AAP reaffirms its policy for mandatory influenza vaccination of healthcare personnel. IAC’s Influenza Vaccination Honor Roll approaches 600.

In the October issue of the journal *Pediatrics*, the American Academy of Pediatrics (AAP) issued its updated vaccination policy statement titled “Influenza Immunization for All Health Care Personnel: Keep It Mandatory.” In the policy’s introduction, AAP states, “Mandatory influenza immunization programs for all HCP [health care personnel] should be implemented. During the 2013 and 2014 influenza season, 36% of all HCP and 58% of HCP working in hospitals reported an influenza vaccination requirement at their institution. Mandating influenza vaccine for all HCP is ethical, just, and necessary.” The full policy statement is available at http://pediatrics.aappublications.org/content/early/2015/09/01/peds.2015-2922.full.pdf.

In October 2010, AAP was among the earliest healthcare societies to issue a policy statement supporting the adoption of mandatory influenza vaccination of HCP. Currently, the list of national societies with policies for mandatory influenza vaccination of HCP includes:

- American Academy of Family Physicians
- American College of Physicians
- American Hospital Association
- American Medical Directors Association
- American Pharmacists Association
- American Public Health Association
- Association for Professionals in Infection Control and Epidemiology
- Infectious Diseases Society of America
- National Association of County and City Health Officials
- National Business Group on Health
- National Patient Safety Foundation
- Pediatric Infectious Diseases Society of America
- Society for Healthcare Epidemiology

More information about these mandatory influenza vaccination policies, as well as links to the policy statements, is included in IAC’s 2-page summary titled “First Do No Harm: Mandatory Influenza Vaccination Policies for Healthcare Personnel Help Protect Patients” featured on page 11 of this issue of Needle Tips.

IAC’s Honor Roll for Mandatory Influenza Vaccination of Healthcare Personnel

In October 2009, IAC launched its “Honor Roll for Mandatory Influenza Vaccination of Healthcare Personnel” at www.immunize.org/honor-roll/influenza-mandates. Created to recognize health-care systems, hospitals, and practices that mandate influenza vaccination of staff, the IAC press release issued at launch recognized the Infectious Diseases Society of America, the first professional society to issue such a policy statement, as well as Barnes Jewish Corporation (BJC) HealthCare, Missouri; Children’s Hospital of Philadelphia; Creighton University; Hospital of the University of Pennsylvania; Loyola University Health System, Illinois; MedStar Health, Maryland and Washington, DC; TriHealth, Good Samaritan and Bethesda North Hospitals, Cincinnati, Ohio; University of Iowa Hospitals; and Virginia Mason Medical Center, Seattle. Since 2009, nearly 600 organizations have been added to the honor roll ranks.

How to Apply for the Honor Roll

To be added to the honor roll, an organization must (1) require influenza vaccination for staff and (2) include strong measures (e.g., a mask requirement, reassignment to non-patient care, or dismissal) to prevent transmission of influenza to patients from staff who cannot or will not get vaccinated. Find out more about the honor roll and how to apply at www.immunize.org/honor-roll/influenza-mandates.

Ask the Experts

The Immunization Action Coalition extends thanks to our experts, medical officer Andrew T. Kroger, MD, MPH, and nurse educator Donna L. Weaver, RN, MN, both with the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC).

Influenza vaccines

*Which influenza vaccines are available for this influenza season?*

Multiple manufacturers are producing influenza vaccine for the U.S. market for the 2015–2016 season. Inactivated, recombinant (inactivated), and live attenuated vaccines are being produced using egg-based, cell culture-based, and recombinant technologies. The live attenuated vaccine and some of the inactivated influenza vaccines are quadrivalent (contain four strains of influenza virus) rather than trivalent (three strains). You can find information on all influenza vaccines available in the U.S. for the current season and the age groups approved by FDA by going to the Immunization Action Coalition’s (IAC) information sheet titled “Influenza Vaccine Products for the 2015–2016 Influenza Season” available at www.immunize.org/catg.d/p4072.pdf.

Ask the Experts…continued on page 2 ▶

Immunization questions?

- Email nipinfo@cdc.gov
- Call your state health department (phone numbers at www.immunize.org/coordinators)
Ask the Experts—continued from page 1

Which influenza vaccines can we give to children?

Among the injectable inactivated influenza vaccines (IIV), only Fluzone (Sanofi) is approved by the FDA for use in children ages 6 through 35 months, using the 0.25 mL dose. However, there are several injectable influenza vaccines that can be given to children age 3 years or older.

The nasal spray live attenuated influenza vaccine (LAIV, FluMist, MedImmune) is approved for healthy children age 2 years and older. Consult IAC’s chart on all influenza vaccines available in the U.S. this season at www.immunize.org/catg.d/p4072.pdf.

Is it acceptable to administer a dose of the quadrivalent influenza vaccine to a patient who has already received the trivalent vaccine?

No. CDC’s Advisory Committee on Immunization Practices (ACIP) does not recommend more than 1 dose of influenza vaccine in a season, except for certain children age 6 months through 8 years for whom 2 doses are recommended.

How late in the season can I vaccinate my patients with influenza vaccine?

Peak influenza activity generally occurs in January or February. Providers should continue vaccinating patients throughout the influenza season, including into the spring months (for example, through May), as long as they have unexpired vaccine in stock and unvaccinated patients in their office.

