledge

Diphtheria

Etiology

- Bacteria
- Transmission: Airborne through infectious respiratory droplets
- Incubation period: Range 1-10 days

Courtesy of Centers for Disease Control and Prevention

Notable Characteristics

- Pseudo-membrane

Courtesy of Centers for Disease Control and Prevention

Complications

- Airway obstruction, damage to heart muscle, inflammation of nerves/nerve damage, paralysis, lung infection & death (1 in 10 cases)

Test Your Knowledge

Test Your Knowledge

What body system is most affected by the tetanus bacteria

A. Cardiovascular System
B. Gastrointestinal System
C. Musculoskeletal System
D. Central Nervous System

Tetanus

Etiology

- Bacteria
- Transmission: Breaks in skin, Puncture wounds, Injuries
- Incubation period: Range 3-21 days

Notable Characteristics

- Trismus (Lockjaw)

Complications

- Difficulty breathing (Laryngospasm, Muscle spasms), Nosocomial infections, Death

Courtesy of Centers for Disease Control and Prevention

Test Your Knowledge

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

www.cdc.gov

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Hepatitis A

Etiology

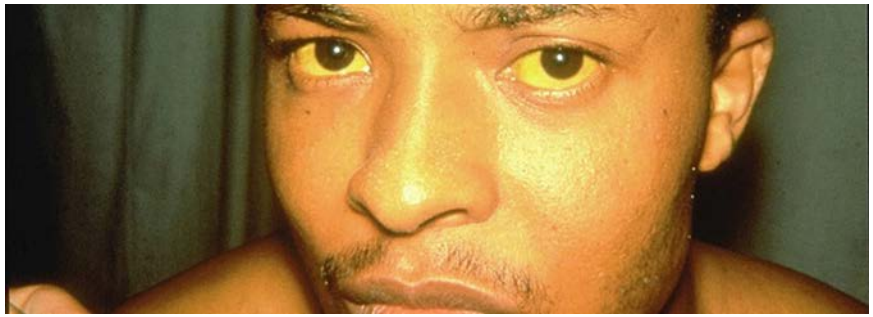
- Virus
- Transmission: Fecal-oral route
- Incubation period: range 15-50 days

Notable Characteristics

- Dark urine, clay-colored bowel movements, joint pain, Jaundice (a yellowing of the skin or eyes)

Complications

- Usually no long term complications



Courtesy of Centers for Disease Control and Prevention

Test Your Knowledge

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

www.cdc.gov

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Hepatitis B

Etiology

- Virus
- Transmission: Exposure to contaminated blood/bodily fluids
- Incubation period: Range 60-150 days

Notable Characteristics

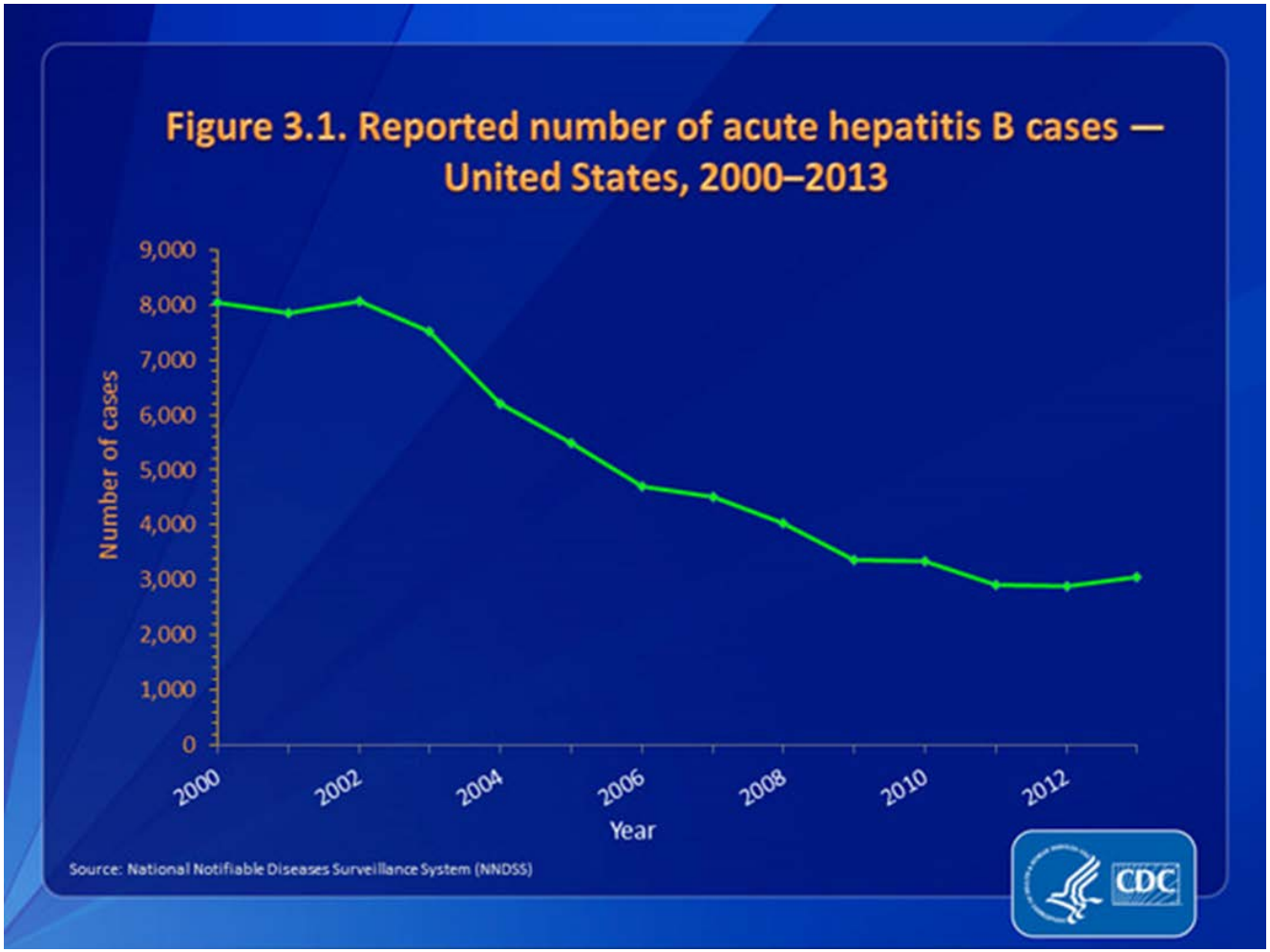
- Acute vs Chronic
- Dark coffee-colored urine, clay-colored stools, abdominal pain, Jaundice

Courtesy of Centers for Disease Control and Prevention

Complications

- Cirrhosis, liver cancer

Acute Hepatitis B



Test Your Knowledge

Haemophilus Influenza Type b

Etiology

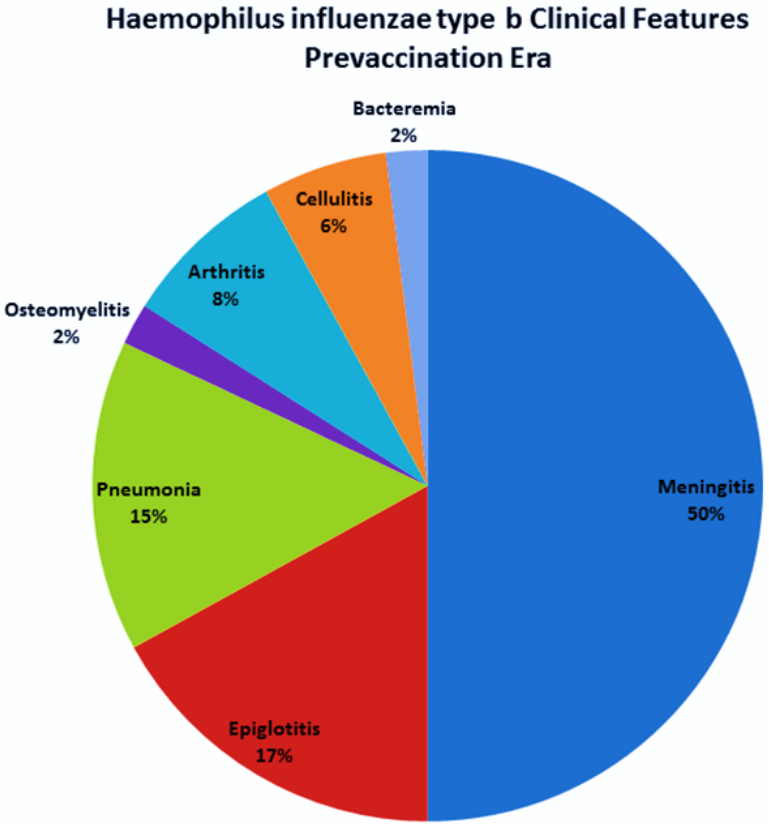
- Bacteria
- Transmission: Airborne through infectious respiratory droplets
- Incubation period: Uncertain

Notable Characteristics

- HIB meningitis (most common)
  - Fever, decreased mental status, stiff neck

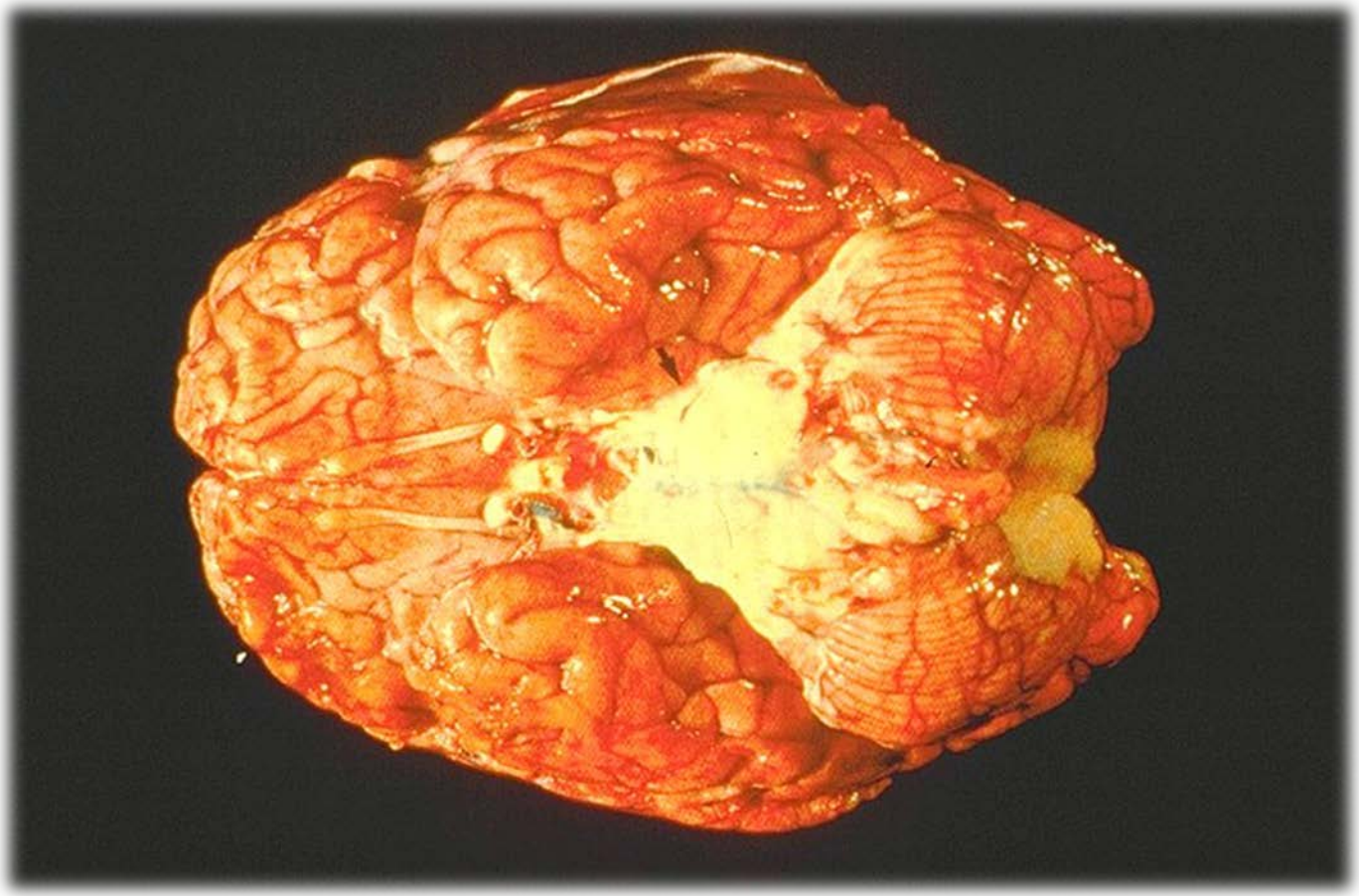
Complications

- Pneumonia, severe swelling in the throat, making it hard to breathe, infections of the blood, joints, bones, and covering of the heart, death



(Epidemiology and Prevention of Vaccine-Preventable Diseases, 2014)

Test Your Knowledge



Pneumococcal

Etiology

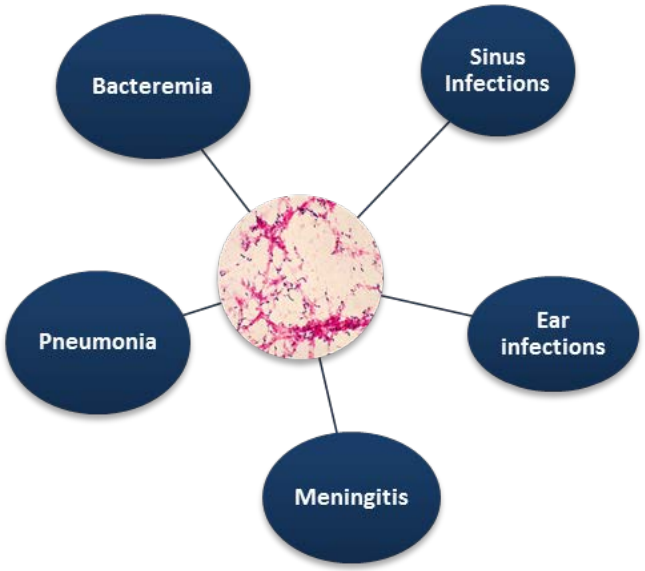
- Bacteria
- Transmission: Direct person-to-person contact with infected respiratory secretions and autoinoculation
- Incubation Period: 1-3 days for pneumococcal pneumonia

Notable Characteristics

- Symptoms vary by clinical syndrome

Complications

- Brain damage, Hearing loss, Limb loss, Death



Test Your Knowledge

Test Your Knowledge

Rotavirus causes a severe respiratory illness in children:

A. True
B. False

Rotavirus

Etiology

- Virus
- Transmission: Fecal-oral route
- Incubation period: 48 hours

www.ifrc.org

Notable Characteristics

- Severe dehydrating diarrhea

Complications

- Severe dehydration, diarrhea, electrolyte imbalance, & metabolic acidosis

Test Your Knowledge

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

www.cdc.gov

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Varicella/Chickenpox

Etiology

- Virus
- Transmission: Direct contact with blisters or respiratory secretions
- Incubation period: Range 10-21 days

Notable Characteristics

- Rash: macules → papules → vesicular

Complications

- Skin infections, pneumonia, encephalitis

American Academy of Pediatrics

http://phil.cdc.gov

Test Your Knowledge

Herpes Zoster/Shingles

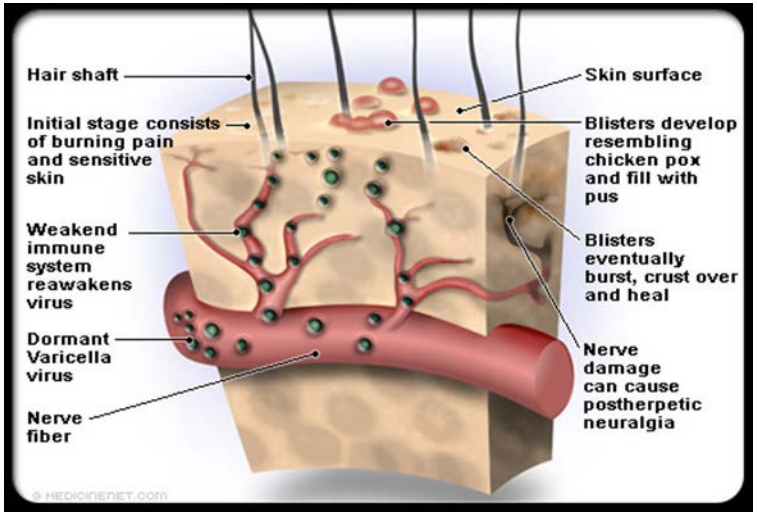
Etiology

- Transmission: Direct contact with blisters
- Reactivation of the varicella zoster virus

www.medicinenet.com

Notable Characteristics

- Rash that follows sensory nerve path



Copyright DermNet.com

Complications

- Postherpetic Neuralgia (PHN)

Test Your Knowledge

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

www.cdc.gov

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Meningococcal

Etiology

- Bacteria
- Transmission: contaminated respiratory droplets or secretions
- Incubation period: Range 2-10 days

Courtesy Centers for Disease Control and Prevention

Notable Characteristics

- Meningitis (fever, stiff neck, headache, nausea, vomiting, sensitivity to light)
- Septicemia/bacteremia (dark purple rash, gangrene)

http://www.publichealth.hscni.net/news/students-do-you-know-signs-meningitis-0, http://phil.cdc.gov/phil/details.asp

Complications

- Limb loss, hearing loss, brain damage, death

Meningococcal Disease (Adolescents/Young Adults)

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Test Your Knowledge

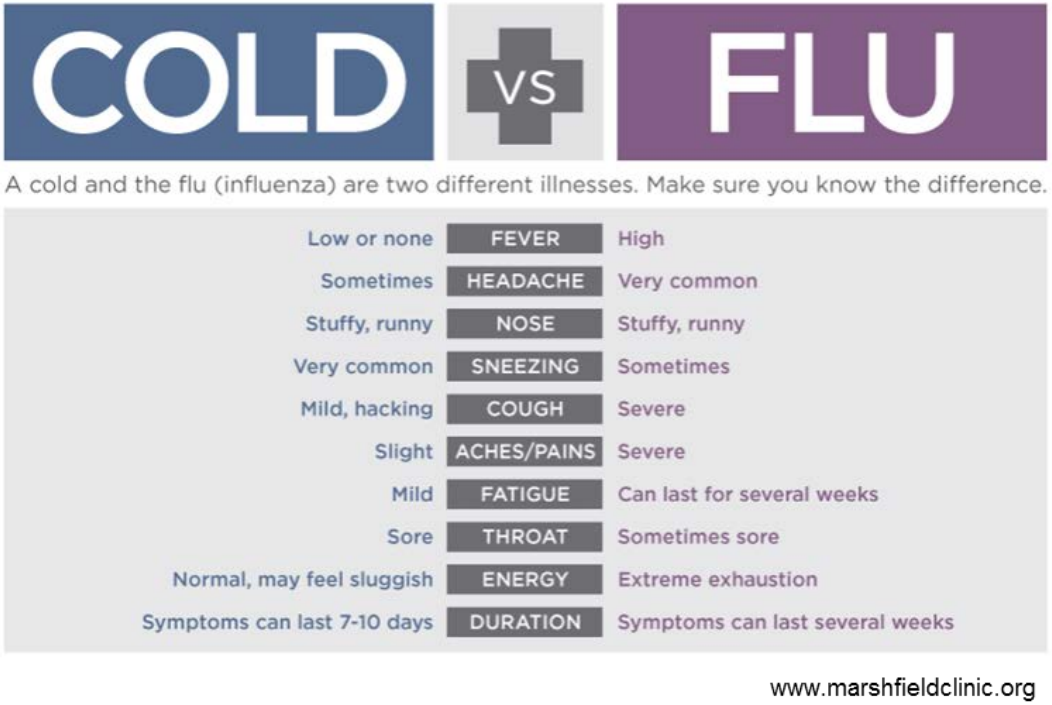
Influenza

Etiology

- Virus
- Transmission: Contaminated respiratory droplets
- Incubation period:1-4 days

Complications

- Bronchitis, pneumonia, worsening of chronic health conditions, death



Test Your Knowledge

It is estimated that _____% of sexually active adults are infected with genital HPV during their lifetime.

A. 10
B. 25
C. 40
D. 100

Human Papillomavirus (HPV)

Etiology

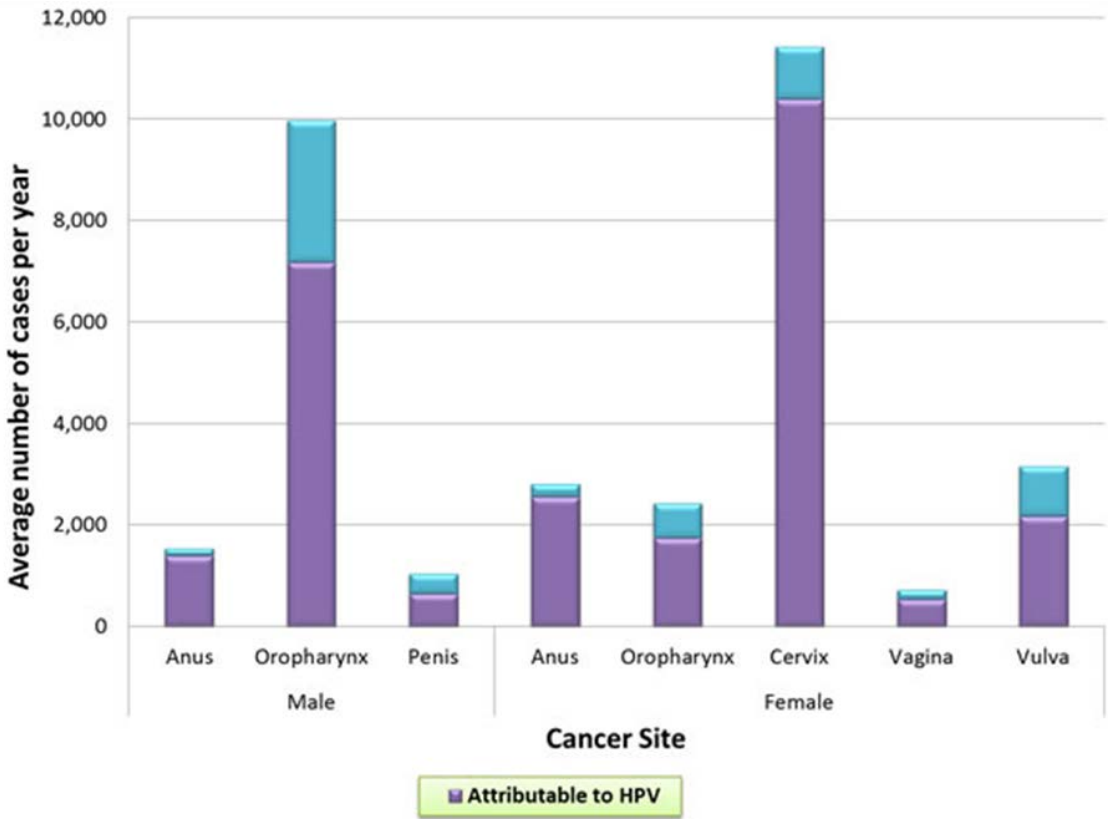
- Virus
- Transmission: skin-to-skin contact
- Incubation Period:

Notable Characteristics

- Most people are asymptomatic

Complications

- Genital warts, various cancers



Data are from all states meeting USCS publication criteria for all years 2006–2010 and cover approximately 94.8% of the U.S. population. To determine the cancers most likely to be HPV-associated, the following additional criteria were applied to the NPCR/SEER data:(CDC, "Human papillomavirus: Associated cancers ", 2014)

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Why Do We Immunize Against HPV?

"Preventing cancer is better than treating it"

5/21/2014 – *Partnering for Prevention From Sea to Summit*, Seattle, WA

Melinda Wharton, MD, MPH

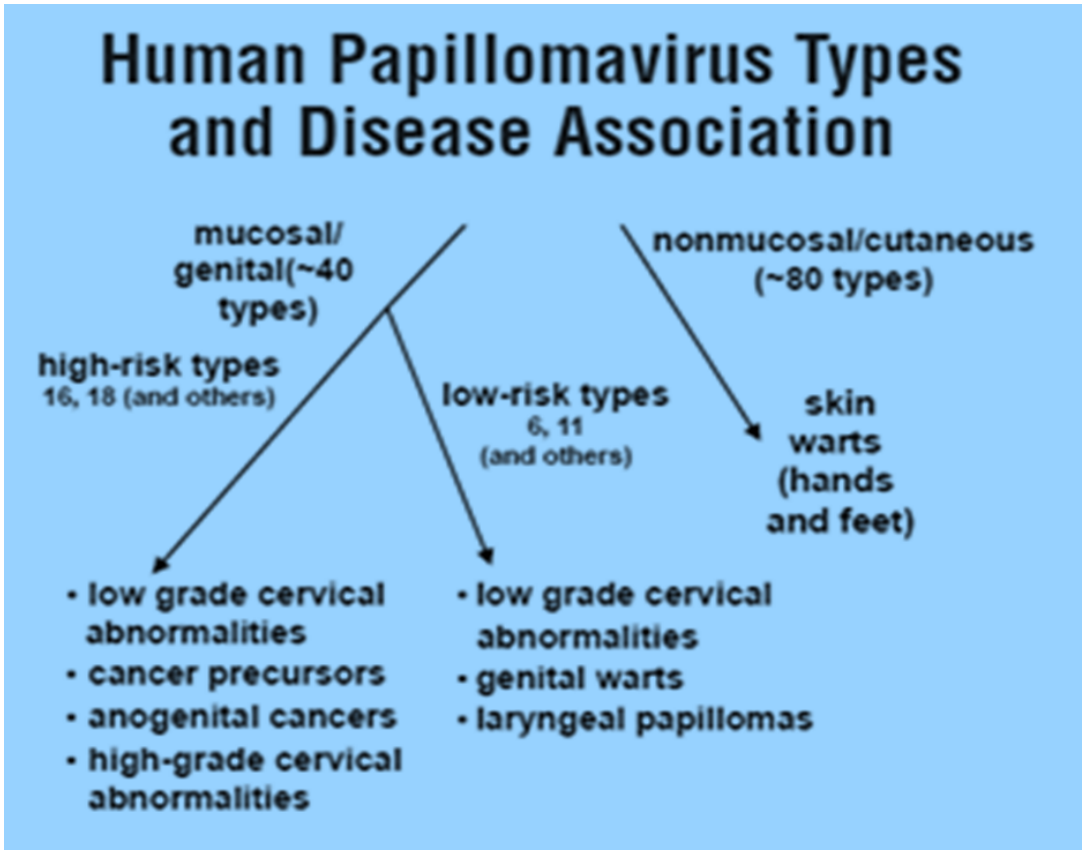
Director, National Center for Immunization and Respiratory Disease, CDC

Image retrieved from http://www.cdc.gov/about/leadership/leaders/wharton.htm

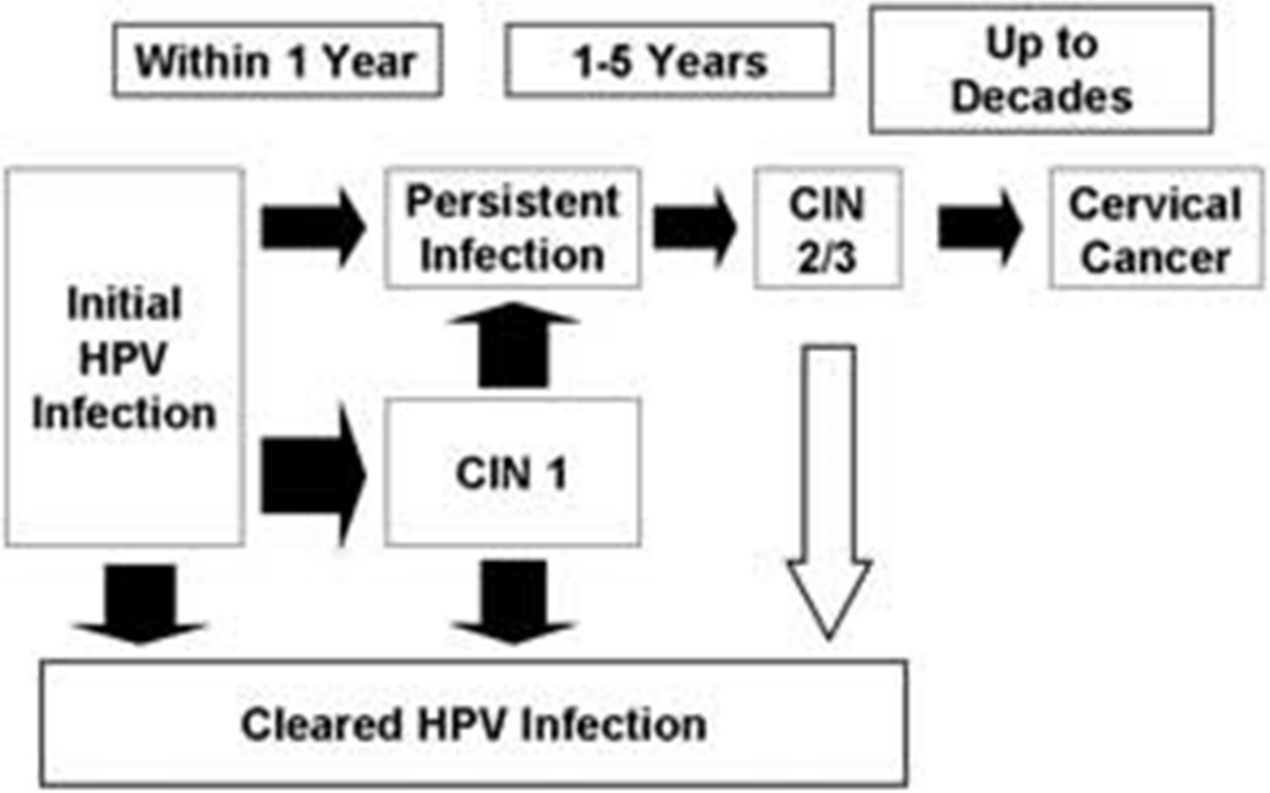
Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Human Papilloma Virus (HPV) Types and Disease Association



Natural History of HPV Infection



Someone You Love: The HPV Epidemic

Image retrieved from https://www.youtube.com/watch?v=wOdN2fuq-zQ

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

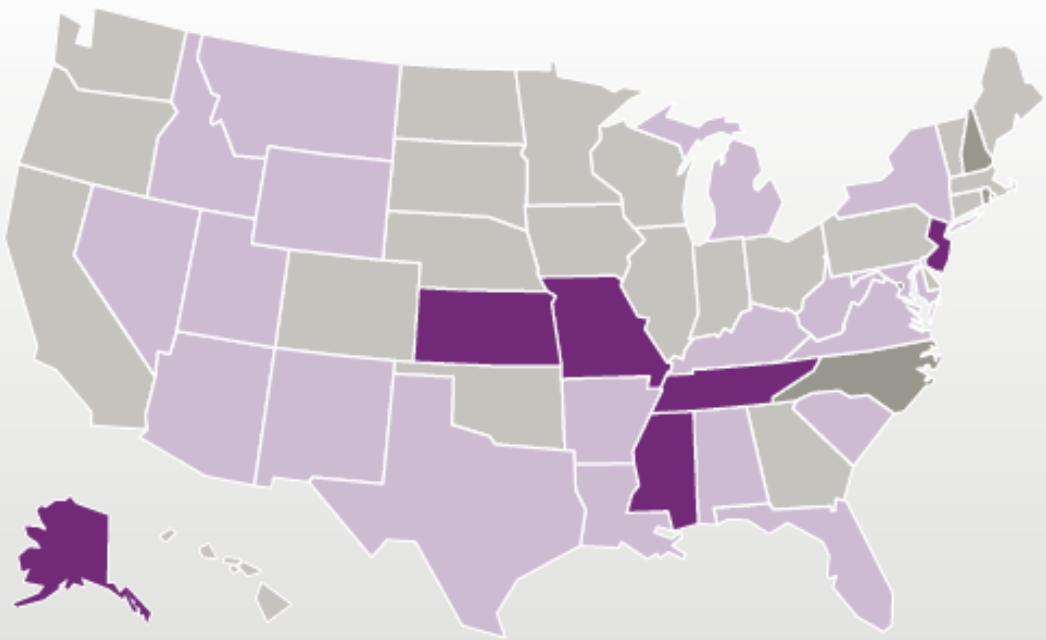
HPV VACCINATION IS THE BEST WAY TO PREVENT MANY TYPES OF CANCER
MANY ADOLESCENTS HAVEN'T STARTED THE HPV VACCINE SERIES

NATIONWIDE

4 OUT OF 10

GIRLS ARE UNVACCINATED

Percentage of adolescent girls who have received one or more doses of HPV vaccine*



National coverage is 60%
Coverage by state:

- 49% or less
- 50-59%
- 60-69%
- 70% or greater

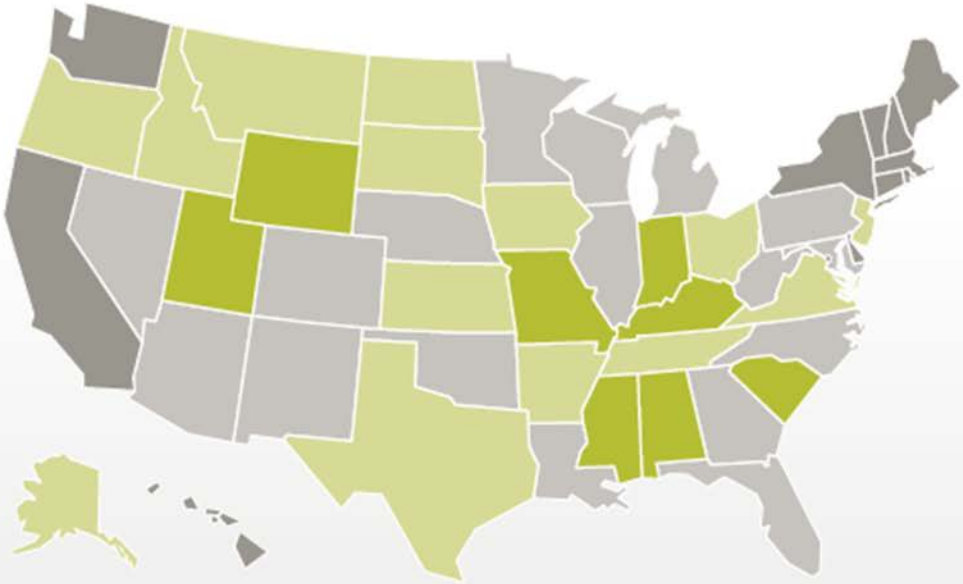
http://www.cdc.gov/hpv/infographics/vacc-coverage.html

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

NATIONWIDE 6 OUT OF 10 BOYS ARE UNVACCINATED

Percentage of adolescent boys who have received one or more doses of HPV vaccine*



National coverage is 42%
Coverage by state:

- 29% or less
- 30-39%
- 40-49%
- 50% or greater

IMPROVING HPV VACCINATION RATES WILL HELP SAVE LIVES.
A high national Tdap vaccination rate of 88% shows that it is possible to achieve high HPV vaccination coverage.

