

VACCINATE ADULTS!

from the Immunization Action Coalition — www.immunize.org

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Recommend needed vaccines to adults at every visit. If you don't stock the vaccine, refer patients to a provider who does.

Adult immunization rates in the United States are embarrassingly low. As a result, more than 50,000 adults will die from vaccine-preventable diseases this year, and hundreds of thousands more will be hospitalized. Why have we done such a poor job of immunizing our adult population? Several reasons have been identified in answer to this question.

A poorly developed adult immunization infrastructure hinders access to vaccination, and lingering concerns over the adequacy of payments continue to deter some providers from offering vaccines to adults. Unfortunately, many adults have limited awareness about the vaccines recommended for them, continuing to think that “vaccines are just for kids.” And their providers may compound this problem by failing to incorporate routine assessment of adult vaccine needs and vaccination into routine clinical care.

Fortunately, there is one unequivocal method to combat these challenges. Research consistently shows that a provider's recommendation is the single most influential factor in convincing adults to get vaccinated. For example, a pregnant woman who receives a provider's recommendation to be vaccinated against influenza is five times more likely to be vaccinated.

Unfortunately, many providers do not recommend adult vaccines strongly enough. And providers who do not offer immunizations in their practices often do not even consider necessary immunizations in their patient assessments. This sends the message that adult immunizations are an afterthought, not important enough to merit a

conversation at each and every clinical encounter with the patient. Given this lack of attention, how can we be surprised that many adults do not value immunizations to protect themselves from illness?

When the National Vaccine Advisory Committee (NVAC) released its [updated standards for immunization of adults](http://www.hhs.gov/nvpo/nvac/reports/nvacstandards.pdf) (www.hhs.gov/nvpo/nvac/reports/nvacstandards.pdf) in September, it addressed this problem head-on. These standards emphasize that ALL healthcare providers, including those who do not offer all recommended adult vaccines in their practices, have a responsibility to ensure that their adult patients are up to date on recommended vaccines. NVAC recommends that providers: assess vaccination needs for their patients at each visit; recommend needed vaccines; offer the vaccine or, if the provider does not stock the needed vaccines, refer the patient to a provider who does vaccinate; and follow up to ensure the vaccine was received.

These new standards for adult immunization sound an alert to all healthcare providers to step up and deliver adult vaccines to their patients. Only when we start assessing for necessary vaccines for our adult patients will they understand their importance. Only when we start strongly recommending the needed vaccines will our patients understand the urgency of getting vaccinated. And only when we ensure that our patients are vaccinated, either by doing it ourselves or by referring them to a vaccinating provider, can we assure that the morbidity and mortality associated with adult vaccine preventable diseases begin to decline. It's in our hands.

Ask the Experts

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

Immunization questions?

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

Influenza vaccine

We inadvertently administered intradermal influenza vaccine (Fluzone ID, sanofi) to a patient who is not in the recommended age range of 18 through 64 years. What should we do now?

Because people younger than age 9 years or older than 65 years are more likely to have skin that is too thin for proper intradermal administration, a dose given to a person in these age ranges should be considered invalid, and the patient should be revaccinated. For people age 9 through 17 years, the dose is considered valid and does not have to be repeated if the clinician is certain that the dose was administered intradermally rather than subcutaneously. If there is any doubt about whether the dose was injected intradermally, it should be repeated.

Ask the Experts . . . continued on page 15



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Vaccinate Adults!

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The Immunization Action Coalition Connects with the Public

Please refer parents and others to vaccineinformation.org and IAC's Facebook page

Website for Parents, Teens, and Adults

IAC's Vaccine Information You Need website — www.vaccineinformation.org — is a resource intended to support your efforts to educate your patients and the public about vaccines, vaccination, and vaccine-preventable diseases. Parents and your teen and adult patients can find information on specific vaccines and on vaccines needed by particular age groups. Our website includes personal stories, hundreds of videos, and other resources tailored to public interests and concerns. If your healthcare organization has a website, blog, or Facebook page, we ask you to add a link to IAC's website for the public: www.vaccineinformation.org.

Social Media and IAC

We are delighted to announce that IAC's online presence has expanded to include social media platforms. IAC invites you and your patients to connect with us on Facebook and Twitter. Our Facebook page is designed to help parents and all interested Facebook users learn about vaccines and their importance. If you have a personal or organizational Facebook page, please take a minute to "like" IAC on Facebook. If you have an account on Twitter, please take a minute to Follow @ImmunizeAction on Twitter. Also, you and your patients are invited to view and repost videos available from IAC's YouTube account.

IAC is committed to supporting your efforts to promote appropriate and timely vaccination. Together, we can encourage public vaccine awareness that leads to better informed healthcare decisions.

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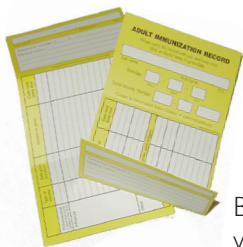
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or mail a check to the Immunization Action Coalition, 1573 Selby Avenue, Suite 234, St. Paul, MN, 55104, or call us at 651-647-9009.

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



Now you can give any patient a permanent vaccination record card designed specifically for their age group: adult, child & teen, 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 and click on the images.

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To receive sample cards, contact us: 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 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, or use the order form on page 16.

For 100 or more copies, contact us for discount pricing: admininfo@immunize.org

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

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Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in Vaccine Highlights is current as of November 22, 2013.

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 three times a year in Atlanta; meetings are open to the public. The next two meetings will be held on Feb. 26–27, and June 25–26, 2014. For more information, visit www.cdc.gov/vaccines/acip/index.html.

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 readily available. Here are sources:

- Download them from links on Immunization Action Coalition (IAC) website: www.immunize.org/acip.
- Download them from CDC's ACIP website: www.cdc.gov/vaccines/hcp/acip-recs.

On October 22, CDC posted minutes of ACIP's June 2013 meeting at www.cdc.gov/vaccines/acip/meetings/downloads/min-archive/min-jun13.pdf. In addition, extensive information on ACIP meetings is available at www.cdc.gov/vaccines/acip/meetings/meetings-info.html, including details on past and upcoming meetings, meeting dates, registration, draft agendas, minutes, live archives, and presentation slides.

