

# VACCINATE ADULTS!

from the Immunization Action Coalition — [www.immunize.org](http://www.immunize.org)

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## Immunization Action Coalition Receives Major Award from Centers for Disease Control and Prevention

The Immunization Action Coalition (IAC), publisher of *Vaccinate Adults*, and the National Center for Immunization and Respiratory Diseases (NCIRD) of the Centers for Disease Control and Prevention (CDC) are entering into a cooperative agreement with important implications for healthcare professionals and their patients. The award is for \$1.4 million over five years.

This cooperative agreement will support three of IAC's current key functions: (1) creation and distribution of weekly editions of *IAC Express* to IAC's email subscribers; (2) publication of "Ask the Experts," a forum in which CDC and IAC immunization experts answer questions from healthcare professionals who provide immunization services; and (3) creation of new immunization education materials designed to respond to the needs of immunization providers, parents, and patients. Importantly, the new agreement also makes IAC the nation's central clearinghouse for Vaccine Information Statements (VISs) in languages other than English. The award supports central coordination and distribution of VIS trans-

lations, as well as translation of a limited number of VISs.

VISs are the foundation of patient- and parent-centered vaccination delivery. Mandated by the National Childhood Vaccine Injury Act, these information sheets help ensure that families receive essential information about each vaccine including, for example, the vaccine's benefits and potential side effects. Proper distribution of the VISs will inform vaccine recipients, or their parents or legal representatives, about the vaccine prior to receiving a dose. Providing this important information in a wide array of languages upholds IAC's and CDC/NCIRD's shared dedication to giving all Americans access to the vaccination information they need.

"This partnership between CDC and IAC will significantly improve the immunization information available to those patients and parents who are best communicated with in languages other than English," said IAC's Executive Director, Deborah Wexler, MD.

## Ask the Experts

*IAC extends thanks to our experts, medical epidemiologist Andrew T. Kroger, MD, MPH; nurse educator Donna L. Weaver, RN, MN; and medical epidemiologist William L. Atkinson, MD, MPH. All are with the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).*

### Has ACIP recommended the use of high-dose and intradermal influenza vaccines?

Yes, ACIP has recommended the use of high-dose and intradermal influenza vaccines, along with all other FDA-approved trivalent inactivated influenza vaccines (TIV). ACIP has not stated a preference

for any TIV product over another. The formulation or presentation a provider uses is the provider's choice as long as an age-appropriate product is used and is administered correctly. Providers need to choose the type of vaccine most appropriate for their patient population. The Immunization Action Coalition (IAC) website has manufacturers' package inserts for every influenza vaccine product licensed for U.S. use during the 2011–12 influenza season. Go to [www.immunize.org/packageinserts/pi\\_influenza.asp](http://www.immunize.org/packageinserts/pi_influenza.asp).

### Can you explain the newest recommendation for vaccinating people with egg allergies?

Any allergic reaction to eggs severe enough to cause hives is a contraindication for LAIV; however, it is only a precaution for receipt of TIV. If the reaction consists of hives only, the person should be given TIV by a healthcare provider who is familiar with the potential manifestations of egg allergy. The person should also be observed for at least 30 minutes after being vaccinated. If the reaction includes more severe symptoms, including but not limited to swelling of the lips and throat, angioedema, lightheadedness, cardiovascular symptoms (e.g., hypotension), respiratory symptoms (e.g., wheezing), gastrointestinal symptoms (e.g., nausea, vomiting), a history of required use of epinephrine following egg ingestion, or a history of

required emergency medical intervention, then the patient should be referred to a physician familiar with the management of allergic conditions.

### How do you suggest we screen patients for potential egg allergy in our busy clinic?

People who indicate that they can eat lightly cooked eggs (e.g., scrambled eggs) without reaction are

(continued on page 14)



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The Immunization Action Coalition is a 501(c)(3) charitable organization and your contribution is tax-deductible to the fullest extent of the law.

## Immunization questions?

- Call the CDC-INFO Contact Center at (800) 232-4636 or (800) CDC-INFO
- Email [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov)
- Call your state health dept. (phone numbers at [www.immunize.org/coordinators](http://www.immunize.org/coordinators))

## Vaccinate Adults!

online at [www.immunize.org/va](http://www.immunize.org/va)  
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IAC, a 501(c)(3) charitable organization, publishes practical immunization information for health professionals to help increase immunization rates and prevent disease.

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# IAC's Honor Roll Focuses on Mandatory Influenza Vaccination for Healthcare Personnel

Vaccination is the most effective way to prevent influenza transmission in healthcare settings. Two years ago, on October 9, 2009, the Immunization Action Coalition (IAC) announced its online *Honor Roll for Patient Safety* ([www.immunize.org/honor-roll](http://www.immunize.org/honor-roll)). The Honor Roll recognizes hospitals, medical practices, professional organizations, and government entities that have taken a stand for patient safety by adopting policies endorsing mandatory influenza vaccination or by implementing mandatory influenza vaccination policies for all employees. In two years' time, more than 120 institutions have joined the Honor Roll.

## Mandatory Vaccination Policies from Leading Health Organizations

The number of professional societies and organizations that have issued policy statements in support of mandatory influenza vaccination for healthcare workers has grown from 1 in 2009 to 12 in 2011. To view the current listing of policies and position statements from leading organizations in medicine, pediatrics, pharmacy, public health, infectious diseases, and hospital administration, visit IAC's Honor Roll at [www.immunize.org/honor-roll](http://www.immunize.org/honor-roll). Refer to the position statements of these leading medical organizations to help you develop and implement a mandatory influenza vaccination policy at your healthcare institution or medical setting.

## Honoring Healthcare Institutions

IAC encourages qualifying healthcare organizations to apply for its Honor Roll for Patient Safety. To date, more than 120 facilities have been enrolled for inclusion in the Honor Roll for Patient Safety. To view a state-by-state listing of Honor Roll designees and to find specific information on the mandates of the enrolled organizations, visit [www.immunize.org/honor-roll/influenza-mandates.asp](http://www.immunize.org/honor-roll/influenza-mandates.asp).

To be included in the Honor Roll, an organization's mandate must require influenza vaccination for employees and must include serious measures to prevent transmission of influenza from unvaccinated workers

The screenshot shows the Immunization Action Coalition website. The main navigation bar includes links for Home, About IAC, Contact, A-Z Index, Donate, Shop, and SUBSCRIBE. Below this is a search bar and tabs for For Health Professionals, For the Public, and For Coalitions. The main content area is titled 'Immunization Action Coalition' and features a sidebar with links to Handouts for Patients & Staff, Clinic Resources, Vaccine Information Statements, Diseases & Vaccines, Talking about Vaccines, and Topics. The main content area displays the 'Honor Roll for Patient Safety' section, which includes a link to 'Mandatory Influenza Vaccination for Healthcare Workers' and a list of 'Mandate Champions'.

## [www.immunize.org/honor-roll](http://www.immunize.org/honor-roll)

to patients. Such measures might include a mask requirement, reassignment to non-patient-care duties, or dismissal of the employee. To submit your institution's application for the Honor Roll, please fill out the online form ([www.immunize.org/laws/mandates.aspx](http://www.immunize.org/laws/mandates.aspx)).