*Estimated coverage with ≥1 dose of Human Papillomavirus (HPV) vaccine, either quadrivalent or bivalent, among adolescents aged 13-17 years, National Immunization Survey–Teen (NIS–Teen), United States, 2014

Source: MMWR July 31, 2015

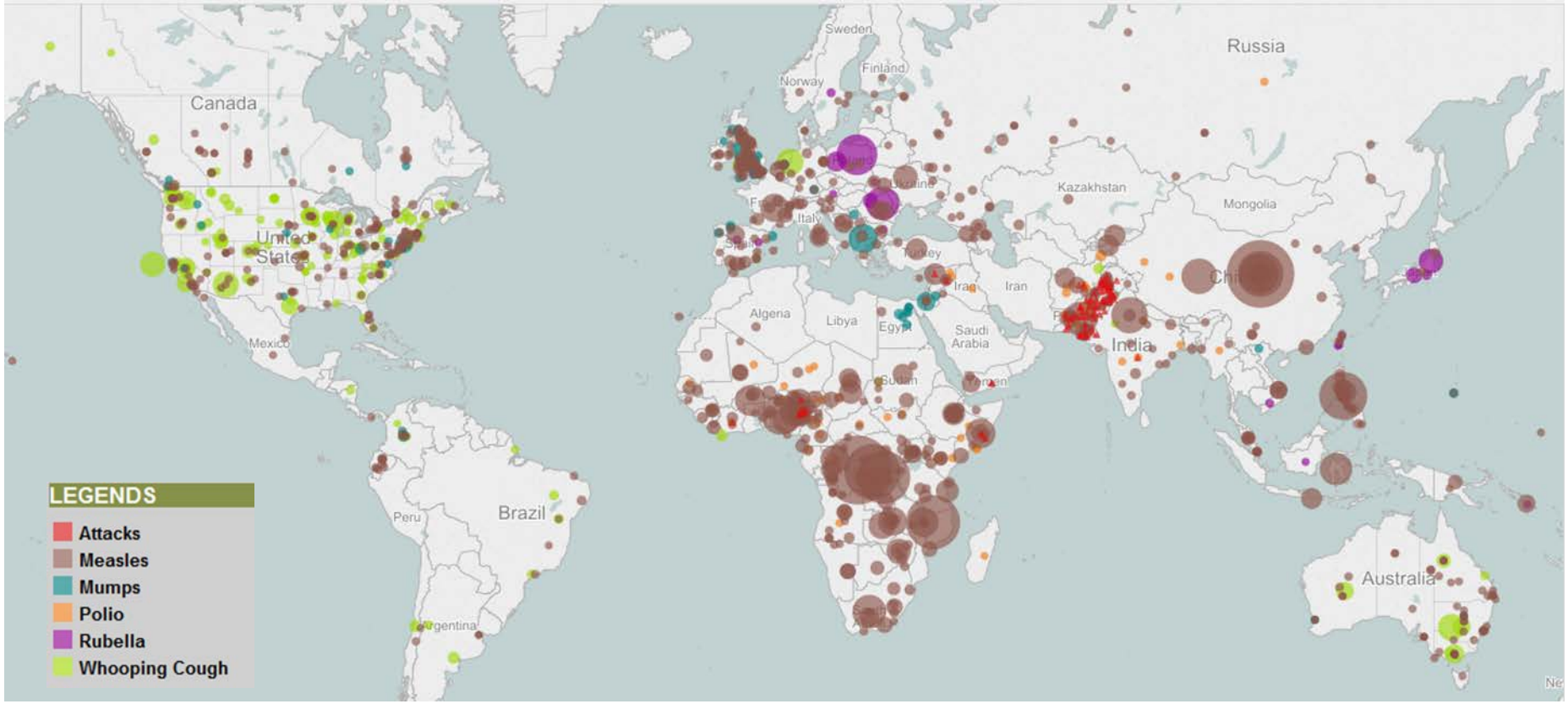
www.cdc.gov/hpv

NCIRDig524 | July 31, 2015

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

http://www.cdc.gov/hpv/infographics/vacc-coverage.html

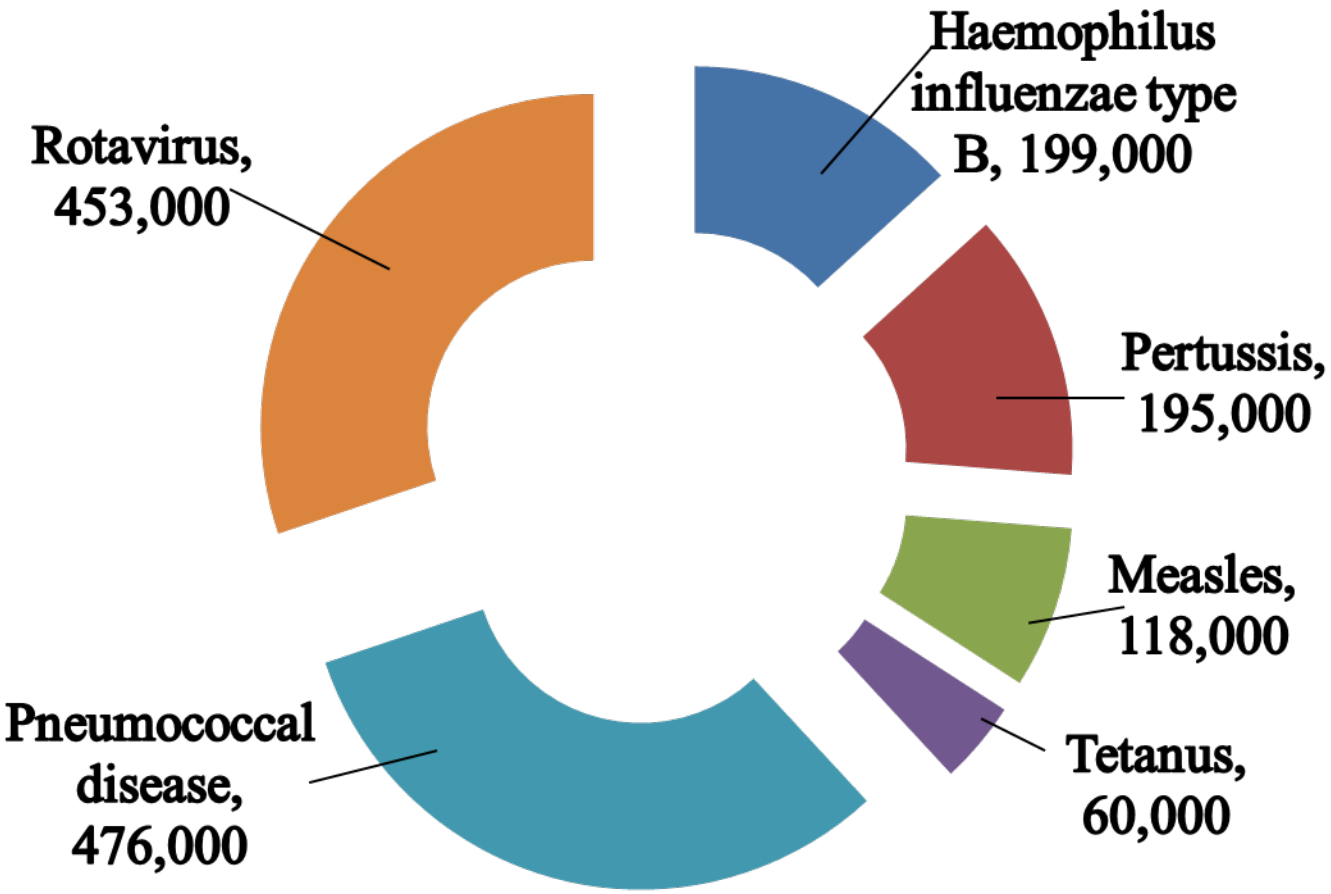
Current Vaccine Preventable Outbreaks



Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

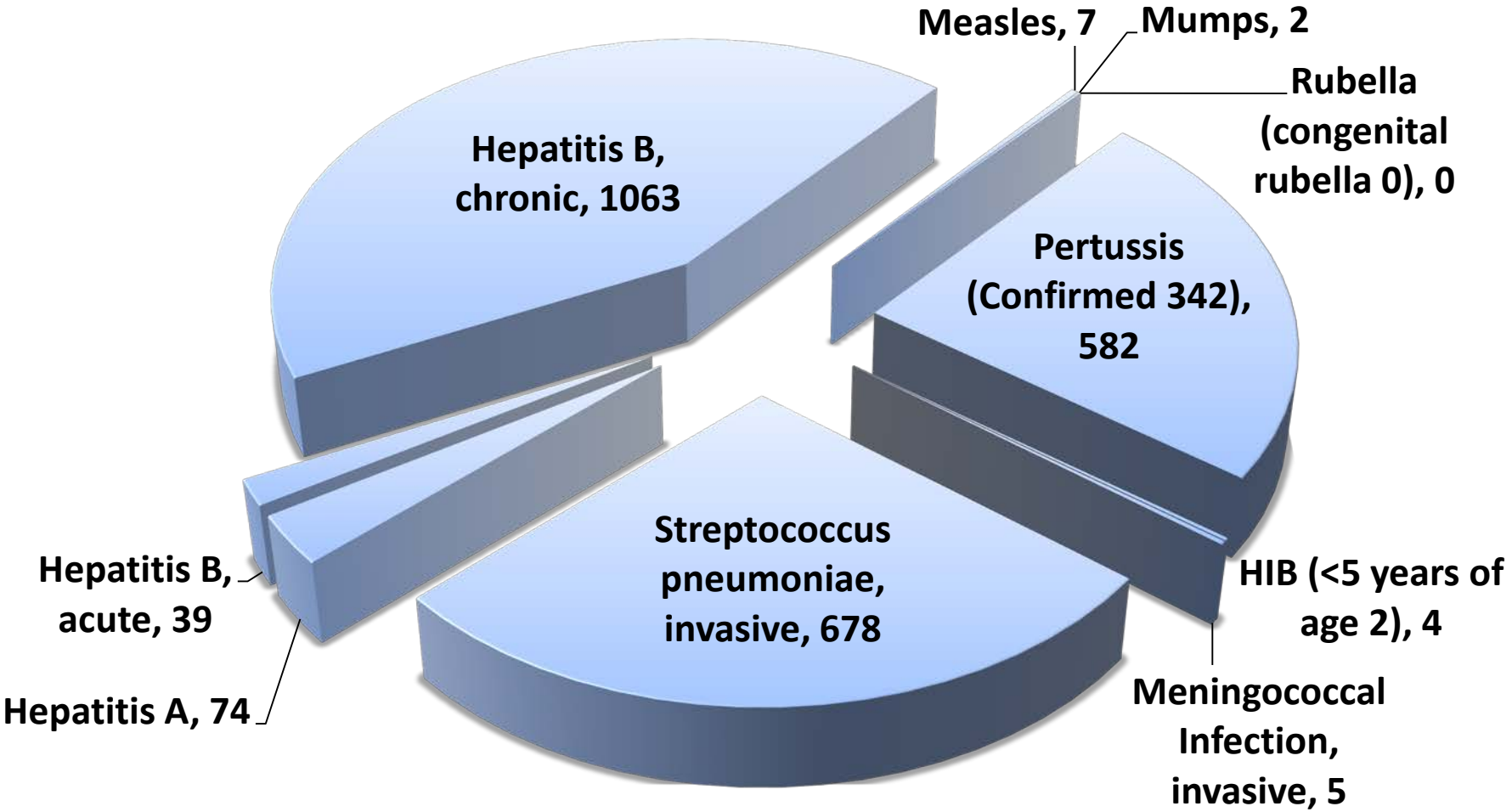
tapi The Arizona Partnership for Immunization
WhyImmunize.org

Worldwide Childhood Deaths from VPD



(Unicef, 2014)

Disease Prevalence in Arizona Jan-Dec 2015



ADHS (2015)

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

Vaccines Work!

DISEASE	PRE-VACCINE ERA ESTIMATED ANNUAL MORBIDITY[1]	MOST RECENT REPORTS OR ESTIMATES OF U.S. CASES	PERCENT DECREASE
Diphtheria	21,053	1[2]	>99%
H. influenzae (invasive, <5 years of age)	20,000	40[2,3]	>99%
Hepatitis A	117,333	3,473[4]	98%
Hepatitis B (acute)	66,232	19,764[4]	70%
Measles	530,217	667[2]	>99%
Meningococcal disease	2,886[5]	433[2]	85%
Mumps	162,344	1,223[2]	>99%
Pertussis	200,752	32,971[2]	84%
Pneumococcal disease (invasive, <5 years of age)	16,069	1,900[6]	88%
Polio (paralytic)	16,316	0[2]	100%
Rotavirus (hospitalizations, <3 years of age)	62,500[7]	12,500[8]	80%
Rubella	47,745	6[2]	>99%
Congenital Rubella Syndrome	152	1[2]	99%
Smallpox	29,005	0[2]	100%
Tetanus	580	25[2]	96%
Varicella	4,085,120	151,149[9]	96%

www.immunize.org/catg.d/p4037.pdf • Item #P4037 (1/16)

Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Thank you!

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

References

- Measles:Rubeola. (2014, November 3). Retrieved December 24, 2014, from http://www.cdc.gov/measles/
- Meningococcal: Causes & transmission. (2014, April 1). Retrieved February 25, 2015, from http://www.cdc.gov/meningococcal/about/causes-transmission.html
- Mumps. (2014, December 16). Retrieved December 31, 2014, from http://www.cdc.gov/mumps/index.html
- Orenstein, W., & Seib, K. (2014). Mounting a good offense against measles. *The New England Journal of Medicine, 371*(18), 1661-63. Retrieved December 23, 2014, from http://www.nejm.org/doi/pdf/10.1056/NEJMp1408696
- Pertussis (Whooping Cough). (2012, November 1). Retrieved March 24, 2015, from http://www.cdc.gov/pertussis/about/index.html
- Polio. (2015, January 1). Retrieved January 8, 2015, from http://www.healthline.com/health/poliomyelitis#Overview1
- Profiles | Vaccine Facts and Policy. (2014, January 1). Retrieved December 23, 2014, from http://www.vaccinefactsandpolicy.org/profiles/?profile=az
- Pneumococcal Disease. (2013, June 6). Retrieved March 17, 2015, from http://www.cdc.gov/pneumococcal/clinicians/index.html
- Pregnancy and whooping cough. (2014, October 10). Retrieved December 19, 2014, from http://www.cdc.gov/vaccines/adults/rec-vac/pregnant/whooping-cough/get-vaccinated.html
- Rubella: German measles, three-day measles. (2014, December 17). Retrieved January 5, 2015, from http://www.cdc.gov/rubella/about/index.htm#trans
- Shingles (Herpes Zoster): Transmission. (2014, September 17). Retrieved February 24, 2015, from http://www.cdc.gov/shingles/about/transmission.html
- Skwarecki, B. (2015, September 10). Infants more likely to contract pertussis from siblings. Retrieved September 24, 2015.
- Summary of selected reportable diseases. (2015). Retrieved September 22, 2015, from http://www.azdhs.gov/phs/oids/data/
- Surveillance for viral hepatitis: United States 2012. (2014, September 2). Retrieved December 24, 2014, from http://www.cdc.gov/hepatitis/Statistics/2012Surveillance/Commentary.htm#hepB
- Update: Influenza Activity — United States, September 28–December 6, 2014. (2014, December 19). Retrieved December 29, 2014, from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6350a2.htm
- Vaccines. (2012, April 3). Retrieved January 8, 2015, from http://www.niaid.nih.gov/topics/vaccines/understanding/pages/typesvaccines.aspx
- Vaccines and immunizations. (2013, July 8). Retrieved December 10, 2014, from http://www.cdc.gov/vaccines/about/terms/glossary.htm
- What Is Polio? (2014, October 15). Retrieved January 8, 2015, from http://www.cdc.gov/polio/about/
- Willingham, E., & Helft, L. (2014, September 5). What is Herd Immunity? Retrieved December 29, 2014, from http://www.pbs.org/wgbh/nova/body/herd-immunity.html

References

- Arizona Partnership for Immunization – Vaccine Preventable Diseases. (2014, January 1). Retrieved December 24, 2014, from https://www.whyimmunize.org/vaccine-preventable-diseases/
- Arizona school immunization requirements: Kindergarten-12 grade. (2014, August 1). Retrieved December 19, 2014, from http://azdhs.gov/phs/immunization/documents/school-childcare/2014-2015-school-year-immunization-requirements.pdf
- Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Hamborsky J, Wolfe S, eds. 12th ed., second printing. Washington DC: Public Health Foundation, 2012.
- Childhood whooping cough vaccine protects most children for at least five years. (2013, December 18). Retrieved December 19, 2014, from http://www.cdc.gov/media/matte/2011/10_whooping_cough.pdf
- Child survival: Immunization. (2014, May 1). Retrieved December 11, 2014, from http://www.unicefusa.org/mission/survival/immunization
- Community Immunity ("Herd" Immunity). (2010, October 21). Retrieved December 29, 2014, from http://www.niaid.nih.gov/topics/pages/communityimmunity.aspx
- Diphtheria. (2014, March 27). Retrieved January 12, 2015, from http://www.mayoclinic.org/diseases-conditions/diphtheria/basics/definition/CON- 20022303?p=1
- Diphtheria. (2013, May 13). Retrieved January 12, 2015, from http://www.cdc.gov/diphtheria/about/causes-transmission.html
- Diphtheria: Epidemiology and prevention of vaccine-preventable diseases. (2012, May 7). Retrieved January 13, 2015, from http://www.cdc.gov/vaccines/pubs/pinkbook/dip.html
- Diphtheria: MedlinePlus. (2014, October 2). Retrieved January 12, 2015, from http://www.nlm.nih.gov/medlineplus/diphtheria.html
- For Healthcare Professionals. (CDC 2015, February 9). Retrieved February 17, 2015, from http://www.cdc.gov/measles/hcp/index.html
- Genital HPV Infection - Fact Sheet. (2015, February 23). Retrieved February 26, 2015, from http://www.cdc.gov/std/hpv/stdfact-hpv.htm#a4
- Hepatitis A information for the public. (2013, November 19). Retrieved February 13, 2015, from http://www.cdc.gov/hepatitis/A/aFAQ.htm#overview
- Hepatitis B. (2010, June 1). Retrieved December 24, 2014, from http://www.cdc.gov/hepatitis/HBV/PDFs/HepBGeneralFactSheet.pdf
- Hepatitis b faqs for health professionals. (2014, March 21). Retrieved December 24, 2014, from http://www.cdc.gov/hepatitis/HBV/HBVfaq.htm
- Haemophilus Influenzae Type b (Hib) Vaccine. (2014, February 4). Retrieved February 17, 2015, from http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.html
- How Flu Spreads. (2013, September 12). Retrieved December 29, 2014, from http://www.cdc.gov/flu/about/disease/spread.htm
- Human papillomavirus: Associated cancers. (2014, June 23). Retrieved February 26, 2015, from http://www.cdc.gov/cancer/hpv/statistics/cases.htm
- Human papillomavirus: What is HPV. (2015, January 22). Retrieved February 25, 2015, from http://www.cdc.gov/hpv/whatishpv.html
- Immunization. (2009, December 1). Retrieved December 31, 2014, from http://www2.aap.org/immunization/illnesses/photos.htm
- Key Facts about Influenza (Flu) & Flu Vaccine. (2014, September 9). Retrieved December 29, 2014, from http://www.cdc.gov/flu/keyfacts.htm
- Key publications. (2014, December 16). Retrieved January 8, 2015, from http://www.polioeradication.org

Best Practices: Vaccine Management and VFC Program Operations

(Section F)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Program Operations
&
Best Practices

Image Source: Boston College History Department

Basics

- Allowable administration fee
  - $21.33
  - Patient is unable to pay….
    - Waive the fee, do not collect
- Eligibility categories
  - Medicaid
  - Uninsured
  - American Indian/Alaska Native
  - Underinsured
  - KidsCare

Site Visits

- Every other year
- 10% receive unannounced visits
- 463 visits in 2015

Vaccine Information State

www.cdc.gov/vaccines/hcp/vis/current-vis.html

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search The CDC

SEARCH

CDC A-Z INDEX

Vaccine Information Statements (VIS)

- VIS Home
- Current VISs
- What's New with VISs
- About VISs +
- Dates of Current and Past VISs
- VIS Barcodes

Get Email Updates

To receive email updates about this page, enter your email address:

What's this? Submit

Related Link

CDC > VIS Home

Current VISs

CDC maintains a current English language VIS for each vaccine. You and your patients can

- View and display the web page
- Download and print the PDF file
- Import the RTF (text) file into an electronic system
- View on a smartphone, tablet or other web-accessible mobile device

Multi-, Routine-, & Non-Routine-Vaccine VISs

Multi

- Multiple Vaccines (DTaP, Hib, Hepatitis B, Polio, and PCV13) (11/5/15) UPDATED

  This VIS may be used in place of the individual VISs for DTaP, Hib, Hepatitis B, Polio, and PCV13 when two or more of these vaccines are administered during the same visit.

  It may be used for infants through children receiving their routine 4-6 year vaccines.

Routine

- DTaP (5/17/07)
- Hepatitis A (10/25/11) [Interim]

Training & Documentation

Storage & Handling

Temperature Monitoring

Vaccines and Immunizations

You Call The Shots

Web-based Training Course

Note: YOU CALL THE SHOTS IS UPDATED REGULARLY TO INCLUDE THE LATEST GUIDELINES AND RECOMMENDATIONS IN VACCINE PRACTICE. THE LATEST MODULES ARE BELOW.

COME BACK EVERY MONTH FOR THE LATEST TRAINING TO STAY UP TO DATE ON THE IMMUNIZATION PRACTICE.

At a Glance

You Call the Shots is an interactive, web-based immunization training course. It consists of a series of modules that discuss vaccine-preventable diseases and explain the latest recommendations for vaccine use. Each module provides learning opportunities, self-test practice questions, reference and resource materials, and an extensive glossary.

Need Continuing Education or a Certificate of Participation?
After viewing the modules, participants can go to CDC's online learning system to register for and obtain CE credit. General instructions are available in the CE How-to Guide.

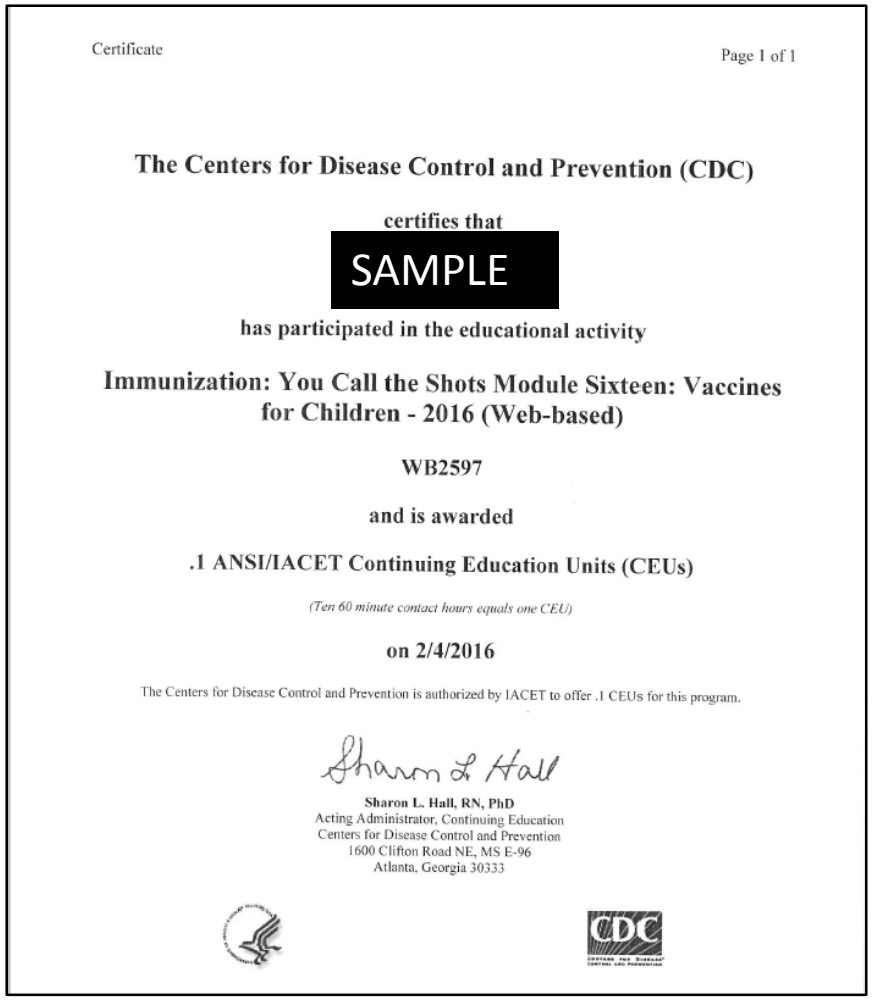
Now Available

- Diphtheria, Tetanus, and Pertussis (DTaP) MAR 2016
- *Haemophilus influenzae* type b (Hib) Jul 2015
- Hepatitis A Jun 2015

Contact Us:
Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
Contact CDC-INFO

You Call the Shots: Storage and Handling
or
You Call the Shots: VFC Requirements

Remember to **keep documentation** of training



Certificate

Page 1 of 1

The Centers for Disease Control and Prevention (CDC)

certifies that

SAMPLE

has participated in the educational activity

Immunization: You Call the Shots Module Sixteen: Vaccines for Children - 2016 (Web-based)

WB2597

and is awarded

.1 ANSI/IACET Continuing Education Units (CEUs)

(Ten 60 minute contact hours equals one CEU)

on 2/4/2016

The Centers for Disease Control and Prevention is authorized by IACET to offer .1 CEUs for this program.

Sharon L. Hall

Sharon L. Hall, RN, PhD
Acting Administrator, Continuing Education
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-96
Atlanta, Georgia 30333

Vaccine Ordering
and
Storage and Handling

Image source: Shot at Life Campaign

Point A to Point B

- Ordering process
  - Frequency of ordering
  - Patient population
  - Process of transit
    - Submit in ASIIS
    - ASIIS sends to CDC
    - CDC transmits order to McKesson
    - McKesson sends to provider
    - Provider enters received vaccine into ASIIS
- Patient visits provider for vaccine administration

Vaccine Storage & Handling Toolkit

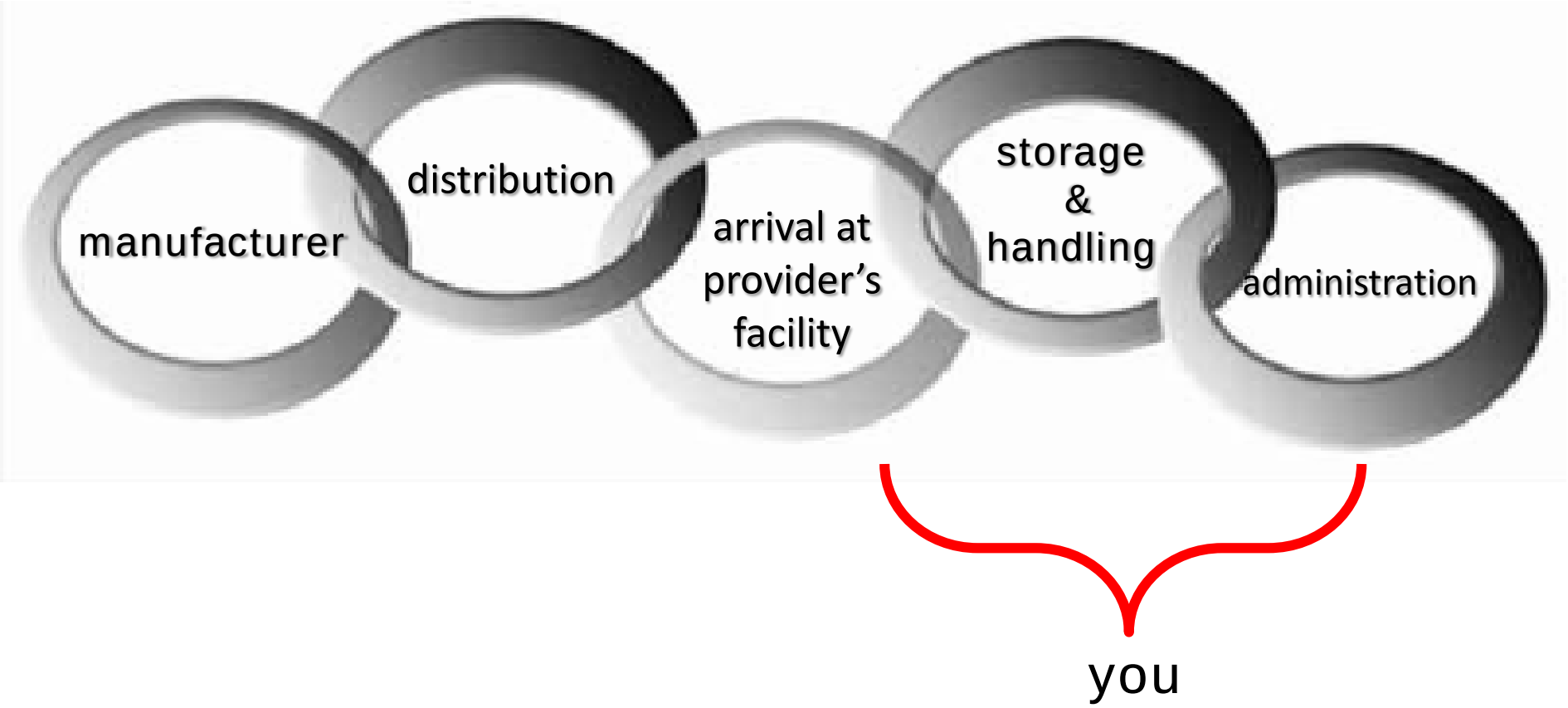
May 2014

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Why is storage and handling important?

- Vaccine effectiveness and immune response
- Revaccination=loss of trust
- Financial loss
  i. Proquad (MMRV): $109-$180 per dose
  ii. PCV13 vaccine: $117-$160 per dose
  iii. HPV9 vaccine: $126-$178 per dose
  iv. MCV4 vaccine: $83-$117 per dose
  v. MenB: $96-$161 per dose
  vi. Zoster: $117-$188 per dose

Cold Chain



adapted from CDC's Storage and Handling Toolkit

Storage and Handling Plan

- Required best practices for all VFC providers
- Recommended for private stock vaccines
- Update annually

Routine Vaccine Storage and Handling Plan Worksheet

Vaccine Coordinators			
Vaccine Coordinators	Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Primary			
Alternate (Back-up)			

Resources Contact List			
Resources	Contact Person Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Local Health Department Immunization Program			
State Health Department Immunization Program			
Additional Resources	Company Name Contact Person Name/Title	Telephone Numbers (home, cell, pager)	E-mail Address
Electric Power Company			
Generator Repair Company (if applicable)			
Refrigerator Repair Company			
Freezer Repair Company			
Temperature Alarm Monitoring Company (if applicable)			
Security or Perimeter Alarm Company (if applicable)			

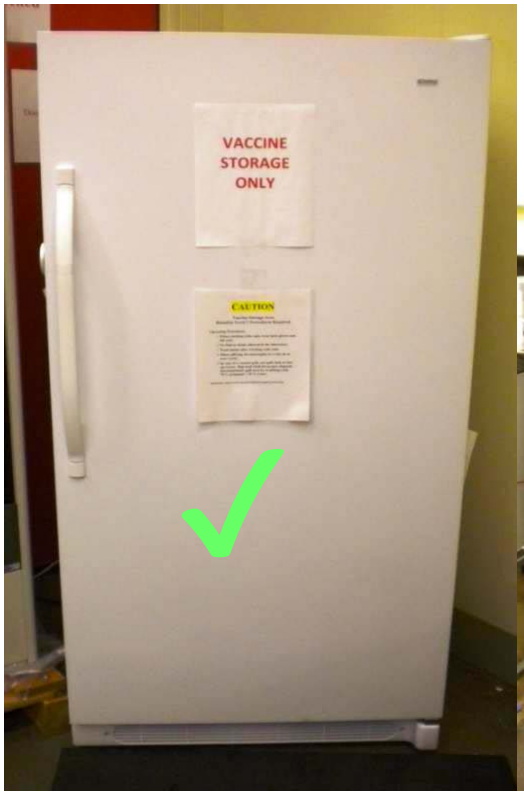
Vaccines for Children (VFC) Vaccine Management Plan
PIN_____

1. Primary VFC Contact:
2. Secondary VFC Contact:
3. Both the primary and secondary VFC contacts will know how to store and handle VFC vaccine. They will also know all of the requirements of the VFC program.
4. Vaccine receiving, storing and handling:
   A. Receiving of vaccine shipments:
      1. Vaccines are received by _____.
      2. Person who signs for receipt of vaccine will immediately take the vaccine to for storage.
      3. _____ will then check vaccines received against the packing slip, and will call the VFC office if there are any problems with the shipment within two hours of receipt of the vaccine.
      4. _____ will then place vaccines in the proper storage unit.
      5. All VFC Program information including packing slips will be kept on site for three (3) years.
   B. Refrigerator/freezer temperature monitoring:
      1. Refrigerator/freezer temperatures are to be taken in the morning when the office opens and in the evening just before the office closes.
      2. Refrigerator temperatures must remain between 35°F and 46°F.
      3. Freezer temperatures must remain below 5°F.
      4. _____ will record the temperatures and immediately notify the VFC Program at (602) 364-3642 if the temperatures are out of range.
      5. Notify the VFC Program if our office will be closed for more than four (4) days to find out what to do with the vaccine.
      6. Only National Institute of Technology (NIST) traceable certified thermometers will be used to monitor refrigerator/freezer temperatures.
   C. Storage requirements:
      1. Vaccine will be placed in the center of the refrigerator/freezer to allow air flow around the vaccine.
      2. Food will not be stored in the vaccine refrigerator.
      3. Water bottles will be placed in the door of the refrigerator.
      4. Frozen ice packs will be placed around all frozen vaccine in the freezer.
      5. "Do Not Disconnect" signs will be placed by the electrical plug of the unit(s) and by the power circuit breaker.
      6. Vaccine will only be stored in a household refrigerator/freezer or in separate refrigerator and freezer. Dormitory style refrigerators will not be used to store vaccine.

Storage Equipment

Which kind of refrigerator is acceptable?

Freezerless



Dual-zone

Full-size

Under-the-counter

Vaccines should never be stored in dorm-style refrigerators

California Department of Health Immunization Branch: Laurie Crowe, presentation, May 2010

Vaccine Storage/Refrigeration

Store Vaccines Properly

- Only store them in the center of unit
- Allow air flow
- **Do not store** in doors or crisper bins

Refrigerator

- Line doors with water bottles

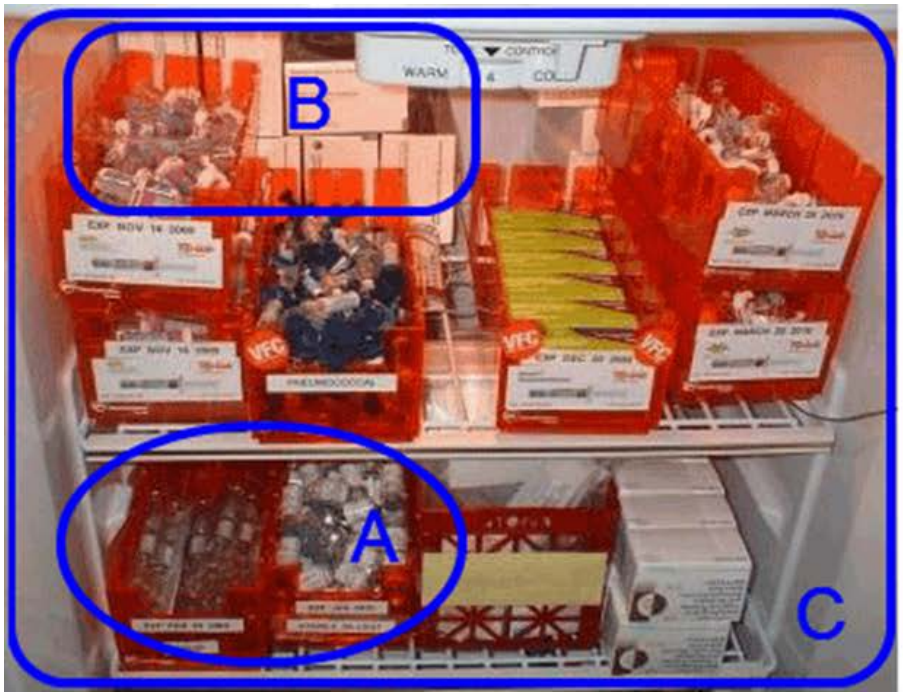
Freezer

- Build an igloo around vaccine with ice packs
- Do not block vents

What’s wrong with this picture?

image source: Texas VFC Program

What's wrong with this picture?