Influenza news

This year, National Influenza Vaccination Week (NIVW) is planned for December 8–14. NIVW is a national observance that was established to highlight the importance of continuing influenza vaccination. For more information, visit www.cdc.gov/flu/nivw.

On September 20, CDC issued *Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices—U.S., 2013–2014*. Routine annual influenza vaccination is recommended for all people age 6 months and older. The report describes recently approved vaccines, including quadrivalent live attenuated influenza vaccine (LAIV4), quadrivalent inactivated influ-

enza vaccine (IIV4), trivalent cell culture-based inactivated influenza vaccine (ccIIV3), and trivalent recombinant influenza vaccine (RIV3). No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one product is otherwise appropriate. The ACIP recommendations are available at www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

CDC recently published three articles in *MMWR* on influenza vaccination coverage:

- “Surveillance of Influenza Vaccination Coverage—U.S., 2007–08 Through 2011–12 Influenza Seasons” in the Oct. 25 issue at www.cdc.gov/mmwr/preview/mmwrhtml/ss6204a1.htm,
- “Influenza Vaccination Coverage Among Health-Care Personnel—U.S., 2012–13 Influenza Season” in the Sept. 27 issue at www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a2.htm, and
- “Influenza Vaccination Coverage Among Pregnant Women—U.S., 2012–13 Influenza Season” in the Sept. 27 issue at www.cdc.gov/mmwr/preview/mmwrhtml/mm6238a3.htm.

On August 22, CDC released a “Dear Colleague” letter written by Anne Schuchat, MD, director, NCIRD. In the letter, Dr. Schuchat urges health-care professionals to talk with patients and the parents of children about the benefits of yearly influenza vaccination for people of all ages. The letter also encourages providers to begin vaccinating as soon as vaccine is available and to educate themselves about the influenza vaccine options currently available. Access the letter at www.cdc.gov/flu/pdf/professionals/lettertoproviders.pdf.

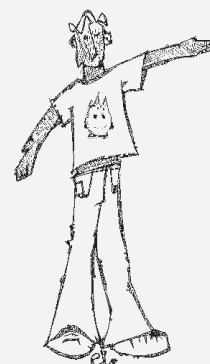
Measles news

In the September 13 issue of *MMWR*, CDC published three reports on measles outbreaks in the United States:

- “Measles—U.S., January 1–August 24, 2013,” available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a2.htm;
- “Notes from the Field: Measles Outbreak Among Members of a Religious Community—Brooklyn, New York, March–June 2013” at www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a5.htm; and
- “Notes from the Field: Measles Outbreak Associated with a Traveler Returning from India—North Carolina, April–May 2013” at www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a6.htm.

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Get weekly updates on vaccine information while it's still news!

All the news we publish in “Vaccine Highlights” will be sent by email to you every Tuesday. Free! To sign up for IAC Express—and any of our other free publications—visit

www.immunize.org/subscribe

New and updated VISs

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. You'll find VISs in more than 30 languages.

DTaP/DT/DTP....	5/17/07	MMRV	5/21/10
Hepatitis A	10/25/11	PCV13	2/27/13
Hepatitis B	2/2/12	PPSV	10/6/09
Hib	12/16/98	Polio	11/8/11
HPV (Cervarix)....	5/3/11	Rabies	10/6/09
HPV (Gardasil)....	5/17/13	Rotavirus	8/26/13
Influenza (LAIV) ...	7/26/13	Shingles	10/6/09
Influenza (TIV)	7/26/13	Td/Tdap	1/24/12
Japan. enceph.	12/7/11	Tdap	5/9/13
Meningococcal.....	10/14/11	Typhoid	5/29/12
MMR	4/20/12	Varicella	3/13/08
Multi-vaccine VIS...1	11/16/12	Yellow fever	3/30/11

(for 6 vaccines given to infants/children: DTaP, IPV, Hib, HepB, PCV, RV)

For a ready-to-print version of this table for posting in your practice, go to www.immunize.org/catg.d/p2029.pdf.

Checklist for Safe Vaccine Storage and Handling

Checklist for Safe Vaccine Storage and Handling

Are you doing everything you should to safeguard your vaccine supply?
Review this list to see where you might make improvements in your vaccine management practices. Check each listed item with either **YES** or **NO**.

Establish Storage and Handling Policies

- YES** **NO** 1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.
- YES** **NO** 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit (www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf) or equivalent training materials offered by our state or local health department's immunization program.
- YES** **NO** 3. We have detailed, up-to-date, written policies for general vaccine management, including policies for routine activities and an emergency response. Our policies are based on CDC's Vaccine Storage & Handling Toolkit, our state or local health department's policies, or both.
- YES** **NO** 4. We review these policies with all staff and contractors who are hired.

Log In New Vaccine Shipments

- YES** **NO** 5. We maintain a vaccine inventory log that includes:
- YES** **NO** a. Vaccine name and number of doses
- YES** **NO** b. Date we received the vaccine
- YES** **NO** c. Condition of vaccine when we received it
- YES** **NO** d. Vaccine manufacturer and lot number
- YES** **NO** e. Vaccine expiration date

Use Proper Storage Equipment

- YES** **NO** 6. We store vaccines in separate, self-contained, lockable combination units, or we use combination units in a separate stand-alone refrigerator or freezer.
- YES** **NO** 7. We store vaccines in units with enough space to allow for expansion.
- YES** **NO** 8. We never store any vaccines in a door or in the freezer compartment inside the door.
- YES** **NO** 9. We use only calibrated thermometers ("Report of Calibration") and are careful to follow the manufacturer's suggestions for use.
- YES** **NO** 10. We have planned back-up storage units.

* Certificate of Traceability and Calibration Testing ("Report of Calibration") must be traceable to a laboratory with accreditation from the International Accreditation Co. (IAC) Mutual Recognition Program.

IMMUNIZATION ACTION COALITION St. Paul, Minnesota

Are you doing everything you can to safeguard your vaccines?