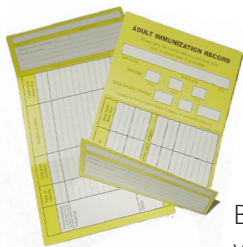
## Toolkits, Journal Articles, and News

On the Honor Roll page, IAC provides links to toolkits that are intended to help you develop a mandatory influenza vaccination program in your healthcare setting. In addition, you will find a listing of related journal articles and editorials from the medical literature, as well as links to online news coverage on this topic.

Periodically, our free weekly email news service, *IAC Express*, features an article about recent additions to the Honor Roll. We suggest you subscribe to *IAC Express*. Once you complete the sign-up form at [www.immunize.org/subscribe](http://www.immunize.org/subscribe), you'll start receiving email announcements about important developments related to immunization.

**DISCLAIMER:** *Vaccinate Adults!* is available to all readers free of charge. Some of the information in this issue is supplied to us by the Centers for Disease Control and Prevention in Atlanta, Georgia, and some information is supplied by third-party sources. The Immunization Action Coalition (IAC) has used its best efforts to accurately publish all of this information, but IAC cannot guarantee that the original information as supplied by others is correct or complete, or that it has been accurately published. Some of the information in this issue is created or compiled by IAC. All of the information in this issue is of a time-critical nature, and we cannot guarantee that some of the information is not now outdated, inaccurate, or incomplete. IAC cannot guarantee that reliance on the information in this issue will cause no injury. Before you rely on the information in this issue, you should first independently verify its current accuracy and completeness. IAC is not licensed to practice medicine or pharmacology, and the providing of the information in this issue does not constitute such practice. Any claim against IAC must be submitted to binding arbitration under the auspices of the American Arbitration Association in St. Paul, Minnesota.

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



Now you can give any patient a permanent vaccination record card designed specifically for their age group: child & teen, adult, or lifetime. These brightly colored cards are printed on durable rip-, smudge-, and water-proof paper. To view the cards or for more details, go to [www.immunize.org/shop](http://www.immunize.org/shop) and click on the images.

Buy 1 box (250 cards) for \$45 (first order of a 250-card box comes with a 30-day, money-back guarantee). Discounts for larger orders: 2 boxes \$40 each; 3 boxes \$37.50 each; 4 boxes \$34.50 each

To order, visit [www.immunize.org/shop](http://www.immunize.org/shop), or use the order form on page 15.

To receive sample cards, contact us: [admininfo@immunize.org](mailto:admininfo@immunize.org)

## "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. Make sure your healthcare setting has the new 2010 edition!

The cost is \$17 each for 1–9 copies; \$10.25 each for 10–24 copies; \$7 each for 25–49 copies; \$5.75 each for 50–99 copies.

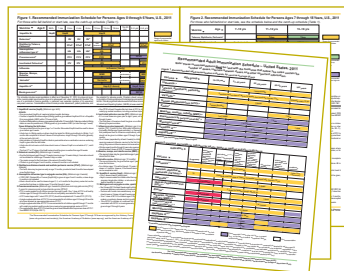
To order, visit [www.immunize.org/shop](http://www.immunize.org/shop), or use the order form on page 15.

For 100 or more copies, contact us for discount pricing: [admininfo@immunize.org](mailto:admininfo@immunize.org)

For healthcare settings in California, contact your local health department immunization program for a free copy.

## 2011 laminated adult and child immunization schedules — IAC still has supplies available!

IAC's 2012 laminated schedules are anticipated to be available in March. That means the 2011 laminated schedules you order now will still provide you with months of use. Laminated schedules are washable for heavy-duty use, complete with essential footnotes, and printed in color. The cost is \$7.50 for each schedule and only \$5.50 each for five or more copies.



To order, visit [www.immunize.org/shop](http://www.immunize.org/shop), or use the order form on page 15.

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# Vaccine Highlights

## Recommendations, schedules, and more

*Editor's note: The information in Vaccine Highlights is current as of October 24, 2011.*

### The next ACIP meetings

A committee of 15 national experts, the Advisory Committee on Immunization Practices (ACIP) advises CDC on the appropriate use of vaccines. ACIP meets 3 times a year in Atlanta; meetings are open to the public. The next meetings will be held in 2012 on Feb. 22–23 and June 20–21. For more information, visit [www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip).

ACIP periodically issues public health recommendations on the use of vaccines. Clinicians who vaccinate should have a current set for reference. Published in the *Morbidity and Mortality Weekly Report (MMWR)*, ACIP recommendations are easily available. Here are sources:

- Download them from links on IAC's website: [www.immunize.org/acip](http://www.immunize.org/acip)
- Download them from CDC's website: [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm)

### Influenza vaccine news

On Aug. 26, CDC published ACIP's 2011 influenza recommendations, "Prevention and Control of Influenza with Vaccines." To obtain a copy of the recommendations, go to [www.cdc.gov/mmwr/pdf/wk/mm6033.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6033.pdf) and see pages 1128–1132.

On July 26, CDC released two VISs for 2011–12 influenza vaccine: one for trivalent inactivated influenza vaccine (TIV; injectable) and one for live attenuated influenza vaccine (LAIV, nasal spray, FluMist). To access the VIS for TIV, go to [www.immunize.org/vis/vis\\_flu\\_inactive.asp](http://www.immunize.org/vis/vis_flu_inactive.asp). To access the VIS for LAIV, go to [www.immunize.org/vis/vis\\_flu\\_live.asp](http://www.immunize.org/vis/vis_flu_live.asp). More than a dozen translations of the 2011–12 influenza VISs are available at the links above.

Also on July 26, CDC published a large-print version of the 2011–12 VIS for trivalent inactivated influenza vaccine (TIV; injectable). The intent is to make it easier for people with reduced vision or visual acuity to read the VIS. To access it, go to [www.immunize.org/vis/flu\\_inactive\\_large\\_print.pdf](http://www.immunize.org/vis/flu_inactive_large_print.pdf).

### Tdap vaccine news

On Oct. 21, CDC published ACIP recommendations titled "Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12

Months." The recommendations call for health-care providers to administer Tdap to pregnant women who previously have not received the vaccine, preferably late in the second trimester (after 20 weeks gestation) or during the third trimester. If not administered during pregnancy, Tdap should be administered immediately postpartum. Additionally, to protect infants against pertussis, adolescents and adults who have not already received their routine Tdap dose, and anticipate having close contact with an infant younger than age 12 months, should receive a single dose of Tdap. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant. The recommendations also include information on administering Tdap in these special situations: (1) to pregnant women who are due for a tetanus booster, (2) to pregnant women for wound management, and (3) to pregnant women with unknown or incomplete tetanus vaccination. To obtain a copy of the recommendations, see pages 1424–1426 of this document: [www.cdc.gov/mmwr/pdf/wk/mm6041.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf).