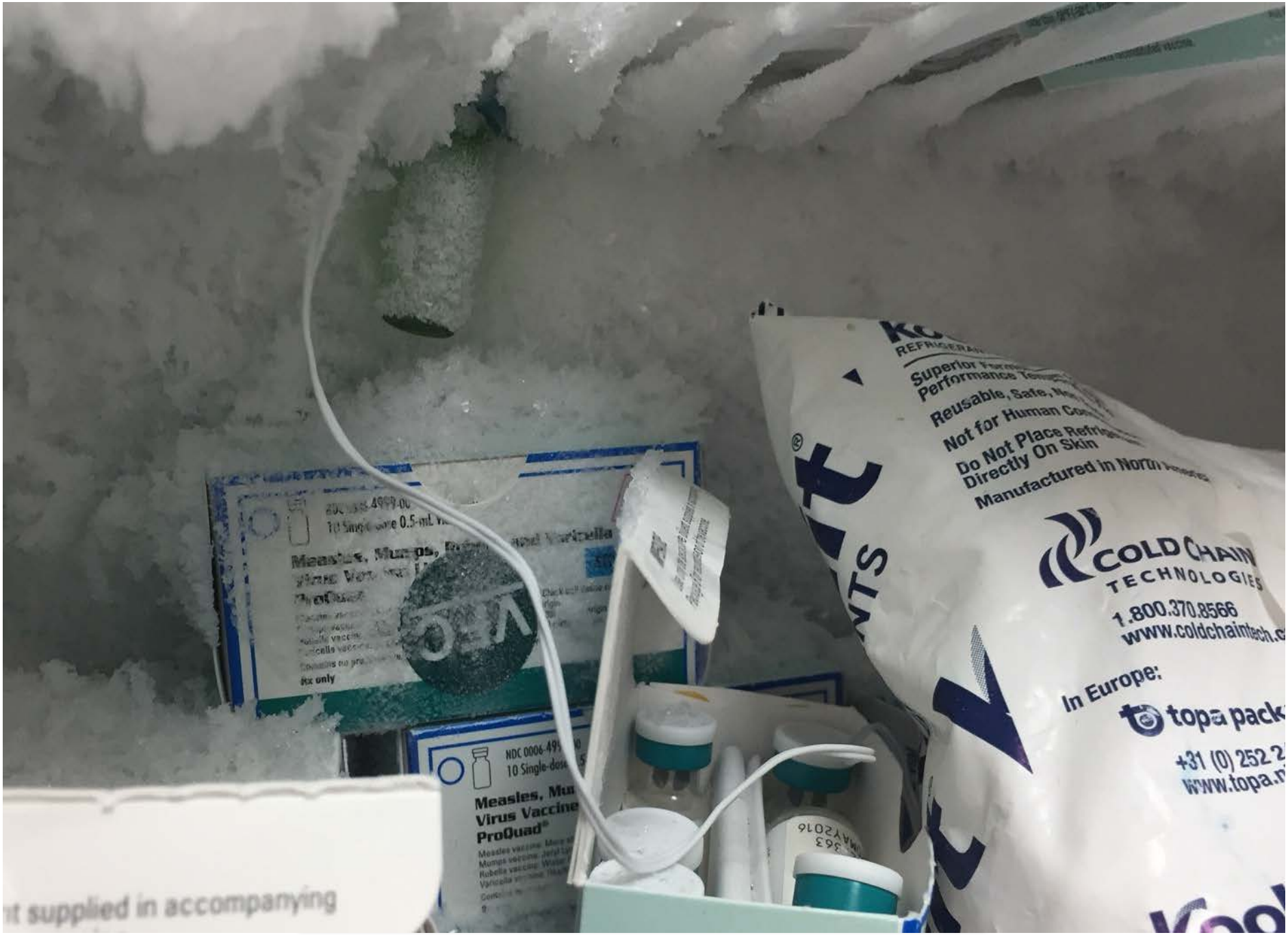


A. Vaccines are stored outside of original packaging

B. Vaccines are touching unit walls

C. Unit is too full

image source: Texas VFC Program


Rx only
Measles, Mu
Virus Vaccine
ProQuad
Superior Performance
Reusable, Safe,
Not for Human Co
Do Not Place Refrig
Directly On Skin
Manufactured in North
COLD CHAIN
TECHNOLOGIES
1.800.370.8566
In Europe:
topa pack
+31 (0) 252 2
www.topa.n
t supplied in accompanying

Vaccine Storage/Refrigeration

Store Vaccines Properly

- Only store them in the center of unit
- Allow air flow
- **Do not store** in doors or crisper bins

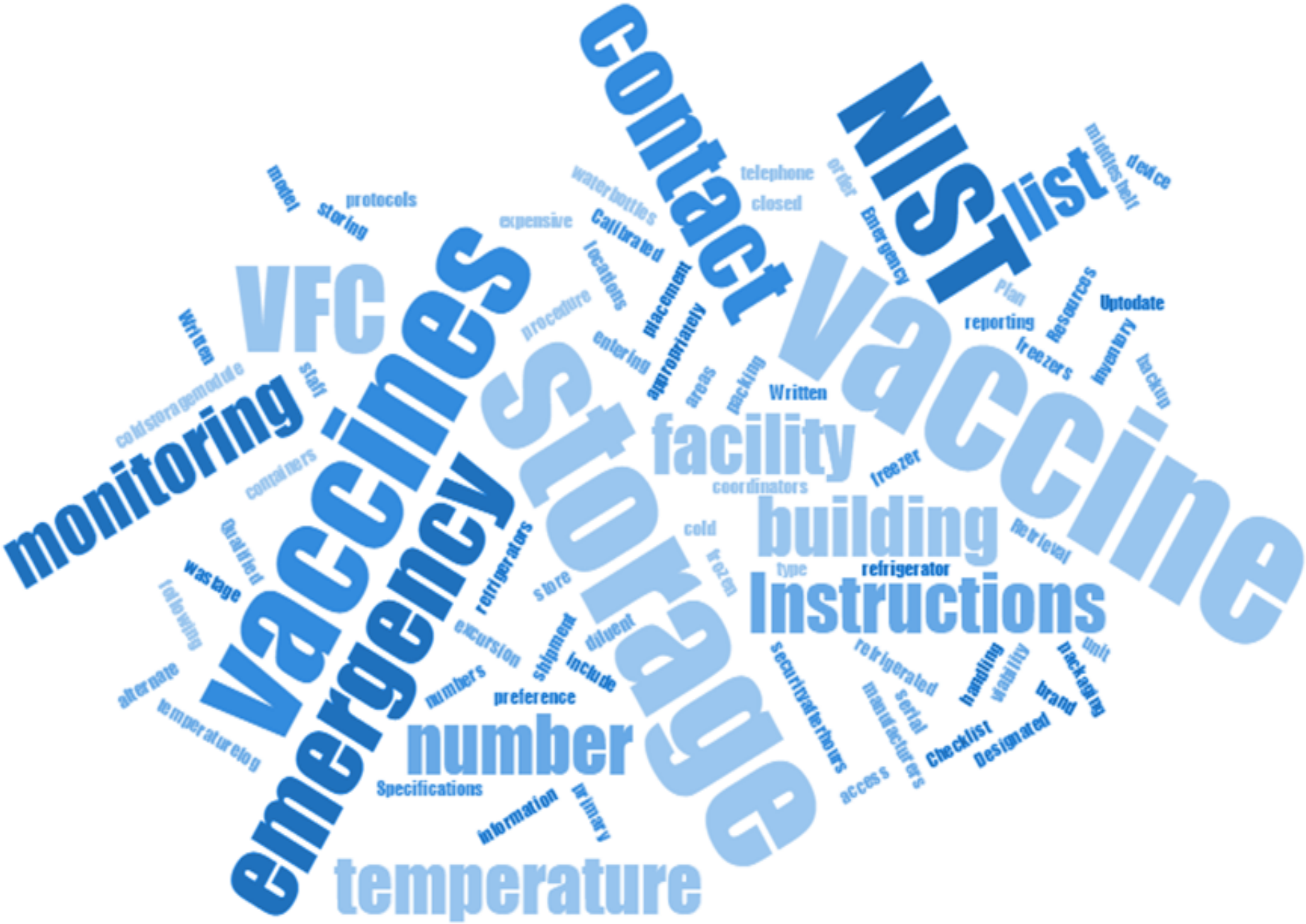
Refrigerator

- Line doors with water bottles

Freezer

- Build an igloo around vaccine with ice packs
- Do not block vents

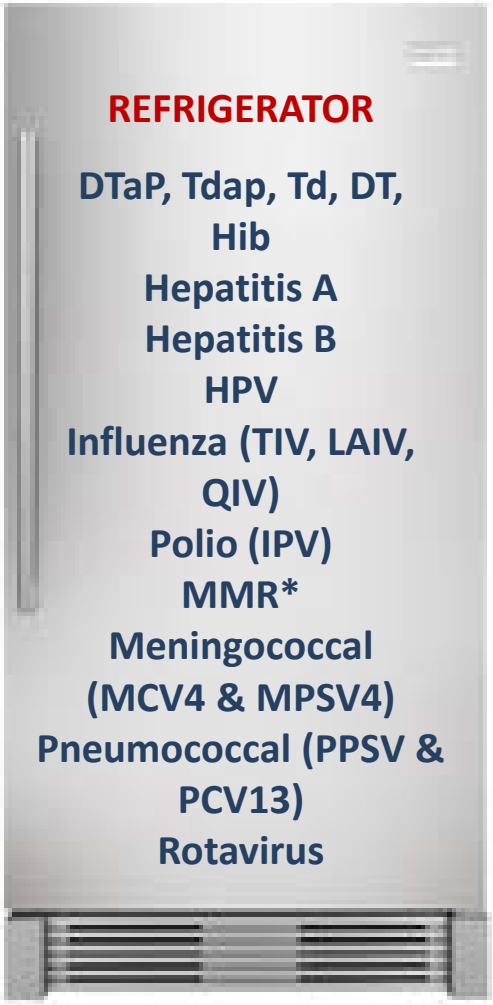
Proper Vaccine Storage


contact
NIST
list
vaccine
storage
vaccines
VFC
monitoring
emergency
facility
building
Instructions
number
temperature
model
protocols
storing
expensive
waterbottles
Calibrated
locations
placement
appropriately
procedure
entering
areas
packing
Written
telephone
closed
order
Emergency
Plan
reporting
Resources
Uptodate
freezers
inventory
backup
device
Written
staff
coldstoragemodule
containers
Qualified
wastage
following
alternate
temperaturelog
refrigerators
store
excursion
shipment
diluent
include
numbers
preference
Specifications
information
primary
coordinators
freezer
cold
frozen
type
refrigerator
Retrieval
securityafterhours
refrigerated
manufacturers
serial
access
handling
stability
Checklist
Designated
brand
packaging
unit

Protect Vaccines- Protect Patients

Maintain Freezer temperatures between -58°F and 5°F (-50° C and 15°C)

Maintain Refrigerator temperatures between 35°F and 46°F (2°C and 8°C)



Temperature Monitoring

- Data loggers required by 2018

Image source: CDC Storage and Handling Toolkit

- Place glycol bottle with vaccines
- Record temperatures twice daily
- Use cold storage module ASIIS

Image credit: https://www.oregon.gov/pharmacy/Imports/Rules/November15/VFCthermguide.pdf

Arizona Department of Health Services

- Main
  - Home
  - Logout
  - Select Application
  - Select Organization (IRMS)
  - Select Facility
  - Select VFC Pin
  - Document Center
  - MyIR
- Message
- Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Modify Order Set
  - Cold Storage
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports
- Job Queue

Add Cold Storage Unit Display as: ○ MIN/MAX ◉ 2x day temps

Enter Recorded Temperature

This record does not replace documentation attached to refrigerator.

Record Date From: 11/01/2014 Through: 03/30/2016

Temperature Data

Day		Office Closed	Time	+/- RIGHT FREEZER ID # (°F)	+/- KENM ORE ID # (°F)
03/30/2016	A.M.	☐	8 AM		
	P.M.	☐	5 PM		
03/29/2016	A.M.	☐	8:15 AM	5.0	36.0
	P.M.	☐	5:30 PM	3.2	36.0
03/28/2016	A.M.	☐	7:53 AM	5.0	42.0
	P.M.	☐	5:21 PM	7.0	33.3
03/27/2016	A.M.	☐	8 AM		
	P.M.	☐	5 PM		
03/26/2016	A.M.	☐	8 AM		
	P.M.	☐	5 PM		

POP QUIZ

- Name three steps you should take if you have a temperature excursion:

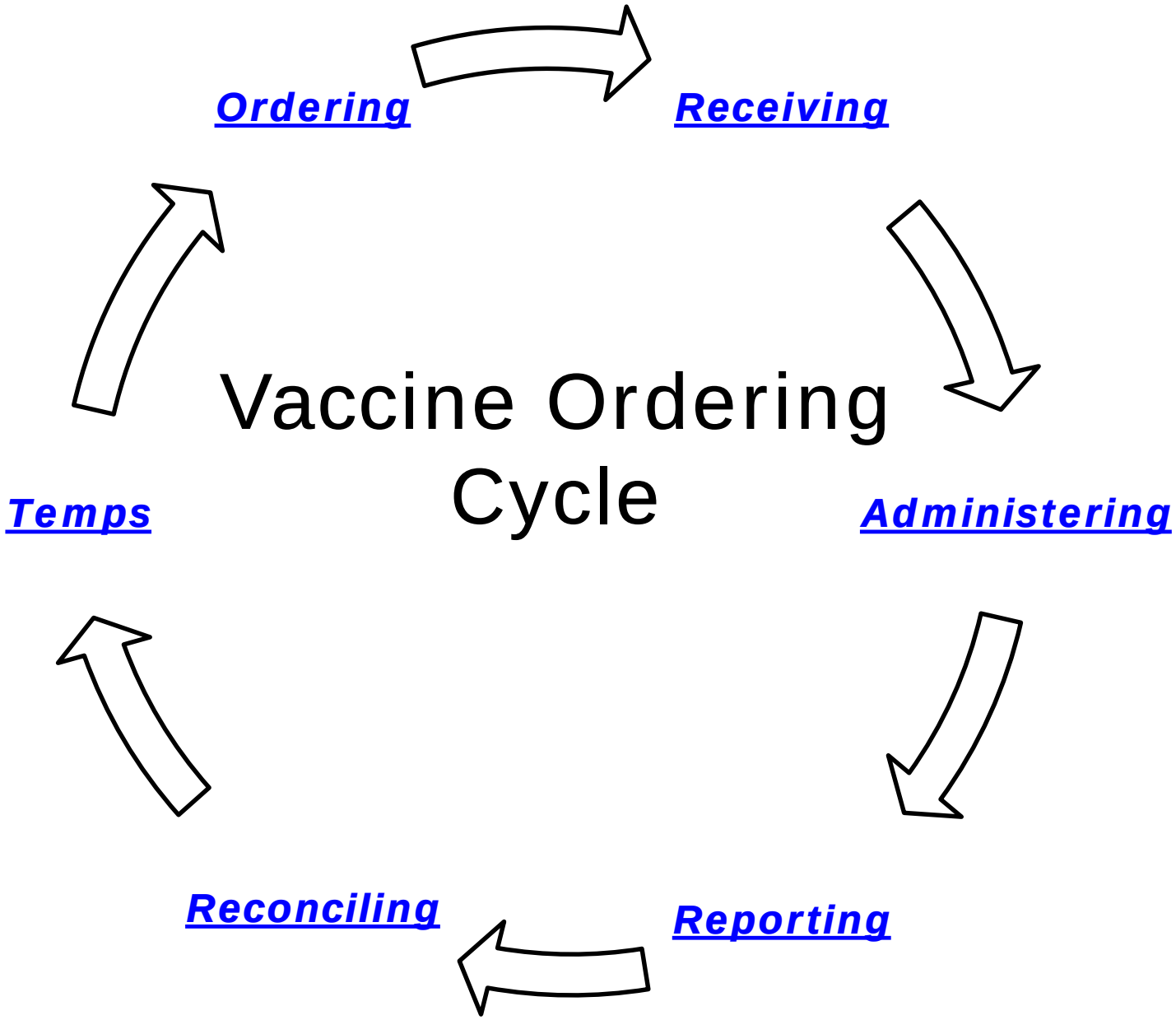
1) _____
2) _____
3) _____

ASIIS and VFC: One Stop Shop

TO DO LIST

- ☐ Inventory and ordering
- ☐ Reports and statistics
- ☐ Temperature monitoring
- ☐ Official records
- ☐

Vaccine Ordering Cycle



Arizona Department of Health Services

- Main
  - Home
  - Logout
  - Select Application
  - Select Organization (IRMS)
  - Select Facility
  - Select VFC Pin
  - Document Center
  - MyIR
- Message
- Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Modify Order Set
  - Cold Storage
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports
- Job Queue

Add Cold Storage Unit Display as: ○ MIN/MAX ◉ 2x day temps

Enter Recorded Temperature

This record does not replace documentation attached to refrigerator.

Record Date From: 11/01/2014 Through: 03/30/2016

Temperature Data

Day		Office Closed	Time	+/- RIGHT FREEZER ID # (°F)	+/- KENM ORE ID # (°F)
03/30/2016	A.M.	☐	8 AM		
	P.M.	☐	5 PM		
03/29/2016	A.M.	☐	8:15 AM	5.0	36.0
	P.M.	☐	5:30 PM	3.2	36.0
03/28/2016	A.M.	☐	7:53 AM	5.0	42.0
	P.M.	☐	5:21 PM	7.0	33.3
03/27/2016	A.M.	☐	8 AM		
	P.M.	☐	5 PM		
03/26/2016	A.M.	☐	8 AM		
	P.M.	☐	5 PM		

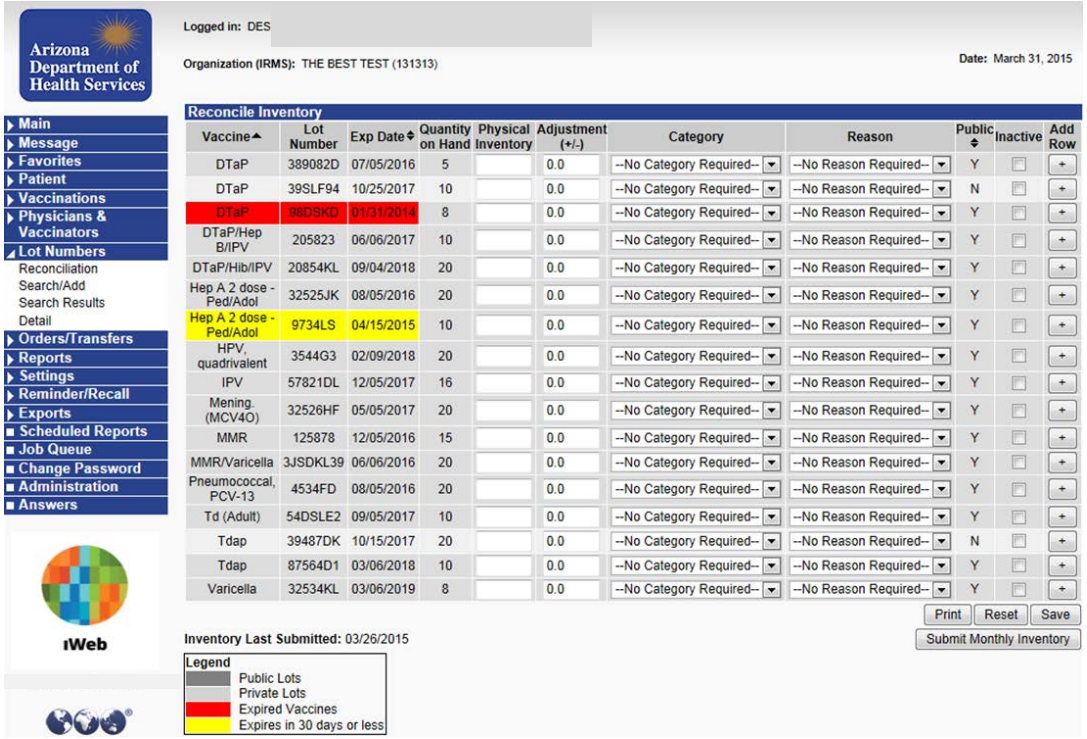
Wastage Reasons Defined

Broken / Dropped / Spilled: a dose that is dropped, vial broken and/or vaccine spilled

Drawn Up, Not Used: a dose that is drawn up but not used

Lost and Unaccounted: a dose that is missing and was not recorded or entered properly into the registry

Damaged in Transit: vaccine is damaged during transit



Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row
DTaP	389082D	07/05/2016	5		0.0	--No Category Required--	--No Reason Required--	Y		+
DTaP	39SLF94	10/25/2017	10		0.0	--No Category Required--	--No Reason Required--	N		+
DTaP	98DSKD	01/31/2014	8		0.0	--No Category Required--	--No Reason Required--	Y		+
DTaP/Hep B/IPV	205823	06/06/2017	10		0.0	--No Category Required--	--No Reason Required--	Y		+
DTaP/Hib/IPV	20854KL	09/04/2018	20		0.0	--No Category Required--	--No Reason Required--	Y		+
Hep A 2 dose - Ped/Adol	32525JK	08/05/2016	20		0.0	--No Category Required--	--No Reason Required--	Y		+
Hep A 2 dose - Ped/Adol	9734LS	04/15/2015	10		0.0	--No Category Required--	--No Reason Required--	Y		+
HPV, quadrivalent	3544G3	02/09/2018	20		0.0	--No Category Required--	--No Reason Required--	Y		+
IPV	57821DL	12/05/2017	16		0.0	--No Category Required--	--No Reason Required--	Y		+
Mening. (MCV4O)	32526HF	05/05/2017	20		0.0	--No Category Required--	--No Reason Required--	Y		+
MMR	125878	12/05/2016	15		0.0	--No Category Required--	--No Reason Required--	Y		+
MMR/Varicella	3JSDKL39	06/06/2016	20		0.0	--No Category Required--	--No Reason Required--	Y		+
Pneumococcal, PCV-13	4534FD	08/05/2016	20		0.0	--No Category Required--	--No Reason Required--	Y		+
Td (Adult)	54DSLE2	09/05/2017	10		0.0	--No Category Required--	--No Reason Required--	Y		+
Tdap	39487DK	10/15/2017	20		0.0	--No Category Required--	--No Reason Required--	N		+
Tdap	87564D1	03/06/2018	10		0.0	--No Category Required--	--No Reason Required--	Y		+
Varicella	32534KL	03/06/2019	8		0.0	--No Category Required--	--No Reason Required--	Y		+

Vaccine Returns
&
Transfers

First step:

Call the Vaccine Center

602-364-3642

Image source: http://www.ieexchanges.com/index.html

Arizona Department of Health Services

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Modify Order Set
  - Cold Storage
- Reports
- Settings
- CASA Export
- Reminder/Recall

Current Order/Transfer List

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date

Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date

Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility

Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility

Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility	Reject Date	Rejected By	Status

Create Order | Create Transfer

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS)/Facility:

Date: April 4, 2016

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Modify Order Set
  - Cold Storage

Create Transfer

Sending Organization (IRMS)	
Sending Facility	
Submitter	
Receiving Organization (IRMS)	--select--
Receiving Facility	---select---

Transfer Details

Transfer Quantity	Vaccine	Public	Lot Number	Quantity Available	Expiration Date	Transfer Reason
	MMR	Y	99999	0	02/13/2016	

Cancel | Create Transfer

THANK YOU

Lindsay Shaver | Immunization Program Training Manager

Lindsay.Shaver@azdhs.gov | 602-364-3894

azhealth.gov

@azdhs

facebook.com/azdhs

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Wiggle Break- Things to Ponder…

- VFC Covers Kids
- Contact ADHS with ?s
- Keep Vaccine Safe
- Be the Hero

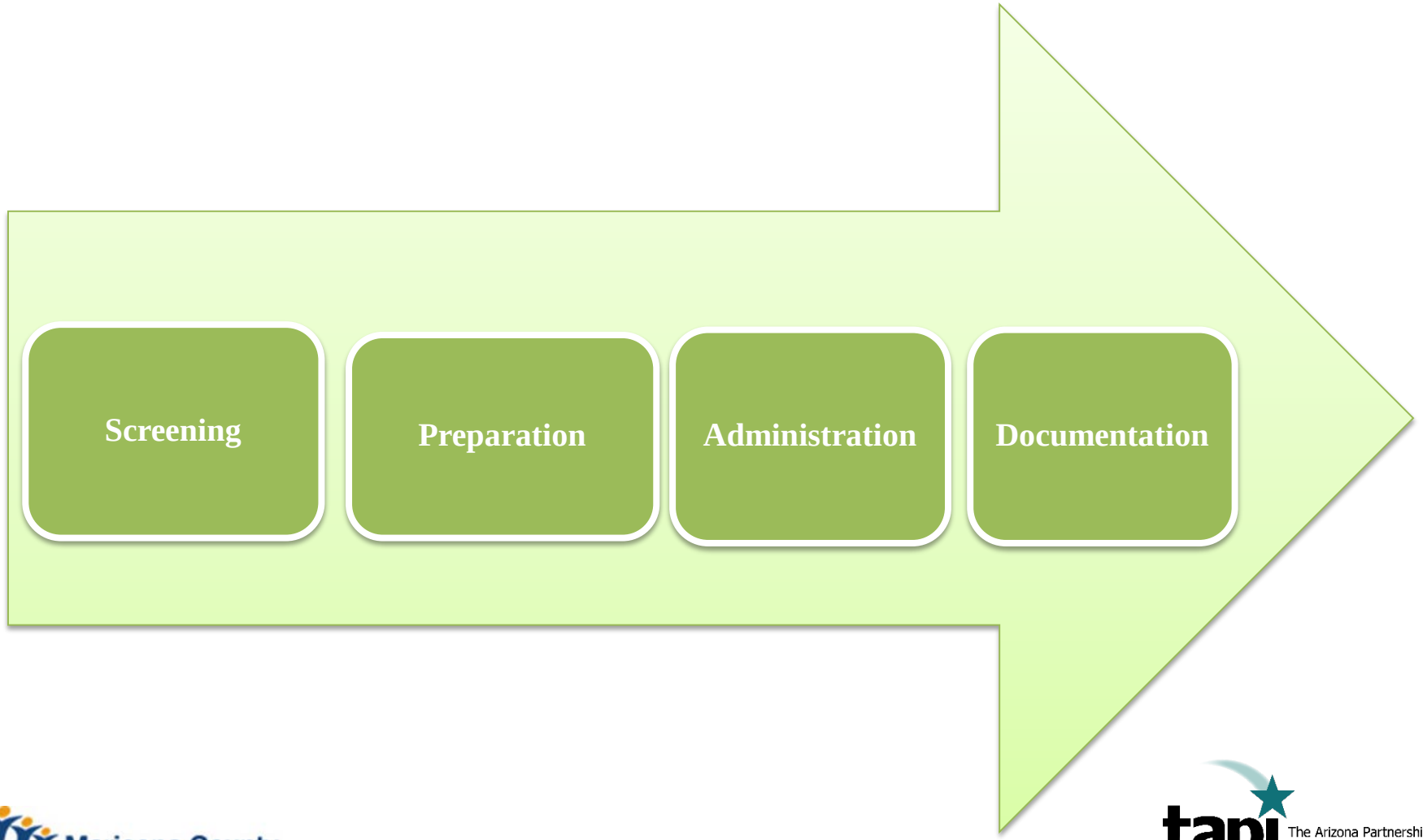
Best Practices In Vaccination: Clinical Application; Screening and Preparation

(Section C)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Best Practices in Vaccination: Clinical Applications



Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Live attenuated (weakened) vaccines

- Derived from “wild” or disease-causing viruses or bacteria which are attenuated, or weakened in the laboratory
- Replicate (grows) in the body to create an immune response
- Affected by maternal antibody (transplacental) or other circulating antibody (transfusion)
- Do not usually cause disease but if they do, usually much milder than natural disease

Live attenuated (weakened) vaccines

- Immune response virtually identical to immunity produced by natural infection
- Usually effective with one dose, except those administered orally
- Fragile and can be damaged by heat and light – MUST be handled and stored carefully
- Separate MMR, MMRV, Varicella, FluMist and Zoster doses by 28 days if not administered on same day

Inactivated Vaccines

- Are not "alive," therefore cannot replicate (grow) or cause disease
- Less affected by circulating antibody – may be given when antibody is present in the blood
- Always require multiple doses – first dose does not produce immunity but "primes" the immune system. A protective immune response develops after the 2nd or 3rd dose
- Immune response mostly humoral antibody titer diminishes with time
- May require periodic supplemental booster doses

Live vs. Inactive

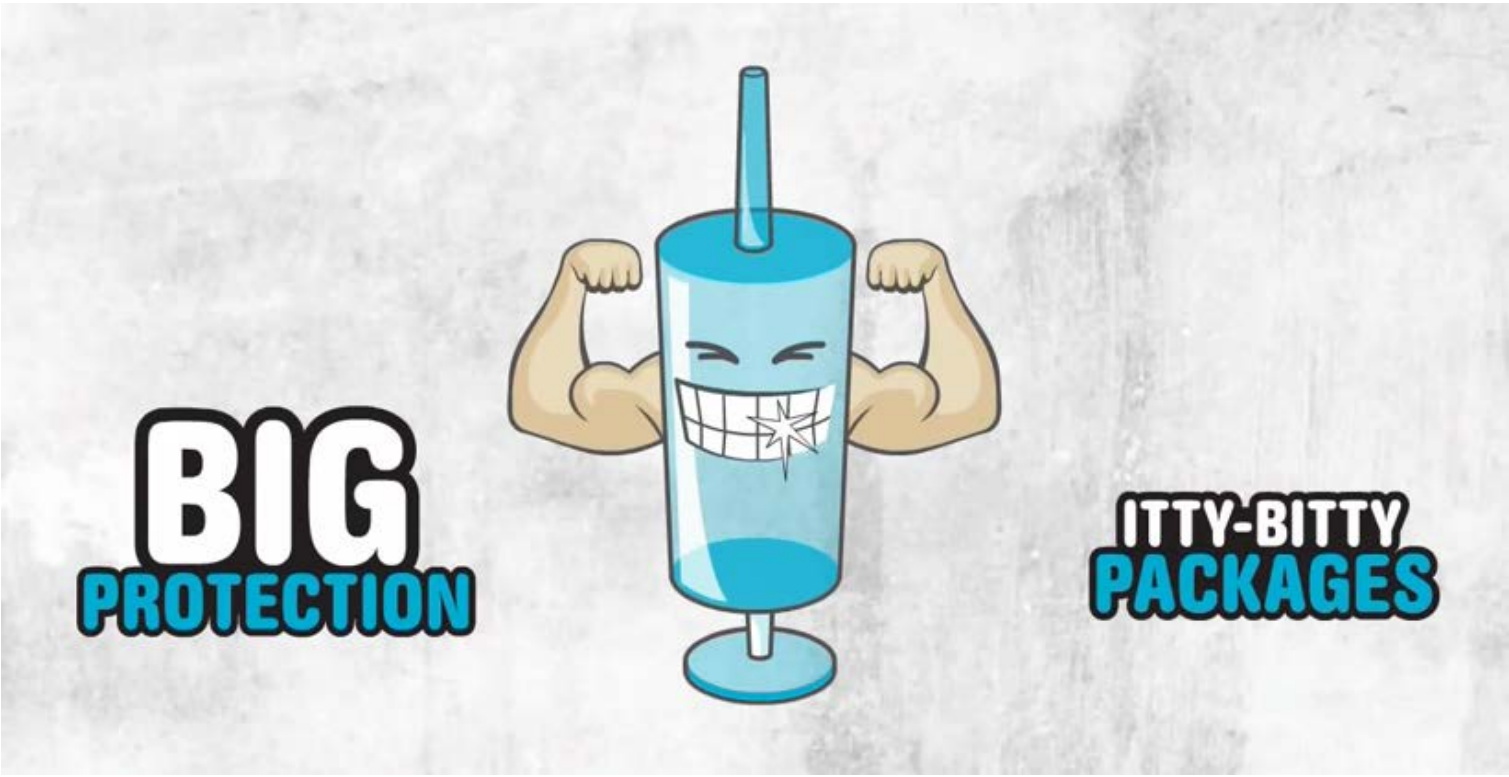
Live

- MMR
- Varicella
- MMRV (Proquad)
- Rotavirus
- FluMist
- Zoster

Inactive

- Dtap/Tdap/Td
- Hepatitis A/B
- Polio
- Hib
- Pneumococcal
- Meningococcal
- Human Papillomavirus
- Influenza

The Work of Vaccines



https://www.youtube.com/watch?v=SduMbjW2V9A

General Rule #1

The more similar a vaccine is to the disease-causing organism, the better the immune response is to the vaccine

General Rule #2

- **Increasing** the interval between doses of a multidose vaccine does not diminish the effectiveness of the vaccine.

- **Decreasing** the interval between doses of a multidose vaccine may interfere with antibody response and protection

General Rule #3

- **All** vaccines can be administered at the same visit.

Recommended Resources


Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 60 / No. 2

January 28, 2011

General Recommendations on Immunization

Recommendations of the Advisory Committee on Immunization Practices (ACIP)

Continuing Education Examination available at http://www.cdc.gov/mmwr/cme/conted.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Advises on proper screening and develops recommended vaccine schedules

- Division of the CDC
- Defines immunization best practices

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

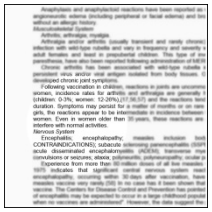
tapi The Arizona Partnership for Immunization
WhyImmunize.org

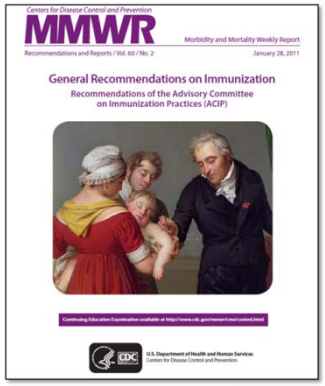
http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf

Why do ACIP recommendations not always agree with package inserts?

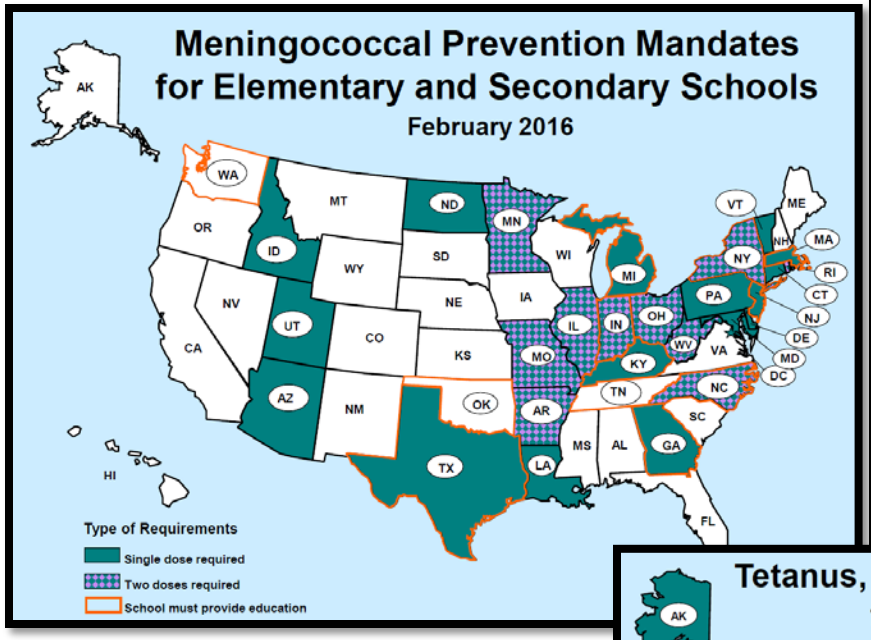
- Usually very close agreement between vaccine package inserts (PI) and ACIP statements.
- ACIP makes recommendations based on expert opinion and public health considerations whereas FDA approves PIs based on results/findings of clinical trials (if a vaccine wasn't tested on a specific group, e.g., pregnant women, the PI cannot recommend the vaccine for that group.
- Occasionally, ACIP may use different data to formulate its recommendations, or try to add flexibility to its recommendations, which results in wording different than in the package insert.
- Published recommendations of national advisory groups (such as ACIP or AAP's Committee on Infectious Diseases) should be considered equally as authoritative as those on the package insert.

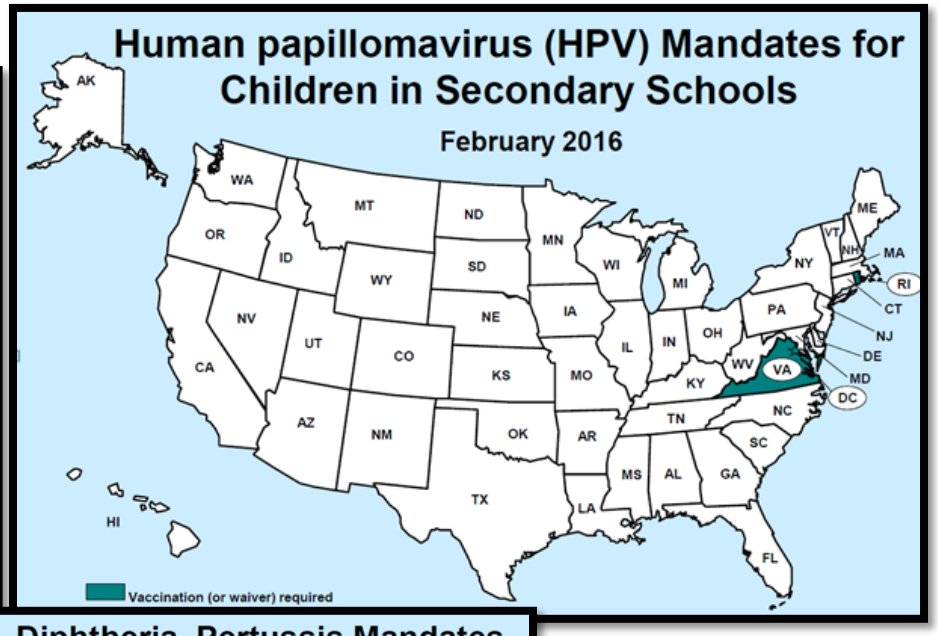
Who Rules?

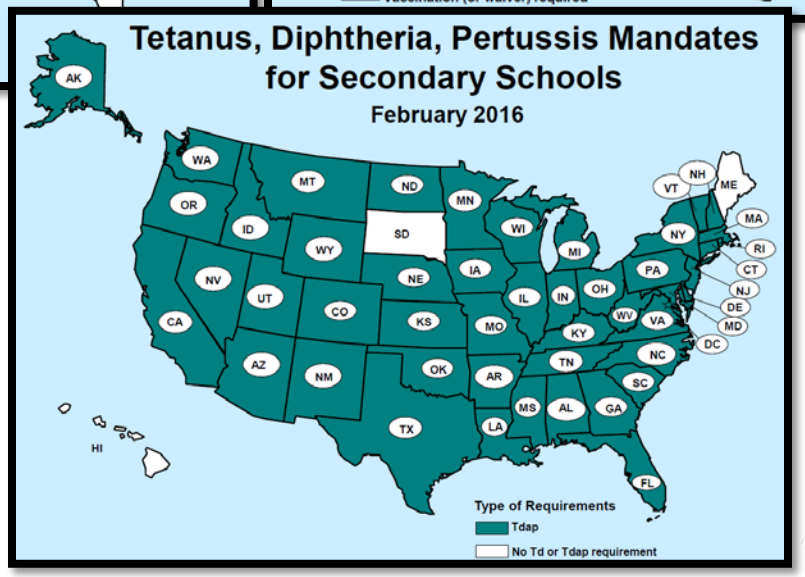



Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 60 / No. 2
January 28, 2011
General Recommendations on Immunization
Recommendations of the Advisory Committee on Immunization Practices (ACIP)
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Unique Requirements





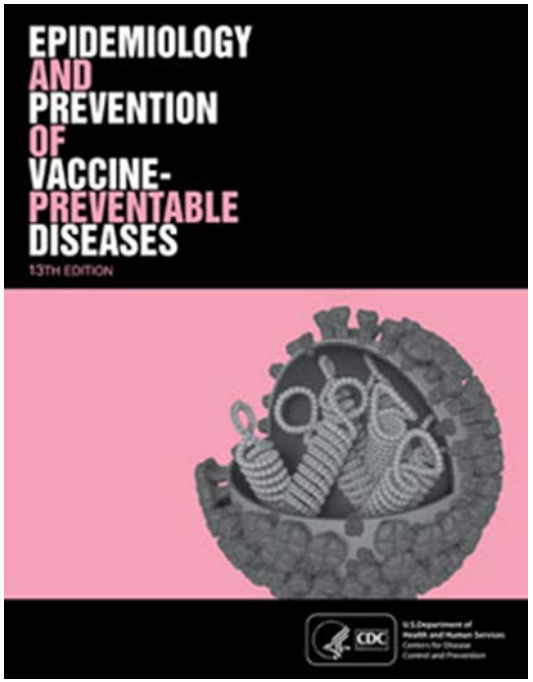


Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

http://www.immunize.org/laws/#other

Recommended Resources



Epidemiology and Prevention of Vaccine-Preventable Diseases

The Pink Book: Course Textbook - 13th Edition (2015)

Updates

- Vaccine administration guidelines
- Selection of storage and temperature monitoring recommendations
- Vaccine transport recommendations
- Influenza vaccine products
- Use of Tdap in pregnancy and in persons 65 years of age and older
- Use of PCV13 and PPSV23IN adults with immunocompromising conditions
- Licensure for varicella-zoster immune globulin

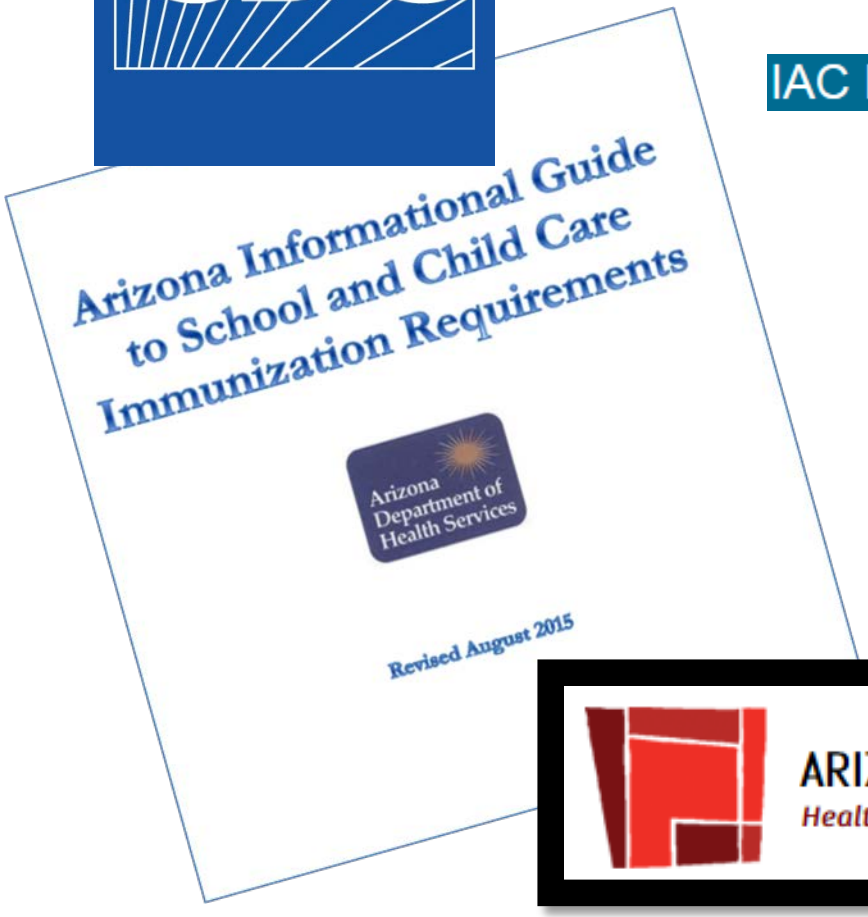
Resources

Your Local Health Department

CDC

Immunization Action Coalition

IAC Publications: Vaccinate Adults



ARIZONA DEPARTMENT OF HEALTH SERVICES

Health and Wellness for All Arizonans

Maricopa County Department of Public Health

Office of Community Health Nursing

WeArePublicHealth.org

tapi The Arizona Partnership for Immunization

WhyImmunize.org

ASIIS

Arizona Department of Health Services

Date: March 14, 2016

Welcome to the Arizona State Immunization Information System (ASIIS) Web Application

- Main
  - Home
  - Login
- Patient
- Scheduled Reports
- Job Queue
- Change Password
- Answers

iWeb

Version: 5.15.8.1

STC

ANNOUNCEMENTS:

The VFC Pentacel supply is currently limited and all Pentacel orders are being reduced. Please consider ordering more single antigens of DTaP, HIB and IPV. Avoid missed opportunities. Visit the AZ Immunization Program webpage to learn more.