Checklist for Safe Vaccine Storage and Handling (continued)

page 2 of 3

Ensure Optimal Operation of Storage Units

- YES** **NO** 11. We have a "Do Not Unplug" sign (e.g., www.immunize.org/catg.d/p2090.pdf) next to the electrical outlets for the refrigerator and freezer and a "Do Not Stop Power" warning label (e.g., www.immunize.org/catg.d/p2091.pdf) by the circuit breaker for the electrical outlets. Both signs include emergency contact information.
- YES** **NO** 12. We perform regular maintenance on our vaccine storage units to assure optimal functioning. For example, we keep the units clean, dusting the coils and cleaning beneath the units every 3–6 months.

Maintain Correct Temperatures

- YES** **NO** 13. We always keep at least one accurate calibrated thermometer (+/-1°F [+/-0.5°C]) with the vaccines in the refrigerator and a separate calibrated thermometer with the vaccines in the freezer.
- YES** **NO** 14. We use a thermometer that:
- YES** **NO** a. uses an active display to provide continuous monitoring information
- YES** **NO** b. is digital and has a probe in a glycol solution
- YES** **NO** c. includes an alarm for out-of-range temperatures
- YES** **NO** d. has a reset button with a min/max indicator
- YES** **NO** e. is capable of showing the current temperature
- YES** **NO** f. can measure temperatures within the required range
- YES** **NO** g. has a low-battery indicator
- YES** **NO** 15. We maintain the refrigerator temperature at 36°F–46°F.
- YES** **NO** 16. We maintain the freezer at an average temperature of -5°F to -10°F.
- YES** **NO** 17. We keep extra containers of water in the refrigerator and freezer to help maintain the correct temperature.

Maintain Daily Temperature Logs

- YES** **NO** 18. On days when our practice is open, we record the minimum and maximum temperatures in the morning and right before our facility closes. (See selections a and b.)
- YES** **NO** 19. We document the minimum and maximum temperatures each day, preferably in the morning.
- YES** **NO** 20. We consistently record temperatures on the same scales when we record our temperatures.
- YES** **NO** 21. If the temperature log prompts us to do so, we do not attempt to write in the actual temperature.
- YES** **NO** 22. We follow the directions on the temperature log when the temperature goes out of range.
- YES** **NO** 23. If out-of-range temperatures occur in the refrigerator or freezer, we follow the directions on the log (e.g., www.immunize.org/catg.d/p3041.pdf) and what was done to prevent a recurrence.
- YES** **NO** 24. Trained staff (other than staff designees) are responsible for recording temperatures.
- YES** **NO** 25. We keep the temperature logs on file.

IMMUNIZATION ACTION COALITION St. Paul, Minnesota

Checklist for Safe Vaccine Storage and Handling (continued)

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Store Vaccines Correctly

- YES** **NO** 26. We post signs (e.g., www.immunize.org/catg.d/p3048.pdf) on the doors of the refrigerator and freezer that indicate which vaccines should be stored in the refrigerator and which in the freezer.
- YES** **NO** 27. We do not store any food or drink in any vaccine storage unit.
- YES** **NO** 28. We store vaccines in the middle of the refrigerator or freezer (away from walls and vents), leaving room for air to circulate around the vaccine. We never store vaccine in the doors.
- YES** **NO** 29. We have removed all vegetable and deli bins from the storage unit, and we do not store vaccines in these empty areas.
- YES** **NO** 30. If we must use a combination refrigerator-freezer unit, we store vaccines only in the refrigerator section of the unit. We do not place vaccines in front of the cold-air outlet that leads from the freezer to the refrigerator (often near the top shelf). In general, we try to avoid storing vaccines on the top shelf, and we place water bottles in this location.
- YES** **NO** 31. We check vaccine expiration dates and rotate our supply of each type of vaccine so that vaccines with the shortest expiration dates are located close to the front of the storage unit, facilitating easy access.
- YES** **NO** 32. We store vaccines in their original packaging in clearly labeled uncovered containers.

Take Emergency Action As Needed

- YES** **NO** 33. In the event that vaccines are exposed to improper storage conditions, we take the following steps:
- YES** **NO** a. We restore proper storage conditions as quickly as possible. If necessary, we label the vaccine "Do Not Use" and move it to a unit where it can be stored under proper conditions. We do not discard the vaccine before discussing the circumstances with our state/local health department and/or the appropriate vaccine manufacturers.
- YES** **NO** b. We follow the Vaccine Storage Troubleshooting Record's (www.immunize.org/catg.d/p3041.pdf) instructions for taking appropriate action and documenting the event. This includes recording details such as the length of time the vaccine was out of appropriate storage temperatures and the current room temperature, as well as taking an inventory of affected vaccines.
- YES** **NO** c. We contact our clinic supervisor or other appropriate clinic staff to report the incident. We contact our state/local health department and/or the appropriate vaccine manufacturers for consultation about whether the exposed vaccine can still be used.
- YES** **NO** d. We address the storage unit's mechanical or electrical problems according to guidance from the unit's manufacturer or a qualified repair service.
- YES** **NO** e. In responding to improper storage conditions, we do not make frequent or large changes in thermostat settings. After changing the setting, we give the unit at least a day to stabilize its temperature.
- YES** **NO** f. We do not use exposed vaccines until our state/local health department's immunization program or the vaccine manufacturer has confirmed that the vaccine is acceptable for use. We review this information with our clinic medical director before returning the vaccine to our supply. If the vaccine is not acceptable for use, we follow our state/local health department instructions for vaccine disposition.

If we answer **YES** to all of the above, we give ourselves a pat on the back! If not, we assign someone to implement needed changes!

Technical content reviewed by the Centers for Disease Control and Prevention
IMMUNIZATION ACTION COALITION St. Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3035.pdf • Item #P3035 (10/13)

Checklist for Safe Vaccine Storage and Handling:

www.immunize.org/catg.d/p3035.pdf

First do no harm: Mandatory influenza vaccination policies for healthcare personnel (HCP) help protect patients

View the complete list:

www.immunize.org/honor-roll/influenza-mandates

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)

- www.aafp.org/news-now/health-of-the-public/20110613-mandatoryfluvacc.html

"The AAFP supports annual mandatory influenza immunization for health care personnel (HCP) except for religious or medical reasons (not personal preferences). If HCP 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)

Policy Statement – Recommendation for Mandatory Influenza Immunization of All Health Care Personnel (10/1/10)

- <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2010-2376v1>

"The implementation of mandatory annual influenza immunization programs for HCP nationwide is long overdue. For the prevention and control of influenza, now is the time to put the health and safety of the patient first."