Because influenza occurs in many areas of the world during April through September, vaccine should be given to travelers who missed vaccination in the preceding fall and winter. Another late season use of vaccine is for children age 6 months through 8 years who need 2 doses of vaccine but failed to get their second dose. For each of these situations, vaccine can be given through the month of June since most injectable influenza vaccine has a June 30 expiration date.

If an unvaccinated patient who has just recovered from a diagnosed case of influenza comes into our clinic, should we vaccinate this patient?

Yes. Influenza vaccine contains three or four influenza virus strains; two A viruses and one or two B viruses, which are prepared based on circulating viruses from the previous influenza season. Infection from one virus type does not confer immunity to other types and it would not be unusual to be exposed to more than one type during a typical influenza season, so a person who has recently had influenza will benefit from receipt of a vaccine that contains additional influenza virus strains.

Can LAIV be given to a child with asthma?

Asthma or a wheezing episode noted in the medical record within the past 12 months is considered a contraindication to the use of LAIV for children ages 2 through 4 years. For people age 5 years and older, asthma is considered to be a precaution (not a contraindication) for the use of LAIV.

When a child needs 2 doses of influenza vaccine, can I give 1 dose of each type (injectable and live attenuated)?

Yes. As long as a child is eligible to receive live attenuated influenza vaccine (at least 2 years of age and healthy), it is acceptable to give 1 dose of each type of influenza vaccine. The doses should be spaced at least 4 weeks apart.

A 5-year-old child received her second MMR a week ago. How long should she wait before receiving LAIV?

LAIV can be administered simultaneously with another live vaccine (for example, MMR, varicella), but if not given at the same time, ACIP recommends waiting four weeks before administering the second live vaccine.

A study published in 2014 found that the injectable vaccine Fluzone High-Dose (Sanofi) protects people 65 years and older better than...
injection techniques with your staff. IAC has prepared a handout on how to administer intramuscular vaccine injections (available at www.immunize.org/catg.d/p2020.pdf) that can be used as a staff training tool.

We offer healthcare professionals live attenuated influenza vaccine (LAIV) but question whether newborn intensive care unit (NICU) staff can receive this vaccine without compromising neonates. Neonates in an NICU are not considered severely immunocompromised. NICU personnel may receive LAIV if otherwise eligible (younger than 50 years, healthy, and not pregnant).

Should staff at drive-through influenza vaccination clinics encourage drivers to park and wait for 15 minutes after vaccination to make sure they don’t have a vaccination reaction or syncopal (fainting) episode? Yes. Syncope has been reported following vaccination. It is prudent for all persons to be observed for syncope for at least 15 minutes after vaccination.

We inadvertently administered a 0.5 mL dose of FluLaval (GlaxoSmithKline) to a 2-year-old before realizing that the vaccine is only licensed for use in people age 3 years and older. Do we need to repeat the dose with an age-appropriate product? No, the dose does not need to be repeated. However, two errors actually occurred here. In addition to the age discrepancy, the child also received a 0.5 mL dose of vaccine rather than the correct dose (0.25 mL) for the child’s age. Clinicians should carefully select an influenza vaccine that is licensed for the age group of the person being vaccinated. FluLaval 0.25 mL (Sanofi) is the only inactivated influenza vaccine approved for use in children age 6 months through 2 years. The live attenuated nasal spray vaccine (LAIV) is approved for use in most healthy children age 2 years and older (as well as for healthy nonpregnant adults through age 49 years).

If the child should need a second dose of influenza vaccine, an age-appropriate vaccine should be selected. The Immunization Action Coalition’s educational piece titled “Influenza Vaccine Products for the 2015-2016 Influenza Season” (available at www.immunize.org/catg.d/p4072.pdf) provides helpful information on the wide variety of influenza vaccines in use this season.

Some of our patients believe that they have had reactions to influenza vaccine in the past, and request the dose to be split into 2 doses administered on different days. Is this an acceptable practice? This is definitely not an acceptable practice. Doses of influenza vaccine (or any other vaccine) should never be split into “half doses.” If a “half dose” is given, it should not be accepted as a valid dose and should be repeated as soon as possible with a full age-appropriate dose.

Stay current with FREE subscriptions
The Immunization Action Coalition’s 2 periodicals, Needle Tips and Vaccine Update, and our email news service, IAC Express, are packed with up-to-date information.
Subscribe to all 3 free publications in one place. It’s simple! Go to www.immunize.org/subscribe

Ask the Experts…continued from page 2

standard-dose Fluzone. Does ACIP preferentially recommend use of Fluzone High-Dose for all people age 65 years and older?

Aging decreases the body’s ability to develop a good immune response after getting influenza vaccine, which places older people at greater risk of severe illness from influenza. A higher dose of antigen in the vaccine should give older people a better immune response and therefore provide better protection against influenza. However, despite published evidence of better protection from Fluzone High-Dose when compared to standard-dose Fluzone (N Engl J Med 2014; 371:635–45), ACIP has not stated a preference for this vaccine for people age 65 years and older.

May I give Fluzone High-Dose to patients younger than age 65 years?

No. Fluzone High-Dose is licensed only for people age 65 years and older and is not recommended for younger people.

Sometimes patients age 65 years and older who have received the standard-dose influenza vaccine hear about Fluzone High-Dose and want to receive that, too. Is this okay to administer?

No. ACIP does not recommend that anyone receive more than 1 dose of influenza vaccine in a season except for certain children age 6 months through 8 years for whom 2 doses are recommended.

Would giving an older patient 2 doses of standard-dose influenza vaccine be the same as administering the high-dose product?

No, and this is not recommended.

Is LAIV contraindicated for adults with asthma?
Asthma is a precaution for LAIV in people 5 years of age and older.