Order Flu Vaccine as needed; there is no wait period and orders ARE NOT being reduced at this time.

Valuable Links

- Click HERE to download ASIIS enrollment forms.
- Click HERE to access the ASIIS training modules.
- Click HERE to View the List of Vaccine Names - Best ASIIS Selection(CPT/CVX Codes), the ASIIS Manual and other vaccine ordering training materials.
- Click HERE to get contact information for registries in other states.
- Click HERE to go to the VFC Program Home Page.

- Go to the The Arizona Partnership for Immunization (TAPI) Website.
- Go to the ADHS/ASIIS Web Site.
- Do you need VIS's and other immunization related materials in a foreign language? Visit the Immunization Action Coalition web site.

Vaccine Information Statements (VIS)

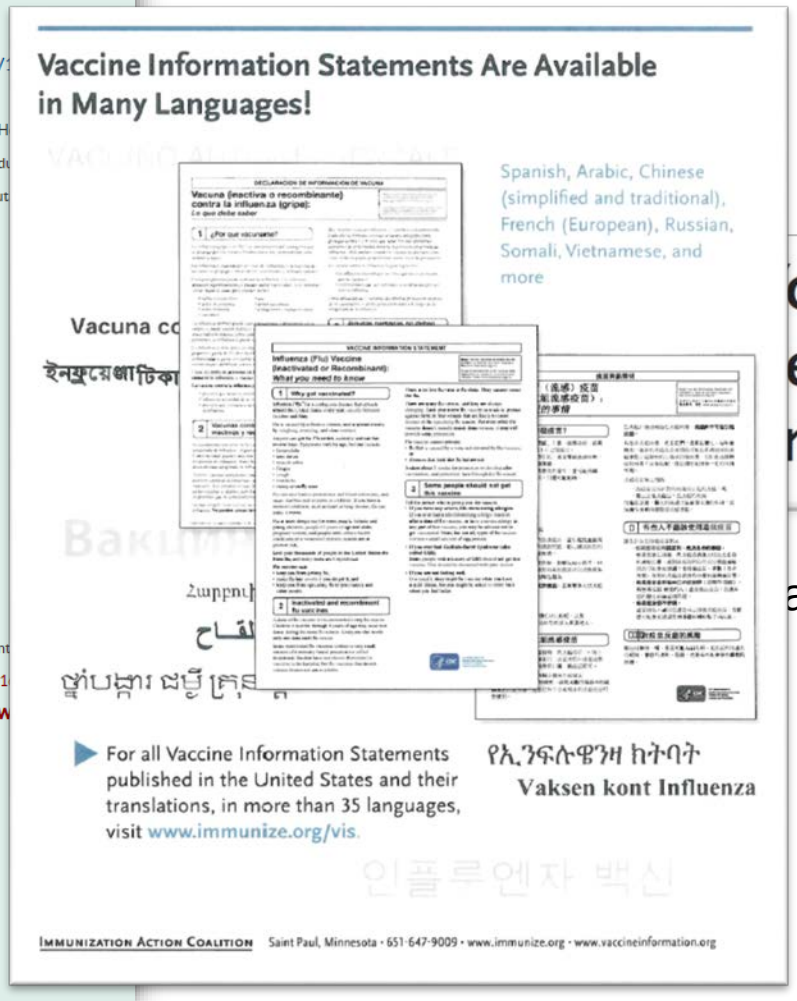
Multi-, Routine-, & Non-Routine-Vaccine VISs

Multi

- Multiple Vaccines (DTaP, Hib, Hepatitis B, Polio, and PCV1
  UPDATED
  This VIS may be used in place of the individual VISs for DTaP, Hib, H
  and PCV13 when two or more of these vaccines are administered du
  visit. It may be used for infants through children receiving their rout
  vaccines.

Routine

- DTaP (5/17/07)
- Hepatitis A (10/25/11) [Interim]
- Hepatitis B (2/2/12) [Interim]
- Hib (*Haemophilus Influenzae* type b) (4/2/15)
- HPV - Cervarix (5/3/11) [Interim]
- HPV - Gardasil-9 (3/31/16) **UPDATED**
- HPV - Gardasil (5/17/13) [Interim]
- Influenza - Live, Intranasal (8/7/15) **UPDATED**
- Influenza - Inactivated (8/7/15) **UPDATED**
- Measles/Mumps/Rubella (MMR) (4/20/12) [Interim]
- Measles/Mumps/Rubella & Varicella (MMRV) (5/21/10) [Int
- Meningococcal ACWY (MenACWY and MPSV4) (3/31/201
- Serogroup B Meningococcal (MenB) (8/14/15) [Interim] **NEW**
- Pneumococcal Conjugate (PCV13) (11/5/15) **UPDATED**
- Pneumococcal Polysaccharide (PPSV23) (4/24/15)
- Polio (11/08/11) [Interim]
- Rotavirus (4/15/15)
- Shingles (Herpes Zoster) (10/06/09)
- Tdap (Tetanus, Diphtheria, Pertussis) (2/24/15)
- Td (Tetanus, Diphtheria) (2/24/15)
- Varicella (Chickenpox) (3/13/08) [Interim]



ou must give
ent Vaccine
ments (VISs)

accines/hcp/vis/

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Best Practices:

Reviewing a Record: Tips & Tools

- Are the vaccines age appropriate?
- Keep a calendar in the exam room
- Check dates (month/day) to assure proper spacing
- Count weeks between doses to assure accuracy
- Standing orders

Standardized process

Screening Checklist

1. Is the child sick today?
2. Does the child have allergies to medications, food, a vaccine component, or latex?
3. Has the child had a serious reaction to a vaccine in the past?
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?
6. If your child is a baby, have you ever been told he or she has had intussusception?
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?
9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?
12. Has the child received vaccinations in the past 4 weeks?

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH ____/____/____ (month / day / year)

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☐	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☐	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☐	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☐	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☐	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☐	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.

immunization action coalition
immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4065.pdf • Item #P4065 (2/16)

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Test Your Knowledge

An anaphylactic reaction to a vaccine or to one of it's components is a true contraindication of vaccination

_____

To Give or Not to Give?

- Mild illness
- Antibiotic therapy
- Previous exposure to disease
- Pregnancy in the household
- Breastfeeding
- Premature birth

Test Your Knowledge

A delay in a vaccine schedule necessitates all doses being restarted

_____

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Screening: 2016 Childhood Schedule

Recommended immunization schedule for persons 0 through 18 years United States, 2016.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yrs
Hepatitis B[1] (HepB)	1st dose	2nd dose			3rd dose											
Rotavirus[2] (RV) RV1 (2-dose series); RV5 (3-dose series)			1st dose	2nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis[3] (DTaP: <7 yrs)			1st dose	2nd dose	3rd dose			4th dose				5th dose				
Haemophilus influenzae type b[4] (Hib)			1st dose	2nd dose	See footnote 4		3rd or 4th dose, See footnote 4									
Pneumococcal conjugate[5] (PCV13)			1st dose	2nd dose	3rd dose		4th dose									
Inactivated poliovirus[6] (IPV: <18 yrs)			1st dose	2nd dose	3rd dose							4th dose				
Influenza[7] (IIV; LAIV)					Annual vaccination (IIV only) 1 or 2 doses						Annual vaccination (LAIV or IIV) 1 or 2 doses		Annual vaccination (LAIV or IIV) 1 dose only			
Measles, mumps, rubella[8] (MMR)					See footnote 8		1st dose					2nd dose				
Varicella[9] (VAR)							1st dose					2nd dose				
Hepatitis A[10] (HepA)							2-dose series, See footnote 10									
Meningococcal[11] (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)			See footnote 11											1st dose	Booster	
Tetanus, diphtheria, & acellular pertussis[12] (Tdap: ≥ 7 yrs)														(Tdap)		
Human papillomavirus[13] (2vHPV: females only; 4vHPV, 9vHPV: males and females)														(3-dose series)		
Meningococcal B[11]													See footnote 11			
Pneumococcal polysaccharide[5] (PPSV23)											See footnote 5					

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf

Screening: 2016 Adult Immunization Schedule

Recommended Adult Immunization Schedule—United States - 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group[1]

VACCINE ▼ / AGE GROUP ▶	19-21 years	22-26 years	27-49 years	50-59 years	60-64 years	≥ 65 years
Influenza*[,2]	1 dose annually					
Tetanus, diphtheria, pertussis (Td/Tdap)*[,3]	Substitute Tdap for Td once, then Td booster every 10 yrs					
Varicella*[,4]	2 doses					
Human papillomavirus (HPV) Female*[,5]	3 doses					
Human papillomavirus (HPV) Male*[,5]	3 doses					
Zoster[6]					1 dose	
Measles, mumps, rubella (MMR)*[,7]	1 or 2 doses depending on indication					
Pneumococcal 13-valent conjugate (PCV13)*[,8]	1 dose					
Pneumococcal 23-valent polysaccharide (PPSV23)[8]	1 or 2 doses depending on indication					1 dose
Hepatitis A*[,9]	2 or 3 doses depending on vaccine					
Hepatitis B*[,10]	3 doses					
Meningococcal 4-valent conjugate (MenACWY) or polysaccharide (MPSV4)*[,11]	1 or more doses depending on indication					
Meningococcal B (MenB)[11]	2 or 3 doses depending on vaccine					
Haemophilus influenzae type b (Hib)*[,12]	1 or 3 doses depending on indication					

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Screening: School and Child Care Requirement

Arizona Department of Health Services

Arizon

- Students must have proof of all required
allows exemptions for medical reasons,
available from schools and at http://
students are allowed a 5-day grace perio
- The immunization record for each vaccine
- The statutes and rules governing school i
  - Arizona Revised Statutes §15-87

Please check requi

Age→ / Grade→ / Vaccine↓	Under age 7 / Kindergarten and abov
DTaP (Proof of DTP or DT counts toward DTaP requirement)	4-5* doses At least 1 dose at 4 years age or older is required. *A 6th dose is required if doses have been given before 4 years of age.
Td	
Tdap	
Meningococcal	
Polio	4 doses meet the req
MMR	A 3rd dose will be re
Hepatitis B	A 4th dose
Varicella	1 dos 2 doses Students attending school allowed to continue attenda are required to present proo

Note: ADHS observes a 4-day grace period for Varicella and MMR, which must be gi

Childcare and preschool immunization requirem
Arizona Immunization Program Office • 150 North 18th

Arizona Department of Health Services

Arizona State Immunization Requirements: Birth to 5 Years of Age- Childcare and Preschool

- Because children who attend child care are at greater risk of exposure to illness, Arizona state law requires that some immunizations be completed at the beginning of the age range listed on the recommended immunization schedule found at http://www.cdc.gov/vaccines/recs/schedules. Exceptions, minimum intervals and a "catch up" schedule are on the back of this handout. Updates to these requirements will be posted at http://www.azdhs.gov/phs/immun/back2school.htm.

Required at: Birth	Hep B #1 Note: Hep B #1 is the only shot babies under 2 months must have for childcare.			
Required at: 2 months	DTaP #1	Polio #1	Hib #1	
Required at: 4 months	DTaP #2	Polio #2	Hib #2	Hep B #2
Required at: 6 months	DTaP #3	Hib #3 If Pedvax Hib or Comvax is used, the 3rd dose of Hib is not due until 12-15 months of age.		
Required at: 12 months	Polio #3	Hep B #3 If Hep B #3 was given before 24 weeks of age, a 4th dose is needed.	MMR #1 Note: MMR and Varicella must be given on the same day or at least 28 days apart.	Varicella[1] #1 (Chicken Pox Vaccine) Note: MMR and Varicella must be given on the same day or at least 28 days apart.
Required at: 15 months	DTaP #4	Hib #4 (Booster) Hib #4 is not needed if Hib #3 is given at/after 12 months of age. A Hib dose at/after 12 months is required for all children under 5 years. One Hib dose given at/after 15 months of age meets the Hib requirement regardless of the total number of Hib doses received.		
Summary of vaccines required for all children: 15 -24 months of age	All of these doses are required as of 15 months of age: 4 DTaP, 3 Polio, 1 MMR, 1 Varicella[1], 3 Hep B and 3-4 Hib (with 3rd or 4th dose on/after 1st birthday) or 1 Hib dose given at/after 15 months. *(Hepatitis A is required for 1 through 5 year olds in Maricopa County only.)*			
Summary of vaccines required for all children: 2–5 years of age	Must have: 4 DTaP, 3 Polio, 1 MMR, 1 Varicella[1], 3 Hep B and 3-4 Hib (with 3rd or 4th dose on/after 1st birthday) or 1 Hib dose given at/after 15 months. *(+2 doses of Hepatitis A in Maricopa County only.)*			
Kindergarten Entry	At kindergarten entry must have 5 DTaP*, 4 Polio*, 2 MMR, 1 Varicella[1] & 3 Hep B. (Hepatitis A and Hib are not required for kindergarten.) *Children who received DTaP #4 and/or Polio #3 on/after the 4th birthday do not need additional doses to enter kindergarten.			

[1] Parental recall of chicken pox disease is accepted only for children who enrolled in childcare before 9/1/2011.

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Screening: Recommended and Minimum Ages/Intervals

Recommended and Minimum Ages and Intervals Between Doses				
Vaccine and dose number	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Hepatitis B (HepB)-1[3]	Birth	Birth	1-4 months	4 weeks
HepB-2	1-2 months	4 weeks	2-17 months	8 weeks
HepB-3[4]	6-18 months	24 weeks	—	—
Diphtheria-tetanus-acellular pertussis (DTaP)-1[3]	2 months	6 weeks	2 months	4 weeks
DTaP-2	4 months	10 weeks	2 months	4 weeks
DTaP-3	6 months	14 weeks	6-12 months	6 months[5,6]
DTaP-4	15-18 months	12 months	3 years	6 months[5]
DTaP-5	4-6 years	4 years	—	—

http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf

- Doses given too soon are INVALID
- 4 day grace period allowed before minimal age/minimum interval

Screening: Catch-up Schedule

Persons aged 4 months through 6 years					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to dose 2	Dose 2 to dose 3	Dose 3 to dose 4	Dose 4 to dose 5
Hepatitis B[1]	Birth	4 weeks	8 weeks and at least 16 weeks after first dose; minimum age for the final dose is 24 weeks		
Rotavirus[2]	6 weeks	4 weeks	4 weeks[2]		
Diphtheria, tetanus, & acellular pertussis [3]	6 weeks	4 weeks	4 weeks	6 months	6 months[3]

http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf

- Do not re-start series
- Used for children 4 months through 18 years
- Vaccinations have been delayed > 1 month

Spacing of Vaccines

- Example
  - Live vaccines (MMR, Varicella, FluMist)
  - Separate doses by 28 days if not administering on same day

Alternative Schedules

Alternative schedules ARE NOT *recommended by the ACIP*

Test Your Knowledge

- What are combination vaccines?
- Why do we give combination vaccines?

Keeping Children Up-to-date

- Talk to parents and patients about the importance of vaccinating at the proper intervals.
- Encourage parents and patients to follow ACIP recommended schedules.
- Promote the use of combinations vaccines for maximum protection and to lessen the number of injections required.

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Let’s Practice

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Lunch!

- Don't forget to finish your sample records
- Please meet your exhibitors
- Our training will resume at 12:45.

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Exhibitor Introduction

(Education on new products)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Charlie Brown DOB 05/15/2015

Today's Date 05/25/2016 **12 months and 10 days old**

Missed Opportunities? _____

What vaccines are due today? _____

When should Charlie Brown return _____

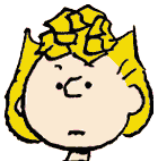
Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	07/21/2015	09/17/2015	11/17/2015	
OPV/IPV	07/21/2015	09/17/2015	11/17/2015	
Hib	07/21/2015	09/17/2015		
Hep B - 3 Dose	05/15/2015	07/21/2015	09/17/2015	11/17/2015
Rotavirus	07/21/2015	09/17/2015		
Pneumo (PCV)	07/21/2015	09/17/2015	11/17/2015	

Franklin Armstrong DOB 05/22/2015

Today's Date: 05/15/2016 **11 months and 3 weeks old**

Missed Opportunities? _____
What vaccines are due today? _____
When should Franklin return? _____

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	09/08/2015			
OPV/IPV	09/08/2015			
Hib	09/08/2015			
Hep B - 3 Dose	05/22/2015	09/08/2015		
Rotavirus	09/08/2015			
Pneumo (PCV)	09/08/2015			



Sally Brown DOB 03/17/2010

Today's Date 08/19/2016 **6 years 5 months**

Missed Opportunities?_____
What vaccines are due today?_____
When should Sally return?_____

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	09/21/2011			
MMR	06/02/2011			
Hib	06/02/2011			
Hep A	06/02/2011	04/25/2012		
Hep B - 3 Dose	03/17/2010			
Varicella	06/02/2011			
Influenza	06/02/2011	09/21/2011	12/13/2012	
Pneumo (PCV)	09/21/2011			

Linus van Pelt DOB 01/05/2012

Today's Date 06/01/2016 **4 year 4 month**

Hx of egg allergy

Missed Opportunities?_____

What vaccines are due today?_____

When should Linus return?_____

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	03/19/2012	05/21/2012	07/30/2012	01/07/2013
OPV/IPV	03/19/2012	05/12/2012	07/30/2012	
MMR	01/07/2013			
Hib	03/19/2012	05/21/2012	07/30/2012	01/07/2013
Hep A	01/07/2013	08/05/2013	03/20/2015	
Hep B - 3 Dose	01/05/2012	03/19/2012	07/30/2012	
Varicella	01/07/2013			
Rotavirus	03/19/2012	07/30/2012		
Influenza				
Pneumo (PCV)	03/19/2012	05/21/2012	07/30/2012	01/07/2013

Peppermint Patty DOB 06/14/2005

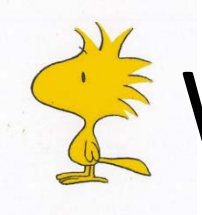
Today's Date 08/14/2016 **11 years 2 month**

Missed Opportunities? _____

What vaccines are due today?_____

When should Patty return?_____

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	08/21/2005	11/20/2005	12/18/2005	05/17/2009
OPV/IPV	08/21/2005	11/20/2005	12/18/2005	05/17/2009
MMR	05/21/2006	05/17/2009		
Hib	08/21/2005	11/20/2005	05/21/2006	
Hep A	05/17/2009			
Hep B - 3 Dose	08/21/2005	11/20/2005	12/18/2005	05/17/2009
Varicella	05/21/2006	05/17/2009		
Influenza	11/20/2005	12/18/2005		
Pneumo (PCV)	08/21/2005	11/20/2005	12/18/2005	05/21/2006



Woodstock DOB 03/06/1971

Today's Date : 08/01/2016 44 years old

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td				
Tdap				
OPV/IPV				
MMR				
Hib				
Hep A				
Hep B - 3 Dose				
Varicella				
Influenza				
Pneumo (PCV 13)				
PPSV23				
HPV				
MCV4				
Other				

U.S. Vaccines: Table 1

(For Combination Vaccines, See Table 2)

Vaccine	Trade Name	Abbreviation	Manufacturer	Type / Route	Approved	How Supplied
Adenovirus	Adenovirus Type 4 & Type 7		Barr Labs Inc.	Live Viral / Oral (tablets)	2011	two bottles: 100 tablets of each component
Anthrax	BioThrax®	AVA	Emergent BioSolutions	Inactivated Bacterial / IM	1970	multi-dose vial
DTaP	Daptacel®	DTaP	sanofi	Inactivated Bacterial / IM	2002	single-dose vial
	Infanrix®	DTaP	GlaxoSmithKline	Inactivated Bacterial / IM	1997	single-dose vial or syringe
DT	Generic	DT	sanofi	Inactivated Bacterial Toxoids / IM	1978	single-dose vial
Haemophilus influenzae type b (Hib)	ActHIB®	Hib (PRP-T)	sanofi	Inactivated Bacterial / IM	1993	single-dose vial
	Hiberix®	Hib (PRP-T)	GlaxoSmithKline	Inactivated Bacterial / IM	2009	single-dose vial
	PedvaxHIB®	Hib (PRP-OMP)	Merck	Inactivated Bacterial / IM	1989	single-dose vial
Hepatitis A	Havrix®	HepA	GlaxoSmithKline	Inactivated Viral / IM	1995	single-dose vial or syringe
	Vaqta®	HepA	Merck	Inactivated Viral / IM	1996	single-dose vial or syringe
Hepatitis B	Engerix-B®	HepB	GlaxoSmithKline	Recombinant Viral / IM	1989	single-dose vial or syringe
	Recombivax HB®	HepB	Merck	Recombinant Viral / IM	1986	single-dose vial or syringe
Herpes Zoster (Shingles)	Zostavax	HZV	Merck	Live Attenuated Viral / SC	2006	single-dose vial
Human Papillomavirus	Cervarix®	2vHPV	GlaxoSmithKline	Inactivated Viral / IM	2009	syringe
	Gardasil®	4vHPV	Merck	Inactivated Viral / IM	2006	single-dose vial or syringe
	Gardasil® 9	9vHPV	Merck	Inactivated Viral / IM	2014	single-dose vial or syringe

Centers for Disease Control and Prevention
Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

April, 2015

Vaccine	Trade Name	Abbreviation	Manufacturer	Type / Route	Approved	How Supplied
Influenza	Afluria®	IIV3	bioCSL	Inactivated Viral / IM	2007	multi-dose vial or syringe
	Agriflu®	IIV3	Novartis	Inactivated Viral / IM	2009	syringe
	Fluarix®	IIV3 IIV4	GlaxoSmithKline	Inactivated Viral / IM	2005 2012	syringe
	Flublok®	RIV3	Protein Sciences Corp.	Recombinant Viral / IM	2013	single-dose vial
	Flucelvax®	ccIIV3	Novartis	Inactivated Viral / IM	2012	syringe
	FluLaval®	IIV3 IIV4	GlaxoSmithKline	Inactivated Viral / IM	2006 2013	multi-dose vial or syringe
	FluMist®	LAIV4	Medimmune	Live Attenuated Viral / Intranasal (spray)	2003	single-dose intranasal sprayer
	Fluvirin®	IIV3	Novartis	Inactivated Viral / IM	1988	multi-dose vial or syringe
	Fluzone®	IIV3 IIV4	sanofi	Inactivated Viral / IM	1980	multi-dose vial or syringe
	Fluzone® High-Dose	IIV3	sanofi	Inactivated Viral / IM	2009	syringe
	Fluzone® Intradermal	IIV3	sanofi	Inactivated Viral / Intradermal	2011	single-dose microinjection system
Japanese encephalitis	Ixiaro®	JE	Valneva	Inactivated Viral / IM	2009	syringe
Measles, Mumps, Rubella	M-M-R® II	MMR	Merck	Live Attenuated Viral / SC	1978 (First MMR – 1971)	single-dose vial
Measles, Mumps, Rubella, Varicella	ProQuad®	MMRV	Merck	Live Attenuated Viral / SC	2005	single-dose vial
Meningococcal	Menomune®	MPSV4	sanofi	Inactivated Bacterial / SC	1981	single-dose vial or multi-dose vial
	Menactra®	MCV4 MenACWY	sanofi	Inactivated Bacterial / IM	2005	single-dose vial
	Menveo®	MCV4 MenACWY	GlaxoSmithKline	Inactivated Bacterial / IM	2010	single-dose vial
	Trumenba®	MenB	Pfizer	Recombinant Bacterial / IM	2014	syringe
	Bexsero®	MenB	GlaxoSmithKline	Recombinant Bacterial / IM	2015	syringe

Centers for Disease Control and Prevention
Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

April, 2015

Vaccine	Trade Name	Abbreviation	Manufacturer	Type / Route	Approved	How Supplied
Pneumococcal	Pneumovax® 23	PPSV23	Merck	Inactivated Bacterial / SC or IM	1983	single-dose vial, multi-dose vial, or syringe
	Prevnar 13®	PCV13	Pfizer	Inactivated Bacterial / IM	2010 (PCV7 – 2000)	syringe
Polio	Ipol®	IPV	sanofi	Inactivated Viral / SC or IM	1990 (IPV-1955)	multi-dose vial or syringe
Rabies	Imovax® Rabies		sanofi	Inactivated Viral / IM	1980	single-dose vial
	RabAvert®		GlaxoSmithKline	Inactivated Viral / IM	1997	single-dose vial
Rotavirus	RotaTeq®	RV5	Merck	Live Viral / Oral (liquid)	2006	single-dose tube
	Rotarix®	RV1	GlaxoSmithKline	Live Viral / Oral (liquid)	2008	single-dose oral applicator
Tetanus, (reduced) Diphtheria	Decavac®	Td	sanofi	Inactivated Bacterial Toxoids / IM	1955	single-dose vial or syringe
	Tenivac®	Td	sanofi	Inactivated Bacterial Toxoids / IM	2003	single-dose vial or syringe
	(Generic)	Td	Massachusetts Biological Labs	Inactivated Bacterial Toxoids / IM	1967	single-dose vial
Tetanus, (reduced) Diphtheria, (reduced) Pertussis	Boostrix®	Tdap	GlaxoSmithKline	Inactivated Bacterial / IM	2005	single-dose vial or syringe
	Adacel®	Tdap	sanofi	Inactivated Bacterial / IM	2005	single-dose vial or syringe
Typhoid	Typhim Vi®		sanofi	Inactivated Bacterial / IM	1994	multi-dose vial or syringe
	Vivotif®		PaxVax	Live Attenuated Bacterial / Oral (capsules)	1989	package of 4 capsules
Varicella	Varivax®	VAR	Merck	Live Attenuated Viral / SC	1995	single-dose vial
Vaccinia (Smallpox)	ACAM2000®		sanofi	Live Attenuated Viral / Percutaneous	2007	multi-dose vial
Yellow Fever	YF-Vax®	YF	sanofi	Live Attenuated Viral / SC	1978	multi-dose vial

Centers for Disease Control and Prevention
Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

April, 2015

Vaccine	Trade Name	Abbreviation	Manufacturer	Type / Route	Approved	How Supplied
DTaP, Polio	Kinrix®	DTaP-IPV	GlaxoSmithKline	Inactivated Bacterial & Viral / IM	2008	single-dose vial or syringe
DTaP, hepatitis B, Polio	Pediarix®	DTaP-HepB-IPV	GlaxoSmithKline	Inactivated Bacterial & Viral / IM	2002	syringe
DTaP, Polio, *Haemophilus influenzae* type b	Pentacel®	DTaP-IPV/Hib	sanofi	Inactivated Bacterial & Viral / IM	2008	single-dose vial
Haemophilus influenzae type b – hepatitis B	Comvax®	Hib-HepB	Merck	Inactivated Bacterial & Viral / IM	1996	single-dose vial
Haemophilus influenzae type b, Meningococcal	MenHibrix®	Hib-MenCY	GlaxoSmithKline	Inactivated Bacterial / IM	2012	single-dose vial
Hepatitis A, Hepatitis B	Twinrix®	HepA-HepB	GlaxoSmithKline	Inactivated/Recombinant Viral / IM	2001	single-dose vial or syringe

Abbreviations

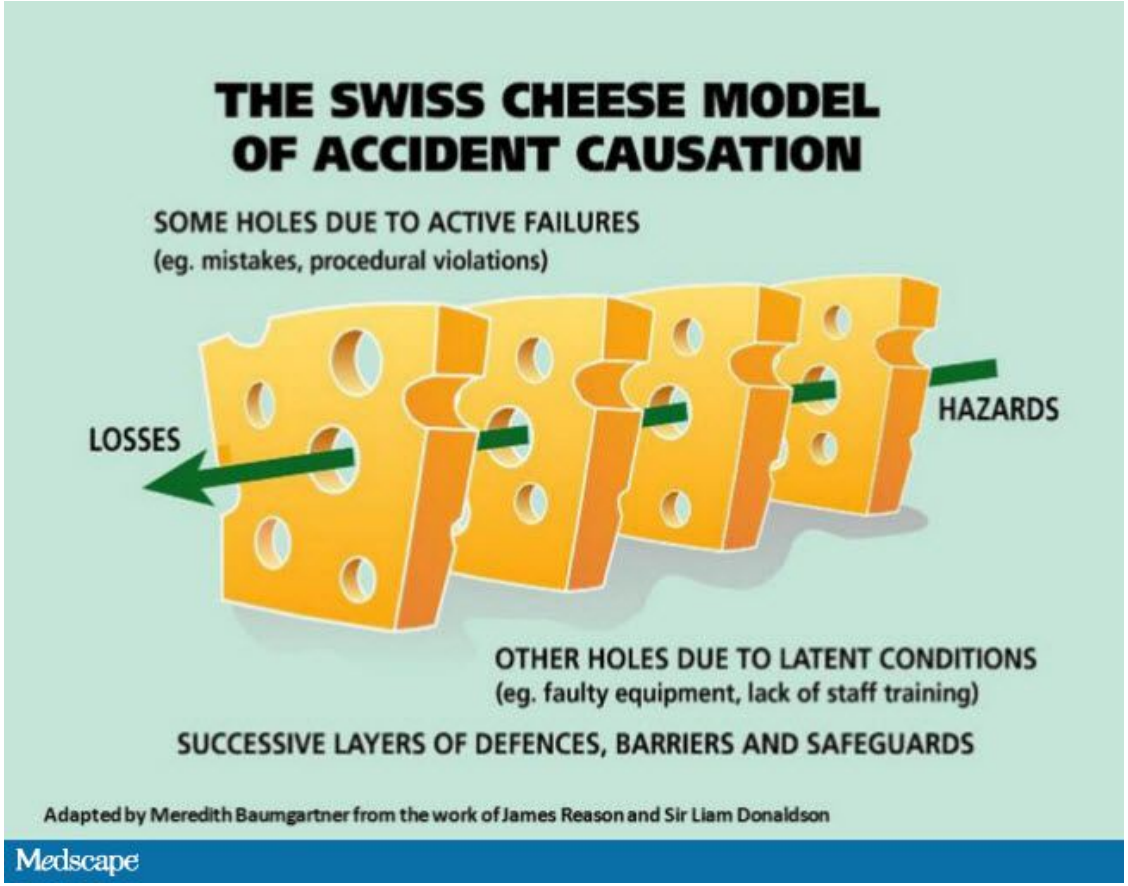
The abbreviations on this table (Column 3) were standardized jointly by staff of the Centers for Disease Control and Prevention, ACIP Work Groups, the editor of the *Morbidity and Mortality Weekly Report* (*MMWR*), the editor of *Epidemiology and Prevention of Vaccine-Preventable Diseases* (the *Pink Book*), ACIP members, and liaison organizations to the ACIP.

These abbreviations are intended to provide a uniform approach to vaccine references used in ACIP Recommendations and Policy Notes published in the *MMWR*, the *Pink Book*, and the American Academy of Pediatrics *Red Book*, and in the U.S. immunization schedules for children, adolescents, and adults.

In descriptions of combination vaccines, dash (-) indicates: products in which the active components are supplied in their final (combined) form by the manufacturer; slash (/) indicates: products in which active components must be mixed by the user.