On Sept. 23, CDC published an article titled "FDA Approval of Expanded Age Indication for a Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine." The article summarizes indications for use of the Tdap vaccine Boostrix (GSK), including use in adults age 65 years and older who have not previously received the vaccine. FDA approved this age indication in July 2011. Boostrix is now indicated for use in people age 10 years and older. The article summarizes indications and guidance for use of both Tdap vaccines licensed for U.S. use, Boostrix and Adacel (sanofi pasteur). According to ACIP, either Tdap product may be used in people 65 and older. To access the article, go to [www.cdc.gov/mmwr/pdf/wk/mm6037.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6037.pdf) and see pages 1279–1280.

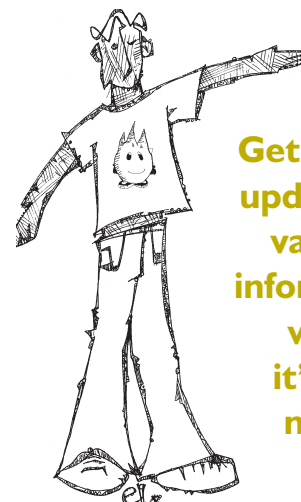
### Additional resources

On Aug. 25, the Institute of Medicine (IOM) released a new report titled "Adverse Effects of Vaccines: Evidence and Causality." Overall, the committee concluded that few health problems are caused by or clearly associated with vaccines. To access the report, go to [www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx](http://www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx).

American College of Physicians' *Guide to Adult Immunization (4th Edition: A Team-Based Manual)* is available at no cost in electronic and hard-copy formats. The guide is intended to help internists develop systematic processes for incorporating immunization in their day-to-day practice. To download the guide, go to

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### Current VISs and dates

The use of most Vaccine Information Statements (VISs) is mandated by federal law. Listed below are the dates of the most current VISs. Check your stock of VISs against this list. If you have outdated VISs, print current ones from IAC's website at [www.immunize.org/vis](http://www.immunize.org/vis). You'll find VISs in more than 30 languages.

DTaP/DT/DTP.....	5/17/07	MMRV .....	5/21/10
Hepatitis A .....	10/25/11	PCV .....	4/16/10
Hepatitis B .....	7/18/07	PPSV .....	10/6/09
Hib .....	12/16/98	Polio .....	1/1/00
HPV (Cervarix) .....	5/3/11	Rabies .....	10/6/09
HPV (Gardasil) .....	5/3/11	Rotavirus .....	12/6/10
Influenza (LAIV) .....	7/26/11	Shingles .....	10/6/09
Influenza (TIV) .....	7/26/11	Td/Tdap .....	11/18/08
Japan. enceph. ....	3/1/10	Typhoid .....	5/19/04
Meningococcal... ..	10/14/11	Varicella .....	3/13/08
MMR .....	3/13/08	Yellow fever .....	3/30/11

# Standing Orders for Administering Td/Tdap to Adults

**Purpose:** To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

**Policy:** Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate adults who meet the criteria below.

## Procedure

1. Identify adults in need of vaccination against tetanus, diphtheria, and pertussis based on the following criteria:
  - a. lack of documentation of at least 3 doses of tetanus- and diphtheria-containing toxoids
  - b. lack of documentation of pertussis-containing vaccine given since age 7 years in adults who
    - are younger than age 65 years, including pregnant women in the third or late second trimester (after 20 weeks gestation)
    - are age 65 years or older who have or anticipate having contact with an infant younger than age 12 months or are a healthcare worker
  - c. completion of a 3-dose primary series of tetanus- and diphtheria-containing toxoids with receipt of the last dose being 10 years ago or longer
  - d. recent deep and dirty wound (e.g., contaminated with dirt, feces, saliva) and lack of evidence of having received tetanus toxoid-containing vaccine in the previous 5 years
  - e. age 65 years or older and wanting to be protected against pertussis
2. Screen all patients for contraindications and precautions to tetanus and diphtheria toxoids (Td) and, if applicable, pertussis vaccine (Tdap):
  - a. **Contraindications:**
    - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).
    - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
  - b. **Precautions:**
    - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
    - history of an arthus-type reaction following a previous dose of tetanus-containing and/or diphtheria-containing vaccine, including meningococcal conjugate vaccine; defer vaccination until at least 10 years have elapsed since the last tetanus-containing vaccine
    - moderate or severe acute illness with or without fever
    - for Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures or progressive encephalopathy
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Administer 0.5 mL Td or Tdap vaccine intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Provide subsequent doses of either Td or Tdap to adults as follows:
  - a. to complete the primary 3-dose schedule: observe a minimum interval of 4 weeks between the first and second doses, and 6 months between the second and third doses.
  - b. to boost with Tdap or Td after primary schedule is complete: **for Tdap**, there is no minimum interval following Td; **for Td booster**, boost routinely every 10 years.
  - c. In pregnancy, if a one-time dose of Tdap has never been administered, give Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
6. Document each patient's vaccine administration information and follow up in the following places:
  - a. **Medical chart:** Record 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. 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.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded or until \_\_\_\_\_ (date). (name of practice or clinic)

Medical Director's signature: \_\_\_\_\_ Effective date: \_\_\_\_\_

For standing orders for other vaccines, go to [www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)

# New! Temperature Logs for Separate Refrigerator and Freezer Vaccine Storage Units

*These logs are ready for you to download, copy, and use!*

**F° Temperature Log for Refrigerator — Fahrenheit** Month/Year: \_\_\_\_\_ Days 1–15

**Completing this temperature log:** Check the temperature in the refrigerator compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed form for 3 years, unless state or local jurisdictions require a longer time period.

**If the recorded temperature is warmer than 46°F or colder than 35°F:** this represents an unacceptable temperature range. You must **take action!**

**Take Action!**  
If temperature is too warm (above 46°F) or too cold (below 35°F):  
1. Store the vaccine under proper conditions as quickly as possible.  
2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.  
3. Call the immunization program at your state or local health department and/or the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected: (\_\_\_\_\_)   
4. Document the action taken on the reverse side of this log.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.															
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am

**Refrigerator — Fahrenheit:**

[www.immunize.org/catg.d/p3037f.pdf](http://www.immunize.org/catg.d/p3037f.pdf)

**C° Temperature Log for Refrigerator — Celsius** Month/Year: \_\_\_\_\_ Days 1–15

**Completing this temperature log:** Check the temperature in the refrigerator compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed form for 3 years, unless state or local jurisdictions require a longer time period.

**If the recorded temperature is warmer than 8°C or colder than 2°C:** this represents an unacceptable temperature range. You must **take action!**

**Take Action!**  
If temperature is too warm (above 8°C) or too cold (below 2°C):  
1. Store the vaccine under proper conditions as quickly as possible.  
2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.  
3. Call the immunization program at your state or local health department and/or the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected: (\_\_\_\_\_)   
4. Document the action taken on the reverse side of this log.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.															
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am

**Refrigerator — Celsius:**

[www.immunize.org/catg.d/p3037c.pdf](http://www.immunize.org/catg.d/p3037c.pdf)

**F° Temperature Log for Freezer — Fahrenheit** Month/Year: \_\_\_\_\_ Days 1–15

**Completing this temperature log:** Check the temperature in the freezer compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed form for 3 years, unless state or local jurisdictions require a longer time period.