What is the preferred anatomic site for administration of inactivated influenza vaccine (IIV)?

With the exception of intradermal vaccine (Fluzone Intradermal, Sanofi), IIV should be administered in the anterolateral thigh muscle of an infant or young child and in the deltoid muscle of an older child, adolescent, or adult. The anterolateral thigh muscle can also be used for an older child, adolescent, or adult if necessary. It is critical that intramuscular influenza vaccine be injected into a muscle. Influenza vaccination season is an opportune time to review proper intramuscular
The pneumococcal conjugate vaccine (PCV13, Prevnar, Pfizer) package insert says that in adults, antibody responses to PCV13 were diminished when given with inactivated influenza vaccine. Does this mean we should not give PCV13 and influenza vaccine at the same visit?

The available data have been interpreted that any changes in antibody response to either of the vaccines’ components were clinically insignificant. If PCV13 and influenza vaccine are both indicated and recommended they should be administered at the same visit. See the PCV13 ACIP recommendations at www.cdc.gov/mmwr/pdf/wk/mm6337.pdf, page 824.

Do statin medications (taken to lower blood lipid levels) affect the efficacy of influenza vaccine?

Two recent studies raise the possibility that statin medications may blunt the effectiveness of influenza vaccines in seniors. Experts caution that more research is needed to better understand the issue. Because of their benefit, seniors should not stop taking their statin without consultation with their health care provider. Influenza vaccine remains the best protection we have against influenza, and provides at least some protection in people who take statins, so patients should still receive an influenza vaccine to be protected. There is no change to the ACIP recommendation for influenza vaccine.

Pneumococcal vaccines

Do patients who were vaccinated with 1 or 2 doses of PPSV23 before age 65 need an additional dose of PPSV23 at age 65?

Yes. Patients who received 1 or 2 doses of PPSV23 for any indication at age 64 years or younger should receive an additional dose of PPSV23 vaccine at age 65 years or older if at least 5 years have elapsed since their previous PPSV23 dose. Patients age 65 years and older who have not already received a dose of pneumococcal conjugate vaccine (PCV13) will need this as well. PCV13 is routinely recommended at age 65 and PPSV23 is administered one year later.

Should a healthy 75-year-old patient who was given PPSV23 at age 65 years be revaccinated?

No. Adults who were first vaccinated at age 65 years or older do not require revaccination. Make sure they have also received a dose of PCV13, which is routinely recommended at age 65 years.

Can we administer PCV13 and PPSV23 to a person 65 years of age or older at the same visit? If not, what is the recommended interval between doses?

PCV13 and PPSV23 should not be given at the same visit. Healthy people 65 years of age and older should receive PCV13 first, followed by a dose of PPSV23 one year later. If the patient has a high-risk medical condition (such as immunocompromised or asplenia) the first PPSV23 dose can follow the PCV13 dose by 8 weeks.

Rather than giving PCV13 first and waiting 8 weeks to give PPSV23 as recommended for an immunocompromised child (2 years or older) or adult patient, we inadvertently gave both vaccines at the same visit. We are looking for guidance.

Although PCV13 and PPSV23 should not be administered at the same visit, CDC does not recommend repeating either vaccine dose should this occur. You should inform the patient of the error and let them know that they will not need to repeat either dose.

What is the recommended interval between doses for adult patients who have already received 1 dose of PPSV23 and now need PCV13?

For patients who have already had one or more doses of PPSV23, it is recommended to wait at least a year after PPSV23 before administering PCV13. If the patient is recommended to receive a second dose of PPSV23, delay that second PPSV23 dose at least 8 weeks following PCV13 and 5 years or more following the first dose of PPSV23.

If patients who are in a recommended risk group for PPSV23 or PCV13 aren’t sure if they have previously received these vaccines, should health care providers vaccinate them?

If patients do not have a documented vaccination history for these two vaccines and their records are not readily obtainable, you should administer the recommended doses. Extra doses will not cause harm to the patient.

If influenza vaccine is recommended for healthcare workers to protect high-risk patients from getting influenza, why aren’t pneumococcal vaccines also recommended?

Influenza virus is easily spread from healthcare workers to their patients, and infection usually leads to clinical illness. Pneumococcus is probably not spread from healthcare workers to their patients as easily as is influenza, and infection with pneumococcus does not necessarily lead to clinical illness. Host factors (such as age and underlying illness) are more important in the development of invasive pneumococcal disease than nasopharyngeal colonization with the organism. When you’re giving influenza vaccine to your patients in the fall, don’t forget to assess their need for pneumococcal vaccines as well as all other vaccines, including Tdap and zoster.

About IAC’s Question of the Week

Each week, IAC Express highlights a new, topical, or important-to-reiterate Q&A. This feature is a cooperative venture between IAC and CDC. William L. Atkinson, MD, MPH, IAC’s associate director for immunization education, chooses a new Q&A to feature every week from a set of Q&As prepared by experts at CDC’s National Center for Immunization and Respiratory Diseases.

To find more than 1,000 Ask the Experts Q&As answered by CDC experts, visit www.immunize.org/askexperts

Please encourage your healthcare professional colleagues to sign up to receive IAC Express at www.immunize.org/subscribe.
**MCV4: You’re not done if you give just one. Give TWO doses to strengthen protection.**

Dear Colleague:

The American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College Health Association (ACHA), Society for Adolescent Health and Medicine (SAHM), Centers for Disease Control and Prevention (CDC), and Immunization Action Coalition (IAC) urge you and your fellow healthcare professionals to strongly recommend and administer the second (booster) dose of meningococcal ACWY vaccine (MenACWY or “MCV4”) at age 16.