March 2015

Look at Systems to Prevent Error



Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

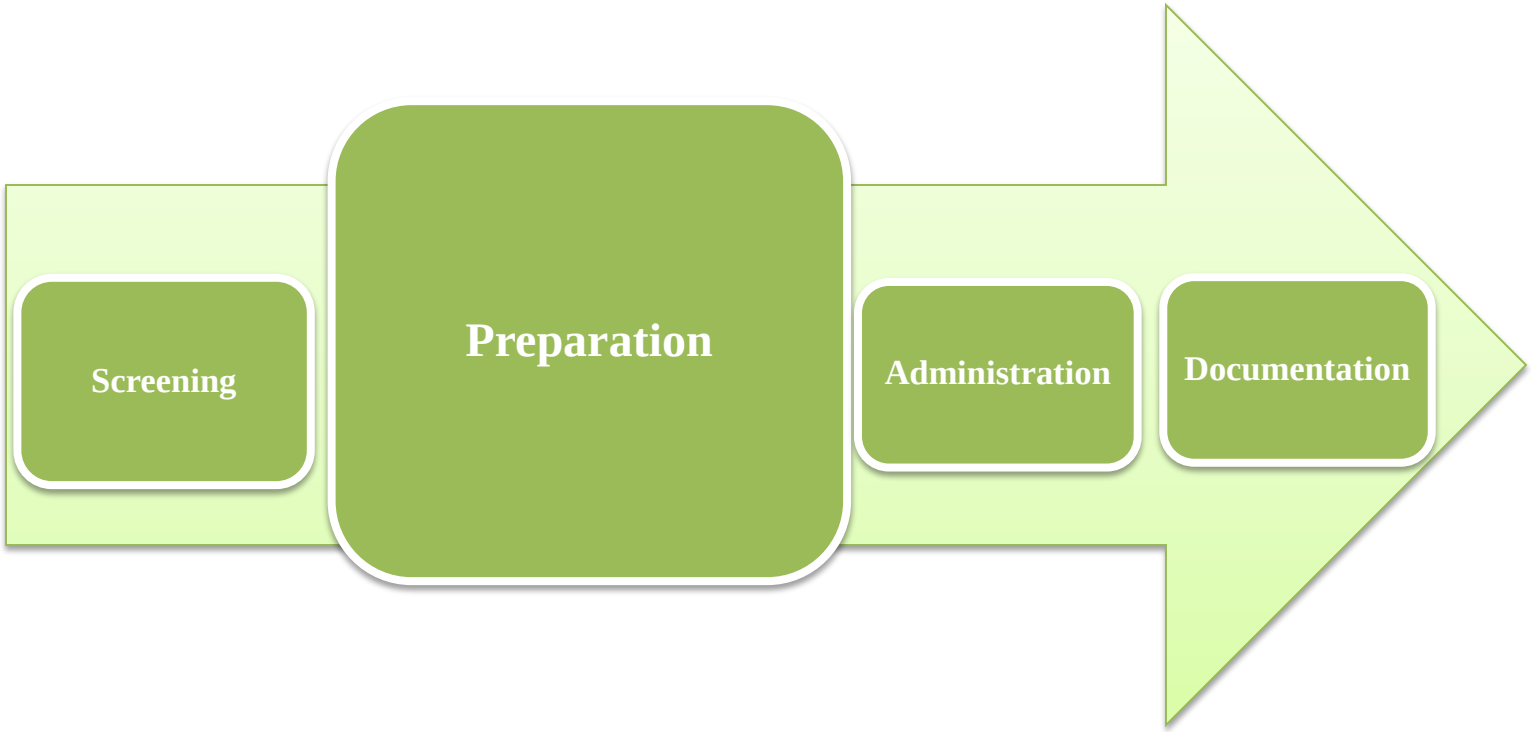
tapi The Arizona Partnership for Immunization
WhyImmunize.org

Best Practices In Vaccination: Clinical Application; Vaccine Administration and Documentation
(Section E)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Best Practice



Preparation: Hygiene

Follow universal precautions

- Wash hands/use alcohol-based hand sanitizer
  - Before vaccine preparation
  - Between clients
  - Gloving **not** required

"Gloves are usually not necessary when administering intramuscular or subcutaneous injections as long as bleeding that could result in hand contact with blood or OPIM is not anticipated" -OSHA

Preparation: Verify

TIME

Name & Age	• Full name • Date of Birth
Vaccine	• Is vaccine appropriate for age? • Be aware of packaging similarities and alike-sounding vaccines
Route	• Intramuscular, Subcutaneous, Oral, Intradermal, Nasal
Dose	• Is dose appropriate for age? (ex. Influenza variations)
Recommended Site	• Deltoid vs Vastus Lateralis → consider client's age and development
Correct Lot of Vaccine	• How does your practice determine who is eligible for vaccine (VFC or private insurance)?
Expiration Date	• Always verify expiration date

Preparation: Equipment

- Safety syringes (recommended)
- Equipment Selection
  - 1mL or 3mL sterile syringe
  - IM 22 – 25 gauge needle
    - Neonates and preterm infants:5/8-inch
    - 1 month-18 years old: 1-inch
    - 19 years old and older: 1-1½-inch
  - SC: 5/8 inch, 23 – 25 gauge needle

http://htimedical.mybigcommerce.com/vanishpoint-3ml-vanishpoint-retractable-syringe-23g-x-1-100-bx/

http://www.ojcommerce.com/bd_becton_dickinson/bnd305915xz/safetyglide_needle_im_25g_1in

Preparation: Vaccine

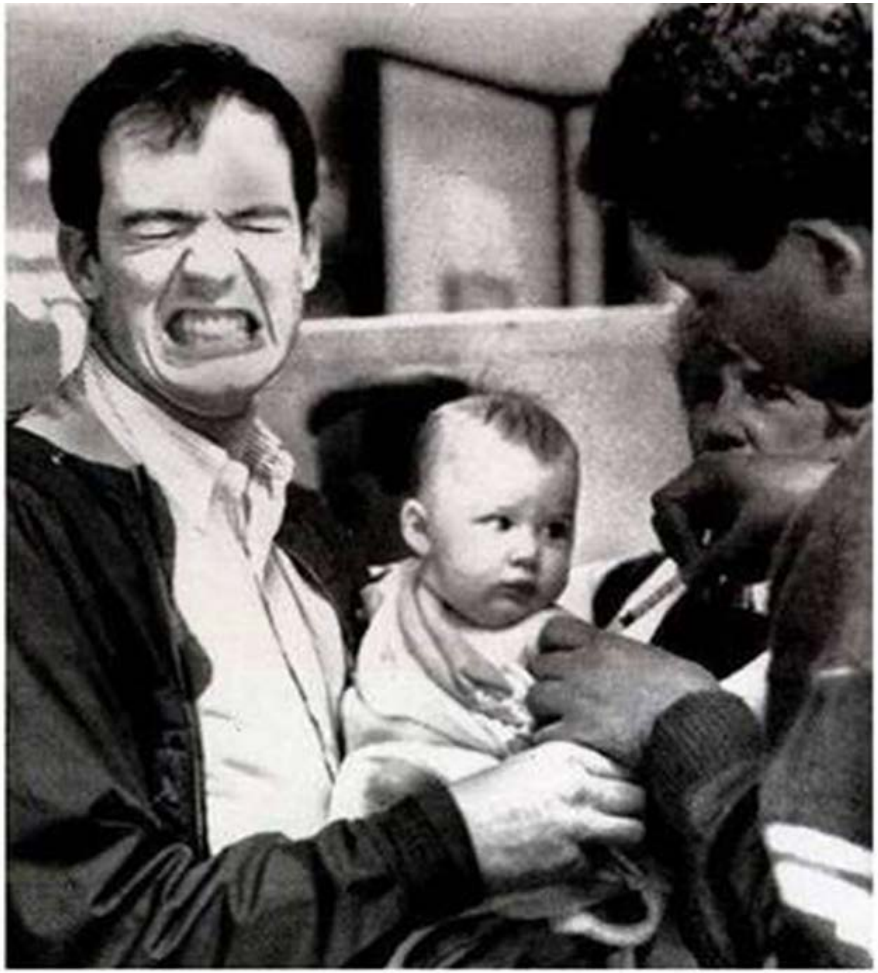
- Aseptic technique
- Uncontaminated area
- Check vials for contamination
- Wipe ALL vial tops
- Reconstitute with correct diluent – shake well
- Pre-filling syringes discouraged
  - Exception: mass influenza clinic
  - Person pre-filling should also administer
- Labeling syringes

Prepare with Care

- Dropped/spilled/contaminated vaccines must be wasted
- Exercise caution
  - COSTS:
    - Proquad (MMRV): $109-$180 per dose
    - PCV13 vaccine: $117-$160 per dose
    - HPV9 vaccine: $126-$178 per dose
    - MCV4 vaccine: $83-$117 per dose
    - MenB: $96-161 per dose
    - Zoster: $117-$188 per dose

CDC Vaccine Price List, 2016

Questions and Fear are Normal



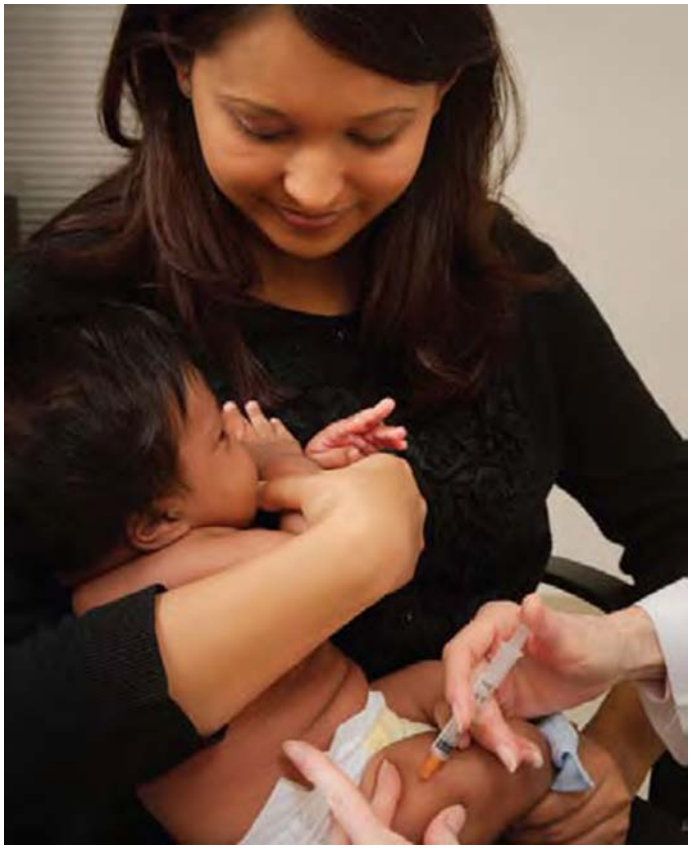
Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Preparation: Client

- Provide safe, trusting environment
- Consider client's age/stage of development
- Encourage parent/caregiver involvement
- Utilize age appropriate comforting restraint/positioning
- Display confidence

Preparation: Comfort Hold Technique



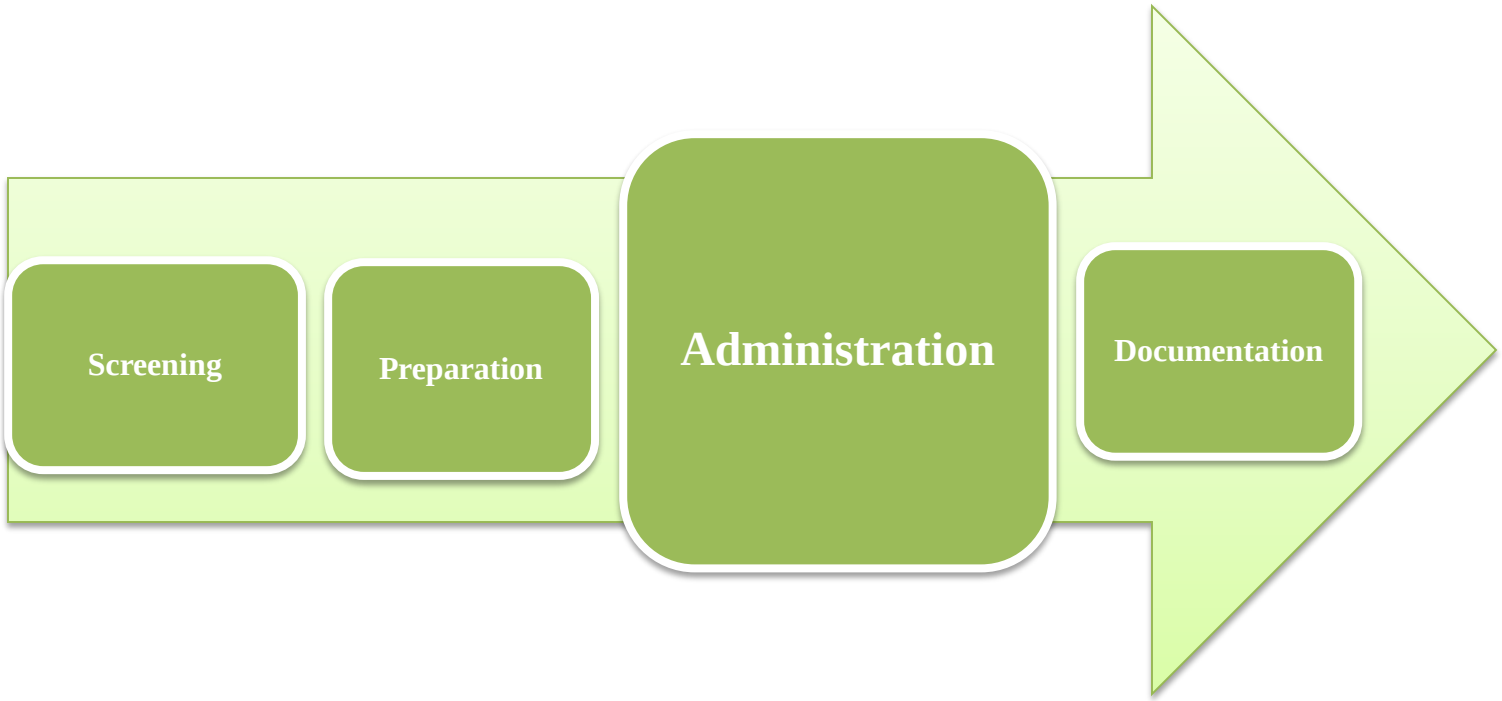
http://www.cdc.gov/vaccines/parents/tools/holds-factsheet.pdf

http://www.cdc.gov/vaccines/parents/tools/holds-factsheet.pdf

Maricopa County Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Best Practice



Routes of Vaccine Administration

Subcutaneous

- MMR
- Varicella
- Proquad
- Polio
- Zoster

Intramuscular

- DTaP/Tdap/Td/DT
- Hepatitis A
- Hepatitis B
- Hib
- Pneumococcal
- Meningococcal
- Influenza
- Human Papillomavirus

Administration: Other Routes

Oral administration

- Rotavirus vaccine (Rotateq, Rotarix)

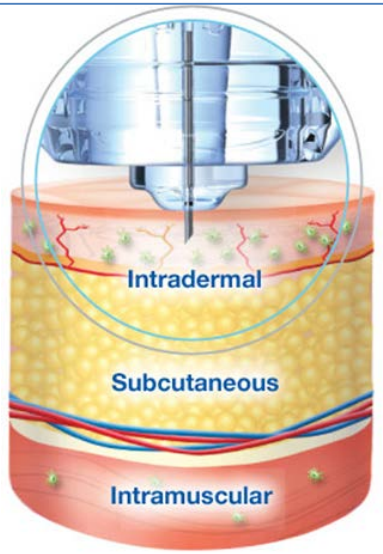
Intranasal

- Live Attenuated Influenza vaccine (FluMist)

Intranasal flu vaccine being administered to a child.
(Source: MedImmune Inc.)

Intradermal

- Trivalent Influenza vaccine (Fluzone)



Test Your Knowledge

Do you aspirate when giving a vaccine?

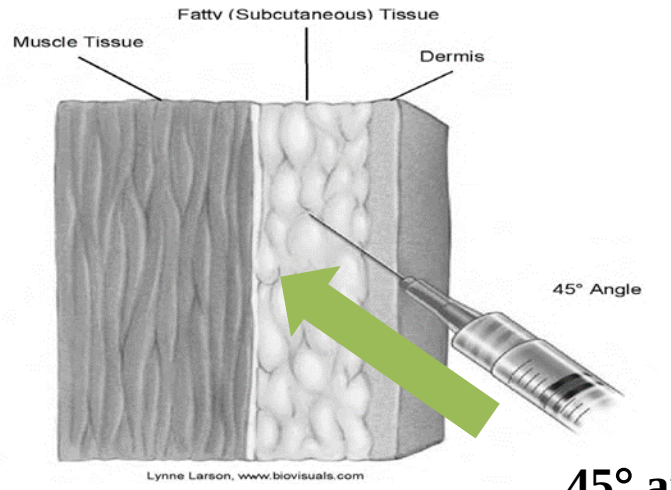
Administration: Subcutaneous

- Subcutaneous

  (SC/SQ)

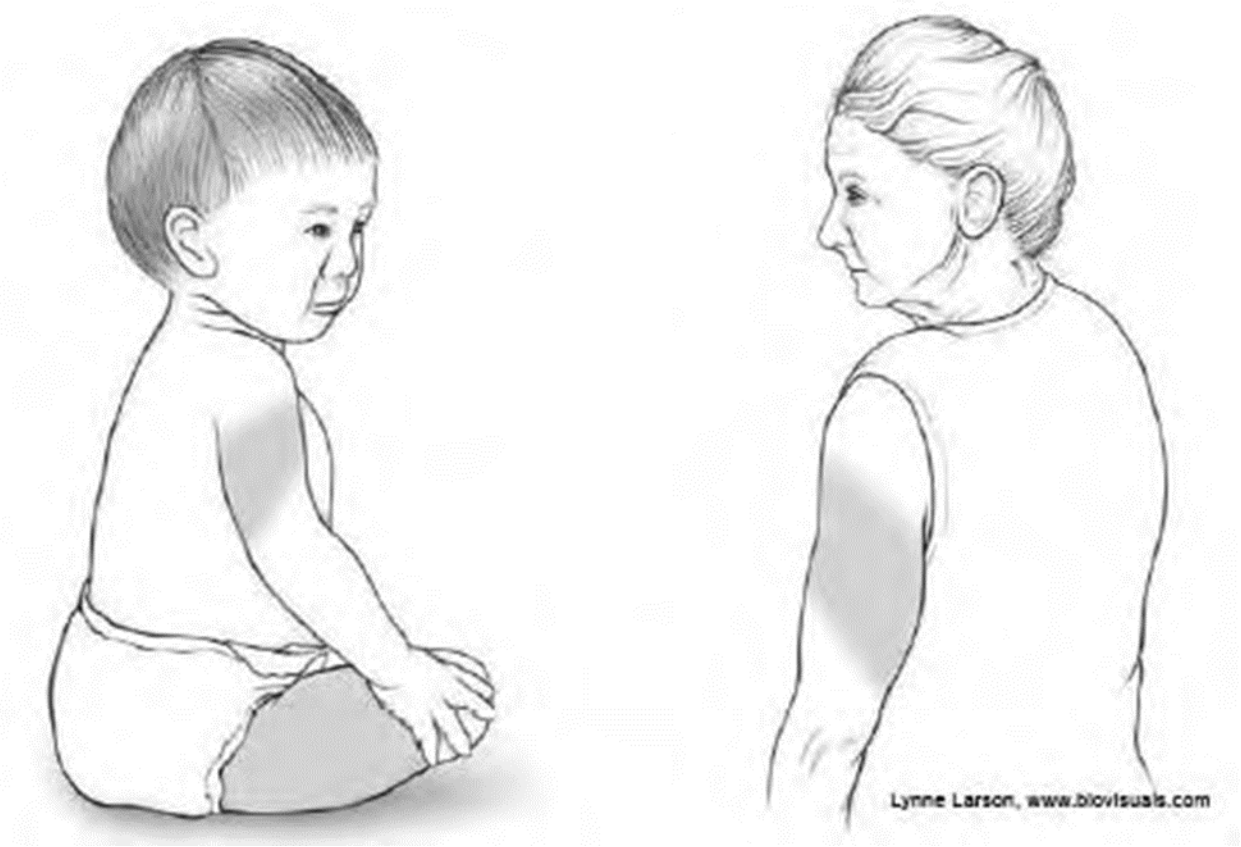
- Administered in fatty tissue just below skin

- Separate injection sites by 1 – 2 inches



45° angle

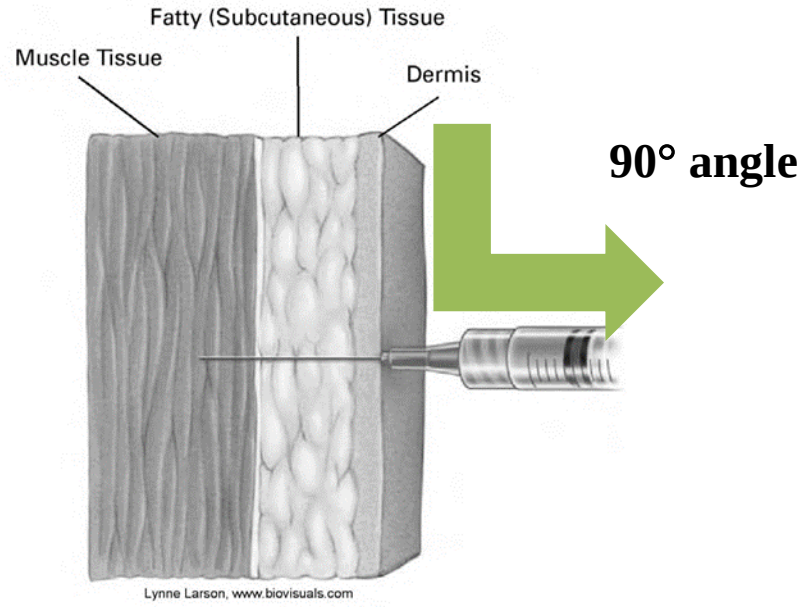
Administration: Subcutaneous



Administration: Subcutaneous

Administration: Intramuscular

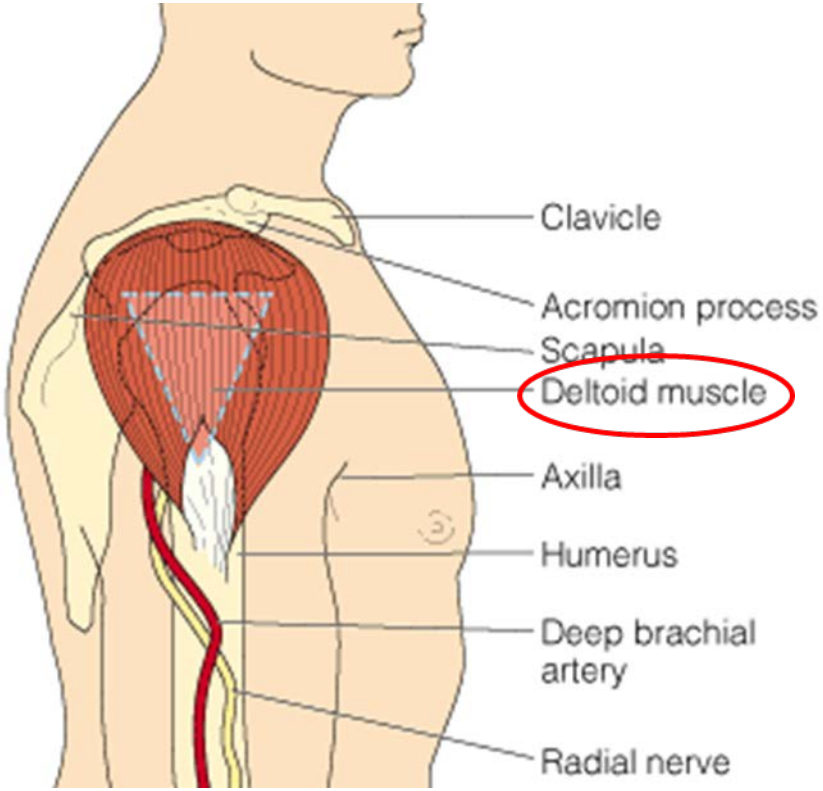
- Intramuscular (IM)
- Administered into muscle just below the fatty tissue
- **Do Not Aspirate**
- Separate sites by 1 -2 inches



Administration: Intramuscular

Deltoid

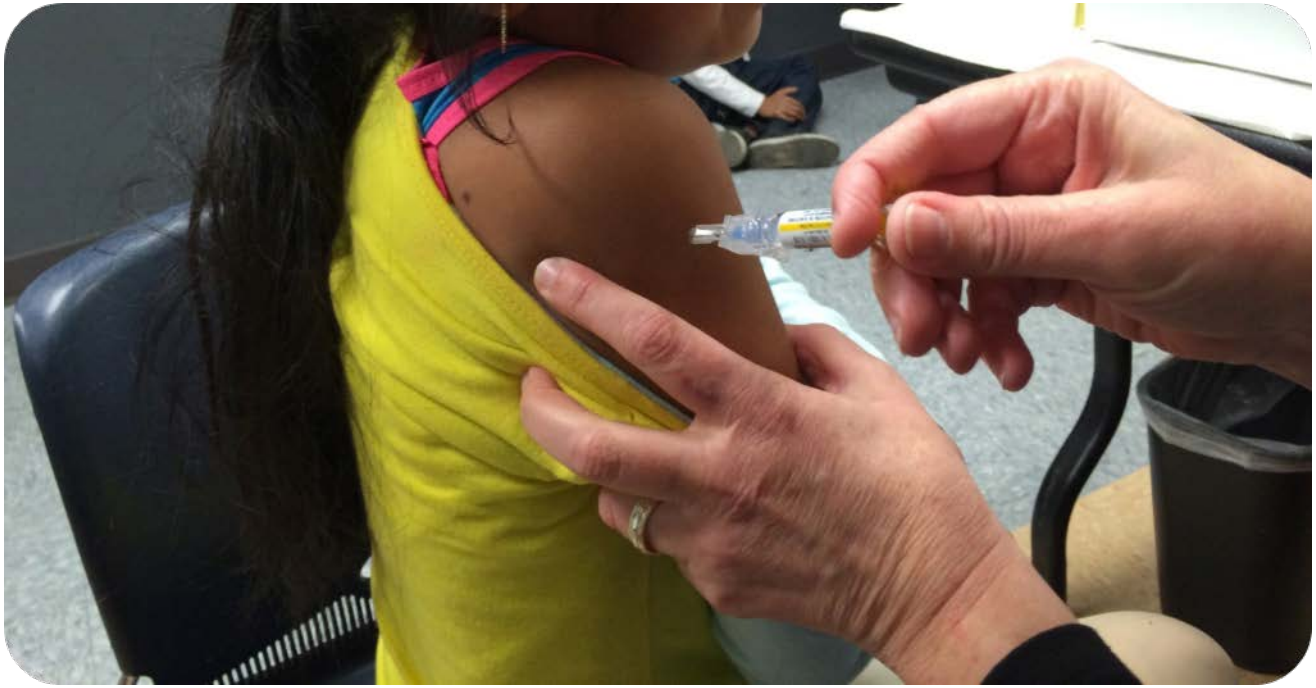
Older Children
≥ 36 months
and Adults



http://wps.prenhall.com

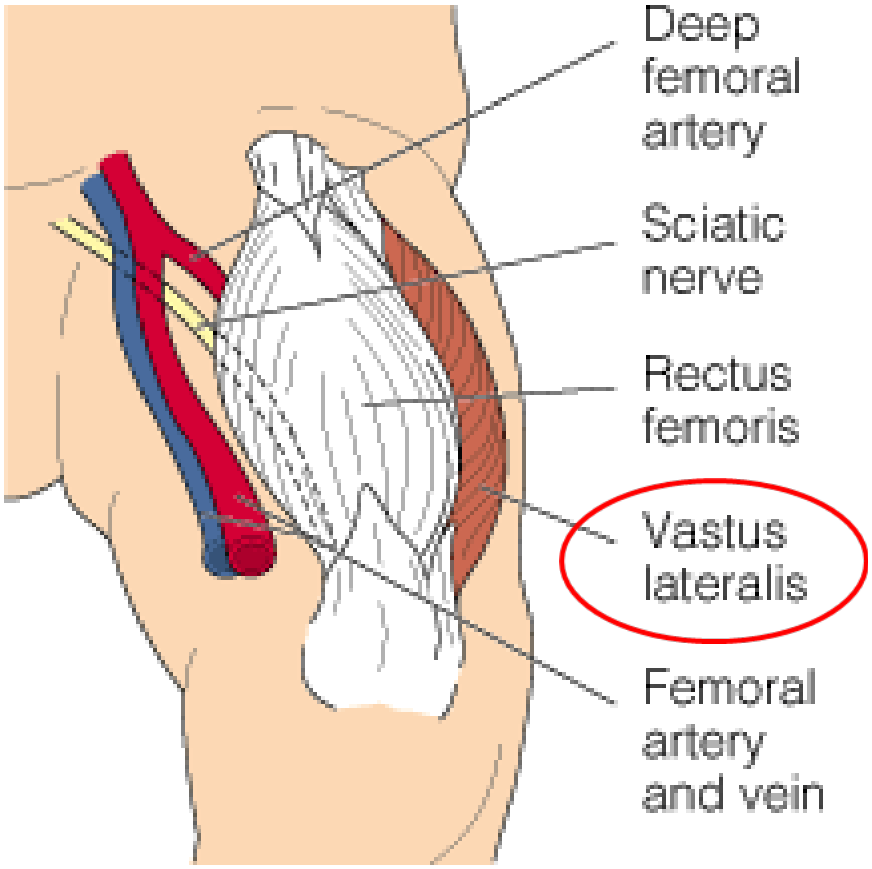
Administration: Intramuscular

Older Children and Adults: Deltoid



Administration: Intramuscular

Vastus Lateralis



Infants and Toddlers

< 36 months

Test Your Knowledge

Simultaneous administration of 5 or 6 vaccines is contraindicated in children

False

Common Administration Errors

- Wrong vaccine (DTaP vs. Tdap)
- Wrong diluent or administering diluent alone
- Wrong route
- Expired vaccine
- Wrong dose of vaccine to wrong patient
- Administering vaccines mixed in same syringe
- Wrong needle

Potential Reactions

Local
- Pain
- Swelling
- Redness

Systemic
- Fever
- Headache
- Malaise

Allergic
- Hives
- Swelling of the mouth and throat
- Difficulty breathing

Management

Managing Vaccine Reactions Handout

Special Precautions

Latex allergy	• Local/contact sensitivity is NOT a contraindication • History of anaphylactic reaction: avoid vials/syringes that contain rubber
Syncope	• More common among adults and adolescents • Have ALL clients sit for immunizations • Best practice: monitor for 15 minutes after administration
Bleeding disorders	• May develop for hematomas at injection site • Use firm pressure; avoid rubbing or massaging
Anaphylaxis	• Rare • Treat as medical emergency

VAERS

Vaccine Adverse Event Reporting System

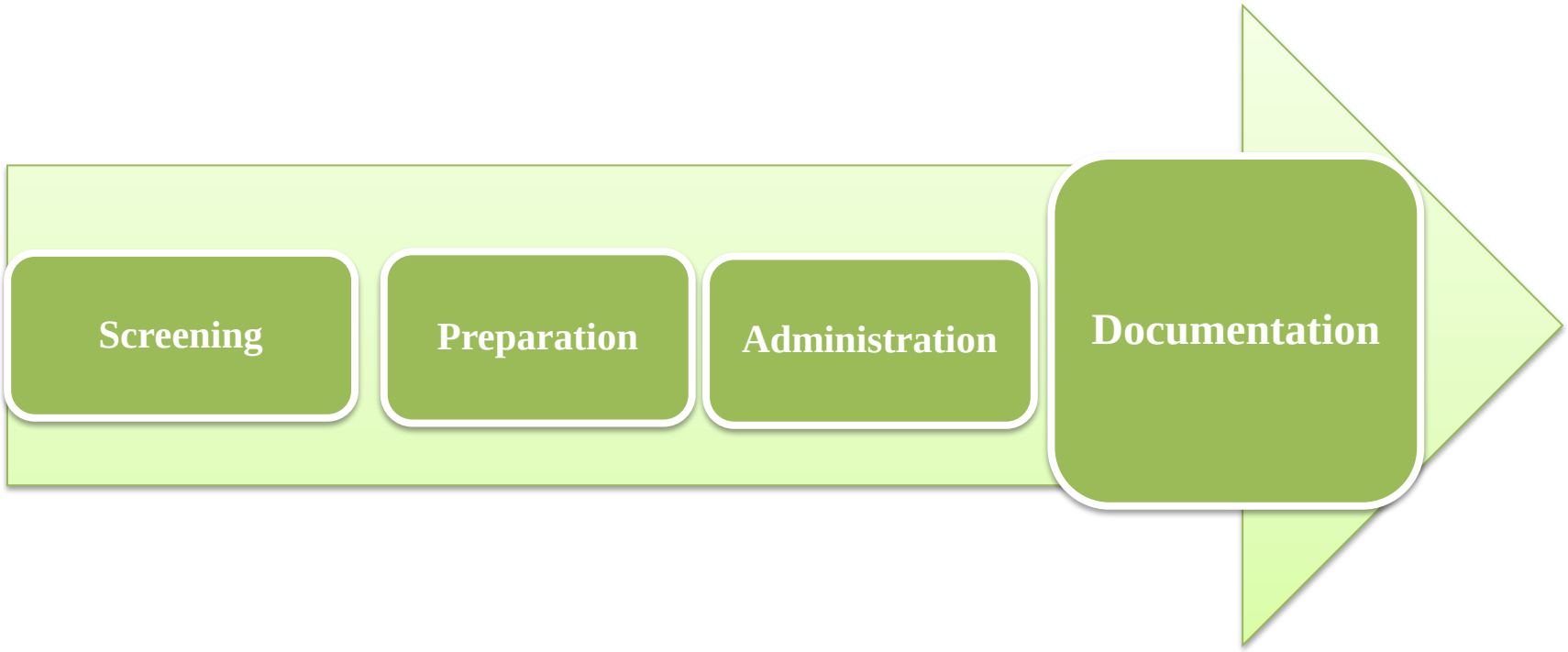
- Severe adverse reactions should be reported to VAERS

Test Your Knowledge

Measles/Mumps/Rubella (MMR), Chickenpox (Varicella), MMRV (combined MMR and Varicella and Zoster vaccines must be protected from heat and light at all times

True

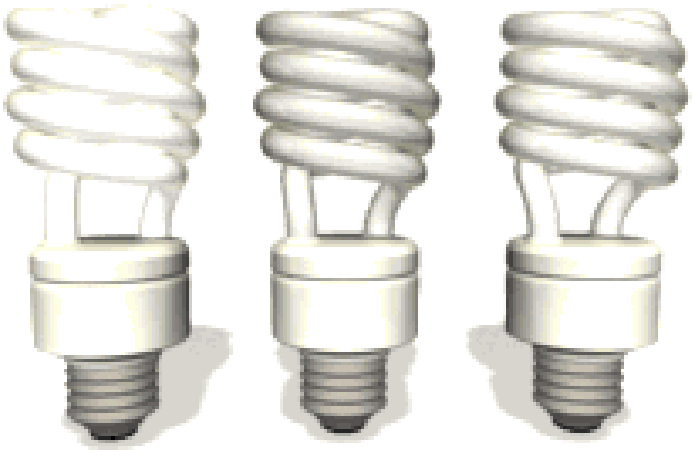
Best Practice



Do You Remember.....

- No contraindication to giving multiple vaccines at the same time
- Give oral/intranasal vaccines first
- Separate injection sites by 1 - 2 inches
- Give most reactive vaccines in separate limbs
- Standardize injection sites to reduce errors

Group Discussion



Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Td/Tdap

Children	• Give Tdap routinely at age 11-12 years • Vaccinate children 7 yrs and older on a catch-up basis
Adults	• Tdap vaccine once, then a Td booster every 10 years
Pregnancy	• 1 dose Tdap during each pregnancy (27 to 36 weeks gestation)
Unvaccinated Adults	• Complete 3-dose primary series • Administer Tdap first. Separate first 2 doses 4 weeks apart and the third dose 6-12 months after the second dose

Measles, Mumps, Rubella (MMR)

Children

- Dose #1 @ 12-15 months
- Dose #2 @ 4-6 years

Adults (No dose)

- People born before 1957

Adults (2 doses)

- People born in 1957 or later
- High risk groups

Zoster

Adults 60 years or older

- Live attenuated vaccine
- 1 dose-0.65mL administered subcutaneous
- All adults 60 years of age * and older regardless of prior history of chicken pox

- *Although Zostavax® is licensed by the FDA for administered to persons 50 years of age and older, ACIP recommends vaccination begin at 60 years of age

Pneumococcal

Children

- PCV13 give at ages 2m, 4m, 6m, 12-15m booster
- No further doses needed if first dose administered at age 24months or older

Adults 65 years or older

- 1-time dose of PCV13
- 1 dose of PPSV23 separated by one year

Pneumococcal Vaccine Timing–For Adults

DO NOT administer PCV13 and PPSV23 at the same visit.

Age 65 Years or Older

- If PCV13 was given before age 65 years, no additional PCV13 is needed.

No history of pneumococcal vaccine → **PCV 13** (Prevnar 13®) → **1 year** (8 weeks for groups B & C as defined below) → **PPSV 23** (Pneumovax® 23)

Received PPSV23 before age 65 → **1 year** → **PCV 13** → **1 year** (8 weeks for groups B & C as defined below) **and 5 years** after prior dose of PPSV23 → **PPSV 23**

Received PPSV23 at age 65 or older → **1 year** → **PCV 13**

Age 19-64 Years With Underlying Condition(s)

- Prior doses count towards doses recommended below and do not need to be repeated.
- If PPSV23 given previously – wait one year before giving PCV13
  – for group B, wait at least five years before giving a second dose of PPSV23.
- No more than two doses of PPSV23 recommended before 65th birthday and one dose thereafter.

A. Smoker, Long-term facility resident, or Chronic conditions:

- heart disease (excluding hypertension)
- lung disease (including asthma)
- liver disease (including cirrhosis)
- diabetes
- alcoholism

→ **PPSV 23**

Meningococcal Conjugate Vaccines

- **MENHIBRIX**
  - Combined Hib and MenCY vaccines
  - 4 dose series
  - 2, 4 & 6 booster dose at 12-15 months of age
  - **High Risk Only**

MCV4

- Serotypes ACWY
- 1 dose for college students living in residence halls if they did not receive a dose on or after their 16th birthday
- Recommended for all other ages if other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indication)
- No Change in Recommendations
  - Children 2 months through 10 years **High Risk Only**
  - Routine vaccination for children 11 through 18 years of age

Meningococcal Serogroup Type B Vaccines

- 10-25 years of age
  - At risk and permissively
  - Teens and young adults 16-23
  - Preferred age 16-18

BEXSERO Meningococcal Group B Vaccine

- 2 doses
- 0 and 1 month

Trumenba® Meningococcal Group B Vaccine

- 3 doses
- 0, 1-2 months and 6 months
- 0 and 6 months *** new FDA licensure

** Not interchangeable**

Human Papillomavirus (HPV)

- Small DNA Virus – high communicability
- More than 100 types identified
- 40 types infect mucous membranes
- Transmission – close personal contact
- Most infections have no symptoms
- Most common sexually transmitted infection in the U.S.
- More than 80% of sexually active women infected by 50

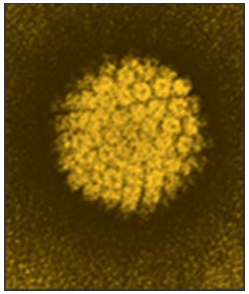


Image retrieved 4/14/2015 http://www.cdc.gov/vaccines/vpd-vac/hpv/photos.htm

HPV Administration

- 2vHPV, 4vHPV and 9vHPV are each administered in a 3-dose schedule.
- The second dose should be is administered at least 1 to 2 months after the first dose, and the third dose at least 6 months after the first dose.
- If the vaccine schedule is interrupted, for either HPV2,4 or 9, the vaccination series does not need to be restarted.

Current ACIP Recommendations for HPV 9

- Routine vaccination at age 11 or 12 years*
- Vaccination recommended through age 26 for females and through age 21 for males not previously vaccinated
- Vaccination recommended for immunocompromised persons (including HIV-infection) and for men who have sex with men through age 26
- 3-dose schedule (0,1-2 and 6 months)

*The vaccination series can be started at age 9 years

Current HPV Vaccines

	Bivalent (Cervarix)	Quadrivalent (Gardasil)	9-valent (Gardasil 9)
Manufacturer	GlaxoSmithKline	Merck	Merck
L1 VLP types	16,18	6,11,16,18	6,11,16,18 **31,33,45,52,58**
Licensed	Females 9-25 years	Females 9-26 years Males 9-26 years	12/10/2014 Females 9-26 years Males 9-15 years

Which One?

"Your child is due for the required Tdap and meningococcal vaccine. We have the optional HPV vaccine, although it is not required it is highly recommended. Are you interested in starting that vaccine today?"

"Your child will be getting the Tdap and meningococcal vaccines today. We also have the HPV vaccine available to protect your child against certain cancers. Is it OK to start that series today?"

"You will be getting these 3 vaccines today, the meningitis, the HPV, and the Tdap vaccines."