**If the recorded temperature is warmer than 5°F:** this represents an unacceptable temperature range. You must **take action!**

**Take Action!**  
If temperature is too warm (above 5°F):  
1. Store the vaccine under proper conditions as quickly as possible.  
2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.  
3. Call the immunization program at your state or local health department and/or the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected: (\_\_\_\_\_)   
4. Document the action taken on the reverse side of this log.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.															
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am

**C° Temperature Log for Freezer — Celsius** Month/Year: \_\_\_\_\_ Days 1–15

**Completing this temperature log:** Check the temperature in the freezer compartment of your vaccine storage unit at least twice each working day. Place an "X" in the box that corresponds with the temperature, the time of the temperature reading, and your initials. Once the month has ended, save each month's completed form for 3 years, unless state or local jurisdictions require a longer time period.

**If the recorded temperature is warmer than -15°C:** this represents an unacceptable temperature range. You must **take action!**

**Take Action!**  
If temperature is too warm (above -15°C):  
1. Store the vaccine under proper conditions as quickly as possible.  
2. Temporarily mark exposed vaccine "do not use" until you have verified whether or not the vaccine may be used.  
3. Call the immunization program at your state or local health department and/or the vaccine manufacturer to determine whether the potency of the vaccine(s) has been affected: (\_\_\_\_\_)   
4. Document the action taken on the reverse side of this log.

Staff Initials															
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Room Temp.															
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am

**Write any unacceptable temps (above -15°C) on these lines.** Then take action!

Acceptable Temperatures	-15°C															
	-16°C															
	-17°C															
	-18°C															
	-19°C															
	-20°C															
	-21°C															
	-22°C															
	-23°C to -40°C and colder															

\*Some frozen vaccines must not be stored colder than -50°C. Check the Prescribing Information on the vaccine manufacturer's website for specific storage temperature instructions.

See back for "Vaccine Storage Troubleshooting Record"

Adapted with appreciation from California Department of Public Health

Technical content reviewed by the Centers for Disease Control and Prevention, August 2011

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**Freezer — Fahrenheit:**

[www.immunize.org/catg.d/p3038f.pdf](http://www.immunize.org/catg.d/p3038f.pdf)

**Freezer — Celsius:**

[www.immunize.org/catg.d/p3038c.pdf](http://www.immunize.org/catg.d/p3038c.pdf)

**Also available — vaccine temperature logs for combined refrigerator/freezer units**

Refrigerator/freezer — Fahrenheit: [www.immunize.org/catg.d/p3039f.pdf](http://www.immunize.org/catg.d/p3039f.pdf)

Refrigerator/freezer — Celsius: [www.immunize.org/catg.d/p3039c.pdf](http://www.immunize.org/catg.d/p3039c.pdf)

# Use IAC's Storage and Handling Materials to Help Safeguard Your Valuable Vaccine Supply

***These materials are ready for you to download, copy, and use!***

### Checklist for Safe Vaccine Storage and Handling

Here are the most important things you can do to safeguard your vaccine supply. Are you doing them all? Review this list to see where you might make improvements in your vaccine management practices. Fill in each box with either **(YES)** or **(NO)**.

Establish Storage and Handling Policies	
<input type="checkbox"/>	1. We have designated a primary vaccine coordinator and at least one back-up coordinator to be in charge of vaccine storage and handling at our facility.
<input type="checkbox"/>	2. Both the primary and back-up vaccine coordinator(s) have completely reviewed either CDC's online vaccine storage and handling guidance or equivalent training materials offered by our state health department's immunization program.
<input type="checkbox"/>	3. We have detailed, up-to-date, written policies for general vaccine management, including policies for routine maintenance of equipment used for vaccine storage and handling.

### Vaccine Handling Tips

Outdated or improperly stored vaccines won't protect patients!

**Freezer**

Maintain refrigerator at 35–46°F (2–8°C)

Maintain freezer temperature at -5°F (-15°C) or colder

**Refrigerator**

**Manage vaccine inventories.**  
Inventory your vaccine supplies at least monthly and before placing an order. Expired vaccine must never be used and is money wasted!

**Always use the vaccine with the soonest expiration date first.**  
Move vaccine with the soonest expiration date to the front of the storage unit and mark it to be used first. Keep vaccine vials in their original boxes.

**Store vaccine appropriately.\***  
Place vaccines in refrigerator or freezer immediately upon receiving shipment. Place vaccine in clearly labeled wire baskets or other open containers with a 2–3" separation between baskets and from wall of unit. Separate VFC-supplied vaccines from vaccines that are privately purchased. Do not store vaccines in the door or on the floor of the unit.

\*MMR may be stored in either the freezer or the refrigerator.  
†Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of a vaccine, you should immediately place the vaccine in recommended storage, mark it "do not use," and then call your state health department(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization state or local health department.

**Record your health department's phone number here:** \_\_\_\_\_

### Don't Be Guilty of These Errors in Vaccine Storage and Handling

The following are frequently reported errors in vaccine storage and handling. Some of these errors are much more serious than others, but none of them should occur. Be sure your clinic or practice is not making errors such as these.

**Error #1: Designating only one person, rather than at least two, to be responsible for storage and handling of vaccines**  
Since vaccines are both expensive and fragile, everyone in the office should know the basics of vaccine handling, including what to do when a shipment arrives and what to do in the event of an equipment failure or power outage. It's very important to train at least one back-up person in all aspects of proper storage and handling of vaccines. The back-up and primary persons should be equally familiar with all aspects of vaccine storage and handling, including how to handle vaccines when they arrive, how to properly record deliveries, and how to troubleshoot problems.

**Error #7: Recording temperatures for only the refrigerator or freezer, rather than both**  
It is essential to monitor and record temperatures in all refrigerators and freezers used to store vaccine. At all times you should have calibrated thermometers in the refrigerators as well as the freezers. Assume that your storage temperature monitoring is accurate by purchasing thermometers that have a Certificate of Calibration.

### Emergency Response Worksheet

What to do in case of a power failure or another event that results in vaccine storage outside of the recommended temperature range

Follow these procedures:

- Close the door tightly and/or plug in the refrigerator/freezer.
- Ensure the vaccine is kept at appropriate temperatures. Make sure the refrigerator/freezer is working properly or move the vaccine to a unit that is. Do not discard the affected vaccines. Mark the vaccines so that the potentially compromised vaccines can be easily identified.
- Notify the local or state health department or call the manufacturer (see contact information on vaccine packaging).