American College of Physicians (ACP)

ACP Policy on Influenza Vaccination of Health Care Workers (9/1/10)

- www.acponline.org/clinical_information/resources/adult-immunization/flu_hcw.pdf

"Vaccinating HCWs [healthcare workers] against influenza represents a duty of care, and a standard of quality care, so it should be reasonable that this duty should supersede HCW personal preference."

American Hospital Association (AHA)

AHA Endorses Patient Safety Policies Requiring Influenza Vaccination of Health Care Workers (7/22/11)

- www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf

"To protect the lives and welfare of patients and employees, AHA supports mandatory patient safety policies that require either influenza vaccination or wearing a mask in the presence of patients across healthcare settings during flu season. The aim is to achieve the highest possible level of protection."

American Medical Directors Association (AMDA)

Mandatory Immunization for Long Term Care Workers (3/11)

- www.amda.com/governance/resolutions/J11.cfm

"Therefore be it resolved, AMDA – Dedicated to Long-Term Care Medicine – supports a mandatory annual influenza vaccination for every long-term health care worker who has direct patient contact unless a medical contraindication or religious objection exists."

American Pharmacists Association (APhA)

Requiring Influenza Vaccination for All Pharmacy Personnel (4/11)

- www.pharmacist.com/sites/default/files/files/2011-ActionoftheAPhAHoD-Public.pdf

"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)

- www.apha.org/advocacy/policy/policysearch/default.htm?id=1410

"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)

- www.apic.org/resource_/tinyMCEFileManager/advocacy-pdfs/apic_influenza_immunization_of_hcp_12711.pdf

"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)

IDSA Policy on Mandatory Immunization of Health Care Workers Against Seasonal and Pandemic Influenza (rev. 7/28/10)

- www.idsociety.org/HCW_Policy

"Physicians and other health care providers must have two special objectives in view when treating patients, namely, 'to do good or to do no harm' (Hippocratic Corpus in Epidemics: Bk. I, Sect. 5, trans. Adams), and have an ethical and moral obligation to prevent transmission of infectious diseases to their patients."

National Business Group on Health (NBGH)

Hospitals Should Require Flu Vaccination for all Personnel to Protect Patients' Health and Their Own Health (10/18/11)

- www.businessgrouphealth.org/pub/f314b0a7-2354-d714-511f-57f12807ba2c

"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 (11/18/09)

- www.npsf.org/updates-news-press/press/media-alert-npsf-supports-mandatory-flu-vaccinations-for-healthcare-workers

"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)

- 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."

CONTINUED ON PAGE 2 ►

Practical resources for vaccinating healthcare personnel against influenza

U.S. Department of Health and Human Services (HHS)

Influenza Vaccination of Healthcare Personnel, part of HHS' National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination

► www.hhs.gov/ash/initiatives/hai/hcpflu.html

Centers for Disease Control and Prevention (CDC)

Read the joint HICPAC/ACIP Recommendations *Influenza Vaccination of Health-Care Personnel* (MMWR, 2/24/06)

► www.cdc.gov/mmwr/PDF/rr/rr5502.pdf

For more recent guidance from CDC, see *Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices* (MMWR, 11/25/11)

► www.cdc.gov/mmwr/pdf/rr/rr6007.pdf

Visit CDC's Influenza web section

► www.cdc.gov/flu

American Nurses Association (ANA)

Unite to Fight the Flu! tool kit provides a listing of links for staff and patient educational materials, posters, recommendations, and PSAs

► www.anaimmunize.org/flutoolkit

Nurse-to-Nurse Influenza Vaccination video uses principles of risk communication to address the concerns of a nurse hesitant to receive influenza vaccine

► www.anaimmunize.org/flu-video

Colorado Hospital Association

Guidance for Developing a Mandatory Influenza Vaccination Program. This document is intended to provide guidance and information for developing a mandatory influenza vaccination program within individual hospitals:

► www.immunize.org/honor-roll/cha_guidance_mandatory_influenza_policy_hcp.pdf

Immunization Action Coalition of Washington Tool Kit

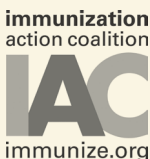
Make the Case toolkit promotes influenza and Tdap immunization among healthcare providers

► www.withinreachwa.org/what-we-do/healthy-communities/immunizations/for-providers/health-care-workers-toolkit/

National Adult and Influenza Immunization Summit (NAIIS)

Co-sponsored by the National Vaccine Program Office, CDC, and the Immunization Action Coalition. Visit the Summit website:

► www.izsummitpartners.org



Immunization Action Coalition (IAC)

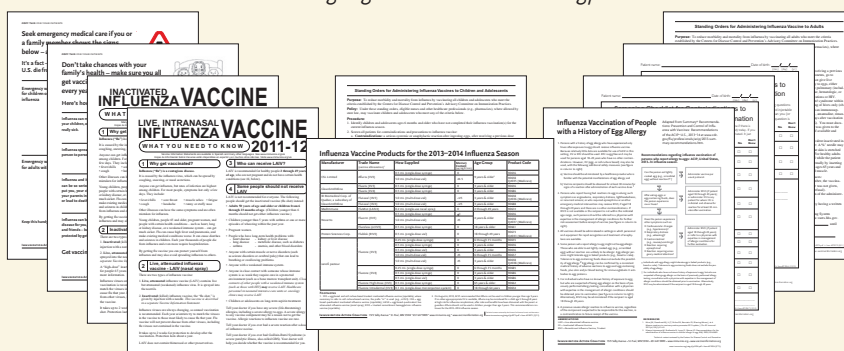
Visit the IAC's **Influenza Vaccination Honor Roll** to view stellar examples of influenza vaccination mandates in healthcare settings:
www.immunize.org/honor-roll/influenza-mandates



Visit IAC's **Influenza web section**: www.immunize.org/influenza

Get these IAC print materials online:

- Healthcare Personnel Vaccination Recommendations: www.immunize.org/catg.d/p2017.pdf
- Access Influenza Vaccine Information Statements (VISs) in more than 35 languages: www.immunize.org/vis



Free! Order bulk quantities of Influenza Vaccine Pocket Guides for distribution to healthcare professionals:
www.immunize.org/pocketguides