Maricopa County
Department of Public Health
Office of Community Health Nursing
WeArePublicHealth.org

tapi The Arizona Partnership for Immunization
WhyImmunize.org

Wiggle Break- Things to Ponder…

- Screen for missed doses
- Use Catch up schedules
- Use safe techniques
- Be the Hero

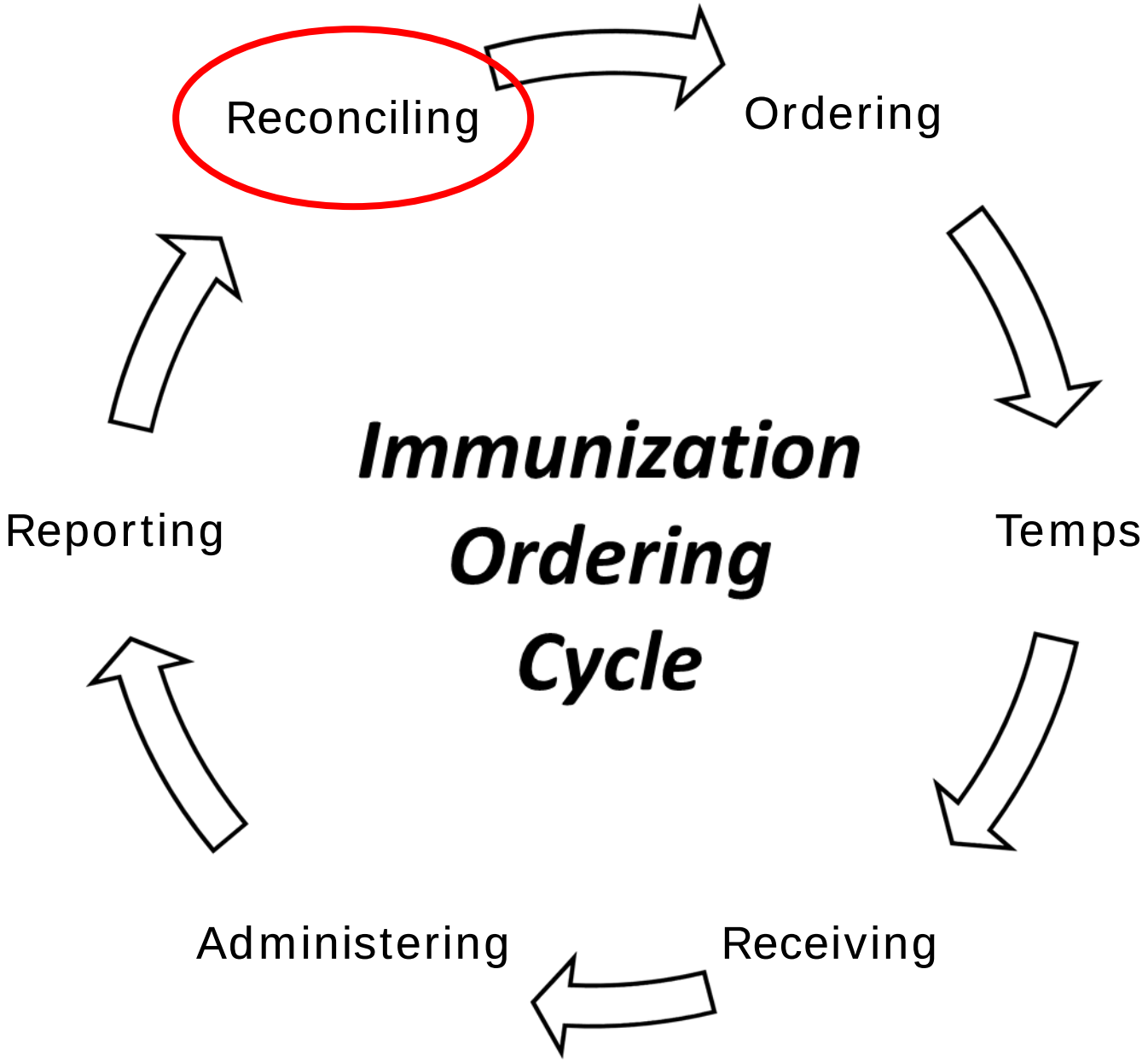
Best Practices: ASIIS –Immunization Registry and Reporting
(Section F)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

ASIIS and VFC: one stop shop

Image source: tuvous.com


Immunization Ordering Cycle
Reconciling
Ordering
Temps
Receiving
Administering
Reporting

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): 2016 IMMUNIZATION CONFERENCE IRMS (61133)

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
  - Reconciliation
  - Search/Add
  - Search Results
  - Detail
  - Correct Decrementing
  - Scan Sheet
- Orders/Transfers
- Reports
- Settings
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports
- Job Queue
- Change Password
- Administration
- Answers

Patient Search

First Name or Initial:	
Last Name or Initial:	
Birth Date:	
Family and Address Information:	
Guardian First Name:	
Street:	
City:	
Zip Code:	
Country:	United States

Note: When searching by First and Last Name, you may use the wildca

☐ Check here if adding a new patient.

Inventory Reconciliation

Reconcile Inventory

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row
HPV9	CDEL7788	01/01/2018	180		0.0	--No Category Require	--No Reason Required--	Y		+
Pneumococcal, PCV-13	ABCL2233	01/01/2018	50		0.0	--No Category Require	--No Reason Required--	Y		+
Tdap	BCDL4455	01/01/2018	100		0.0	--No Category Require	--No Reason Required--	Y		+

Print | Reset | Save

Submit Monthly Inventory

Inventory Last Submitted: N/A

Legend
- Public Lots
- Private Lots
- Expired Vaccines
- Expires in 30 days or less

Reconciliation Worksheet

Inventory Reconciliation

Reconciliation Worksheet

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment	Reason	Public	Inactive
DTaP	C4751AA	06/09/2017	0				Y	
DTaP	C4754AA	06/23/2017	9				N	
DTaP	C4756AA	06/11/2017	10				Y	
DTaP	C4761AA	07/03/2017	30				N	
DTaP-Hep B-IPV	KN2FL	07/01/2016	0				Y	
DTaP-Hib-IPV	C4786AA	04/08/2016	0				Y	
DTaP-Hib-IPV	C4894AA	09/10/2016	5				Y	
DTaP-Hib-IPV	C4924AA	10/28/2016	15				N	
DTaP-Hib-IPV	C5007AB	03/11/2017	19				N	
DTaP-IPV	NS74P	03/20/2017	10				Y	

Inventory Reconciliation for Interfaced Providers

Organization (IRMS): ARIZONA IMMUNIZATION PROGRAM (60098)

Date: June 16, 2015

Reconcile Inventory

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row
HPV, quadrivalent	J003727	11/07/2015	30		0.0	--No Category Required	--No Reason Required--	N		+
HPV, quadrivalent	J006236	09/25/2016	17		0.0	--No Category Required	--No Reason Required--	Y		+
Hep A 2 dose - Ped/Adol	J005080	09/20/2015	20		0.0	--No Category Required	--No Reason Required--	Y		+
IPV	J15611	10/12/2015	11		0.0	--No Category Required	--No Reason Required--	Y		+
MMR/Varicella	K002038	08/10/2015	8		0.0	--No Category Required	--No Reason Required--	Y		+
Tdap	U4668AA	01/24/2016	15		0.0	--No Category Required	--No Reason Required--	Y		+
Tdap	U4688BA	02/24/2016	23		0.0	--No Category Required	--No Reason Required--	Y		+

Print | Reset | Save

Submit Monthly Inventory

Inventory Last Submitted: N/A

Inventory Reconciliation for Manual Reporters

Organization (IRMS): ARIZONA IMMUNIZATION PROGRAM (60098)

Date: June 16, 2015

Reconcile Inventory

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Public	Inactive	Add Row
HPV, quadrivalent	J003727	11/07/2015	30		0.0	--No Category Requirec	--No Reason Required--	N	☐	+
HPV, quadrivalent	J006236	09/25/2016	17		0.0	--No Category Requirec	--No Reason Required--	Y	☐	+
Hep A 2 dose - Ped/Adol	J005080	09/20/2015	20		0.0	--No Category Requirec	--No Reason Required--	Y	☐	+
IPV	J15611	10/12/2015	11		0.0	--No Category Requirec	--No Reason Required--	Y	☐	+
MMR/Varicella	K002038	08/10/2015	8		0.0	--No Category Requirec	--No Reason Required--	Y	☐	+
Tdap	U4668AA	01/24/2016	15		0.0	--No Category Requirec	--No Reason Required--	Y	☐	+
Tdap	U4688BA	02/24/2016	23		0.0	--No Category Requirec	--No Reason Required--	Y	☐	+

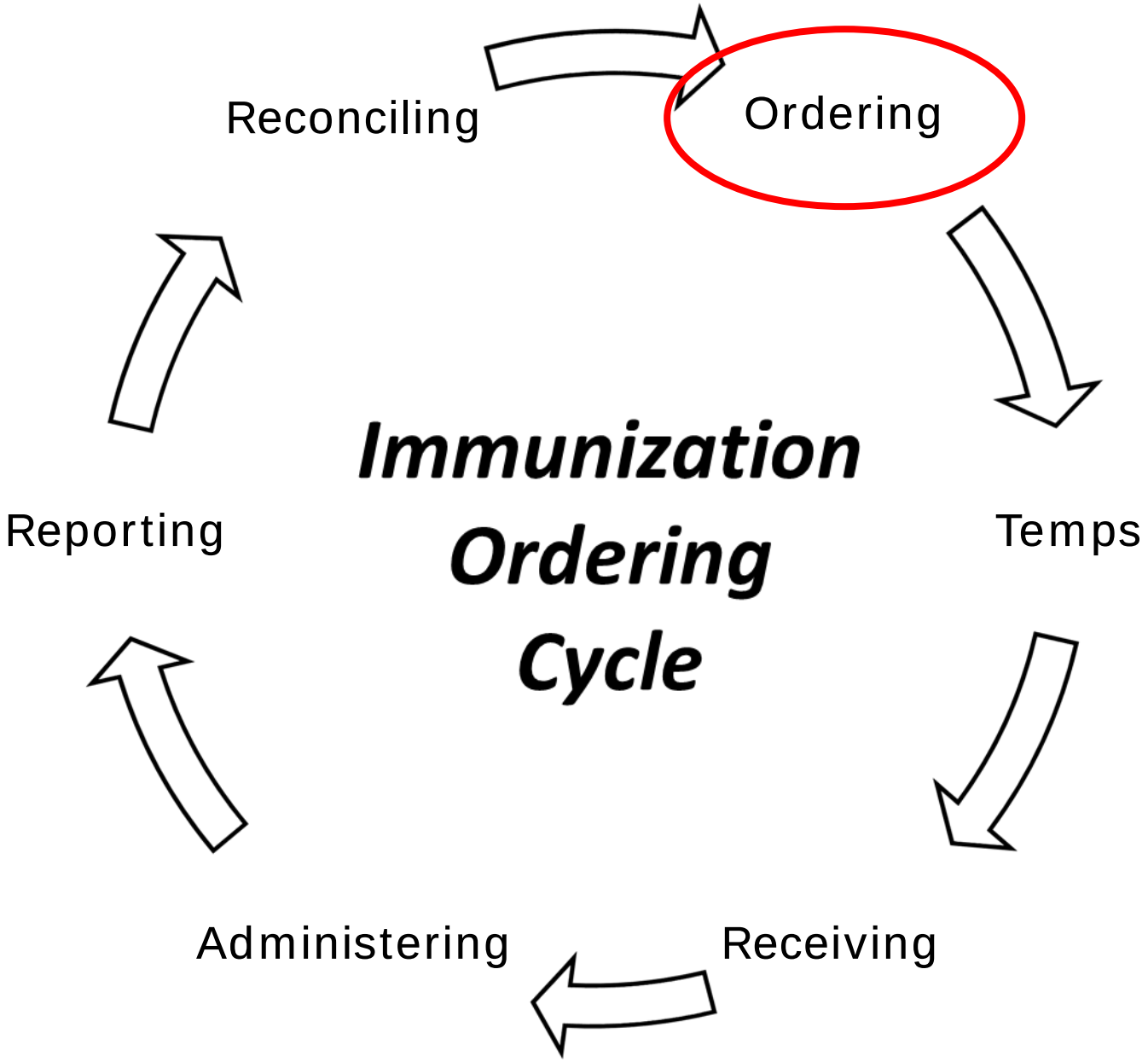
Print | Reset | Save

Submit Monthly Inventory

Inventory Last Submitted: N/A

Inventory Maintenance Tips

- Use a dose accountability log
- Always use lot number on box
- Do not use the following when reconciling inventory
  - administered but not linked to a patient
  - administered to a patient who chose not to be in the registry
- Utilize EHR reconciliation procedures if interfaced


Immunization Ordering Cycle
Ordering
Temps
Receiving
Administering
Reporting
Reconciling

Ordering Vaccines

Arizona Department of Health Services

Logged in: VALENTIN SHOSHTARIKJ

Organization (IRMS): 0000 VOMS TRAINING (60137)

Date: March 31, 2016

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Modify Order Set
  - Cold Storage
- Reports
- Settings

Current Order/Transfer List

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date

Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date

Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending Organization (IRMS)/Facility
-->	1721	000001	12/10/2012	ARIZONA IMMUNIZATION PROGRAM

Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility

Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving Organization (IRMS)/Facility	Reject Date	Rejected By	Status

Create Order | Create Transfer

Create Order

Create Order

Organization (IRMS): 0000 VOMS TRAINING
Facility:
Phone Number:
Phone Extension:
Email:

First Name:
Middle Name:
Last Name:
Address: 150 N 18TH AVE SUITE 120
City: PHOENIX
State: AZ
Zip: 85007

Monday:	☐	09:00	17:00	Tuesday:	☐	09:00	17:00
Wednesday:	☐	09:00	17:00	Thursday:	☐	09:00	17:00
Friday:	☐	09:00	17:00				

PIN: 123456
Order Date: 03/31/2016
Submitter: VALENTIN SHOSHTARIKJ (VALENTIN1066)
Comments:

Instructions: FLU
Order Status: In Progress

Inventory Last Submitted:
Last Order Submitted:

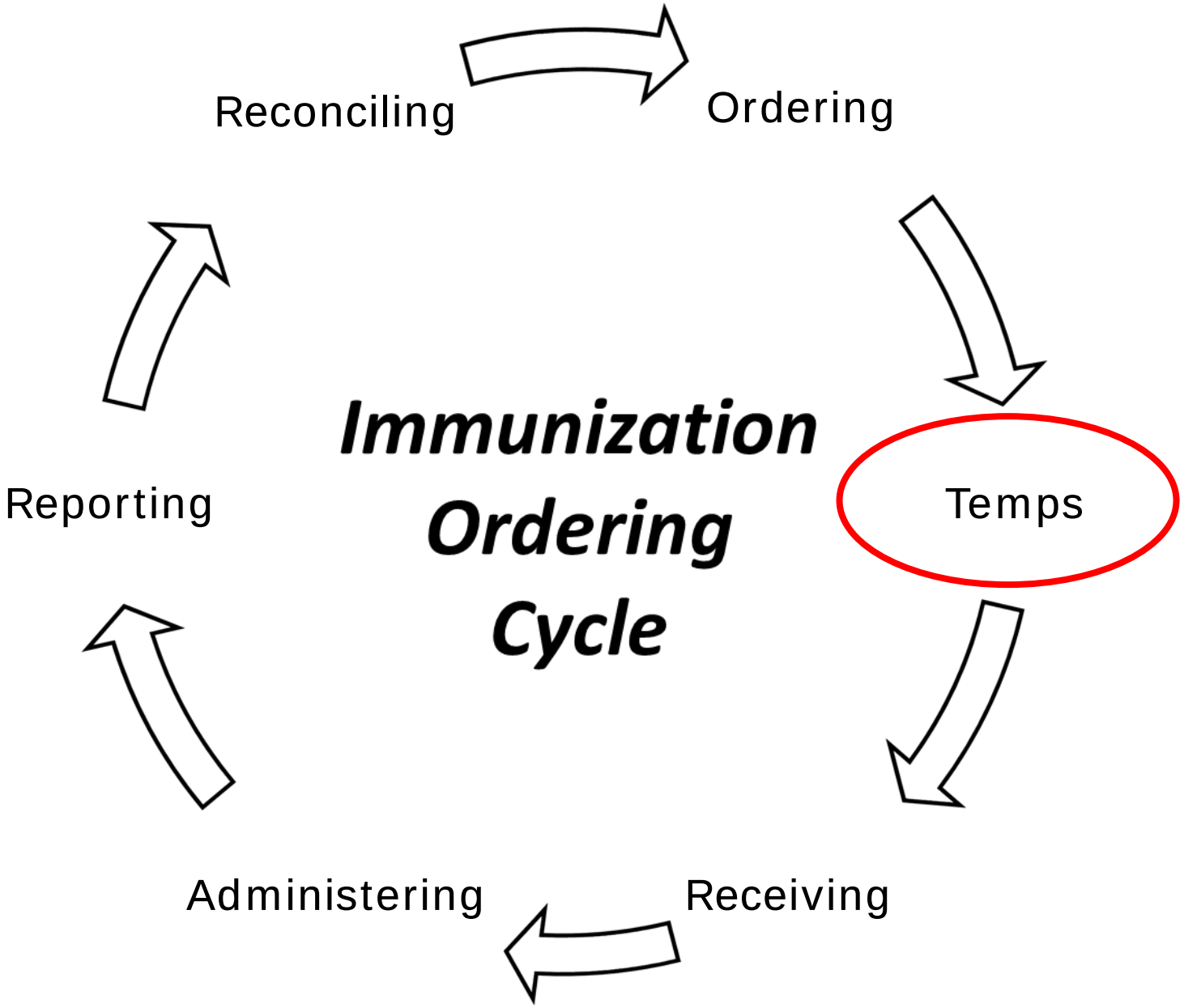
Order Set: VFC PROVIDERS - NON COUNTY / Distributor
--select--
2015-2016 FLU / Distributor
VFC PROVIDERS - NON COUNTY / Distributor

Inventory Transaction F
Order Frequency: Mon
Order Schedule:

Order Details

Vaccine	Vaccine Name	Public	Dose Used Last Month	Physical Inventory	Order Quantity	Urgent	Priority Reason	Comments
DTaP	DAPTACEL		0	0		☐	--select--	
DTaP	INFANRIX (Syringes)		0	0		☐	--select--	
HPV9	GARDASIL 9		0	0	200	☐	--select--	
Pneumococcal, PCV-13	PREVNAR 13		0	0	100	☐	--select--	
Tdap	ADACEL - 10 PK (Vials)		0	0	100	☐	--select--	

Cancel | Save Order | Submit Order


Immunization Ordering Cycle
Ordering
Temps
Receiving
Administering
Reporting
Reconciling

Temperature Reporting

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): 0000_ADHS INTERNAL BEDCS USE (1066)

- Main
  - Home
  - Logout
  - Select Application
  - Select Organization (IRMS)
  - Select Facility
  - Select VFC Pin
  - Document Center
  - MyIR
- Message
- Favorites
- Patient
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
  - Alerts
  - Create/View Orders
  - Search History
  - Modify Order Set
  - Cold Storage
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports

Add Cold Storage Unit | Display as: MIN/MAX | 2x day temps

Enter Recorded Temperature

This record does not replace documentation attached to refrigerator.

Record Date From: 11/01/2014 Through: 02/22/2016

Temperature Data

Day		Office Closed	Time	+/- RIGHT FREEZER ID # (°F)	+/- KENM ORE ID # (°F)
02/22/2016	A.M.		8 AM		
	P.M.		5 PM		
02/21/2016	A.M.		8 AM		
	P.M.		5 PM		
02/20/2016	A.M.		8 AM		
	P.M.		5 PM		
02/19/2016	A.M.		8 AM		
	P.M.		5 PM		
02/18/2016	A.M.		8 AM		

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): 0000_ADHS INTERNAL BEDCS USE (1066)

Date: February 29, 2016

- Main
  - Home
  - Logout
  - Select Application
  - Select Organization (IRMS)
  - Select Facility
  - Select VFC Pin
  - Document Center
  - MyIR
- Message
- Favorites
- Patient
- Vaccinations

Add Freezer

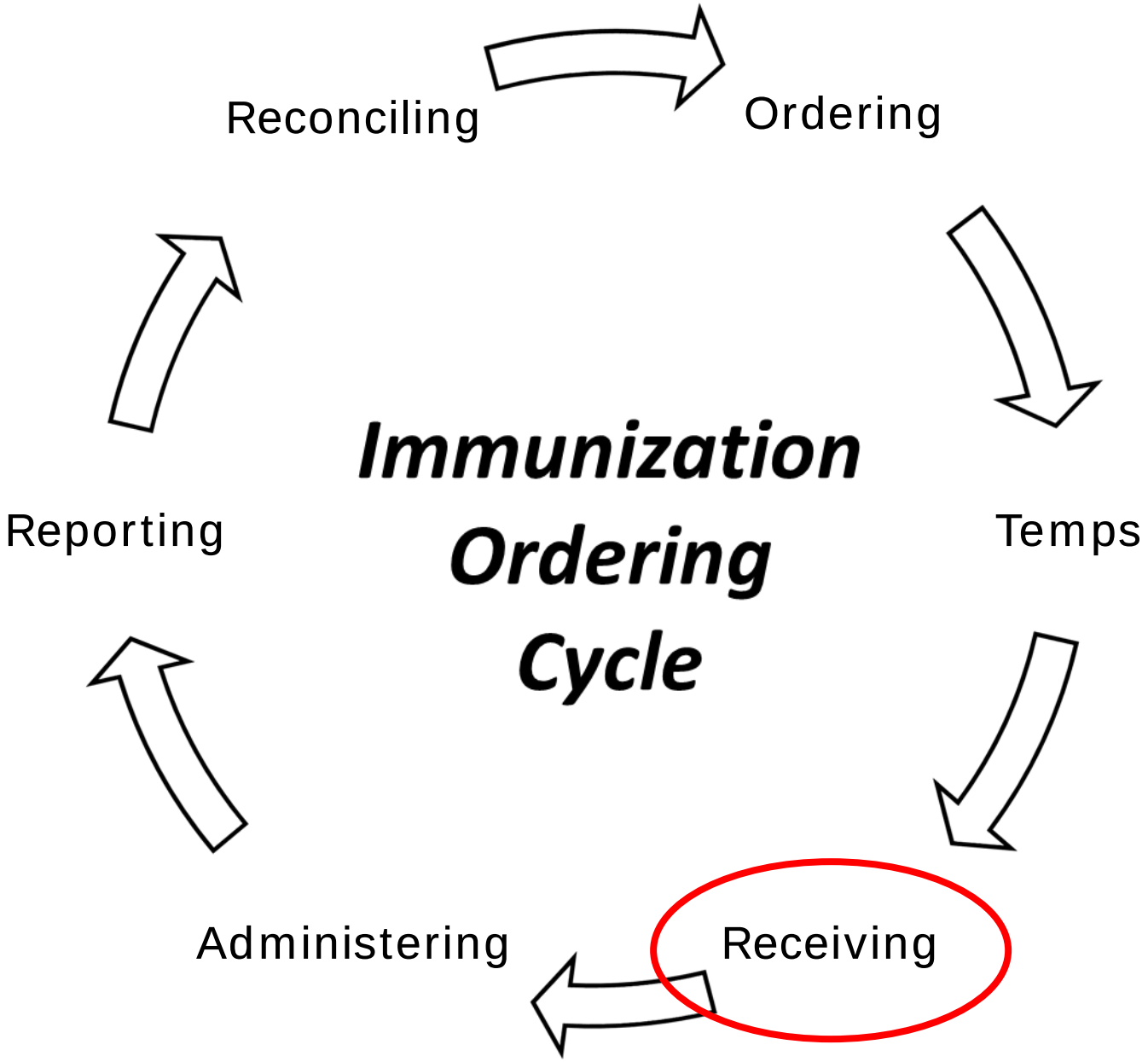
Refrigerator

Refrigerator Name:		Thermometer Serial Number:	
Refrigerator Type:	--select--	**Thermometer Type:**	--select--
Manufacturer:		Other Device:	
Model Number:		**Temperature Scale**	--select--
Effective From:		**Date of Last Calibration:**	
Purchase or Issue Date:		Calibration Expiration:	
Inactivate Refrigerator:			

Cancel | Save

Temperature Record Keeping

6 years


Immunization Ordering Cycle
Ordering
Temps
Receiving
Administering
Reporting
Reconciling

Current Order/Transfer List

Inbound Orders

Select	Order Number	PIN	Submit Date	Approval Date	Status
-->	97738	0255	06/04/2013	06/05/2013	Shipped
-->	107032	0255	08/13/2013	08/19/2013	Shipped
-->	112482	0255	09/19/2013	09/24/2013	Shipped
-->	113499	0255	09/27/2013	10/02/2013	Shipped

Backordered Orders

Select	Order Number	PIN	Submit Date	Backorder Date

Denied Orders

Select	Order Number	PIN	Submit Date	Denial Date
-->	112819	0255	09/19/2013	10/09/2013

Inbound Transfers

Select	Transfer Number	PIN	Submit Date	Sending IRMS/Facility

Outbound Transfers

Select	Transfer Number	PIN	Submit Date	Receiving IRMS/Facility

Rejected Transfers

Select	Transfer Number	PIN	Submit Date	Receiving IRMS/Facility	Reject Date

Create Order | Create Transfer

Receiving Orders

Receive Order

Organization (IRMS): 0000 VOMS TRAINING
Facility:
Phone Number:
Phone Extension:
Email:
Order Number: 231982
VFC PIN: 123456
Order Date: 03/31/2016 10:50:09
Submitter: VALENTIN SHOSHTARIKJ (VALENTIN1066)
Receiver: VALENTIN SHOSHTARIKJ (VALENTIN1066)
Original Order#: 231982
Comments:

First Name:
Middle Name:
Last Name:
Address: 150 N 18TH AVE SUITE 120
PHOENIX , AZ 85007
Instructions:
Order Status: Approved
Approver: VALENTIN SHOSHTARIKJ (VALENTIN1066)

Inventory Transaction Report | Lot Number Summary

Order Set / Order Type: VFC PROVIDERS - NON COUNTY / Distributor

Order Details

Shipped Quantity	Receipt Quantity	Rejected Quantity	Vaccine	Public	Manufacturer	Lot Number	Expiration Date	Reason for rejecting
100	50	50	Pneumococcal, PCV-13	Y	PFIZER, INC-PFR	ABCL2233	01/01/2018	Damaged during state shipment
Comments						Tracking #		
100	100	0	Tdap	Y	SANOFI PASTEUI	BCDL4455	01/01/2018	--select--
Comments						Tracking #		
20	0	20	Varicella	Y	MERCK-MSD	CDEL7788	01/01/2018	Shipment is incomplete
Comments						Tracking #		

Cancel | Receive

“Child” Order

Receive Order

Organization (IRMS): 0000 VOMS TRAINING
Facility:
Phone Number:
Phone Extension:
Email:
Order Number: 231998
VFC PIN: 123456
Order Date: 03/31/2016 10:50:09
Submitter: VALENTIN SHOSHTARIKJ (VALENTIN1066)
Receiver: VALENTIN SHOSHTARIKJ (VALENTIN1066)
Original Order#: 231982
Comments:

First Name:
Middle Name:
Last Name:
Address: 150 N 18TH AVE SUITE 120
PHOENIX , AZ 85007
Instructions: FLU
Order Status: Approved
Approver: VALENTIN SHOSHTARIKJ (VALENTIN1066)

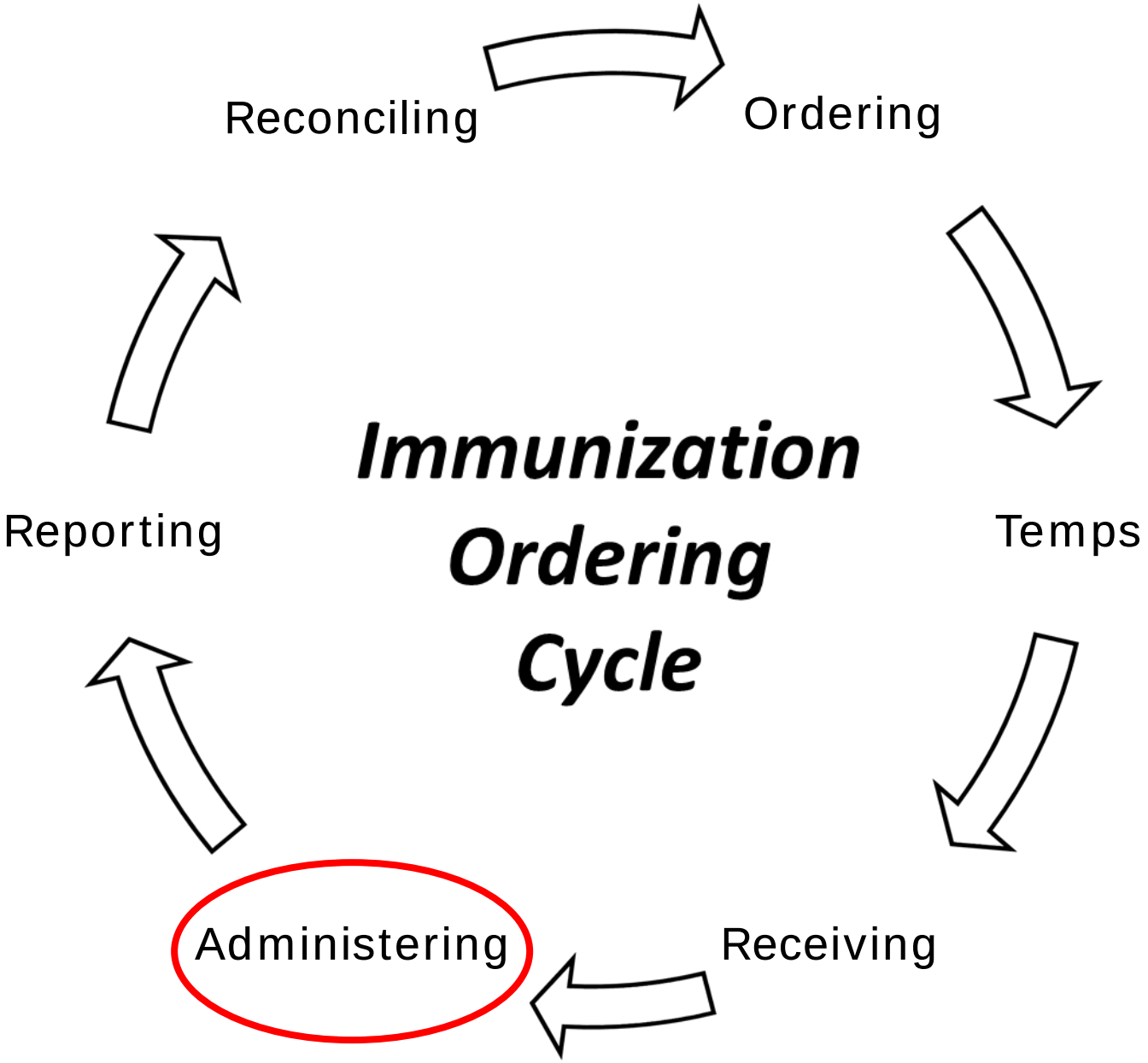
Inventory Transaction Report | Lot Number Summary

Order Set / Order Type: VFC PROVIDERS - NON COUNTY / Distributor

Order Details

Shipped Quantity	Receipt Quantity	Rejected Quantity	Vaccine	Public	Manufacturer	Lot Number	Expiration Date	Reason for rejecting
20			Varicella	Y	MERCK	CDEL7788	01/01/2018	--select--
Comments						Tracking #		

Cancel | Receive


Immunization Ordering Cycle
Ordering
Temps
Receiving
Administering
Reporting
Reconciling

Administering Vaccines

Dose Accountability Log

Practice Name:

VFC Contact:

Date log begins:_____

Date log ends:_____

VFC Eligibility Codes:
1- Private Insurance (NOT VFC ELIGIBLE)
2- AHCCCS
3- un – insured (self pays)
4- American Indian/Alaska Native
5- Under insured (Deputized Providers Only)
6– KidsCare

NAME or ASIIS ID	DOB	VFC Code	Vaccine	Lot Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				

Vaccination Summary and Patient Forecast

Vaccination Summary

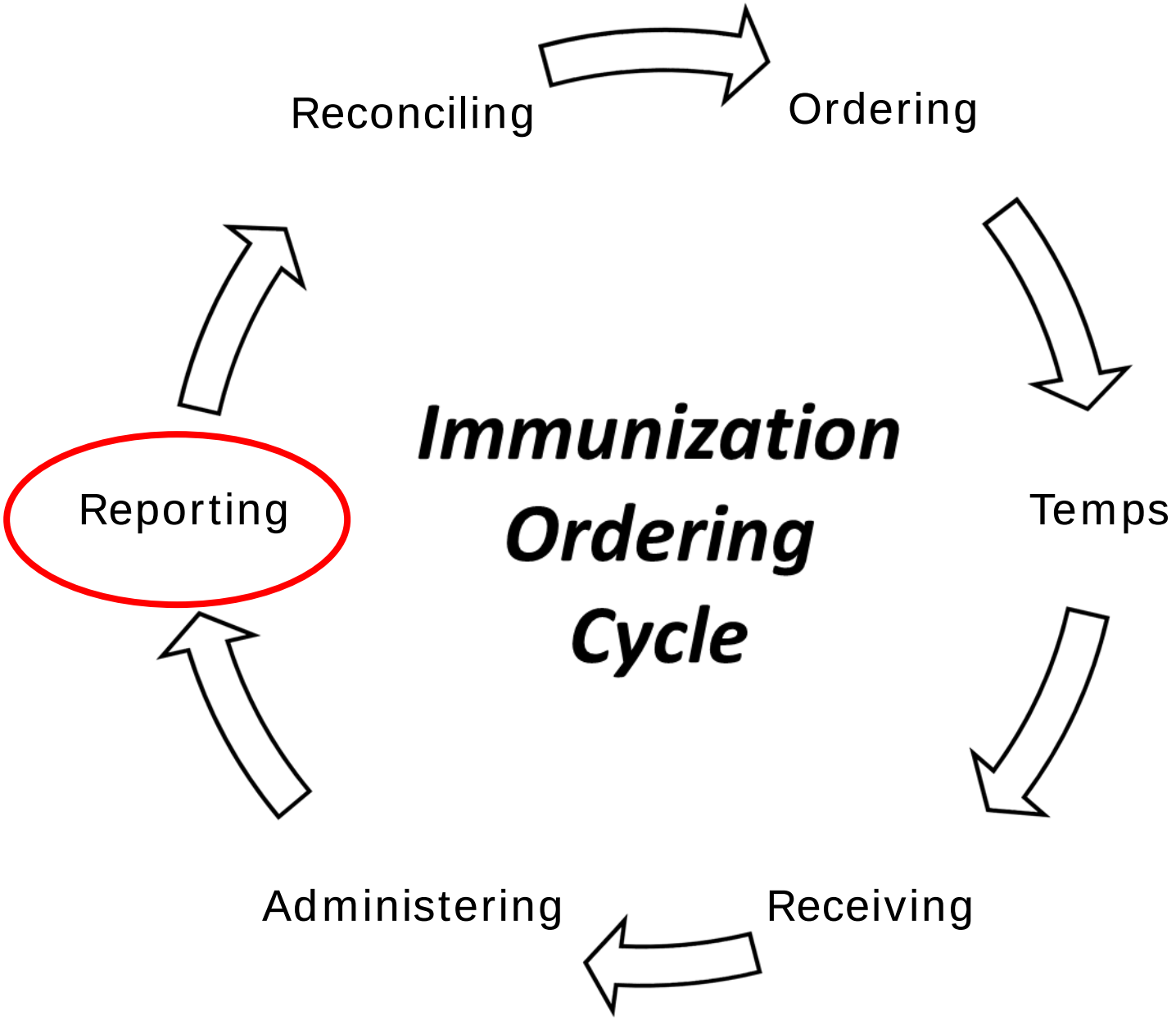
Vaccinations outside the ACIP schedule are marked with an 'X'.

Vaccine	1	2	3	4	5	6	7	8
DTaP/DTP/Td	08/09/2004 8 weeks	03/30/2006 21 months	11/28/2007 3 years	09/29/2008 4 years				
Tdap	08/05/2015 11 years							
OPV/IPV	08/09/2004 8 weeks	03/30/2006 21 months	11/28/2007 3 years	09/29/2008 4 years				
MMR	03/30/2006 21 months	09/29/2008 4 years						
Hib	08/09/2004 8 weeks	03/30/2006 21 months						
Hep B - 3 Dose	06/09/2004 0 days	03/30/2006 21 months	11/28/2007 3 years					
Varicella	03/30/2006 21 months	08/05/2015 11 years						
Pneumo (PCV)	08/09/2004 8 weeks	03/30/2006 21 months						
Meningococcal	08/05/2015 11 years							
HPV	08/05/2015 11 years							

Vaccination Forecast

The forecast automatically switches to the accelerated schedule when a patient is behind schedule.

Vaccine Family	Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
FLU	1	12/09/2004	12/09/2004	01/08/2005	Past Due
HEP-A	1	06/09/2005	06/09/2005	06/09/2006	Past Due
HPV	2	10/05/2015	09/02/2015	11/04/2015	Past Due
MENINGOCOCCAL	2	06/09/2020	06/09/2020	06/09/2023	Up to Date
DTaP/DT/Td	B	08/05/2025	08/05/2020	09/04/2025	Up to Date


Immunization Ordering Cycle
Ordering
Temps
Receiving
Administering
Reporting
Reconciling

Accurate Demographic Information

- Accurate immunization reporting
- Effective reminder recall
- Coverage rates
- Statistical data

18,520 Reminder Letters Returned

Patient Search

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - MyIR
- Message
- Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Scheduled Reports
- Change Password
- Administration
- Answers

iWeb

Version: 5.16.1.2

Patient Search

Click here to use the 'advanced' search

First Name or Initial:		WIC ID:	
Last Name or Initial:		SIIS Patient ID / Bar Code:	
Birth Date:	03/03/2016	Chart Number:	

Family and Address Information:

Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Country:	United States		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

☐ Check here if adding a new patient.