Record this information\*:

- Temperature of refrigerator: current \_\_\_\_\_ max \_\_\_\_\_ min \_\_\_\_\_
- Temperature of freezer: current \_\_\_\_\_ max \_\_\_\_\_ min \_\_\_\_\_
- Air temperature of room where refrigerator is located: \_\_\_\_\_
- Estimated amount of time the unit's temperature was outside normal range: \_\_\_\_\_
- Vaccines in the refrigerator/freezer during the event (use the table below)

Vaccine	Lot Number	Expiration Date	Action taken

Manufacturers:  
Cruce Vacines Inc. (800) 533-5899  
CSL Biotherapies, Inc. (888) 435-8633  
GlaxoSmithKline (888) 825-5249  
MedImmune, Inc. (877) 633-4411  
Merck & Co., Inc. (800) 672-6272  
Novartis Vaccines (800) 244-7668  
Pfizer Inc. (800) 438-1985  
sanofi pasteur (800) 822-2463

State health department phone number \_\_\_\_\_

\*See www.immunize.org/atg/d0301.pdf • Item #F3051 (10/10)  
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WARNING!

Expensive Vaccine in Storage!

¡AVISO! Contiene vacunas caras

DO NOT STOP POWER TO CIRCUIT BREAKER # \_\_\_\_\_

NO DESCONECTE EL INTERRUPTOR DE CORRIENTE # \_\_\_\_\_

In event of a power outage,  
Si hay un problema de energía,

DO NOT UNPLUG!

¡No desconecte el refrigerador!

**Checklist for Safe Vaccine Storage and Handling:** [www.immunize.org/catg.d/p3035.pdf](http://www.immunize.org/catg.d/p3035.pdf)

**Vaccine Handling Tips:** [www.immunize.org/catg.d/p3048.pdf](http://www.immunize.org/catg.d/p3048.pdf)

**Do Not Stop Power to Circuit Breaker (sign):** [www.immunize.org/catg.d/p2091.pdf](http://www.immunize.org/catg.d/p2091.pdf)

**Do Not Unplug (sign):** [www.immunize.org/catg.d/p2090.pdf](http://www.immunize.org/catg.d/p2090.pdf)

**Don't Be Guilty of These Errors in Vaccine Storage and Handling:** [www.immunize.org/catg.d/p3036.pdf](http://www.immunize.org/catg.d/p3036.pdf)

**Emergency Response Worksheet:** [www.immunize.org/catg.d/p3051.pdf](http://www.immunize.org/catg.d/p3051.pdf)



# Influenza Vaccine Products for the 2011–12 Influenza Season

## Information about influenza vaccine products

Manufacturer	Trade Name	How Supplied	Mercury Content (µg Hg/0.5mL)	Age Group	Product Code <sup>1</sup>
CSL Biotherapies	Afluria (TIV) <sup>2</sup>	0.5 mL (single-dose syringe)	0	9 years & older <sup>3</sup>	90656
		5.0 mL (multi-dose vial)	24.5		90658 Q2035 (Medicare)
GlaxoSmithKline	Fluarix (TIV)	0.5 mL (single-dose syringe)	0	3 years & older	90656
ID Biomedical Corp of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (TIV)	5.0 mL (multi-dose vial)	25	18 years & older	90658 Q2036 (Medicare)
MedImmune	FluMist (LAIV) <sup>2</sup>	0.2 mL (single-use nasal spray)	0	2 through 49 years	90660
Novartis Vaccines	Fluvirin (TIV)	0.5 mL (single-dose syringe)	≤1	4 years & older	90656
		5.0 mL (multi-dose vial)	25		90658 Q2037 (Medicare)
sanofi pasteur	Fluzone (TIV)	0.25 mL (single-dose syringe)	0	6 through 35 months	90655
		5.0 mL (multi-dose vial)	25	6 through 35 months	90657
		0.5 mL (single-dose syringe)	0	3 years & older	90656
		0.5 mL (single-dose vial)	0	3 years & older	90656
		5.0 mL (multi-dose vial)	25	3 years & older	90658 Q2038 (Medicare)
	Fluzone High-Dose (TIV)	0.5 mL (single-dose syringe)	0	65 years & older	90662
	Fluzone Intradermal (TIV)	0.1 mL (single-dose microinjection system)	0	18 through 64 years	90654

1. Effective for claims with dates of service on or after 1/1/2011, CPT code 90658 is no longer payable for Medicare; rather, HCPCS Q codes (as indicated above) should be submitted for Medicare payment purposes.
2. TIV is the abbreviation for trivalent inactivated influenza vaccine (injectable); LAIV is the abbreviation for live attenuated influenza vaccine (nasal spray).
3. On August 6, 2010, ACIP recommended that Afluria not be used in children younger than age 9 years. If no other age-appropriate TIV 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 2011–2012 influenza season.



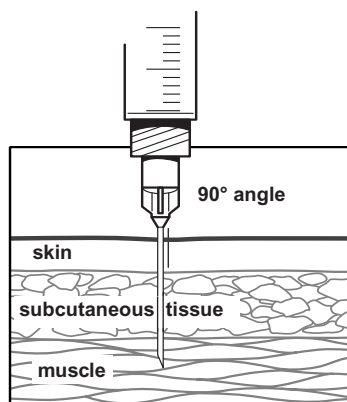
# How to administer intramuscular, intradermal, and intranasal influenza vaccines

## Intramuscular injection

Trivalent Inactivated Influenza Vaccines (TIV)

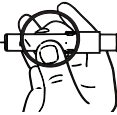


1. Use a needle long enough to reach deep into the muscle. Infants age 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; children and adults 3 yrs and older: 1–1½".
2. With your left hand\*, bunch up the muscle.
3. With your right hand\*, insert the needle at a 90° angle to the skin with a quick thrust.
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.




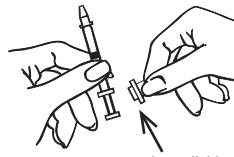
## Intradermal administration

Trivalent Inactivated Influenza Vaccine (TIV)

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.