How to Administer Intramuscular, Intradermal, and Intranasal Influenza Vaccines: www.immunize.org/catg.d/p2024.pdf

Influenza Vaccine Products for the 2013-14 Influenza Season: www.immunize.org/catg.d/p4072.pdf

Standing Orders for Administering Influenza Vaccine to Adults: www.immunize.org/catg.d/p3074.pdf

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination: www.immunize.org/catg.d/p4066.pdf

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination: www.immunize.org/catg.d/p4067.pdf

Influenza Vaccination of People with a History of Egg Allergy: www.immunize.org/catg.d/p3094.pdf

Declination of Influenza Vaccination (for healthcare worker refusal): www.immunize.org/catg.d/p4068.pdf

The Joint Commission

Titled *Influenza Information*, this web section provides resources for healthcare institutions, including a free monograph, *Providing a Safer Environment for Health Care Personnel and Patients through Influenza Vaccination: Strategies from Research and Practice*

► www.jointcommission.org/topics/hai_influenza.aspx

Commentary by Arthur L. Caplan, PhD

Managing the Human Toll Caused by Seasonal Influenza – New York State's Mandate to Vaccinate or Mask (JAMA, 10/1/2013)

► <http://jama.jamanetwork.com/article.aspx?articleid=1746248>

Why Hospital Workers Should Be Forced to Get Flu Shots

► www.medscape.com/viewarticle/770383 (log-in required)

Screening Checklists for Influenza Vaccination Contraindications

These checklists will help you quickly identify contraindications.

Be sure to screen every time you vaccinate!

Patient name: _____ Date of birth: ____/____/____
(mo.) (day) (yr.)

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.

	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. Has the person to be vaccinated ever been vaccinated younger than age 2 years or older than age 49 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the person to be vaccinated ever had a long-term health problem with heart disease, lung disease, kidney disease, neurologic or neuromuscular disease, liver disease, diabetes (e.g., diabetes), or anemia or another blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the person to be vaccinated ever been vaccinated as a child age 2 through 4 years, in the past 12 months, when a healthcare provider told you the child had wheezing or asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the person to be vaccinated ever had cancer, leukemia, HIV/AIDS, or any other immune system problem; or, in the past 3 months, have they taken medications that weaken the immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; or have they received organ transplants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the person to be vaccinated ever received antiviral medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the person to be vaccinated ever received aspirin therapy or aspirin-containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the person to be vaccinated ever been 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. Has the person to be vaccinated ever lived 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 individual with a bone marrow transplant unit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the person to be vaccinated ever 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
www.immunize.org/catg.d/p4066.pdf • Item #P4066 (9/13)

Centers for Disease Control and Prevention
www.immunize.org/catg.d/p4067.pdf • Item #P4067 (9/13)

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

Screening checklist for injectable influenza vaccine:
www.immunize.org/catg.d/p4066.pdf

Screening checklist for intranasal influenza vaccine:
www.immunize.org/catg.d/p4067.pdf

Standing Orders for Administering Influenza Vaccine to Adults

Download this influenza standing orders form and use it “as is” or modify it to suit your work setting.

Visit www.immunize.org/catg.d/p3074.pdf

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:

1. 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 to a prior dose of the vaccine or to any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who has a history of either an anaphylactic or non-anaphylactic hypersensitivity to eggs, who is pregnant, who 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 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.
 - c. **Other considerations:** an egg-free recombinant hemagglutinin influenza vaccine (RIV) may be used for people ages 18–49 years with egg allergies of any severity. People who experience onset of hives only after ingesting eggs may also receive inactivated influenza vaccine (IIV) with the following additional safety measures: 1) administration by a healthcare provider familiar with the potential manifestations of egg allergy and 2) observation for 30 minutes after receipt of the vaccine for signs of a reaction.
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.
4. Administer influenza vaccine as follows: a) Give 0.5 mL of IIV to adults of all ages, or RIV to adults age 18–49 years, 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 subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.) 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. c) For adults age 18 through 64 years, give 0.1 mL IIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle. d) For adults age 65 years and older, give 0.5 mL of high-dose IIV-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 or (800) 822-7967. VAERS report forms are available at 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: _____

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3074.pdf • Item #P3074 (9/13)

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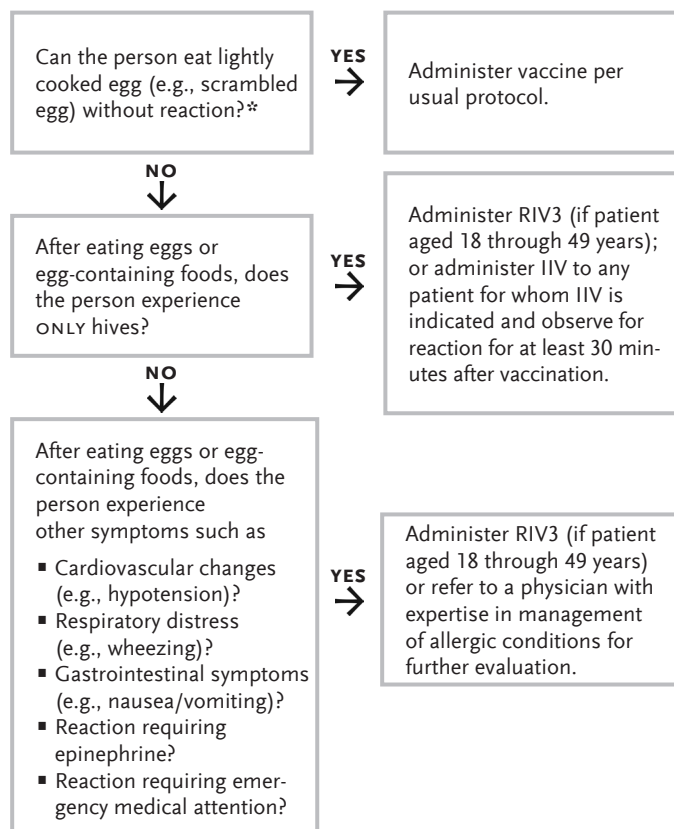
Additional sets of standing orders for all routinely recommended vaccines are available at:
www.immunize.org/standing-orders

Influenza Vaccination of People with a History of Egg Allergy

“Recommendations: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the ACIP–U.S., 2013–2014” at www.cdc.gov/mmwr/pdf/rr/rr6207.pdf.

- Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Because relatively few data are available for use of LAIV in this setting, IIV or RIV should be used. RIV is egg-free and may be used for persons aged 18–49 years who have no other contraindications. However, IIV (egg- or cell-culture based) also may be used, with the following additional safety measures (see figure in column to right)
 - Vaccine should be administered by a healthcare provider who is familiar with the potential manifestations of egg allergy; and
 - Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose.¹
- Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine, are not necessary.¹
- Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, particularly those that occurred immediately or within a short time (minutes to hours) after egg exposure, are more likely to have a serious systemic or anaphylactic reaction upon reexposure to egg proteins. These persons may receive RIV3, if aged 18 through 49 years and there are no other contraindications. If RIV3 is not available or the recipient is not within the indicated age range, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment before receipt of vaccine (see figure in column to right).
- All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. ACIP recommends that all vaccination providers should be familiar with the office emergency plan.²
- Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.³ Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.
- For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained before vaccination (see figure in column to right). Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.
- A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

Recommendations regarding influenza vaccination of persons who report allergy to eggs: ACIP, United States, 2013–14 influenza season.



* Individuals with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy. For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained prior to vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.

ABBREVIATIONS

LAIV = Live attenuated influenza vaccine

IIV = Inactivated Influenza Vaccine

RIV3 = Recombinant Influenza Vaccine, Trivalent

REFERENCES

- Kelso JM, Greenhawt MJ, Li JT, Niclas RA, Bernstein DI, Blessing-Moore J, et al. Adverse reactions to vaccines practice parameter 2012 update. *J Clin All Immunol*. 2012 Jul;130(1):25–43.
- CDC. General recommendations on immunization: recommendations of the ACIP. *MMWR* 2011;60(No. RR-2).
- Erlewyn-Lajeunesse M, Brathwaite N, Lucas JS, Warner JO. Recommendations for the administration of influenza vaccine in children allergic to egg. *BMJ*. 2009;339:b3680.

Technical content reviewed by the Centers for Disease Control and Prevention

Seek emergency medical care if you or a family member shows the signs below – a life could be at risk!

It's a fact – every year, people of all ages in the U.S. die from influenza and its complications.



Emergency warning signs for children or teens with influenza

Any child or teen who shows the following emergency warning signs needs urgent medical attention – take them to an emergency room or call 9-1-1.

- Fast breathing or trouble breathing
- Bluish skin color
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Not drinking enough fluids
- Not urinating or no tears when crying
- Severe or persistent vomiting
- Influenza-like symptoms improve but then return with fever and worse cough

Emergency warning signs for adults with influenza

Any adult who shows the following emergency warning signs needs urgent medical attention – take them to an emergency room or call 9-1-1.

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Confusion
- Severe or persistent vomiting
- Sudden dizziness
- Influenza-like symptoms improve but then return with fever and worse cough

Keep this handy! Post it on your refrigerator or another place where it will be easy to find!

Influenza Vaccine Products for the 2013–2014 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (µg Hg/0.5mL)	Age Group	Product Code
CSL Limited	Afluria (IIV3)	0.5 mL (single-dose syringe)	0	9 years & older ²	90656
		5.0 mL (multi-dose vial)	24.5		90658 Q2035 (Medicare)
GlaxoSmithKline	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	3 years & older	90656
	Fluarix (IIV4)	0.5 mL (single-dose syringe)	0	3 years & older	90686
ID Biomedical Corp. of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (IIV3)	5.0 mL (multi-dose vial)	<25	3 years & older	90658 Q2036 (Medicare)
	FluLaval (IIV4)	5.0 mL (multi-dose vial)	<25	3 years & older	90688
MedImmune	FluMist (LAIV4)	0.2 mL (single-use nasal spray)	0	2 through 49 years	90672
Novartis	Fluvirin (IIV3)	0.5 mL (single-dose syringe)	≤1	4 years & older	90656
		5.0 mL (multi-dose vial)	25		90658 Q2037 (Medicare)
	Flucelvax (ccIIV3)	0.5 mL (single-dose syringe)	0	18 years & older	90661
Protein Sciences Corp.	Flublok (RIV3)	0.5 mL (single-dose vial)	0	18 through 49 years	90673 Q2033 (Medicare)
sanofi pasteur	Fluzone (IIV3)	0.25 mL (single-dose syringe)	0	6 through 35 months	90655
		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	6 through 35 months	90657
		5.0 mL (multi-dose vial)	25	3 years & older	90658 Q2038 (Medicare)
	Fluzone (IIV4)	0.25 mL (single-dose syringe)	0	6 through 35 months	90685
		0.5 mL (single-dose syringe)	0	3 years & older	90686
		0.5 mL (single-dose vial)	0	3 years & older	90686
	Fluzone High-Dose (IIV3)	0.5 mL (single-dose syringe)	0	65 years & older	90662
	Fluzone Intradermal (IIV3)	0.1 mL (single-dose microinjection system)	0	18 through 64 years	90654

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. On August 6, 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 2013–2014 influenza season.

Influenza Education Materials for Patients & Staff

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

Patient name: _____ Date of birth: ____/____/____ (mo.) (day) (yr.)

Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination

Patient name: _____ Date of birth: ____/____/____ (mo.) (day) (yr.)

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

Standing Orders for Administering Influenza Vaccines to Children and Adolescents

Standing Orders for Administering Influenza Vaccine to Adults

Guides for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the

Influenza Vaccination of People with a History of Egg Allergy

"Prevention and Control of Influenza with Vaccines: Recommendations of the ACP-PPH, 2012-13 Influenza Season." MMWR, August 17, 2012/Vol 61/No 32/

First Do No Harm: Mandatory influenza vaccination policies for healthcare personnel (HCP) help protect patients

How to administer intramuscular, intradermal, and intranasal influenza vaccines

Intramuscular injection
Trivalent inactivated Influenza Vaccine (TIV)

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

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.

Declination of Influenza Vaccination

INACTIVATED INFLUENZA VACCINE

LIVE, INTRANASAL INFLUENZA VACCINE

COPY THIS FOR YOUR PATIENTS

Don't take chances with your family's health – make sure you all

Seek emergency medical care if you or a family member shows the signs

COPY THIS FOR YOUR PATIENTS

Keep your kids safe — get them vaccinated every fall or winter!