MCV4 was developed to prevent meningococcal disease resulting from infection with serogroups A, C, W, or Y. Meningococcal disease is devastating and debilitating, with a staggering 10–15% case fatality rate.

In May 2005, CDC’s Advisory Committee on Immunization Practices (ACIP) published its recommendation to vaccinate all 11–12 year olds with MCV4. In 2006, only 11.7% of adolescents 13–17 years of age had received a dose of MCV4; by 2013, 1-dose coverage in children 13 years of age had grown to an impressive 78.0%.

In January 2011, ACIP recommended that a second (booster) dose of MCV4 be given at age 16 in order to enhance protection in the period of greatest vulnerability to meningococcal disease – 16 to 21 years of age. Unfortunately, more than four years after this recommendation was published, the 2-dose coverage rate for MCV4 in 17-year-olds is only 28.5%. By vaccinating fewer than 1 in 3 eligible teens, we are leaving millions of young adults without the protection they need.

A provider’s endorsement of vaccination has long been recognized as a key factor in improving immunization rates. You are therefore in a perfect position to improve coverage by offering a strong, unequivocal recommendation for vaccination with a second dose of MCV4. We urge you to take advantage of opportunities to vaccinate during all patient encounters, including well visits, camp and sports physicals, visits for acute or chronic illness, and visits for other recommended immunizations. Additional ideas for improving your rates are available at www.Give2MCV.org.

**Why is a booster dose of MCV4 recommended at age 16?**

- ACIP found evidence of waning immunity 5 years post-vaccination to the protection provided by MCV4 against serogroups A, C, W, and Y. Therefore, many adolescents who received their primary dose at age 11 or 12 might have decreased protection from ages 16 through 21, when they are at greatest risk for meningococcal disease.

- Robust immune responses to a booster dose of MCV4 vaccine have been documented 3–5 years after the primary dose. The first dose primes the immune system to have a strong response to a booster – measurably stronger than the response to the first dose.

**ACIP Recommendations for MCV4**

**Give dose #1 at age 11–12 years and a booster at age 16 years**

*Recommendations if dose #1 is delayed:*

- If dose #1 is delayed until age 13–15 years, give a booster at age 16–18 years*
- If dose #1 is delayed until age 16 years or older†, no booster is recommended.

*The minimum interval between doses of MCV4 is 8 weeks. Thus, it is possible to give the primary dose at age 15 and the booster at 16, for example, as long as the minimum 8-week interval between doses is observed.
† Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to Neisseria meningitidis is not recommended after age 21 years.
Special Considerations for College Students

ACIP recommends:

- Persons 21 years of age and younger should have documentation of receipt of MCV4 vaccine not more than 5 years prior to college enrollment.

- If the primary dose was given before the 16th birthday, a booster dose is needed before enrollment in college. The booster can be given any time after the 16th birthday.

Remember, you’re not done if you give just one. Let’s give our patients the boost they need to provide maximum protection against meningococcal (ACWY) disease.

Signed:

ROBERT L. WERGIN, MD, FAAP
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American Academy of Family Physicians

SANDRA G. HASSINK, MD, FAAP
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President
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SANDEER WEXLER, MD
Executive Director
Immunization Action Coalition

REFERENCES


2. Routine MCV4 vaccination of healthy persons who are not at increased risk for exposure to Neisseria meningitidis is not recommended after age 21 years.
### Influenza Vaccine Products for the 2015–2016 Influenza Season

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Trade Name (vaccine abbreviation)¹</th>
<th>How Supplied</th>
<th>Mercury Content (μg Hg/0.5mL)</th>
<th>Age Group</th>
<th>Vaccine Product Billing Code²</th>
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<tr>
<td>bioCSL, Inc.</td>
<td>Afluria (IIV3)</td>
<td>0.5 mL (single-dose syringe)</td>
<td>0</td>
<td>9 years &amp; older⁴⁵</td>
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<tr>
<td></td>
<td></td>
<td>5.0 mL (multi-dose vial)</td>
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<td>90658 Q2035</td>
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<td>GlaxoSmithKline</td>
<td>Fluarix (IIV4)</td>
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<td>ID Biomedical Corp. of Quebec, a subsidiary of GlaxoSmithKline</td>
<td>FluLaval (IIV4)</td>
<td>0.5 mL (single-dose syringe)</td>
<td>0</td>
<td>3 years &amp; older</td>
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<td>MedImmune</td>
<td>FluMist (LAIV4)</td>
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<td>NVS Influenza Vaccines (formerly Novartis)</td>
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<td>Fluvecelvax (ccIIV3)</td>
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<td>Protein Sciences Corp.</td>
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### Footnotes

1. IIV3 = egg-based and cell culture-based trivalent inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix “cc” is used (e.g., ccIIV3). IIV4 = egg-based quadrivalent inactivated influenza vaccine (injectable); LAIV4 = egg-based quadrivalent live attenuated influenza vaccine (nasal spray); RIV3 = trivalent recombinant hemagglutinin influenza vaccine (injectable).

2. Effective for claims with dates of service on or after 1/1/2011, CPT (Current Procedural Terminology) code 90658 is no longer payable for Medicare; rather, HCPCS (Healthcare Common Procedure Coding System) Q codes, as indicated above, should be submitted for payment purposes.