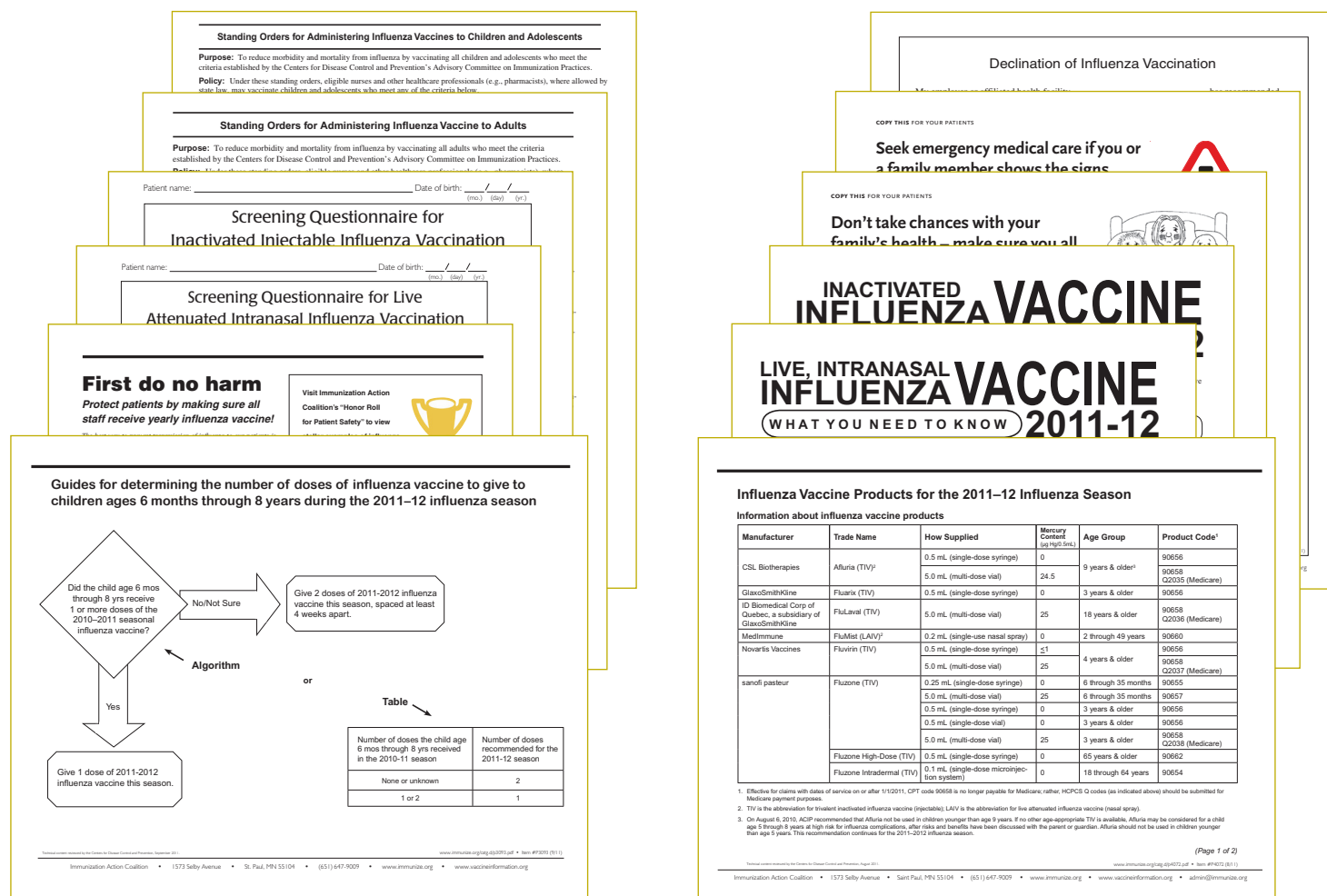
## Intranasal administration

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 (i.e., head not tilted back), 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.

# Influenza Education Materials for Patients & Staff

*Free and CDC-reviewed, they're ready for you to download, copy, and use!*



For 8-1/2" x 11" copies of the pieces above, visit IAC's website: [www.immunize.org](http://www.immunize.org)

1. Standing orders for administering influenza vaccines to children & adolescents: [www.immunize.org/catg.d/p3074a.pdf](http://www.immunize.org/catg.d/p3074a.pdf)
2. Standing orders for administering influenza vaccine to adults: [www.immunize.org/catg.d/p3074.pdf](http://www.immunize.org/catg.d/p3074.pdf)
3. Screening questionnaire for inactivated injectable influenza vaccination: [www.immunize.org/catg.d/p4066.pdf](http://www.immunize.org/catg.d/p4066.pdf)
4. Screening questionnaire for live attenuated intranasal influenza vaccination: [www.immunize.org/catg.d/p4067.pdf](http://www.immunize.org/catg.d/p4067.pdf)
5. First do no harm: Protect patients by making sure all staff receive yearly influenza vaccine! [www.immunize.org/catg.d/p2014.pdf](http://www.immunize.org/catg.d/p2014.pdf)
6. Declination of influenza vaccination (for healthcare worker refusal): [www.immunize.org/catg.d/p4068.pdf](http://www.immunize.org/catg.d/p4068.pdf)
7. Influenza vaccine products for the 2011-12 influenza season: [www.immunize.org/catg.d/p4072.pdf](http://www.immunize.org/catg.d/p4072.pdf)
8. Seek emergency medical care if you or a family member shows the signs below: [www.immunize.org/catg.d/p4073.pdf](http://www.immunize.org/catg.d/p4073.pdf)
9. Don't take chances with your family's health—make sure you all get vaccinated against influenza! [www.immunize.org/catg.d/p4069.pdf](http://www.immunize.org/catg.d/p4069.pdf)
10. Federally required Vaccine Information Statements in English and other languages: [www.immunize.org/vis](http://www.immunize.org/vis)
  - Inactivated Influenza Vaccine: What you need to know: [www.immunize.org/vis/flu\\_inactive.pdf](http://www.immunize.org/vis/flu_inactive.pdf)
  - Live, Intranasal Influenza Vaccine: What you need to know: [www.immunize.org/vis/flu\\_live.pdf](http://www.immunize.org/vis/flu_live.pdf)
11. Guides for determining number of doses of influenza vaccine for children 6 months through 8 years: [www.immunize.org/catg.d/p3093.pdf](http://www.immunize.org/catg.d/p3093.pdf)

## Standing Orders for Administering Influenza Vaccines

*These documents are ready for you to download, copy, and use!*

## 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:** Under these standing orders, eligible nurses and other healthcare professionals (e.g., pharmacists), where allowed by state law, may vaccinate patients who meet any of the criteria below.

### Procedure:

3. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
  - a. **Contraindications:** a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf). Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylactic; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
  - b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe patient for at least 30 minutes following vaccination); for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must 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. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
4. Administer influenza vaccine as follows: a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A ¾" needle may be used for adults weighing less than 130 lbs (<60 kg) for injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle; or b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position; or c) For adults ages 18 through 64 years, give 0.1 mL TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle; or d) For adults ages 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Document each patient's vaccine administration information and follow up in the following places:
  - a. **Medical chart:** Record 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until rescinded or until \_\_\_\_\_ (date).  
(name of practice or clinic)

Medical Director's signature:\_\_\_\_\_ Effective date:\_\_\_\_\_

[www.immunize.org/catg.d/p3074.pdf](http://www.immunize.org/catg.d/p3074.pdf) • Item #P3074 (8/11)

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • [www.immunize.org](http://www.immunize.org) • [www.vaccineinformation.org](http://www.vaccineinformation.org)

**Additional sets of standing orders  
for all routinely recommended  
vaccines are available at  
[www.immunize.org/standing-orders](http://www.immunize.org/standing-orders)**

Influenza vaccination standing orders for adults: [www.immunize.org/catg.d/p3074.pdf](http://www.immunize.org/catg.d/p3074.pdf)

**Influenza vaccination standing orders for children: [www.immunize.org/catg.d/p3074a.pdf](http://www.immunize.org/catg.d/p3074a.pdf)**

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

### Administering Influenza Vaccines to Children and Adolescents

ality from influenza by vaccinating all children and adolescents who meet the ease Control and Prevention's Advisory Committee on Immunization Practices, gible nurses and other healthcare professionals (e.g., pharmacists), where allowed by lescents who meet any of the criteria below.