Capture Barcode | Clear | Search

Patient Search Results

Records Found = 8 | Search Criteria: Birth Date

Show 10 entries | Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
SUBJECTEE		TUSTESTEE	03/03/2016	7500799	TUSEE	SUBJECTTUSEE
SUBJECTFF		TUSTESTFF	03/03/2016	7500800	TUSFF	SUBJECTTUSFF
SUBJECTGG		TUSTESTGG	03/03/2016	7500801	TUSGG	SUBJECTTUSGG
SUBJECTHH		TUSTESTHH	03/03/2016	7500802	TUSHH	SUBJECTTUSHH
SUBJECTJJ		TUSTESTJJ	03/03/2016	7500803	TUSJJ	SUBJECTTUSJJ
SUBJECTKK		TUSTESTKK	03/03/2016	7500804	TUSKK	SUBJECTTUSKK
SUBJECTLL		TUSTESTLL	03/03/2016	7500805	TUSLL	SUBJECTTUSLL
SUBJECTMM		TUSTESTMM	03/03/2016	7500806	TUSMM	SUBJECTTUSMM

Showing 1 to 8 of 8 entries

Advanced Patient Search

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - MyIR
- Message
- Favorites
  - Add/Edit Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Scheduled Reports
- Change Password
- Answers

Patient Search

Click here to use the 'simple' search

Patient (basic information)		Patient (unique I.D.'s)	
First Name:		SSN:	
Middle Name:		Birth File Number:	
Last Name:		Medicaid Number	
Birth Date:		Chart Number:	
Birth Order:		WIC ID:	
Multiple Birth Count:		SIIS Patient ID / Bar Code:	
Family			
Guardian First Name:		Mother's Maiden Name: (Last Name Only)	
Guardian Last Name:		Guardian SSN:	
Address			
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Association	Select...		

Clear Search

Advanced Searches: (edit or view only): Add / Edit / View

Simple Searches (edit or view only):

Quick Searches	Other Searches	First Name / Last Name
First Initial, Birth Date	Guardian	First Name FN& LN Last Name
Last Initial, Birth Date	Birth File Number	Select search type for First and Last Name:
Social Security Number	Medicaid Number	Exact
Birth Date	Chart Number	Like (Use % or _ as wildcard characters)
Phone Number	WIC ID	Phonetic (Search by sound of word)
	SIIS Patient ID	
	Association	
	Mother's Maiden Name	
	Guardian First Name, Birth Date	

iWeb

Version: 5.16.1.2

STC

Adding New Patients

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - MyIR
- Message
- Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Scheduled Reports
- Change Password
- Administration
- Answers

iWeb

Version: 5.16.1.2

Patient Search

Click here to use the 'advanced' search

First Name or Initial:		WIC ID:	
Last Name or Initial:		SIIS Patient ID / Bar Code:	
Birth Date:	03/03/2016	Chart Number:	

Family and Address Information:

Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Country:	United States		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

☑ Check here if adding a new patient. (Required fields are highlighted)

Capture Barcode | Clear | Search

Patient Search Results

Records Found = 8 Search Criteria: Birth Date

Show 10 entries Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
SUBJECTEE		TUSTESTEE	03/03/2016	7500799	TUSEE	SUBJECTTUSEE
SUBJECTFF		TUSTESTFF	03/03/2016	7500800	TUSFF	SUBJECTTUSFF
SUBJECTGG		TUSTESTGG	03/03/2016	7500801	TUSGG	SUBJECTTUSGG
SUBJECTHH		TUSTESTHH	03/03/2016	7500802	TUSHH	SUBJECTTUSHH
SUBJECTJJ		TUSTESTJJ	03/03/2016	7500803	TUSJJ	SUBJECTTUSJJ
SUBJECTKK		TUSTESTKK	03/03/2016	7500804	TUSKK	SUBJECTTUSKK
SUBJECTLL		TUSTESTLL	03/03/2016	7500805	TUSLL	SUBJECTTUSLL
SUBJECTMM		TUSTESTMM	03/03/2016	7500806	TUSMM	SUBJECTTUSMM

Showing 1 to 8 of 8 entries

Adding New Patients

Patient Search — Click here to use the 'advanced' search

First Name or Initial:	SUBJECTEE	WIC ID:	
Last Name or Initial:	TUSTESTEE	SIIS Patient ID / Bar Code:	
Birth Date:	03/03/2016	Chart Number:	

Family and Address Information:

Guardian First Name:	TUSEE	Mother's Maiden Name:	TTEST
Street:	123 Main St		
City:	PHOENIX	State:	AZ
Zip Code:	85007	Phone Number:	(602)364-3619
Country:			

Note: When searching by Fi… …acters and _ to replace a single character.

☑ Check here if adding a n…

(Required fields are highlighted)

Capture Barcode | Clear | Search

test-asiis.azdhs.gov says:

This record already exists in the database. An exact match has been found.

OK

Patient Search Results

Records Found = 1

Show 10 entries — Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
SUBJECTEE		TUSTESTEE	03/03/2016	7500799	TUSEE	SUBJECTTUSEE

Showing 1 to 1 of 1 entries

Adding New Patients

Patient Search — Click here to use the 'advanced' searc

First Name or Initial:	SUBJECTEE	WIC ID:	
Last Name or Initial:	DIFFERENT	SIIS Patient ID / Bar Code:	
Birth Date:	03/03/2016	Chart Number:	

Family and Address Information:

Guardian First Name:	EESUT	Mother's Maiden Name:	ANOTHER
Street:	321 S Main St		
City:	PHOENIX	State:	AZ
Zip Code:			
Country:			

Note: When searching by F ... racters and _ to replace a single character.

Check here if adding a r

(Required fields are highlighted

Capture Barcode | Clear | Search

test-asiis.azdhs.gov says:

Before adding, check to make sure the patient you want to add is not listed in the Patient Search Results.

OK

Patient Search Results

Records Found = 0

Show 10 entries — Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
No data available in table						

Showing 0 to 0 of 0 entries

Before adding, check to make sure the patient you want to add is not listed above or not pending manual review.

Add Patient

Patient Demographics

required info

- First Name
- Last Name
- Birth Date
- Guardian First Name
- Mother's Maiden Name
- Street
- City
- State
- Zip Code
- Sex
- Eligibility Category
- Birth Order and Count

additional info

- Middle Name
- Birth File
- Patient SSN
- Multiple Birth
- Phone Number
- Email
- Guardian Middle and Last Name
- Guardian SSN
- Guardian 2 First and Last Name
- Health Plan Information

Editing Patient Demographics

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - Cancel Edits
  - MyIR
- Message
- Favorites
- Patient
  - Search/Add
  - Demographics
- Vaccinations
- Lot Numbers
- Scheduled Reports
- Change Password
- Answers

iWeb

Version: 5.16.1.2

STC

Apply Defaults from Personal Settings to this Record

+ −

Patient Demographics Edit

Patient

First Name:	SUBJECTEE	Race:	White Black or African American Hispanic
Middle Name:	EVAN	Ethnicity:	Not Hispanic or Latino
Last Name:	DIFFERENT	Language:	English
Suffix:	--none--	SSN:	566 - 48 - 1549
Birth Date:	03/03/2016	Medicaid #:	A0000001
Birth File #:		Multiple Birth:	of
Sex:	MALE	Inactive	--select--
Mother Maiden Name:	ANOTHER	**VFC Status:**	AHCCCS
Military:		Block Recall:	
Cell Phone:	(602)364-3899		
Comments:			

− Address

Address 1:	321 S Main St				
Address 2:		City:	PHOENIX		
Country:	United States	State:	AZ	Zip Code:	85009
County/Parish:	MARICOPA	Phone:	(602)364-3899		
Email:	asiishelpdesk@azdhs.gov				

− Family & Contact

Guardian 1 First:	EESUT	Guardian 1 SSN:	564-98-7745
Guardian 1 Middle:	M	Guardian 2 First:	EETEST
Guardian 1 Last:	DIFFERENT	Guardian 2 Last:	DIFFERENT
Guardian Work Phone:	(602)364-3899		

+ Alias
+ Secondary Patient Demographics
+ School
+ Insurance
+ Medical Home Facility

Editing Patient Demographics

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- **Main**
  - Home
  - Logout
  - MyIR
- **Message**
- **Favorites**
  - Add/Edit Favorites
- **Patient**
  - Search/Add
  - Demographics
  - Remote Registry
- **Vaccinations**
- **Physicians & Vaccinators**
- **Lot Numbers**
- **Orders/Transfers**
- **Reports**
- **Settings**
- **CASA Export**
- **Reminder/Recall**
- **Scheduled Reports**
- **Change Password**
- **Answers**

Patient Demographics

Record Info			
SIIS Patient ID:	7500994	Organization (IRMS) Owner:	61133 - 2016 IMMUNIZATION CONFERENCE IRMS
Entry Date:	03/30/2016 01:56:41 PM	Last Update:	03/30/2016 01:56:41 PM
Patient			
First Name:	SUBJECTEE	Race:	White
Middle Name:	EVAN	Ethnicity:	Not Hispanic or Latino
Last Name:	DIFFERENT	Language:	English
Suffix:		SSN:	XXX-XX-1549
Birth Date:	03/03/2016	Medicaid #:	A0000001
Birth File #:		Multiple Birth:	1 of 1
Age:	3 weeks, 0 months, 0 yrs	Military:	
Block Recall:		Recall Attempts:	0
Sex:	MALE	Inactive:	
Mother Maiden Nm:	ANOTHER	VFC status:	AHCCCS
		Vaccine Supply:	PUBLIC
Cell Phone:	(602)364-3899		
– Primary Address			
Address 1:	321 S MAIN ST	Address 2:	
City:	PHOENIX	State:	AZ
Zip Code:	85009		
Phone Number:	(602)364-3899		
Email	ASIISHELPDESK@AZDHS.GOV		
Country:	United States	County/Parish:	MARICOPA
– Family & Contact			
Contact 1 First:	EESUT	SSN 1:	XXX-XX-7745
Contact 1 Middle:	M	Contact 2 First:	EETEST
Contact 1 Last:	DIFFERENT	Contact 2 Last:	DIFFERENT
Work Phone:	(602)364-3899		

Reporting Duplicate Patients

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - MyIR
- Message
- Favorites
  - Add/Edit Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Scheduled Reports
- Change Password
- Answers

iWeb

Version: 5.16.1.2

STC

Patient Search

Click here to use the 'advanced' search

First Name or Initial:		WIC ID:	
Last Name or Initial:		SIIS Patient ID / Bar Code:	
Birth Date:	03/03/2016	Chart Number:	

Family and Address Information:

Guardian First Name:		Mother's Maiden Name:	
Street:			
City:		State:	Select...
Zip Code:		Phone Number:	
Country:	United States		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

☐ Check here if adding a new patient.

Capture Barcode | Clear | Search

Patient Search Results

Records Found = 9 | Search Criteria: Birth Date

Show 10 entries | Search:

First Name	Middle Name	Last Name	Birth Date	SIIS Patient ID	Grd First Name	Grd Last Name
SUBJECTEE	EVAN	DIFFERENT	03/03/2016	7500994	EESUT	DIFFERENT
SUBJECTEE		TUSTESTEE	03/03/2016	7500799	TUSEE	SUBJECTTUSEE
SUBJECTFF		TUSTESTFF	03/03/2016	7500800	TUSFF	SUBJECTTUSFF
SUBJECTGG		TUSTESTGG	03/03/2016	7500801	TUSGG	SUBJECTTUSGG
SUBJECTHH	ROBERT	TUSTESTHH	03/03/2016	7500802	JOTEST	NUMBERONE
SUBJECTJJ		TUSTESTJJ	03/03/2016	7500803	TUSJJ	SUBJECTTUSJJ
SUBJECTKK		TUSTESTKK	03/03/2016	7500804	TUSKK	SUBJECTTUSKK
SUBJECTLL		TUSTESTLL	03/03/2016	7500805	TUSLL	SUBJECTTUSLL
SUBJECTMM		TUSTESTMM	03/03/2016	7500806	TUSMM	SUBJECTTUSMM

Showing 1 to 9 of 9 entries

Report Duplicates

Reporting Duplicate Patients

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - MyIR
- Message
- Favorites
  - Add/Edit Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
  - View/Add
  - Forecast
  - Summary
- Physicians & Vaccinators
- Lot Numbers

Report Duplicate Patients

Reason for deduplication: --select--

Please select two or more records you wo

- --select--
- DUPLICATE GUARDIAN INFORMATION
- FOUND PLEASE REVIEW
- HARD COPY REVIEWED
- INCOMING RECORD CONTAINS CORRECTED DATA
- OTHER PLEASE SPECIFY
- PARENT COPY MATCHES IMMUNIZATIONS IN REGISTRY
- PATIENTS SHARE MANY IMMUNIZATION DATES
- PREVIOUS IMMUNIZATION PROVIDERS MATCH ON DEMOGRAPHIC SCREEN
- SIGNIFICANT SHARED DEMOGRAPHIC DATA MORE THAN NAME AND DOB
- SYSTEM GENERATED

Select	First Name	Middle N					Grd Last Name
☐	SUBJECTEE	EVAN					DIFFERENT
☐	SUBJECTEE						SUBJECTTUSEE
☐	SUBJECTFF						SUBJECTTUSFF
☐	SUBJECTGG						SUBJECTTUSGG
☐	SUBJECTHH						SUBJECTTUSHH
☐	SUBJECTJJ						SUBJECTTUSJJ
☐	SUBJECTKK						SUBJECTTUSKK
☐	SUBJECTLL		TUSTESTLL	03/03/2016	7500805	TUSLL	SUBJECTTUSLL
☐	SUBJECTMM		TUSTESTMM	03/03/2016	7500806	TUSMM	SUBJECTTUSMM

Back | Report Duplicates

Reporting Duplicate Patients

Arizona Department of Health Services

Logged in: CONFERENCE FACILITY USER

Organization (IRMS)/Facility: 2016 IMMUNIZATION CONFERENCE IRMS (61133) / 2016 IMMUNIZATION CONFERENCE FACILITY

Date: March 30, 2016

- Main
  - Home
  - Logout
  - MyIR
- Message
- Favorites
  - Add/Edit Favorites
- Patient
  - Search/Add
  - Demographics
  - Remote Registry
- Vaccinations
  - View/Add
  - Forecast
  - Summary
- Physicians & Vaccinators
- Lot Numbers
  - Reconciliation
  - Search/Add
  - Search Results
  - Detail
  - Scan Sheet
- Orders/Transfers
- Reports
- Settings
- CASA Export
- Reminder/Recall
- Scheduled Reports
- Change Password
- Answers

Please select the master record to be merged into:

Patient Set Merge

Master Patient:		
SIIS ID	7500801	7500802
First Name	SUBJECTGG	SUBJECTHH
Middle Name		ROBERT
Last Name	TUSTESTGG	TUSTESTHH
Suffix		JR
Birth Date	03/03/2016	03/03/2016
Sex	MALE	MALE
Medicaid Number		
Birth File		
Race		Asian
Language		English
Mother Maiden Name		ELISA
Guardian First Name		JOTEST
Guardian Middle Name		MARY
Guardian Last Name		NUMBERONE
Street Address		321 S MAIN ST
City		PHOENIX
State		ARIZONA
Zip Code		85009
Phone		
Email		
Health Plan		
Health Plan ID		
HP Enroll Date		
Birth Order		
Birth Count		

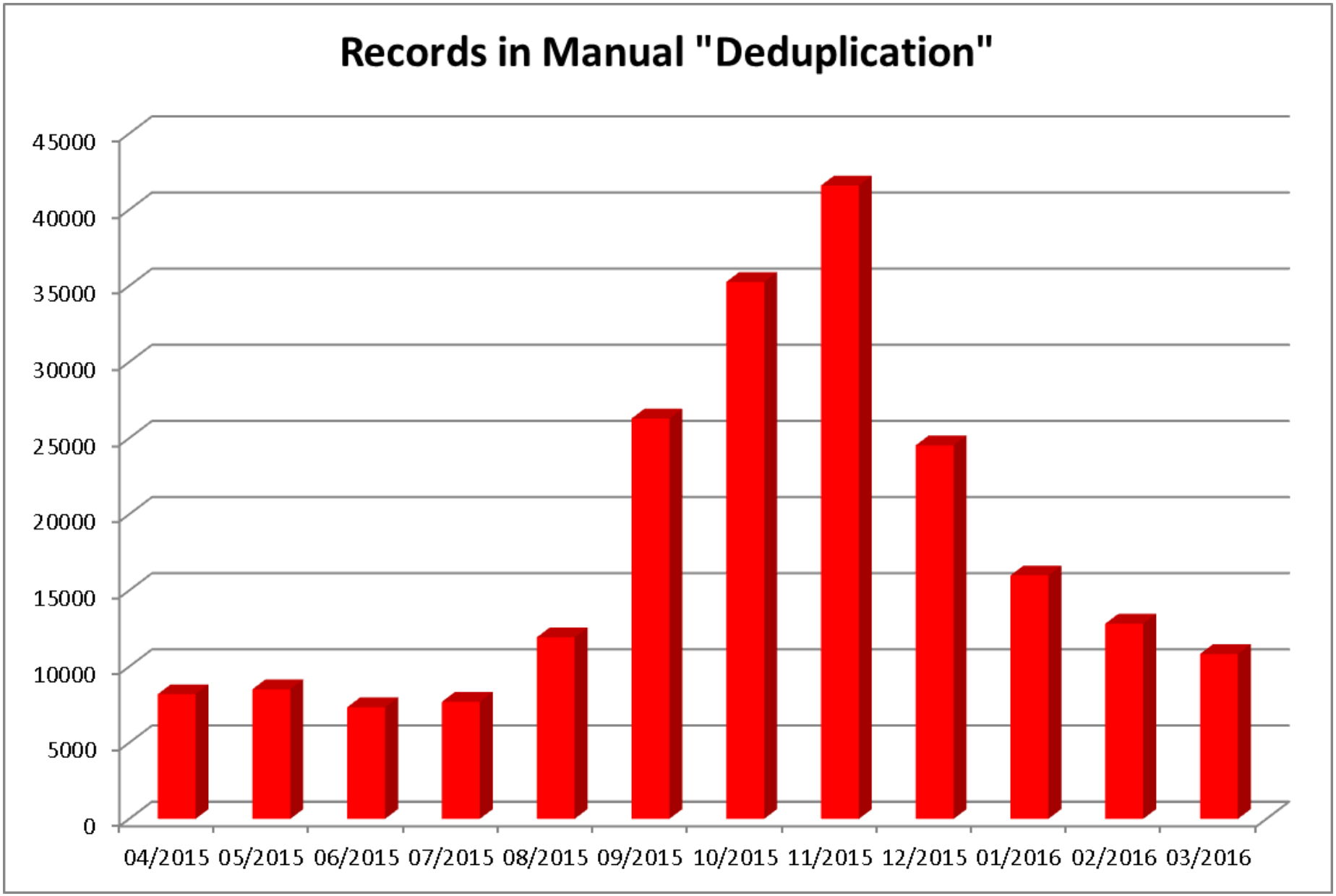
Reason for deduplication: FOUND PLEASE REVIEW

FOUND WHEN SEARCHING - PLEASE REVIEW FOR DUPLICATE

Place for comments

Back Merge

Manual Deduplication



Printing Official Records

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): 0000_ADHS INTERNAL BEDCS USE (1066)

Date: May 9, 2016

- Main
- Message
- Favorites
- Patient
- Vaccinations
  - View/Add
  - Forecast
  - Summary
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
  - Patient Record
  - Report Module
  - State Reports
  - Mgmt Reports
  - School Reports
- Settings
- CASA Export
- Reminder/Recall
- Imports

Patient

Name:	MINNIE MOUSE	SIIS Patient ID:	3837913
Date of Birth:	12/05/2007	Age:	8 yrs
Guardian:	LISA MOUSE	Status:	Active

Print Page

Vaccination View/Add

(*- Historicals , #- Adverse Reaction , !1- Warning , !2- Warning , !3- Warning , +- Unverified Historicals , ^ - Compromised Vaccination)

Documented By: --select--

isNurseOrRegistryClient="nurseAdministrationCheckOrFalse"> Double-click in any date field below to enter the default date: 05/09/2016

Barcode Scanner: READY

Vaccine	1	2	3	4	5	6
DTaP	02/05/2008 *	04/23/2008				
Hib--PRP-OMP	02/05/2008 *	04/23/2008				
IPV	02/05/2008 *	09/01/2015 *				
Pneumococcal, PCV7	02/05/2008 *	04/23/2008				
DTaP/Hep B/IPV						
DTaP/Hib/IPV						
DTaP/IPV						
HPV, bivalent						
HPV, quadrivalent						

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): 0000_ADHS INTERNAL BEDCS USE (1066)

Date: May 9, 2016

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
  - Patient Record
  - Report Module
  - State Reports
  - Mgmt Reports
  - School Reports
- Settings

State Reports

Patient Specific

Patient Record

Other

VFC Provider Profile Report

Childcare Immunization Report — Schedule

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): 0000_ADHS INTERNAL BEDCS USE (1066)

Date: May 9, 2016

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Exec. Dashboard
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
  - Patient Record
  - Report Module
  - State Reports
  - Mgmt Reports
  - School Reports

Print Patient Record

Patient Information To Include

- (●) Do Not Include Confidential Information
- ( ) Include Confidential Information

☑ Printable Version (enable table borders)

Back | Create Report

Arizona Department of Health Services

Patient Vaccination Record

Organization (IRMS): 60766 - ARIZONA COMMUNITY PHYSICIANS
Facility:
Date: May 9, 2016

Patient ID: 3837913
Name: MINNIE MOUSE
Birth Date: 12/05/2007
Sex: FEMALE
Guardian: LISA MOUSE
Physician:

Medicaid No:

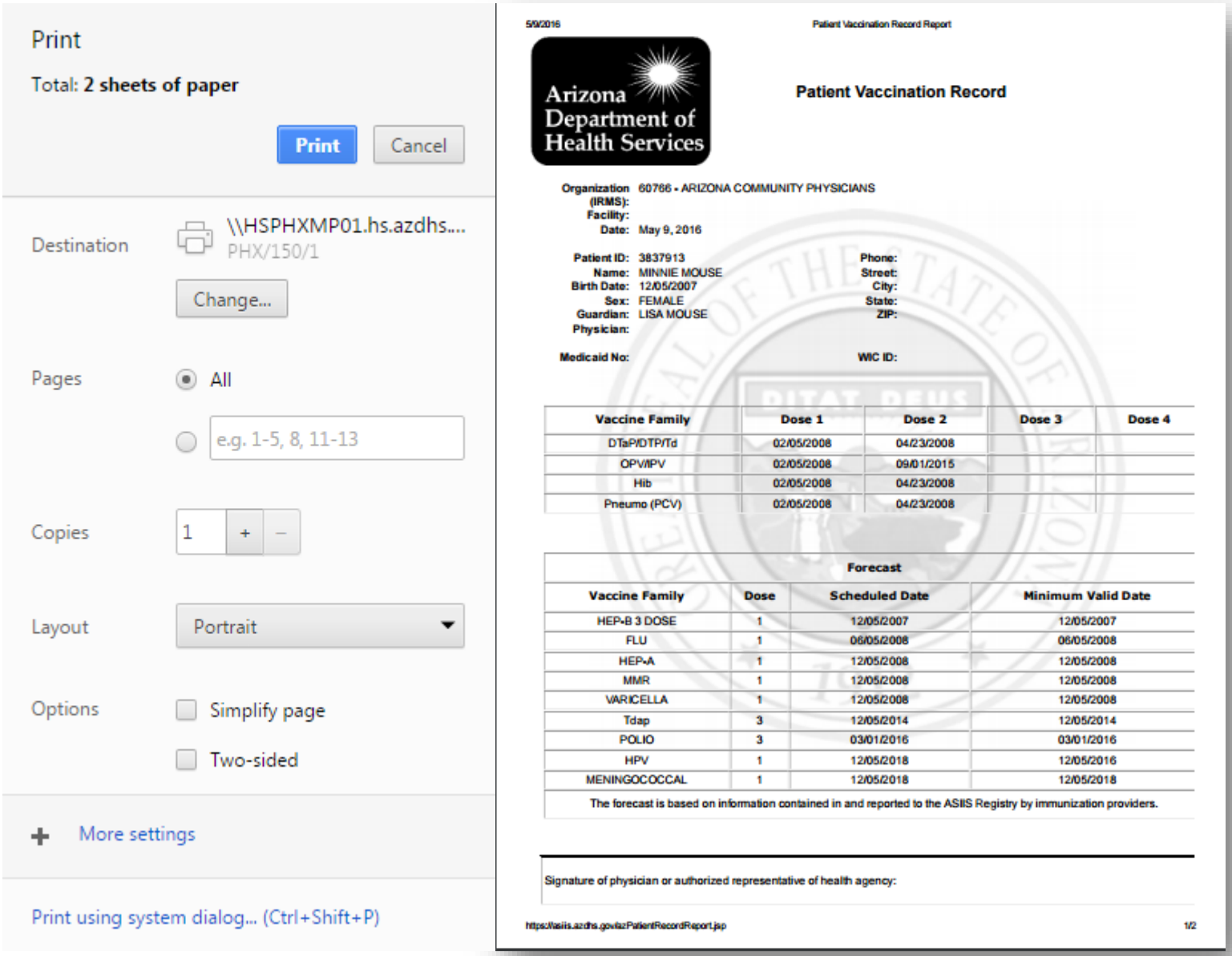
Phone:
Street:
City:
State:
ZIP:

WIC ID:

Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	02/05/2008	04/23/2008		
OPV/IPV	02/05/2008	09/01/2015		
Hib	02/05/2008	04/23/2008		
Pneumo (PCV)	02/05/2008	04/23/2008		

Forecast

Vaccine Family	Dose	Scheduled Date	Minimum Valid Date
HEP-B 3 DOSE	1	12/05/2007	12/05/2007



Be sure to check the “Background Graphics” box. This will ensure that the State seal is printed behind the patient’s record.

ASIIS Reports

- Administered doses
- Inventory tracking and transactions
- Patient population
- Reminder recall
- Vaccine transactions

Reports Module

Arizona Department of Health Services

Logged in: LINDSAY SHAVER

Organization (IRMS): VOMS TEST (60133)

Date: April 21, 2016

- Main
- Message
- Favorites
- Patient
- Vaccinations
- Organization (IRMS)
- Facilities
- Physicians & Vaccinators
- Lot Numbers
- Orders/Transfers
- Reports
  - Patient Record
  - Report Module
  - State Reports
  - Mgmt Reports
  - School Reports
- Settings
- Reminder/Recall
- Imports
- Exports
- Scheduled Reports
- Job Queue
- Change Password
- Administration
- Answers

Reports

Vaccinations		Patients	
Vaccination Totals		Daily Patient Immunization List	
Vaccinations Breakdown		Patient Detail	Schedule
Lot Number Summary		Patient Totals	
Lot Usage and Recall Report		Recall for Inactivation	
Vaccine Deferrals			
Vaccine Lots to Expire	Schedule	Clinical Notes	
Daily Inventory Report		Contraindication Report	
Reminder/Recall Success	Schedule	Aggregate Contraindication report	
Vaccines for Children		**Site Information**	
VFC Vaccinations Breakdown		Provider Contact	
Vaccine Administered	Schedule	Physician/Vaccinator Detail	
VFC Accountability Log	Schedule		
VFC Profile Report			
		Vaccination Route Barcodes	
		Vaccination Site Barcodes	
Registry		**Quality**	
Provider Submission Detail	Schedule	Patient Data Quality Detail	
Provider Submission	Schedule	Vaccination Data Quality	Schedule
Registry Statistics	Schedule	Vaccination Data Quality Detail	
Coverage Rate Report	Schedule		
		Administrator Data Quality	Schedule
		Pre and Post Enhancement Benchmark Report	

Patient Detail Report

Report Criteria
Run By: By Service

Report Date: December 22, 2014

Organization (IRMS): 63919 - THE BEST TEST CLINIC
Patients Status: Active patients only
Patient VFC Eligibility: All
Physician: All
Health Plan: All
Race: All
Lot Number: All
District/Region: All
High Risk Category: All
Publicly Supplied Vaccine: All

Facility: All
Vaccination Date Range: All
Vaccine VFC Eligibility: All
Program: All
Zip Code:
State: All
Patient County: All
School: All
Sort Criteria: Last Name
Vaccinator: All

Vaccine: HPV, quadrivalent, Mening. (MCV4P)
Birth Date Range:
VFC PIN: 1234

Total Patients Having Vaccines: 4 **Total Patients With All Vaccines Deleted:** **Deleted vaccinations are shown with a line through them.**

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	VFC Eligible	Facility
6823544	TEST		ADULT	10/27/1982		(602)555-3456	YES	

Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Decremented	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
HPV, quadrivalent	12/22/2014	Full	MSD	J009788	Y	YES	N	Y			12/22/2014	
Mening. (MCV4P)	12/22/2014	Full			N	NO	N	N			12/22/2014	

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	VFC Eligible	Facility
6827264	MINNIE		MOUSE	02/03/2004	MARGIE		YES	

Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Decremented	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
HPV, quadrivalent	12/22/2014	Full	MSD	J009788	Y	YES	N	Y	LUNCHLADY, DORIS		12/22/2014	

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	VFC Eligible	Facility
6406856	NICK	F	TEST	01/01/1975	TOM	(714)330-1669	UNK	TEST FACILITY

Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Decremented	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
HPV, quadrivalent	06/13/2013	Full	MSD	H013831	Y	YES	N	N		IN THE WEST BEST TEST	06/13/2013	

Patient ID	First Name	Middle Name	Last Name	Birthday	Guardian F.N.	Phone Number	VFC Eligible	Facility
6398387	LESTER		TESTERMAN	12/10/1999	SYLVESTER	(602)585-5858	YES	

Vaccine	Vacc. Date	Dose Size	Mfg. Code	Lot	Public Lot	VFC Eligible	Historical	Decremented	Vaccinator	Facility	Date VIS Form Given	VIS Publication Date
HPV, quadrivalent	06/03/2013	Full	MSD	H013831	N	UNK	N	N			06/03/2013	

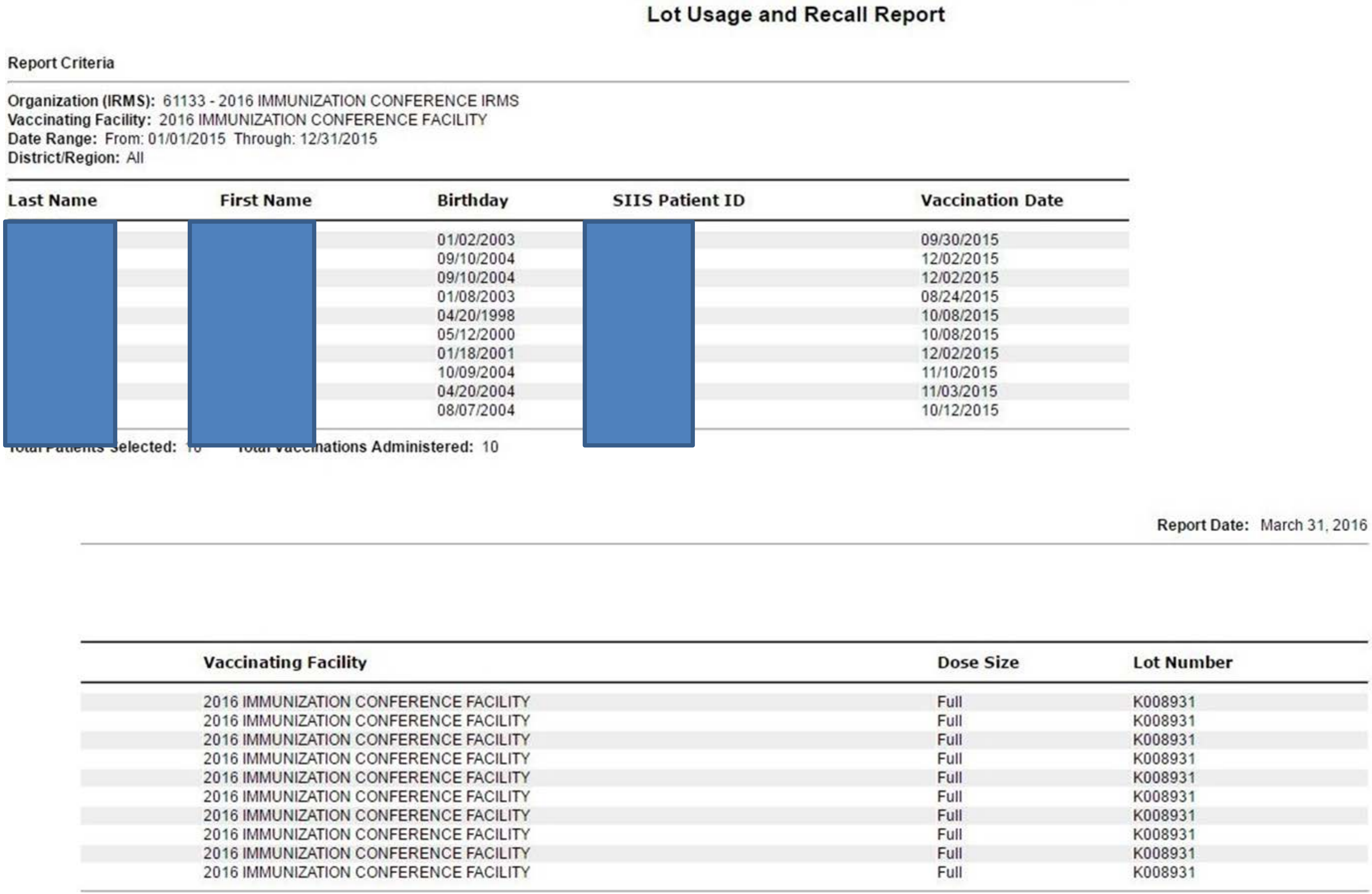
VFC Profile Report

Report Criteria

- **Report Date:** Apr 1, 2016
- **Date Range**: From Aug 1, 2015 through Aug 31, 2015
- **Organization (IRMS)**: 2016 IMMUNIZATION CONFERENCE IRMS
- **For Patients Seen at**: 2016 IMMUNIZATION CONFERENCE FACILITY

Description	< 1 Year	1-6 Years	7-18 Years	Totals
Total of all Patients	246	197	124	567
AHCCCS	46	20	8	74
VFC eligible— Uninsured	3	0	0	3
VFC eligible— American Indian/Alaskan Native	0	0	0	0
VFC eligible— underinsured at FQHC/RHC/deputized provider	0	0	0	0
Not VFC Eligible	211	184	116	511
Kidscare	0	0	0	0
Other Underinsured	0	0	0	0
Totals	260	204	124	588

Lot Usage and Recall Report



Lot Usage and Recall Report

Report Criteria

Organization (IRMS): 61133 - 2016 IMMUNIZATION CONFERENCE IRMS
Vaccinating Facility: 2016 IMMUNIZATION CONFERENCE FACILITY
Date Range: From: 01/01/2015 Through: 12/31/2015
District/Region: All

Last Name	First Name	Birthday	SIIS Patient ID	Vaccination Date
[redacted]	[redacted]	01/02/2003	[redacted]	09/30/2015
[redacted]	[redacted]	09/10/2004	[redacted]	12/02/2015
[redacted]	[redacted]	09/10/2004	[redacted]	12/02/2015
[redacted]	[redacted]	01/08/2003	[redacted]	08/24/2015
[redacted]	[redacted]	04/20/1998	[redacted]	10/08/2015
[redacted]	[redacted]	05/12/2000	[redacted]	10/08/2015
[redacted]	[redacted]	01/18/2001	[redacted]	12/02/2015
[redacted]	[redacted]	10/09/2004	[redacted]	11/10/2015
[redacted]	[redacted]	04/20/2004	[redacted]	11/03/2015
[redacted]	[redacted]	08/07/2004	[redacted]	10/12/2015

[redacted] Selected: [redacted] **ations Administered:** 10

Report Date: March 31, 2016

Vaccinating Facility	Dose Size	Lot Number
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931
2016 IMMUNIZATION CONFERENCE FACILITY	Full	K008931

Inventory Transaction Report

Inventory Transaction Report

Report Date: April 21, 2016

Report Criteria:

Organization (IRMS):	60133 - VOMS TEST
Provider:	All
Transaction Type:	All
Funding Type:	All Publicly Supplied
Transaction Date:	01/01/2015 Through 12/31/2015
Vaccines:	All
Lot Number:	All
Sort By:	VFC Pin
District/Region:	All
Report Completed By:	LINDSAY SHAVER LINDSAY1066

5 matches found

Sending VFC Pin	Sending Organization (IRMS)	Sending Facility	Receiving VFC Pin	Receiving Organization (IRMS)	Receiving Facility	Date	Vaccine	Lot / Mfg	Exp. Date	Type	Doses	Cost / Dose	Total Cost	Order Number	User
			0221	VOMS TEST	TEST FACILITY	06/17/2015	DTaP	DAP01 / GLAXOSMITHKLINE	12/31/2017	Correction of invalid entry	5	$16.04	$80.20		ROB1066
0221	VOMS TEST	TEST FACILITY				08/25/2015	DTaP	DAP01 / GLAXOSMITHKLINE	12/31/2017	Broken/Dropped/Spilled	-5	$16.04	($80.20)		ASHLEY1066
0221	VOMS TEST	TEST FACILITY				12/28/2015	DTaP	DAP01 / GLAXOSMITHKLINE	12/31/2017	Administered but not linked to a vaccine	-1	$16.04	($16.04)		ROB1066
			0221	VOMS TEST	TEST FACILITY	12/28/2015	DTaP	DAP01 / GLAXOSMITHKLINE	12/31/2017	Matches Physical Inventory	1	$16.04	$16.04		ROB1066
			0221	VOMS TEST	TEST FACILITY	12/24/2015	DTaP-Hib-IPV	PEN02 / SANOFI PASTEUR	12/31/2017	Received from VFC program	10	$54.38	$543.80		ODELLJR
Total											**10**		**$543.80**		

Coverage Rate Report

Coverage Rate Report

Report Criteria

Run By:	Ownership		
As of Date:	03/16/2016	**Age Range:**	24 Months through 35 Months
Series:	4 DTaP/DT/Td, 3 HIB, 3 POLIO, 3 HEP-B 3 DOSE, 1 MMR, 1 VARICELLA, 4 PNEUMO (PCV)		
Patient Status:	Active	**Vaccine Status:**	Valid Vaccinations Only
Patient Race:	All	**Gender:**	All
State:	AZ	**Patient County:**	All
District/Region:	All	**Zip Code:**	All
Organization (IRMS):	[redacted]	**Facility:**	All
Evaluate At Age:			
VFC PIN:			

		Completion By Vaccine							
Aggregate (Total Only)	Total Patients	DTaP/DT/Td (≥4)	POLIO (≥3)	MMR (≥1)	HEP-B 3-DOSE (≥3)	HIB (≥3)	VARICELLA (≥1)	PNEUMO (PCV) (≥4)	Incomplete Series
TOTAL	171	97 (57%)	123 (72%)	129 (75%)	133 (78%)	129 (75%)	129 (75%)	99 (58%)	89 (52%)

Daily Patient Immunization List

Daily Patient Immunization List

Report Criteria **Report Date:** March 31, 2016

Organization (IRMS): 61133 - 2016 IMMUNIZATION CONFERENCE IRMS
Facility: 2016 IMMUNIZATION CONFERENCE FACILITY
VFC PIN: 2016IMM
Shots Given on this Date: 08/15/2015
Vaccinator: All
School: All
District/Region: All
Hide Dose Number: No

Patient Name	Birth Date	Vaccine	Dose	Facility
[redacted]	07/14/1999	meningococcal MCV4P	2	2016 IMMUNIZATION CONFERENCE FACILITY
	03/16/2002	HPV, quadrivalent	1	2016 IMMUNIZATION CONFERENCE FACILITY
	03/25/2015	DTaP, 5 pertussis antigens	2	2016 IMMUNIZATION CONFERENCE FACILITY
	03/25/2015	Hib (PRP-T)	2	2016 IMMUNIZATION CONFERENCE FACILITY
	03/25/2015	IPV	2	2016 IMMUNIZATION CONFERENCE FACILITY
	03/25/2015	Pneumococcal conjugate PCV 13	2	2016 IMMUNIZATION CONFERENCE FACILITY
	03/25/2015	rotavirus, pentavalent	2	2016 IMMUNIZATION CONFERENCE FACILITY

Total Number of Vaccines: 7

Total Number of Patients: 3

Vaccination Breakdown

Vaccinations Breakdown

Report Criteria **Report Date:** March 31, 2016

Organization (IRMS): 61133 - 2016 IMMUNIZATION CONFERENCE IRMS
Facility : 2016 IMMUNIZATION CONFERENCE FACILITY
Vaccines: DTaP, HPV, quadrivalent, HPV9, Hep B, adolescent or pediatric, IPV, MMR, Pneumococcal conjugate PCV 13, pneumococcal polysaccharide PPV23, varicella
Include Inactive Patients: No
Include Historical Vaccinations: No
Vaccinator: All
Health Plan: All
Race: All
Vaccination Date Range: 08/01/2015 through 10/01/2015
VFC PIN: 2016IMM

VFC Code: All
Program: All
Zip Code: All
State: All
Patient County: All
District/Region: All

Selected Total: 1439

Vaccine Name	Number of Vaccinations	Percent of Total Selected
IPV	380	26
varicella	150	10
DTaP	81	6
HPV, quadrivalent	76	5
pneumococcal polysaccharide PPV23	2	0
Hep B, adolescent or pediatric	156	11
Pneumococcal conjugate PCV 13	423	29
MMR	171	12
Total	**1439**	**100**

Lot Number Summary

Lot Number Summary

Report Criteria:

Report Date: March 31, 2016

Organization (IRMS):	61133 - 2016 IMMUNIZATION CONFERENCE IRMS
Facility:	2016 IMMUNIZATION CONFERENCE FACILITY
VFC PIN:	2016IMM
Lot Number:	All
District/Region:	All
Vaccines:	DTaP, HPV, quadrivalent, Hep A, ped/adol, 2 dose, Hep B - Ped/Adol - presv. free, Hib (PRP-T), Pneumococcal conjugate PCV 13
Inactive Status:	Active
Manufacturer:	All
Expiration Date Range:	All
Report Date Range:	08/01/2015 Through 10/01/2015
Report Completed By:	CONFERENCE FACILITY USER (CONFERENCE170)

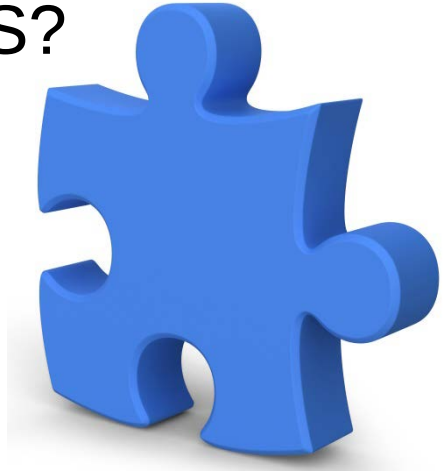
County / Parish:	All
Expiration Status:	Non-Expired
Include Order/Transfer Quantities:	No
Sort Order:	Lot Number
Funding Type:	All Publicly Supplied

Note: This report was run for a limited date range. All inventory counts displayed (Doses Available, Doses Total, etc.) reflect the inventory during that period of time only.