3. An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.

4. In 2010, ACIP recommended that Afluria not be used in children younger than age 9 years. If no other age-appropriate IIV is available, Afluria may be considered for a child age 5 through 8 years at high risk for influenza complications, after risks and benefits have been discussed with the parent or guardian. Afluria should not be used in children younger than age 5 years. This recommendation continues for the 2015–2016 influenza season.

5. Afluria is approved by the Food and Drug Administration for intramuscular administration with the Pharmajet Stratis Needle-Free Injection System for persons age 18 through 64 years.

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

Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p4072.pdf • Item #P4072 (9/15)
Screening Checklists for Contraindications to Influenza Vaccines

These checklists cover contraindications and precautions for injectable and nasal spray influenza vaccines.

Ask your patients to complete the checklist on page 1. Page 2 is not for patients, it is reference material for you.

### Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

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.

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?

### Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

For use with people age 2 through 49 years: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (Flumist) 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.

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. 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, neurological disease, liver disease, diabetes (e.g., diabetes), 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 antineoplastic drugs; or have they had radiation treatments?  
8. Is the person to be vaccinated receiving antiinfluenza antiviral medications?

For a ready-to-copy 8½ x 11” version of the 2-page injectable influenza checklist, visit:  

For a ready-to-copy 8½ x 11” version of the 2-page nasal spray checklist, visit:  
Use These Standing Orders Templates to Streamline Flu Vaccination in Your Healthcare Setting

Download these standing orders and use them “as is” or modify them to suit your work setting.

**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 vaccine each year.
   - People who do not receive influenza vaccine the year before should be vaccinated.

2. **Screen for Contraindications and Precautions**
   - Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a child or adolescent who:
     - has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or one of its components.
     - has a history of egg allergy.
     - is pregnant.
     - has immunosuppression (including that caused by medications or HIV).
     - has a history of either an anaphylactic or non-anaphylactic reaction (e.g., hives only and not a more serious reaction) after ingesting eggs. Health care providers should administer inactivated influenza vaccine (IIV).

3. **Precautions for Use of LAIV Only**
   - Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who:
     - has a history of either an anaphylactic or non-anaphylactic reaction (e.g., hives only and not a more serious reaction) after ingesting eggs, health care providers should administer inactivated influenza vaccine (IIV).

4. **Prepare for Administration**
   - Choose the needle gauge, needle length, and site according to the following chart.

5. **Administer Influenza Vaccine**
   - For vaccine that is to be administered intramuscularly, inject the vaccine into the following sites:
   - For vaccine that is to be administered intranasally or intradermally, inject the vaccine into the following sites:

6. **Document Vaccination**
   - Document each patient's vaccination information and follow up as stated in the following chart.

**STANDING ORDERS FOR Administering Influenza Vaccine to Children and Adolescents**

**Purpose:** To reduce morbidity and mortality from influenza by vaccinating all children and adolescents 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 children and adolescents who met any of the criteria below.

**Procedure:**

1. **Assess Children and Adolescents for Need of Vaccination against Influenza**
   - All children and adolescents 6 months of age and older are recommended to receive influenza vaccination each year.
   - A second dose of influenza vaccine is recommended 4 weeks or more after the first dose for children ages 6 months through 8 years who have not received 2 doses in previous years or persons in the same age range.

2. **Screen for Contraindications and Precautions**
   - Do not give inactivated influenza vaccine to a child or adolescent who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or one of its components.
   - For a list of vaccine components, refer to the FDA vaccine labeling or the manufacturer’s package insert. For a list of vaccine components, refer to the manufacturer’s package insert. For a list of vaccine components, refer to the manufacturers’ package inserts (Appendix C).

3. **Precautions for Use of All Influenza Vaccines**
   - Do not give inactivated influenza vaccine to a child or adolescent who has a history of either an anaphylactic or non-anaphylactic reaction (e.g., hives only and not a more serious reaction) after ingesting eggs, health care providers should administer inactivated influenza vaccine (IIV).

4. **Prepare for Administration**
   - Choose the needle gauge, needle length, and site according to the following chart.

5. **Administer Influenza Vaccine**
   - For vaccine that is to be administered intramuscularly:
     - inject the vaccine into the following sites:
   - For vaccine that is to be administered intranasally or intradermally:
     - inject the vaccine into the following sites:

6. **Document Vaccination**
   - Document each patient's vaccination information and follow up as stated in the following chart.

For the child/teen template, visit www.immunize.org/catg.d/p3074a.pdf
For the adult template, visit www.immunize.org/catg.d/p3074.pdf
Additional standing orders templates for all routinely recommended vaccines are available at www.immunize.org/standing-orders.
How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines

Intramuscular injection (IM)
Inactivated Influenza Vaccines (IIV), including recombinant hemagglutinin influenza vaccine (RIV3)

1 Use a needle long enough to reach deep into the muscle. Infants age 6 through 11 mos: 1”; 1 through 2 yrs: 1–1½”; children and adults 3 yrs and older: 1–1½”.
2 With your left hand*, bunch up the muscle.
3 With your right hand*, insert the needle at a 90° angle to the skin with a quick thrust.
4 Push down on the plunger and inject the entire contents of the syringe. There is no need to aspirate.
5 Remove the needle and simultaneously apply pressure to the injection site with a dry cotton ball or gauze. Hold in place for several seconds.
6 If there is any bleeding, cover the injection site with a bandage.
7 Put the used syringe in a sharps container.

*Use the opposite hand if you are left-handed.