6 months and older who have not completed their influenza vaccination(s) for the

### Indications and precautions to influenza vaccine:

mic or anaphylactic reaction after ingesting eggs, after receiving a previous dose n/a vaccine component. For a list of vaccine components, go to [www.cdc.gov/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/appendices/B/excipient-table-2.pdf). Do not give live attenuated influenza vaccine with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylactic, younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheezing, based on a healthcare provider's statement; or children or adolescents with (na), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, diabetes) disorders; immunosuppression, including that caused by medications applies to a child or adolescent age 6 mos through 18 yrs).

ute illness with or without fever; history of Guillain-Barré syndrome within vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe cination); for LAIV only, close contact with an immunosuppressed person when ion, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or hours or possibility of use within 14 days after vaccination

minor, their parent or legal representative) with a copy of the most current federal (or must document in the patient's medical record or office log, the publication date the patient (parent/legal representative). Provide non-English speaking patients with (ge, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).

ated vaccine (TIV) intramuscularly in the vastus lateralis for infants (and toddlers be deltoid muscle) (for toddlers, children, and teens). Use a 22–25 g needle. Choose age and body mass: infants 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; 3yrs children 6–35 mos and 0.5 mL for all others age 3 yrs and older. (Note: A % weight less than 130 lbs (<60kg) for injection in the deltoid muscle *only* if the skin is not bunched, and the injection is made at a 90-degree angle.) Alternatively, may be given 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while children age 6 mos through 8 yrs should receive a second dose 4 wks or more after jenza vaccine for the first time or if they did not receive at least 1 dose of vaccine

5. Document each patient's vaccine administration information and follow up in the following places:
  - a. **Medical chart:** Record 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. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
  - b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. 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.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ until  
rescinded or until \_\_\_\_\_ (date).  
(name of practice or clinic)

Medical Director's signature: \_\_\_\_\_ Effective date: \_\_\_\_\_

www.immunize.org/catg.d/p3074a.pdf • Item #P3074a (8/11)

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Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

## Screening Questionnaire for Inactivated Injectable Influenza Vaccination

**For adult patients as well as parents of children 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo.) (day) (yr.)

## Screening Questionnaire for Live Attenuated Intranasal Influenza Vaccination

**For adult patients as well as parents of children to be vaccinated:** 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.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person to be vaccinated have an allergy to eggs or to a component of the influenza vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the person to be vaccinated ever had a serious reaction to intranasal influenza vaccine (FluMist) in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease, asthma, kidney disease, neurologic or neuromuscular disease, liver disease, metabolic disease (e.g., diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider ever told you that he or she had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the person to be vaccinated have a weakened immune system because of HIV/AIDS or another disease that affects the immune system, long-term treatment with drugs such as high-dose steroids, or cancer treatment with radiation or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the person to be vaccinated receiving antiviral medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the child or teen to be vaccinated receiving aspirin therapy or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the person to be vaccinated pregnant or could she become pregnant within the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the person to be vaccinated ever had Guillain-Barré syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Technical content reviewed by the Centers for Disease Control and Prevention, August 2011.

[www.immunize.org/catg.d/p4067.pdf](http://www.immunize.org/catg.d/p4067.pdf) • Item #P4067 (8/11)

IAC's  
"Ask the  
Experts"  
team  
from  
CDC



Andrew T. Kroger, MD, MPH



Donna L. Weaver, RN, MN



William L. Atkinson, MD, MPH

unlikely to have an egg allergy. Don't rely on their ability to eat eggs in baked products (e.g., cakes, cookies), however, since the baking might denature the protein and mask an intrinsic anaphylactic allergy to eggs.

**With Boostrix (Tdap, GSK) now licensed for use in people age 65 years and older, should we stop using Adacel (Tdap, sanofi pasteur) for this age group and use only Boostrix?**

No. CDC allows use of either product for people age 65 years and older.

**We have a local provider who gives immunizations in the buttocks. This isn't the preferred anatomic site for any age, is it?**

No, it isn't. Such information is covered in ACIP's General Recommendations on Immunization: [www.cdc.gov/mmwr/pdf/rr/rr6002.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf) (pages 13–16).

Helpful related handouts from IAC

- How to Administer IM and SC Injections: [www.immunize.org/catg.d/p2020.pdf](http://www.immunize.org/catg.d/p2020.pdf)
- How to Administer IM and SC Injections to Adults: [www.immunize.org/catg.d/p2020A.pdf](http://www.immunize.org/catg.d/p2020A.pdf)

## Healthcare personnel issues

**Which vaccines does ACIP specifically recommend that healthcare personnel (HCP) receive in order to work in a healthcare setting?**

ACIP recommends that all HCP be vaccinated with 2 doses of MMR vaccine (or have evidence of measles, mumps, and rubella immunity), annual influenza vaccination, 1 dose of Tdap (especially to protect against pertussis), 3 doses of hepatitis B vaccine for those who might be exposed to blood or body fluids at work, and 2 doses of varicella vaccine (or have evidence of varicella immunity). For definitions of evidence of immunity to mumps, measles, rubella, and varicella, please refer to [www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-Aug2009-508.pdf](http://www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-Aug2009-508.pdf) (for MMR) and [www.cdc.gov/mmwr/pdf/rr/r5604.pdf](http://www.cdc.gov/mmwr/pdf/rr/r5604.pdf) (page 26, for varicella).

**For which workers in healthcare settings does the Occupational Safety and Health Adminis-**

**tration (OSHA) require that hepatitis B vaccine be provided?**

OSHA requires that hepatitis B vaccine be provided free of charge to HCP who have reasonably anticipated contact with blood or body fluids on the job. This requirement does not include HCP who would not be expected to have occupational risk, such as billing staff and general office workers. Employers must ensure that workers who decline hepatitis B vaccination sign a declination form. For a fact sheet about this OSHA requirement, go to [www.osha.gov/OshDoc/data/BloodborneFacts/bbfact05.pdf](http://www.osha.gov/OshDoc/data/BloodborneFacts/bbfact05.pdf).

**If an employee has 2 documented doses of MMR but has negative or equivocal titers for 1 or more of the antigens, what should we do? Same question if an employee has 2 documented doses of varicella vaccine but tests negative.**

Actually, ACIP does not recommend testing for immunity in such situations. For measles, mumps, and rubella, ACIP considers 2 documented doses of MMR vaccine given on or after age 1 year and at least 28 days apart to be evidence of immunity for HCP. For varicella, ACIP considers 2 documented doses of vaccine to be evidence of immunity for HCP as long as doses are given no earlier than age 12 months, with at least 3 months between

doses for children younger than age 13 years, or at least 4 weeks between doses for people age 13 years and older.

Because of the limitations of serologic testing, tests for even properly vaccinated individuals will often come back as negative or equivocal, putting the employee health service in the difficult position of having to do something (e.g., give additional doses, perform a follow-up titer).

If a healthcare worker does not have any documented doses of MMR and/or varicella vaccine, he or she can (1) be tested for immunity or (2) just be given 2 doses of MMR and/or varicella at least 4 weeks apart. ACIP does not recommend serologic testing after vaccination.