Influenza Vaccine Products for the 2013–2014 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation)	How Supplied	Mercury Content (g/100 mL)	Age Group	Product Code
CSL Limited	Afluria (IV3)	0.5 mL (single-dose syringe)	0	9 years & older ¹	90656
		5.0 mL (multi-dose vial)	24.5		90658 (Q2035 (Medicare))
GlaxoSmithKline	Fluarix (IV3)	0.5 mL (single-dose syringe)	0	3 years & older	90656
	Fluarix (IV4)	0.5 mL (single-dose syringe)	0	3 years & older	90686
ID Biomedical Corp. of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (IV3)	5.0 mL (multi-dose vial)	<25	3 years & older	90658 (Q2036 (Medicare))
	FluLaval (IV4)	5.0 mL (multi-dose vial)	<25	3 years & older	90688
MedImmune	FluMist (LAIV4)	0.2 mL (single-use nasal spray)	0	2 through 49 years	90672
		0.5 mL (single-dose syringe)	<1		90656
Novartis	Fluvirin (IV3)	5.0 mL (multi-dose vial)	25	4 years & older	90658 (Q2037 (Medicare))
	Flucelvax (ccIV3)	0.5 mL (single-dose syringe)	0	18 years & older	90661
Protein Sciences Corp.	Flublok (RV1)	0.5 mL (single-dose vial)	0	18 through 49 years	90673 (Q2033 (Medicare))
		0.25 mL (single-dose syringe)	0	6 through 35 months	90657
		0.5 mL (single-dose syringe)	0	3 years & older	90656
		0.5 mL (single-dose syringe)	0	3 years & older	90656
sandoz pasteur	Fluzone (IV3)	5.0 mL (multi-dose vial)	25	6 through 35 months	90657
		5.0 mL (multi-dose vial)	25	3 years & older	90658 (Q2038 (Medicare))
	Fluzone (IV4)	0.25 mL (single-dose syringe)	0	6 through 35 months	90685
		0.5 mL (single-dose syringe)	0	3 years & older	90686
		0.5 mL (single-dose vial)	0	3 years & older	90686
	Fluzone High-Dose (IV3)	0.5 mL (single-dose syringe)	0	65 years & older	90662
	Fluzone Intradermal (IV3)	0.1 mL (single-dose microinjection system)	0	18 through 64 years	90654

FOOTNOTES

1. IV3 = egg-based and cell culture-based inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix "cc" is used (e.g., ccIV3). IV4 = egg-based quadrivalent inactivated influenza vaccine (injectable). LAIV4 = egg-based quadrivalent live attenuated influenza vaccine (nasal spray). RV1 = recombinant hemagglutinin influenza vaccine (injectable).

2. On August 6, 2013, ACP recommended that FluMist not be used in children younger than age 9 years. If no other age-appropriate IV is available, Afluria may be considered for a child age 3 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 3 years. This recommendation continues for the 2013–2014 influenza season.

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

1. Screening checklist for contraindications to inactivated injectable influenza vaccination: www.immunize.org/catg.d/p4066.pdf
2. Screening checklist for contraindications to live attenuated intranasal influenza vaccination: www.immunize.org/catg.d/p4067.pdf
3. Standing orders for administering influenza vaccines to children and adolescents: www.immunize.org/catg.d/p3074a.pdf
4. Standing orders for administering influenza vaccine to adults: www.immunize.org/catg.d/p3074.pdf
5. Guides for determining number of doses of influenza vaccine for children 6 months through 8 years: www.immunize.org/catg.d/p3093.pdf
6. Influenza vaccination of people with a history of egg allergy: www.immunize.org/catg.d/p3094.pdf
7. First do no harm: Mandatory influenza vaccination policies for HCP help protect patients: www.immunize.org/catg.d/p2014.pdf
8. How to administer intramuscular, intradermal, and intranasal influenza vaccines: www.immunize.org/catg.d/p2024.pdf
9. Declination of influenza vaccination (for healthcare personnel refusal): www.immunize.org/catg.d/p4068.pdf
10. Federally required Vaccine Information Statements in English and other languages: www.immunize.org/vis
 - Inactivated Influenza Vaccine: www.immunize.org/vis/flu_inactive.pdf
 - Live, Intranasal Influenza Vaccine: www.immunize.org/vis/flu_live.pdf
11. Don't take chances with your family's health—make sure you all get vaccinated against influenza: www.immunize.org/catg.d/p4069.pdf
12. Seek emergency medical care if you or a family member shows the signs below: www.immunize.org/catg.d/p4073.pdf
13. Keep your kids safe—get them vaccinated every fall or winter! www.immunize.org/catg.d/p4070.pdf
14. Influenza vaccine products for the 2013–14 influenza season: www.immunize.org/catg.d/p4072.pdf

Patient Schedules for All Adults and for High-Risk Adults

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

Vaccinations for Pregnant Women

The table below shows which vaccinations you should have to protect your health when you are pregnant. Make sure you and your healthcare provider keep your vaccinations up to date.

Vaccine	Do you need it?
Hepatitis A (HepA)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6 months apart. It's safe to get this vaccine during pregnancy.
Hepatitis B (HepB)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or simply want to be protected from this disease. The vaccine is usually given in 3 doses, over a 6-month period. It's safe to get this vaccine during pregnancy. It's important, too, that your newborn baby gets started on his or her hepatitis B vaccination series before leaving the hospital.

Vaccinations for Adults with HIV Infection

The table below shows which vaccinations you should have to protect your health if you have HIV infection. Make sure you and your healthcare provider keep your vaccinations up to date.