Intradermal administration (ID)
Inactivated Influenza Vaccine (IIV)

1 Gently shake the microinjection system before administering the vaccine.
2 Hold the system by placing the thumb and middle finger on the finger pads; the index finger should remain free.
3 Insert the needle perpendicular to the skin, in the region of the deltoid, in a short, quick movement.
4 Once the needle has been inserted, maintain light pressure on the surface of the skin and inject using the index finger to push on the plunger. Do not aspirate.
5 Remove the needle from the skin. With the needle directed away from you and others, push very firmly with the thumb on the plunger to activate the needle shield. You will hear a click when the shield extends to cover the needle.
6 Dispose of the applicator in a sharps container.

Intranasal administration (NAS)
Live Attenuated Influenza Vaccine (LAIV)

1 FluMist (LAIV) is for intranasal administration only. Do not inject FluMist.
2 Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.
3 With the patient in an upright position, place the tip just inside the nostril to ensure LAIV is delivered into the nose. The patient should breathe normally.
4 With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
5 Pinch and remove the dose-divider clip from the plunger.
6 Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.
7 Dispose of the applicator in a sharps container.
First Do No Harm: Mandatory Influenza Vaccination Policies for Healthcare Personnel Help Protect Patients

First Do No Harm: Mandatory Influenza Vaccination Policies for Healthcare Personnel Help Protect Patients

Refer to the position statements of the leading medical organizations listed below to help you develop and implement a mandatory influenza vaccination policy at your healthcare institution or medical setting. Policy titles, publication dates, links, and excerpts follow.

American Academy of Family Physicians (AAFP)
AAFP Mandatory Influenza Vaccination of Health Care Personnel (6/11)

"The AAFP supports annual mandatory influenza immunization for health care personnel (HCPS) except for religious or medical reasons (not personal preferences). If HCPS are not vaccinated, policies to adjust practice activities during flu season are appropriate (e.g., wear masks, refrain from direct patient care)."

American Academy of Pediatrics (AAP)
Influenza Immunization for All Health Care Personnel: Keep It Mandatory, a reaffirmation of AAP’s policy on mandatory influenza immunization of health care personnel (Oct. 2015)
► http://pediatrics.aappublications.org/content/136/4/809

"Mandating influenza vaccine for all HCPS nationwide is ethical, just, and necessary. For the prevention and control of influenza, we must continue to put the health and safety of the patient first."

American College of Physicians (ACP)
ACP calls for immunization for all health care providers (1/14/2013)
► http://www.acponline.org/newsroom/hcp_vaccinations.htm

"Proper immunization safely and effectively prevents a significant number of infections, hospitalizations, and deaths among patients as well as preventing health care errors by absent workers due to illness."

American Hospital Association (AHA)
AHA Endorses Patient Safety Policies Requiring Influenza Vaccination of Healthcare Personnel (July 2011)

"Preventing health-care-associated transmission of influenza and other infectious diseases can protect patients, HCPS, and local communities. For this reason, AHA supports mandatory immunization of HCPS according to recommendations of the Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDCE)."

National Business Group on Health (NBGH)
Hospital Flu Vaccination Policies (2013)
► http://www.nbsp.org/program-content/healthcare-personnel/annual-flu-vaccination-policy/

"Hospitals should require flu vaccination for all personnel to protect patients’ health and their own health."

American Pharmacists Association (APhA)
Requiring Influenza Vaccination for All Pharmacy Personnel (4/11)

"APhA supports an annual influenza vaccination as a condition of employment, training, or volunteering, within an organization that provides pharmacy services or operates a pharmacy or pharmacy department (unless a valid medical or religious reason precludes vaccination)."

American Public Health Association (APHA)
Annual Influenza Vaccination Requirements for Health Workers (11/9/10)
► http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/11/14/36/annual-influenza-vaccination-requirements-for-health-workers

"Encourages institutional, employer, and public health policy to require influenza vaccination of all health workers as a precondition of employment and thereafter on an annual basis, unless a medical contraindication recognized in national guidelines is documented in the worker’s health record."

Association for Professionals in Infection Control and Epidemiology (APIC)
Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel, Unless Medically Contraindicated (2/1/11)

"As a profession that relies on evidence to guide our decisions and actions, we can no longer afford to ignore the compelling evidence that supports requiring influenza vaccine for HCP. This is not only a patient safety imperative, but is a moral and ethical obligation to those who place their trust in our care."

Infectious Diseases Society of America (IDSA)
Mandatory Immunization of Health Care Personnel Against Influenza and Other Infectious Diseases (rev. 12/10/13)
► http://www.idsociety.org/HCW_Policy

"Preventing healthcare-associated transmission of influenza and other infectious diseases can protect patients, HCP, and local communities. For this reason, IDSA supports mandatory immunization of HCP according to recommendations of the Advisory Committee for Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC)."

National Group on Health (NBGH)
National Group on Health (NBGH)
► http://www.nbsp.org/program-content/healthcare-personnel/annual-flu-vaccination-policy/

"Hospitals should require flu vaccination for all personnel to protect patients’ health and their own health."

National Patient Safety Foundation (NPSF)
NPSF Supports Mandatory Flu Vaccinations for Healthcare Workers (11/11/15)

"NPSF recognizes vaccine-preventable diseases as a matter of patient safety and supports mandatory influenza vaccination of health care workers to protect the health of patients, health care workers, and the community."

Society for Healthcare Epidemiology of America (SHEA)
Influenza Vaccination of Healthcare Personnel (rev. 8/31/10)
► http://www.journals.uchicago.edu/doi/full/10.1086/656558

"SHEA views influenza vaccination of HCP as a core patient and HCP safety practice with which noncompliance should not be tolerated."