For more information on this topic, go to

- IAC's "Ask the Experts" web section on MMR vaccination [www.immunize.org/askexperts/experts\\_mmr.asp](http://www.immunize.org/askexperts/experts_mmr.asp)
- IAC's "Ask the Experts" web section on varicella vaccination [www.immunize.org/askexperts/experts\\_var.asp](http://www.immunize.org/askexperts/experts_var.asp)
- ACIP recommendations on the prevention of measles, mumps, and rubella [www.cdc.gov/mmwr/PDF/rr/rr4708.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf) (pages 18–20)
- ACIP recommendations on the prevention of varicella [www.cdc.gov/mmwr/pdf/rr/rr5604.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) (page 26)

**How soon after a dose of Td can HCP receive a dose of Tdap?**

If they have not previously received Tdap, HCP in hospital, long-term care, and ambulatory care settings should receive a single dose of Tdap as soon as feasible and without regard to the dosing interval since the last Td dose. No minimum interval exists between receiving Td and Tdap.

**Can Tdap be administered to pregnant HCP?**

In June 2011, after studying new safety and efficacy data, ACIP voted to recommend that pregnant women who have never received the

(continued on page 16)

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Subscribe at: [www.immunize.org/subscribe](http://www.immunize.org/subscribe)

To find more than a thousand "Ask the Experts" Q&As answered by CDC experts, go to

[www.immunize.org/askexperts](http://www.immunize.org/askexperts)



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Tdap vaccine be vaccinated with Tdap during their third trimester or the second half of their second trimester (after 20 weeks gestation) to optimize the concentration of maternal antibodies transferred to the fetus. ACIP made this recommendation in response to the continuing pertussis outbreak, with the goal of protecting newborns with maternal antibodies and decreasing the risk of transmission from mother to infant after birth. If the vaccine is not administered during pregnancy, it should be administered immediately postpartum. On October 21, 2011, CDC issued recommendations for use of Tdap in pregnant women. To obtain the recommendations, go to pages 1424–1426 of this document: [www.cdc.gov/mmwr/pdf/wk/mm6041.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6041.pdf).

#### Can pregnant healthcare personnel administer live-virus vaccines?

A pregnant staff member can administer any vaccine except smallpox vaccine.

#### Why is it so important to vaccinate HCP against influenza?

Because HCP frequently provide care to patients at high risk for complications of influenza, achieving high rates of vaccination among HCP will reduce disease burden and healthcare costs.

Influenza is readily transmitted for 24 hours before a person develops influenza symptoms. That means symptom-free unvaccinated HCP can transmit influenza virus to patients before developing symptoms and electing to stay home as a way to prevent transmission.

#### Why does CDC recommend that we consider obtaining a signed declination from HCP who refuse influenza vaccination?

Some studies have shown an increase in HCP influenza vaccine acceptance when decliners are required to sign such a statement. In addition, such statements can help a vaccination program assess the reasons for declination and plan future educational efforts.

Here is a link to IAC's sample influenza vaccination

declination form: [www.immunize.org/catg.d/p4068.pdf](http://www.immunize.org/catg.d/p4068.pdf).

**Please tell me which professional associations have endorsed mandatory influenza vaccination for HCP and have created policy statements to that effect.**

The following professional associations have issued policy statements supporting mandatory HCP influenza vaccination:

- American Academy of Family Physicians [www.aafp.org/online/en/home/clinical/immunizationres/influenza/mandatoryinfluenza.html](http://www.aafp.org/online/en/home/clinical/immunizationres/influenza/mandatoryinfluenza.html)
- American Academy of Pediatrics <http://pediatrics.aappublications.org/content/early/2010/09/13/peds.2010-2376.abstract>
- American College of Physicians [www.acponline.org/clinical\\_information/resources/adult\\_immunization/flu\\_hcw.pdf](http://www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf)
- American Hospital Association: [www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf](http://www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf)
- American Medical Directors Association [www.amda.com/governance/resolutions/J11.cfm](http://www.amda.com/governance/resolutions/J11.cfm)
- American Pharmacists Association [click here](http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1410)
- American Public Health Association [www.apha.org/advocacy/policy/policysearch/default.htm?id=1410](http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1410)

### Stay current with FREE subscriptions

The Immunization Action Coalition's 2 periodicals, *Needle Tips* and *Vaccinate Adults*, 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](http://www.immunize.org/subscribe)**

- Association for Professionals in Infection Control and Epidemiology [click here](http://www.aphis.org)
- Infectious Diseases Society of America [click here](http://www.idsociety.org)
- Society for Healthcare Epidemiology of America [www.jstor.org/stable/10.1086/656558](http://www.jstor.org/stable/10.1086/656558)

You can find additional information about mandatory influenza vaccination for HCP, including a list of more than 100 healthcare settings that have implemented mandatory vaccination programs. Access IAC's Honor Roll for Patient Safety web section at [www.immunize.org/honor-roll](http://www.immunize.org/honor-roll).

## IAC Welcomes Laurel Wood as Coordinator for Public Health

Laurel Wood, MPA, recently joined the Immunization Action Coalition (IAC) as coordinator for public health. Laurel has worked in a variety of public health communicable disease/epidemiology programs for almost thirty years. She recently retired after serving for sixteen years as the immunization program manager for the Alaska Department of Health and Social Services. In that role Laurel provided overall management and oversight for multiple program activities, including distribution of vaccines from a centralized depot to public and private providers throughout the state, development of a state immunization information system (IIS), and coordination of site visits with VFC providers and school/child care facilities. Laurel is the author of more than eighty immunization articles published in the *State of Alaska Epidemiology Bulletin*, and for many years she provided immunization training for students in the nursing/nurse practitioner programs at the University of Alaska Anchorage.

Laurel was the recipient of the 2007 Natalie



Laurel Wood, MPA

J. Smith, M.D. Award, presented by the Association of Immunization Managers (AIM) "in recognition of her high level of initiative, creativity and commitment to achieving vaccine-preventable disease goals, her service as a role model for immunization program managers, and her significant contributions to the advancement of the mission of the Association of Immunization Managers."

Prior to moving to Alaska, Laurel served for fourteen years in a variety of roles with the Tennessee Department of Health, including section chief of Communicable and Environmental Disease Services and director of the AIDS/HIV Program.

Laurel helped found the Association of Immunization Managers, serving in leadership capacities or as a member of the organization's Executive Committee from 1999–2011. In 1999, she became AIM's original chair, and she assumed the role of chair again in 2009. She represented AIM on several national committees and served as the lead of the Guidelines for Vaccine Storage and Handling Equipment Subgroup of CDC's International Vaccine Stability Workgroup.

Laurel's photograph has been added to IAC's staff page at [www.immunize.org/aboutus/iacstaff.asp](http://www.immunize.org/aboutus/iacstaff.asp).

### Vaccinate Adults correction policy

If you find an error, please notify us immediately by sending an email message to [admin@immunize.org](mailto:admin@immunize.org). We publish notification of significant errors in our email announcement service, *IAC Express*. Be sure you're signed up for this service. To subscribe, visit [www.immunize.org/subscribe](http://www.immunize.org/subscribe).