Lot Number	Vaccine Name	MFR	Expires	Funding Source	Starting Doses	Doses Used	Doses Adjusted	Doses Wasted Returned	Doses Wasted Expired	Doses Wasted Disposed	Ending Doses	Inactive
C4754AA	DTaP	PMC	06/23/2017	PUB	-3	7	60	0	0	0	50	
C4781AA	DTaP	PMC	07/25/2017	PUB	40	27	0	0	0	0	13	
Total For DTaP					37	34	60	0	0	0	63	
K008931	HPV, quadrivalent	MSD	03/04/2017	PUB	10	3	10	0	0	0	17	
Total For HPV, quadrivalent					10	3	10	0	0	0	17	
K005323	Hep A, ped/adol, 2 dose	MSD	02/10/2017	PUB	30	24	0	0	0	0	6	
K012457	Hep A, ped/adol, 2 dose	MSD	06/04/2017	PUB	-13	0	0	0	0	0	-13	
L007559	Hep A, ped/adol, 2 dose	MSD	06/01/2017	PUB	0	15	20	0	0	0	5	
Total For Hep A, ped/adol, 2 dose					17	39	20	0	0	0	-2	
K010535	Hep B - Ped/Adol - presv. free	MSD	08/27/2016	PUB	-2	0	0	0	0	0	-2	
K026666	Hep B - Ped/Adol - presv. free	MSD	10/22/2016	PUB	0	12	20	0	0	0	8	
L010595	Hep B - Ped/Adol - presv. free	MSD	11/12/2026	PUB	0	5	40	0	0	0	35	
Total For Hep B - Ped/Adol - presv. free					-2	17	60	0	0	0	41	
UI179AAB	Hib (PRP-T)	PMC	06/24/2016	PUB	40	39	0	0	0	0	1	
UI279AAA	Hib (PRP-T)	PMC	07/19/2016	PUB	0	21	50	0	0	0	29	
UI288AAA	Hib (PRP-T)	PMC	08/29/2016	PUB	0	0	50	0	0	0	50	
Total For Hib (PRP-T)					40	60	100	0	0	0	80	
L36484	Pneumococcal conjugate PCV 13	PFR	10/31/2016	PUB	25	21	0	0	0	0	4	
L77778	Pneumococcal conjugate PCV 13	PFR	12/31/2016	PUB	0	19	40	0	0	0	21	
L99259	Pneumococcal conjugate PCV 13	PFR	02/28/2017	PUB	0	0	50	0	0	0	50	
Total For Pneumococcal conjugate PCV 13					25	40	90	0	0	0	75	
Total					**127**	**193**	**340**	**0**	**0**	**0**	**274**	

What can ASIIS help you with?

- Your inventory is off, what tools will help solve this puzzle?
- You found two ASIIS records for the same patient, what tools will help fix this issue?
- How can temperature reporting to the Vaccine Center be simplified by using ASIIS?



THANK YOU

Lindsay Shaver | Immunization Program Training Manager

Lindsay.Shaver@azdhs.gov | 602-364-3894

azhealth.gov

@azdhs

facebook.com/azdhs

ARIZONA DEPARTMENT
OF HEALTH SERVICES

Best Practices:(Section G, H)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Vaccinate at Every Life Stage

tapapi Arizona Partnership for Immunization

WhyImmunize.org

“Best Practice” What does it take?

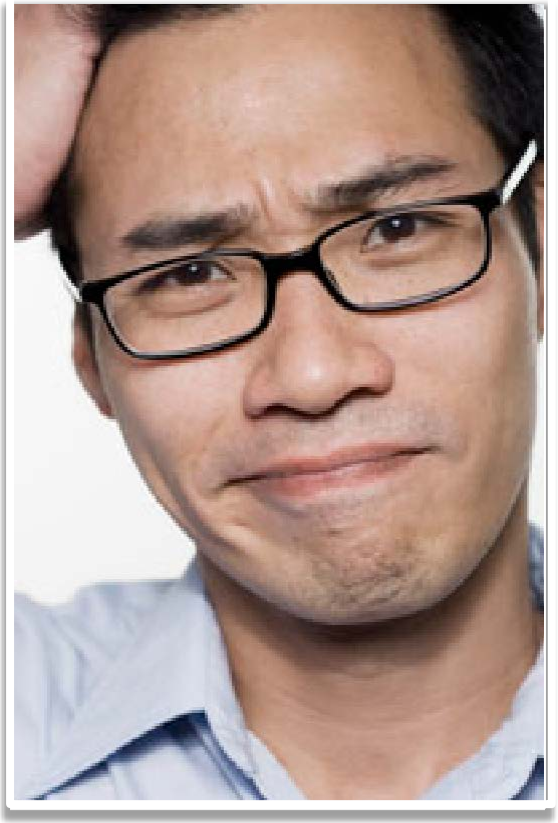
Working together!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

What is that DTaP thing?

The CDC recently conducted focus groups and only 2 patients could identify a vaccine or a disease the vaccine prevented.



What questions do hear in your practice?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Parents Consider You The Experts!

- Do you know the school entry requirements?
- Do you follow the ACIP recommendations?
- Do you review all records to identify children who have fallen behind?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Eliminate the barriers…

- Inconvenient office hours
- Lack of knowledge of immunization schedule
- Unpleasant experiences on earlier visits
- Language barriers
- Failure to address fear of side effects

tapi The Arizona Partnership for Immunization

WhyImmunize.org

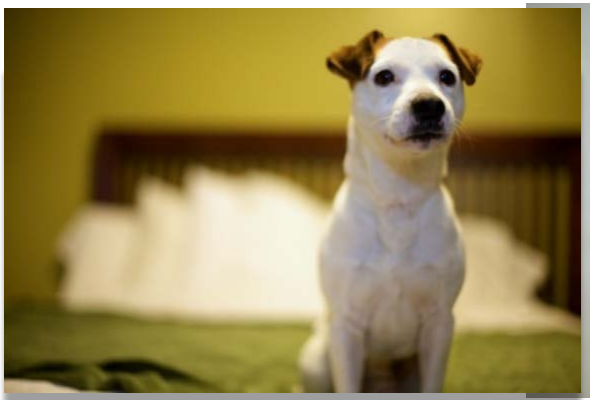
Help Parents Make The Right Choice

- Immunizing patients protects those who are ill or cannot receive immunizations
- Studies show that elderly and frail family members benefit when babies are immunized
- Babies are put at risk by unimmunized siblings

tapi The Arizona Partnership for Immunization

WhyImmunize.org

They're all our Babies…



tapi The Arizona Partnership for Immunization

WhyImmunize.org

Offering Parents Vaccines…

Prevent missed opportunities!

Keep babies safe

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Offer Family Members Vaccines

Protect precious babies

Surround them with an immunized family!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Clinic Workflow

Set up a routine that supports immunization delivery!

Smart Practices Produce Amazing Results!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

What are standing orders?

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Standing Orders – What Are They?

Written protocols, approved by a physician or other authorized practitioner, that authorize nurses, pharmacists, or other health care personnel (where allowed by state law,) to:

- Assess a patient's need for vaccination
- Administer the vaccine without a clinician's direct involvement with the individual patient at the time of the interaction

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

What are the components of a standing orders protocol?

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Standing orders for other vaccines are available at www.immunize.org/standing-orders.
NOTE: This standing orders template may be adapted per a practice's discretion without obtaining permission from IAC. As a courtesy, please acknowledge IAC as its source.

STANDING ORDERS FOR
Administering Influenza Vaccine to Adults

Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against influenza

- All adults are recommended to receive influenza vaccination each year.
- People who do not recall whether they received influenza vaccine this year should be vaccinated.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Contraindications only for use of live attenuated influenza vaccine (LAIV; FluMist, nasal spray)

Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who:

- has a history of either an anaphylactic or non-anaphylactic allergy to eggs
- is pregnant
- has immunosuppression (including that caused by medications or HIV)
- is age 50 years or older
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or will possibly receive them within 14 days after vaccination
- provides care for a severely immunosuppressed person who requires a protective environment

Precautions for use of all influenza vaccines

- Moderate or severe acute illness with or without fever
- History of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination

Precautions for use of LAIV only

- Asthma
- Other chronic medical conditions (e.g., other chronic lung diseases, chronic cardiovascular disease [excluding isolated hypertension], diabetes, chronic renal or hepatic disease, hematologic disease, neurologic disease, and metabolic disorders)

NOTE REGARDING PATIENTS WITH HIVES AFTER EATING EGGS: An egg-free recombinant hemagglutinin influenza vaccine (RIV3) may be used for people age 18 years and older with egg allergy of any severity. For people who experience onset of hives only (and not a more serious reaction) after ingesting eggs, health care providers should administer inactivated influenza vaccine (IIV) and observe the patient for at least 30 minutes after receipt of the vaccine for signs of a reaction.

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

Technical content reviewed by the Centers for Disease Control and Prevention

cularly, choose the needle gauge, needle length, and injection site

GE	NEEDLE LENGTH	INJECTION SITE
	5/8"–1"	Deltoid muscle of arm
	1"	Deltoid muscle of arm
	1–1½"	Deltoid muscle of arm
	1–1½"	Deltoid muscle of arm
	1½"	Deltoid muscle of arm
	1½"	Deltoid muscle of arm

30 lbs (<60 kg) for IM injection in the deltoid muscle only if the
ched, and the injection is made at a 90-degree angle to the skin.

ly or intradermally, prepare the vaccine according to directions in

the criteria and guidance in the table below:

	ROUTE	INSTRUCTIONS
	Intramuscular (IM)	Administer vaccine in deltoid muscle.
	Intradermal (ID)	Insert needle of the microinjection system at a 90 degree angle in the deltoid area.
	Intramuscular (IM)	Administer vaccine in deltoid muscle.
	Intramuscular (IM)	Administer vaccine in deltoid muscle.
(0.1 mL ch nostril	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

vaccine, see "How to Administer Intramuscular,
munize.org/catg.d/p2024.pdf.

information and follow up in the following places:

was administered, the manufacturer and lot number, the vaccina-
person administering the vaccine. You must also document, in the
ation date of the VIS and the date it was given to the patient. If
(s) for non-receipt of the vaccine (e.g., medical contraindication,

ate of vaccination and the name/location of the administering clinic.

stry": Report the vaccination to the appropriate state/local IIS,

d to the administration of vaccine by having a written
and medications. For IAC's "Medical Management of
g.d/p3082.pdf. To prevent syncope, vaccinate patients
them for 15 minutes after receipt of the vaccine.

luenza vaccine to the federal Vaccine Adverse Event
e available on the website or by calling (800) 822-7967.

s of the _____
NAME OF PRACTICE OR CLINIC

_____ Signature date_____ Effective date_____

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol

A comprehensive standing order should include these elements:

- Who is targeted to receive the vaccine
- How to determine if a patient needs or should receive a particular vaccination (e.g., indications, contraindications, and precautions)
- Provision of any federally required information (e.g., Vaccine Information Statement)
- Procedures for preparing and administering the vaccine (e.g., vaccine name, schedule for vaccination, appropriate needle size, vaccine dosage, route of administration)

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (cont.)

A comprehensive standing order should include these elements:

- How to document vaccination in the patient record
- A protocol for the management of any medical emergency related to the administration of the vaccine
- How to report possible adverse events occurring after vaccination
- Authorization by a physician or other authorized practitioner

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (1)

Who is targeted to receive the vaccine – assessing the need

Procedure

1 **Assess Adults for Need of Vaccination** against influenza

- All adults are recommended to receive influenza vaccination each year.
- People who do not recall whether they received influenza vaccine this year should be vaccinated.

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (2)

How to determine if the patient can receive a particular vaccination (e.g., screen for contraindications and precautions)

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packageinserts) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

Contraindications only for use of live attenuated influenza vaccine (LAIV; FluMist, nasal spray)

Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who:

- has a history of either an anaphylactic or non-anaphylactic allergy to eggs
- is pregnant
- has immunosuppression (including that caused by medications or HIV)
- is age 50 years or older
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or will possibly receive them within 14 days after vaccination
- provides care for a severely immunosuppressed person who requires a protective environment

Precautions for use of all influenza vaccines

- Moderate or severe acute illness with or without fever

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vacc

PATIENT NAME _____

DATE OF BIRTH ____/____/____ (month / day / year)

For use with people age 2 through 49 years: The following questions will help us deter
reason we should not give you or your child live attenuated intranasal influenza vaccin
you answer "yes" to any question, it does not necessarily mean you (or your child) sho
It just means additional questions must be asked. If a question is not clear, please ask
provider to explain it.

1. Is the person to be vaccinated sick today?
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, disease (e.g., diabetes), or anemia or another blood disorder?
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a health care provider told you the child had wheezing or asthma?
7. Does the person to be vaccinated have cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that affect the immune system, such as prednisone, other steroids, drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis or anticancer drugs; or have they had radiation treatments?
8. Is the person to be vaccinated receiving influenza antiviral medications?
9. Is the person to be vaccinated a child or teen age 2 through 17 years and receiving aspirin therapy or aspirin-containing therapy?
10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?
11. Has the person to be vaccinated ever had Guillain-Barré syndrome?
12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (e.g., an isolation room of a bone marrow transplant unit)?
13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?

FORM COMPLETED BY _____

FORM REVIEWED BY _____

immunization action coalition
IAC
immunize.org

Technical content reviewed by the Center

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH ____/____/____ (month / day / year)

For patients (both children and adults) to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

immunization action coalition
IAC
immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p4066.pdf • Item #P4066 (8/15)

IAC

Take a STAND!™
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (3)

Provision of federally required information: the Vaccine Information Statement

3 Provide Vaccine Information Statements

Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language, if one is available and desired; these can be found at www.immunize.org/vis. (For information about how to document that the VIS was given, see section 6 titled "Document Vaccination.")

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:
- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus i
the flu.

There are many flu viruses
changing. Each year a new
against three or four virus
disease in the upcoming fl
vaccine doesn't exactly m
provide some protection.

Flu vaccine cannot preven
- flu that is caused by a vi
or
- illnesses that look like fl

It takes about 2 weeks for
vaccination, and protectio

3 Some peop this vaccin

Tell the person who is giv
- **If you have any severe,**
If you ever had a life-thr
after a dose of flu vaccin
any part of this vaccine,
get vaccinated. Most, bu
contain a small amount
- **If you ever had Guillai**
called GBS).
Some people with a hist
vaccine. This should be
- **If you are not feeling w**
It is usually okay to get
a mild illness, but you m
when you feel better.

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Live, Intranasal): *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:
- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The **live, attenuated influenza vaccine** (called LAIV) may be given to healthy, non-pregnant people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and **does not cause flu**.

There are many flu viruses, and they are always changing. Each year LAIV is made to protect against four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:
- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.

Tell the provider if you or the person being vaccinated:
- have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine.
- have ever had Guillain-Barré Syndrome (also called GBS).
- have any long-term heart, breathing, kidney, liver, or nervous system problems.
- have asthma or breathing problems, or are a child who has had wheezing episodes.
- are pregnant.
- are a child or adolescent who is receiving aspirin or aspirin-containing products.
- have a weakened immune system.
- will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (4)

Prepare to administer the vaccine (e.g., by choosing appropriate vaccine product, needle size, and route of administration)

4 Prepare to Administer Vaccine

For vaccine that is to be administered intramuscularly, choose the needle gauge, needle length, and injection site according to the following chart:

GENDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH	INJECTION SITE
Female or male less than 130 lbs	22–25	5/8*–1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 153–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 153–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

For vaccine that is to be administered intranasally or intradermally, prepare the vaccine according to directions in the package insert.

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (5)

Specific guidance for administration of the vaccine (e.g., right patient, right vaccine, right age group, right dose, right route, and right site)

5 Administer Influenza Vaccine according to the criteria and guidance in the table below:

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS†
Inactivated influenza vaccine (IIV)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-intradermal	18 through 64 years	0.1 mL	Intradermal (ID)	Insert needle of the microinjection system at a 90 degree angle in the deltoid area.
IIV-high dose	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV3)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Intranasal influenza vaccine (LAIV)	Healthy, younger than age 50 years	0.2 mL (0.1 mL into each nostril	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

† For complete instructions on how to administer influenza vaccine, see "How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines" at www.immunize.org/catg.d/p2024.pdf.

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Wrong!

Wrong!

Wrong! Wrong! Wrong!

Correct locations for intramuscular vaccine injections (gloves not required)

Components of a Standing Orders Protocol (6)

How to document vaccination in the patient record

6 Document Vaccination

Document each patient's vaccine administration information and follow up in the following places:

Medical record: Document the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

Personal immunization record card: Record the date of vaccination and the name/location of the administering clinic.

Immunization Information System (IIS) or "registry": Report the vaccination to the appropriate state/local IIS, if available.

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

ADULT IMMUNIZATION RECORD

Always carry this record with you and have your healthcare professional or clinic keep it up to date.

Last name _____ First name _____ M.I. _____

Birthdate: ___ – ___ – ___ (mo.) (day) (yr.)

Patient Number: _____

Immunization Action Coalition • Saint Paul, Minn. • www.immunize.org
To order additional record cards, visit www.immunize.org/shop

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Hepatitis B (HepB, HepA-HepB)				
Hepatitis A (HepA, HepA-HepB)				
If combo				
Measles, Mumps, Rubella (MMR)				
Varicella (chickenpox) (Var)				
Zoster (shingles)				
Tetanus, Diphtheria, Pertussis (whooping cough) (Tdap,Td)				

Last name _____ First name _____ M.I. _____

Medical notes (e.g., allergies, vaccine reactions):

Healthcare provider: List the mo/day/yr for each vaccination given. Record the generic abbreviation (e.g., PPSV23) or the trade name. For combination vaccines (i.e., HepA–HepB), fill in a row for each separate antigen in the combination.

Item # 82005 (12/11)

Vaccine	Type of vaccine	Date given mo/day/yr	Healthcare professional or clinic name	Date next dose due
Pneumococcal (PPSV23, PCV13)				
Influenza (IIV, LAIV)				
Human Papillomavirus (HPV2, HPV4, HPV9)				
Meningococcal (MenACWY; MenB, MPSV4)				
Other				

To learn more about vaccines, visit www.vaccineinformation.org

Components of a Standing Orders Protocol (7)

A protocol for the management of any medical emergency related to the administration of the vaccine

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC's "Medical Management of Vaccine Reactions in Adults," go to www.immunize.org/catg.d/p3082.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Medical Management of Vaccine Reactions in Adult Patients

All vaccines have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precaution vaccine is administered. Even wi may occur. These reactions can ient (e.g., soreness, itching) to s (e.g., anaphylaxis). If reactions o with procedures for their manag describes procedures to follow i

REACTION	SYMPTOMS	MANAGEMENT
Localized	Soreness, redness, itching, or swelling at the injection site	Apply a cold compres Consider giving an an antipruritic (anti-itch)
	Slight bleeding	Apply an adhesive com
	Continuous bleeding	Place thick layer of ga maintain direct and fi ing injection site (e.g., patient's heart.
Psychological fright and syncope (fainting)	Fright before injection is given	Have patient sit or lie
	Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances	Have patient lie flat or for several minutes. L and maintain an open cloths to patient's fac
	Fall, without loss of consciousness	Examine the patient t present before attemp Place patient flat on b
	Loss of consciousness	Check the patient to d before attempting to r patient flat on back wi patient does not reco
Anaphylaxis	Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe broncho-spasm (wheezing); shortness of breath; shock; abdominal cramping; or cardio-vascular collapse.	See "Emergency Medi ment of Anaphylactic next page for detailed anaphylaxis.

immunization action coalition
IAC
immunize.org

Technical content revi

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation
www.immunize.o

Needed medications for a community immunization clinic

FIRST-LINE medication

- ☐ **Epinephrine,** aqueous 1:1000 (i.e., 1 mg/mL) dilution, in ampules, vials of solution, or prefilled syringes, including epinephrine autoinjectors (e.g., EpiPen and Auvi-Q). If autoinjectors are stocked, at least three should be available.

Optional medication: H_1 antihistamines

- ☐ Diphenhydramine (e.g., Benadryl) oral (12.5 mg/5 mL liquid, 25 or 50 mg capsules/tablets) or injectable (50 mg/mL solution).
- ☐ Hydroxyzine (e.g., Atarax, Vistaril) oral (10 mg/5 mL or 25 mg/5 mL liquid, 25 mg capsules).

Needed supplies for a community immunization clinic

- ☐ Syringes (1 and 3 cc) and needles (22 and 25 g, 1", 1½", and 2") for epinephrine, diphenhydramine, or hydroxyzine. For ampules, use filtered needles.
- ☐ Alcohol wipes
- ☐ Tourniquet
- ☐ Adult airways (small, medium, and large)
- ☐ Adult size pocket mask with one-way valve
- ☐ Oxygen (if available)
- ☐ Stethoscope
- ☐ Sphygmomanometer (blood pressure measuring device) with adult-size and extra-large cuffs
- ☐ Tongue depressors
- ☐ Flashlight with extra batteries (for examination of the mouth and throat)
- ☐ Wristwatch with a second hand or other timing device
- ☐ Cell phone or access to onsite phone

Emergency medical protocol for management of anaphylactic reactions in adults

1. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
2. If symptoms are generalized, activate the emergency medical system (EMS; e.g., call 911) and notify the patient's physician. This should be done by a second person, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient.
3. **DRUG DOSING INFORMATION: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO contraindications to epinephrine in the setting of anaphylaxis.**
   - a **First-line treatment:** Administer aqueous **epinephrine** 1:1000 dilution intramuscularly, 0.01 mL/kg/dose (adult dose ranges from 0.3 mL to 0.5 mL, with maximum single dose of 0.5 mL).
   - b **Optional treatment: H_1 antihistamines** for hives or itching; you may also administer **diphenhydramine** (either orally or by intramuscular injection; the standard dose is 1–2 mg/kg every 4–6 hrs, up to 50 mg maximum single dose) or **hydroxyzine** (standard oral dose is 0.5–1 mg/kg every 4–6 hrs up to 100 mg maximum single dose).
4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
5. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5–15 minutes for up to 3 doses, depending on patient's response.
6. Record all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
7. Notify the patient's primary care physician.

These standing orders for the medical management of vaccine reactions in adult patients shall remain in effect for patients of the

_____ until rescinded or until _____
NAME OF CLINIC DATE

_____ _____
MEDICAL DIRECTOR'S SIGNATURE DATE OF SIGNING

REFERENCES

Simons FE, Camargo CA. Anaphylaxis: Rapid recognition and treatment. In: UpToDate, Bochner BS (Ed). UpToDate: Waltham, MA, 2013.

Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel. *Allergy Clin Immunol* 2010; 126(6): S1–S57.

immunization action coalition
IAC
immunize.org

Technical content reviewed by the Centers for Disease Control and Prevention

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3082.pdf • Item #P3082 (9/14)

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (8)

How to report possible adverse events occurring after vaccination

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov. Forms are available on the website or by calling (800) 822-7967.

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Home | Contact Us | Help | en Español

VAERS Vaccine Adverse Event Reporting System

Search web site: Search

Report an Adverse Event | About VAERS | VAERS Data | Vaccine Resources | Information for Healthcare Professionals | Information for U.S. States and Territories | Information for Vaccine Manufacturers

The **Vaccine Adverse Event Reporting System (VAERS)** is a national vaccine safety surveillance program co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of vaccines licensed for use in the United States.

VAERS provides a nationwide mechanism by which adverse events following immunization may be reported, analyzed, and made available to the public. VAERS also provides a vehicle for disseminating vaccine safety-related information to parents and guardians, health care providers, vaccine manufacturers, state vaccine programs, and other constituencies. more...

Have you or your child had a reaction following vaccination?

1. Contact your health care provider
2. Report the reaction
3. Submit Follow-Up Information
4. Visit the National Vaccine Injury Compensation (if appropriate)

Important note: CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified health care provider.

¿Ha tenido usted o su hijo una reacción adversa después de recibir una vacuna?

1. Contacte a su proveedor de salud
2. Reporte una reacción adversa
3. Visite el Programa Nacional de Compensación por Daños Derivados de Vacunas (si es necesario)

Search VAERS Data

VAERS Data last updated: **09/14/2015**

Featured Resources

Seasonal Flu Update

- Summary of 2015-2016 Influenza Vaccine Information

Government Agencies

- Immunization Safety Office
- National Center for Immunization and Respiratory Diseases

vaers.hhs.gov

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Components of a Standing Orders Protocol (9)

Authorization: In general, standing orders are approved by an institution, physician, or authorized practitioner. State law or a regulatory agency might authorize other healthcare professionals to sign standing orders.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the _____
NAME OF PRACTICE OR CLINIC

until rescinded or until _____.
DATE

Medical Director's signature_____Signature date_____Effective date_____

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Three Phases of Standing Orders Implementation

- **Phase 1:** Build Support of Leadership
- **Phase 2:** Develop Materials and Strategies
- **Phase 3:** Make It Happen

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction

Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (rare event) occur.

Having standing orders in place **streamlines your practice workflow** by eliminating the need to obtain an individual physician's order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistently effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

While this guide focuses on implementing standing orders for influenza vaccination, the basic principles included can be used to implement standing orders for other vaccines and for any age group desired.

Standing orders are **straightforward to use**. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: *Get Ready* – Build Support of Leadership

STEP 1 Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

Standing orders will:

- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.

Technical content reviewed by the Centers for Disease Control and Prevention

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

www.immunize.org/catg.d/p3066.pdf • Item #P3066 (11/14)

Implementation Guidance
aka "The Cookbook"

IAC

Take a STAND!
Use Standing Orders to Vaccinate Adults

Create A New Office Culture

Address patient needs at staff meetings

- Promote the idea of "patient advocate"
- Provide culturally appropriate information to parents
- Explain importance of keeping child on schedule
- Establish a bond between, patient and parents, staff, and management

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Do You Have A Process In Place?

Do you ask for an immunization record?

- When appointments are made
- When patients check in
- When immunizations are given
- When records are updated

Remember to ask new patients for previous records

tapi The Arizona Partnership for Immunization

WhyImmunize.org

As Part of Your Office Routine

- Schedule appointments to be age and interval appropriate – that adult schedule is tricky!
- Flag charts of those needing immunizations
- Schedule next appointment before parent leaves the office
- Make it easy to return for follow up visit
- Always update patient records

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Use Reminders

Implement a system that reminds patients that it's time for the next immunization!

Vets do it!

Humans can too!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

www.whyimmunize.org

Use strategies that work

- Use accelerated schedule to respond to disease outbreaks

  ***Use proper intervals between vaccinations**

- Use catch-up schedule to bring children up to date

- Use combination vaccines when possible to complete series on time

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Be a Cloud Winning Team

Toddler or Teen Assessments at 90%

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Lots of “Big Shots”

tapi The Arizona Partnership for Immunization

WhyImmunize.org

What do the practices have in common?

- Track immunizations given
- Enter all immunizations into a registry including historical
- Use proper names and birthdates
- Provide culturally appropriate education materials to patients
- Use simultaneous administration and combination vaccines
- Identify and write down return date (Reminder/recall)

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Looking for Records? How about your own record?

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Protect yourself… Protect your Patients

Health Care Workers need vaccinations too…

- Yearly flu vaccine
- Tdap for Pertussis

Several pertussis outbreaks have been tracked to nurses

tapi The Arizona Partnership for Immunization

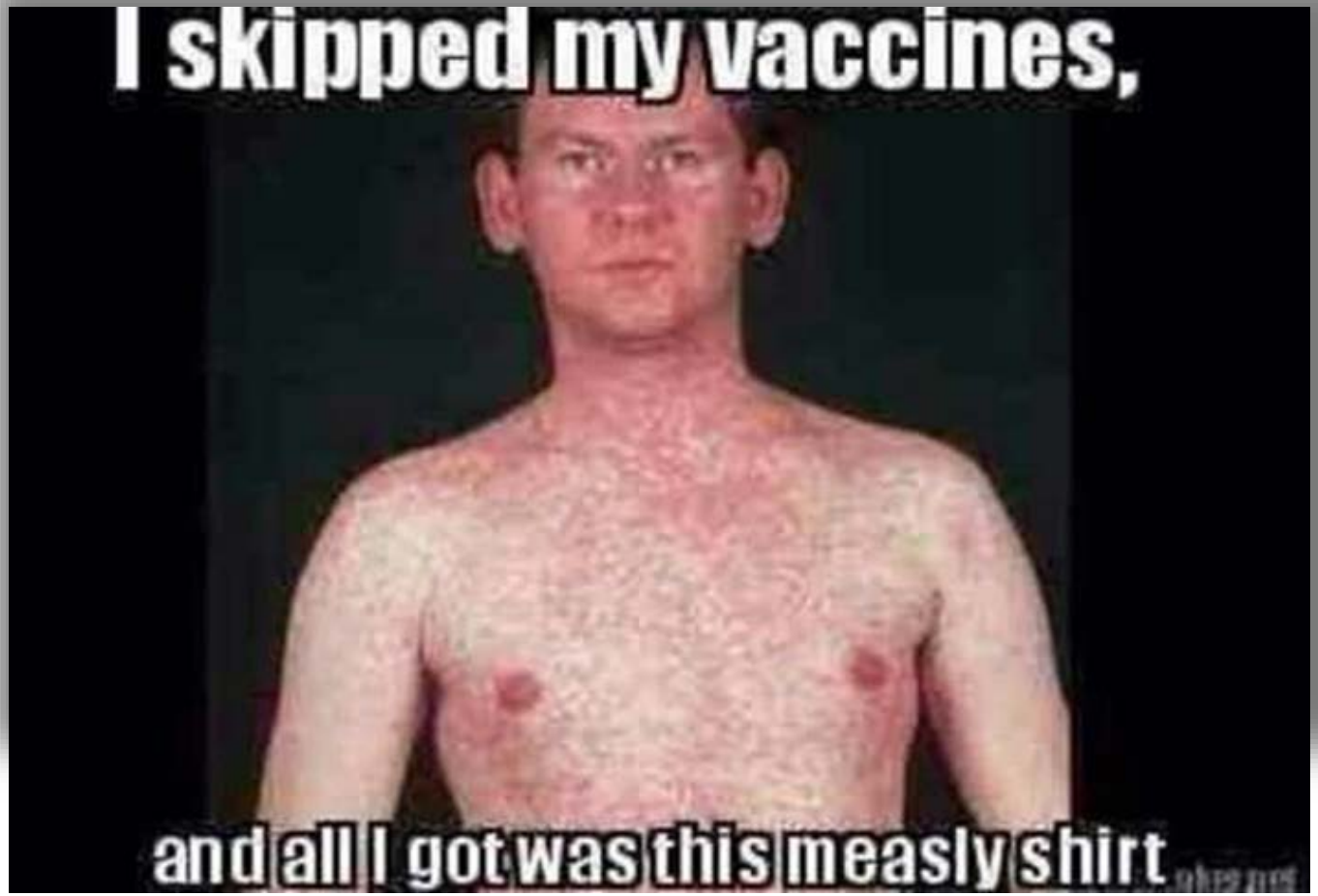
WhyImmunize.org

Because you never know who your next patient might be!

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Protect yourself… Protect your Family



tapi The Arizona Partnership for Immunization

WhyImmunize.org

Fulfilling our Obligation to Protect our Community

tapi The Arizona Partnership for Immunization

WhyImmunize.org

TAPI Immunization Resources

We have resources for YOU!

Community and Provider Pages

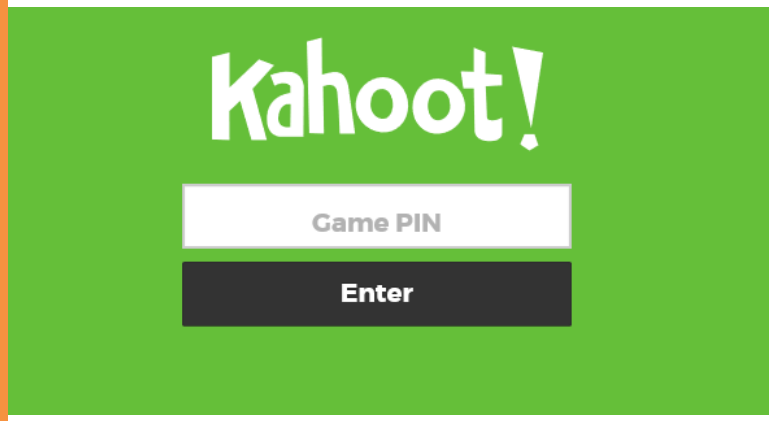
WhyImmunize.org

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Kahoot! Post-Survey

- Get out your phone, tablet, or computer
- Open your web browser and visit https://kahoot.it/#/



←You should see a screen that looks like this and your "Game Pin" for the Post-Survey is____###____.

tapi The Arizona Partnership for Immunization

WhyImmunize.org

Thank you!

Pamelle Easterling

pamellee@tapi.org

Whyimmunize.org

Questions?

tapiadmin@tapi.org

602-288-7568

tapi The Arizona Partnership for Immunization

WhyImmunize.org