Policy statements from leading medical societies and additional professional groups about implementing a mandatory influenza vaccination program in your healthcare setting


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

These influenza educational materials will help protect your patients as well as staff

For 8½ x 11" copies of the pieces above, visit IAC’s website: www.immunize.org/handouts/influenza-vaccines.asp
# Pneumococcal Vaccination Recommendations for Children and Adults by Age and/or Risk Factor

## Routine Recommendations
for Pneumococcal Conjugate Vaccine (PCV13) and Pneumococcal Polysaccharide Vaccine (PPSV23)

For children age 2 months and older
Administer PCV13 series to all children beginning at age 2 months, followed by doses at 4 months, 6 months, and 12–15 months (booster dose).

For adults age 65 years and older
Administer 1-time dose to PCV13-naïve adults at age 65 years, followed by a dose of PPSV23 12 months later.

## Risk-based Recommendations
People with Underlying Medical Conditions or Other Risk Factors

<table>
<thead>
<tr>
<th>Risk Group</th>
<th>Underlying medical condition or other risk factor</th>
<th>PCV13 Administer PCV13 doses needed to complete series to children through age 11 months</th>
<th>Administer 1 dose to PCV13-naïve children age 6 through 18 years</th>
<th>Administer 1 dose to PCV13-naïve adults age 19 through 64 years</th>
<th>PPSV23 Administer 1 dose of PPSV23 at age 2 through 64 years</th>
<th>Administer a second dose of PPSV23 5 years after first dose if age younger than 65 years</th>
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<tbody>
<tr>
<td>Immuno-competent</td>
<td>Chronic heart disease¹</td>
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<td>X</td>
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<td>Chronic lung disease³</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>Diabetes mellitus</td>
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<td>Cigarette smoking (≥19 yrs)</td>
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<td>Congenital or acquired asplenia</td>
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<td></td>
<td>HIV</td>
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<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td></td>
<td>Chronic renal failure</td>
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<td>Nephrotic syndrome</td>
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<td></td>
<td>Lymphoma</td>
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<tr>
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<td>Hodgkin disease</td>
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<td>Generalized malignancy</td>
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<tr>
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<td>Multiple myeloma</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

¹ For PCV13 vaccination of healthy children, see “Recommendations for Pneumococcal Vaccine Use in Children” at www.immunize.org/catg.d/p2016.pdf.

² Particularly cyanotic congenital heart disease and cardiac failure in children; including congestive heart failure and cardiomyopathy in all ages; excluding hypertension in adults.

³ Including asthma in children if treated with high-dose oral corticosteroid therapy, as well as chronic obstructive pulmonary disease (COPD), emphysema, and asthma in adults.

⁴ Includes B- (humoral) or T-lymphocyte deficiency, complement deficiencies (particularly C1, C2, C3, and C4 deficiencies), and phagocytic disorders (excluding chronic granulomatous disease).

⁵ Diseases requiring treatment with immunosuppressive drugs, including long-term systemic corticosteroids and radiation therapy.
Standing Orders Template for Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults

STANDING ORDERS FOR Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults

Purpose

To reduce morbidity and mortality from pneumococcal disease 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

   a. Against Streptococcus pneumoniae (pneumococcal) infection according to the following criteria:

      - Routine pneumococcal vaccination
        - For adults age 19–64 years with immunocompromising conditions (e.g., immunocompromising chemotherapy, immune suppressive medications, human immunodeficiency virus (HIV), or organ transplant or chronic obstructive pulmonary disease (COPD)), or other conditions that increase susceptibility to pneumococcal disease.
        - For adults age 65 years and older. Pneumococcal polysaccharide vaccine (PPSV23) is recommended for all adults age 65
        - Years and older. For complete details, see section 5 (page 2).

      - Risk-based pneumococcal vaccination
        - For adults age 65 years and older with immunocompromising conditions (e.g., immunocompromising chemotherapy, immune suppressive medications, or organ transplant) or other conditions that increase susceptibility to pneumococcal disease.

2. Screen for Contraindications

   a. Serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of contraindications, 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.

3. Provide Vaccine Information Statements

   a. 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.”)

4. Prepare to Administer Vaccine

   a. PCV13 must be given intramuscularly (IM). PPSV23 may be given IM or subcutaneously (Subcut).

5. Administer PCV13 or PPSV23, 0.5 mL, according

   a. PCV13 must be administered by the IM route.
   b. PPSV23 may be administered either IM or Subcut.

6. Document Vaccination

   a. 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).

5. screen for Contraindications - Serious Systemic or An Anaphylactic Reaction to a prior dose of the vaccine or to any of its components. For a list of contraindications, 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.

6. 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.”)

7. Prepare to Administer Vaccine

   - PCV13 must be given intramuscularly (IM). PPSV23 may be given IM or subcutaneously (Subcut).

8. Administer PCV13 or PPSV23, 0.5 mL, according

   - PCV13 must be administered by the IM route.
   - PPSV23 may be administered either IM or Subcut.

6. Document Vaccination

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

5. screen for Contraindications - Serious Systemic or An Anaphylactic Reaction to a prior dose of the vaccine or to any of its components. For a list of contraindications, 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.

6. 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.”)

7. Prepare to Administer Vaccine

   - PCV13 must be given intramuscularly (IM). PPSV23 may be given IM or subcutaneously (Subcut).

8. Administer PCV13 or PPSV23, 0.5 mL, according

   - PCV13 must be administered by the IM route.
   - PPSV23 may be administered either IM or Subcut.

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).

   - Immunization Information System (IIS) or “registry”: Report the vaccination to the appropriate state/focal IIS, if available.

7. Prepare 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/ctg.d/p3075.pdf. To prevent syncope, vaccine patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8. Report All Adverse Events to VAERS

   - Report all adverse events following the administration of pneumococcal 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.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the until revised or until

Medical Director’s signature: [signature]

Signature date: [date]

Effective date: [date]

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✔ Using standing orders for adult immunizations can help your practice be a leader in quality adult care.

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Deborah L. Wexler, MD, Executive Director, Immunization Action Coalition
William Atkinson, MD, MPH, Associate Director for Immunization Education, Immunization Action Coalition
Alexandra Stewart, JD, Associate Professor, George Washington University

This free workshop is provided by the Immunization Action Coalition (IAC), with sponsorship from Pfizer, Inc.
Vaccine Information Statements Are Available in Many Languages!

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, mainly between October and May. It 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
- Cough
- Headache
- Muscle aches
- Sore throat
- Runny or stuffy nose
- Fatigue

Flu can also lead to pneumonia and blood infections, and many more are hospitalized. Each year around 200,000 people are hospitalized from flu, and many more are hospitalized.

Flu vaccines are:

- Safe
- They can help prevent flu
- They can reduce the severity of flu
- They do not cause flu

2. Inactivated and recombinant flu vaccines

A dose of the vaccine is administered every flu season. Children should get their first dose between 6 months and 8 years of age during the same flu season. Everyone else must return every time they get the flu vaccine.

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 some vaccines do not contain thimerosal.

For all Vaccine Information Statements published in the United States and their translations, in more than 35 languages, visit www.immunize.org/vis.
These products are available for purchase from the Immunization Action Coalition


During my more than 20 years in the field of immunization education, I have not seen another book that is so brimming with state-of-the-science information. – Deborah L. Wexler, MD, Executive Director, IAC

NEW! Fifth edition extensively updated for 2015
Purchase The Vaccine Handbook (560 pages) from IAC at www.immunize.org/vaccine-handbook.
$29.95 + shipping • Discount pricing available!

Wallet-sized immunization record cards for all ages:
For children and teens, for adults, and for a lifetime!

Record Cards: $45/box

Now you can give any patient a permanent vaccination record card designed specifically for their age group: child and teen, adult, or lifetime. These brightly colored cards are printed on durable rip-, smudge-, and water-proof paper. Each box contains 250 cards.

Training Video: “Immunization Techniques – Best Practices with Infants, Children, and Adults”

The California Department of Public Health, Immunization Branch, updated its award-winning training video, “Immunization Techniques: Best Practices with Infants, Children, and Adults.” The 25-minute DVD can be used to train new employees and to refresh the skills of experienced staff on administering injectable, oral, and nasal-spray vaccines to children, teens, and adults.

To order, visit www.immunize.org/shop, or use the order form on page 18.
Quantity discounts are available. To receive sample cards, contact us: admininfo@immunize.org

Laminated child and adult immunization schedules
Order one of each for every exam room

To order (in March 2016), visit www.immunize.org/shop, or use the order form on page 18.

Coming in March 2016! The ACIP/AAP/AAFP-approved immunization schedule for people ages 0 through 18 years (8-sided) and the ACIP/AAFPCOG/ACNM-approved schedule for adults (6-sided). Both are laminated and washable for heavy-duty use, complete with essential footnotes, and printed in color for easy reading.

Schedules: $7.50 each
Quantity discounts are available.
Order Essential Immunization Resources from IAC

Immunization record cards for all: for children and teens, for adults, for a lifetime!

Immunization record cards give health care professionals a way to help patients maintain a permanent record of their vaccinations. Having one’s own vaccination record is handy for patients when they enter daycare, kindergarten, or college; change health care providers; or travel abroad. The Immunization Action Coalition offers three record cards: child and teen, adult, and lifetime. Each is designed for a specific age group and lists all vaccines recommended for people in that age group. Sized to fit in a wallet, each is brightly colored to stand out and is printed on durable rip-, smudge-, and water-proof paper. To order record cards or any of our other essential immunization resources, print out and mail or fax the form below, or place your order online at www.immunize.org/shop.

It’s convenient to shop IAC online at www.immunize.org/shop

Order Essential Immunization Resources

- Laminated 2016 U.S. Immunization Schedules (details p. 17; call for discounts on bulk orders)
  - Qty. 1-4 copies–$7.50 each; 5-19 copies–$5.50 each
  - R2008 Child/teen schedule…………………………………………………. $________
  - R2009 Adult schedule………………………………………………………… $________

- DVD – Immunization Techniques: Best Practices with Infants, Children, and Adults (details p. 17; call for discounts on bulk orders)
  - 1-9 copies–$17 each; 10-24 copies–$10.25 each; 25-49 copies–$7 each
  - D2021 Immunization Techniques: Best Practices with Children/Teens/Adults $________

- Patient Immunization Record Cards – for children and teens, for adults, and for a lifetime! (all are wallet-sized; details p. 17; call for discounts on bulk orders)
  - Qty. 250 cards/box; 1 box–$45; 2 boxes–$40 each; 3 boxes–$37.50 each; 4-7 boxes–$34.50 each
  - R2003 Child/teen immunization record cards ……………………………………. $________
  - R2005 Adult immunization record cards …………………………………………. $________
  - R2004 Lifetime immunization record cards ……………………………………… $________

  Total for Purchases $________

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