Vaccine	Do you need it?
Hepatitis A (HepA)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6 months apart.
Hepatitis B (HepB)	Yes! Because you are HIV positive, you are at higher risk for hepatitis B virus infection. If you haven't had a series of hepatitis B vaccinations, you need 3 doses of this vaccine. If you started the 3-dose series earlier but didn't complete it, you can simply continue with the 2 remaining doses. Ask your healthcare provider if you need screening blood tests for hepatitis B.
Human papillomavirus (HPV)	Maybe. You should be vaccinated against HPV if you're 26 to 27 years old.
Influenza	Yes! You need a flu shot every fall (or winter) for your protection and for the protection of others around you.
Measles, mumps, rubella (MMR)	Maybe. Most adults are already protected because of childhood vaccinations. If you weren't protected, you need 2 doses. If you have HIV, you should not get MMR until your healthcare provider says it's safe.
Meningococcal (MCV4, MPSV4)	Maybe. Because of your HIV infection, you may be at higher risk for meningococcal infection. If you haven't been vaccinated with MCV4 or MPSV4, you should get it now.
Pneumococcal (PCV13, PPSV23)	Yes! Vaccination with both types of pneumococcal vaccine is recommended for adults with HIV. If you haven't been vaccinated with PCV13, you should get it now. If you haven't been vaccinated with PPSV23, you should get it now.
Tetanus, diphtheria, whooping cough (pertussis) (Tdap, Td)	Yes! All adults need to get a 1-time dose of Tdap vaccine during each pregnancy. After that, you need a Td booster dose every 10 years.
Varicella (chickenpox) (VAR)	Maybe. Most adults are already protected because of childhood vaccinations. If you weren't protected, you need 2 doses. If you have HIV, you should not get VAR until your healthcare provider says it's safe.
Zoster (shingles)	Maybe. This vaccine is recommended for adults with HIV. You should not get it until your healthcare provider says it's safe.

Vaccinations for Adults

You're never too old to get immunized!

Getting immunized is a lifelong, life-protecting job. Don't leave your healthcare provider's office without making sure you've had all the vaccinations you need.

Vaccine	Do you need it?
Hepatitis A (HepA)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6–18 months apart.
Hepatitis B (HepB)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or simply want to be protected from this disease. The vaccine is given in 3 doses, usually over 6 months.
Human papillomavirus (HPV)	Maybe. You need this vaccine if you are a woman age 26 years or younger or a man age 21 years or younger. Men age 22 through 26 years with a risk condition* also need vaccination. Any other man age 22 through 26 who wants to be protected from HPV may receive it, too. The vaccine is given in 3 doses over 6 months.
Influenza	Yes! You need a dose every fall (or winter) for your protection and for the protection of others around you.
Measles, mumps, rubella (MMR)	Maybe. You need at least 1 dose of MMR if you were born in 1957 or later. You may also need a 2nd dose.*
Meningococcal (MCV4, MPSV4)	Maybe. You need this vaccine if you have one of several health conditions, or if you are 19–21 and a first-year college student living in a residence hall and you either have never been vaccinated or were vaccinated before age 16.*
Pneumococcal (PPSV23, PCV13)	Maybe. You need 1 dose of PPSV23 at age 65 years (or older) if you've never been vaccinated or you were previously vaccinated at least 5 years ago when you were younger than age 65 years. You also need 1–2 doses if you smoke cigarettes or have certain chronic health conditions. Some adults with certain high risk conditions also need vaccination with PCV13. Talk to your healthcare provider to find out if you need this vaccine.*
Tetanus, diphtheria, whooping cough (pertussis) (Tdap, Td)	Yes! All adults need to get Tdap vaccine (the adult whooping cough vaccine) and women need to get a dose during each pregnancy. After that, you need a Td booster dose every 10 years. Consult your healthcare provider if you haven't had at least 3 tetanus- and diphtheria-containing shots sometime in your life or have a deep or dirty wound.
Varicella (chickenpox)	Maybe. If you've never had chickenpox or were vaccinated but received only 1 dose, talk to your healthcare provider to find out if you need this vaccine.*
Zoster (shingles)	Maybe. If you are age 60 years or older, you should get a 1-time dose of this vaccine now.

*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Are you planning to travel outside the United States? If so, you may need additional vaccines. The Centers for Disease Control and Prevention (CDC) provides information to assist travelers and their healthcare providers in deciding which vaccines, medications, and other measures are necessary to prevent illness and injury during international travel. Visit CDC's website at www.cdc.gov/travel or call 800-CDC-INFO (800-232-4636). You may also consult a travel clinic or your healthcare provider.

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Vaccinations for Adults with Diabetes

The table below shows which vaccinations you should have to protect your health if you have diabetes. Make sure you and your healthcare provider keep your vaccinations up to date.

Vaccine	Do you need it?
Hepatitis A (HepA)	Maybe. You need this vaccine if you have a specific risk factor for hepatitis A virus infection* or simply want to be protected from this disease. The vaccine is usually given in 2 doses, 6 months apart.
Hepatitis B (HepB)	Yes! If you are younger than 60 and have never received or completed a series of HepB vaccine, you need to be vaccinated now. If you are 60 or older, discuss your need for HepB vaccine with your healthcare provider.

Vaccinations for Adults with Hepatitis C Infection

This table shows which vaccinations you should have to protect your health if you have hepatitis C. Make sure you and your healthcare provider keep your vaccinations up to date.

Vaccine	Do you need it?
Hepatitis A (HepA)	Yes! Your chronic liver disease puts you at risk for serious complications if you get infected with hepatitis A virus. If you've never been vaccinated against hepatitis A, you need 2 doses of this vaccine, usually spaced 6 months apart.
Hepatitis B (HepB)	Yes! You need this vaccine if you have a specific risk factor for hepatitis B virus infection* or simply want to be protected from this disease. The vaccine is given in 3 doses, usually over 6 months.

*Consult your healthcare provider to determine your level of risk for infection and your need for this vaccine.

Are you planning to travel outside the United States? If so, you may need additional vaccines. The Centers for Disease Control and Prevention (CDC) provides information to assist travelers and their healthcare providers in deciding which vaccines, medications, and other measures are necessary to prevent illness and injury during international travel. Visit CDC's website at www.cdc.gov/travel or call 800-CDC-INFO (800-232-4636). You may also consult a travel clinic or your healthcare provider.

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Vaccinations for Pregnant Women: www.immunize.org/catg.d/P4040.pdf

Vaccinations for Adults with HIV Infection: www.immunize.org/catg.d/P4041.pdf

Vaccinations for Adults: You're never too old to get immunized!: www.immunize.org/catg.d/P4030.pdf

Vaccinations for Adults with Diabetes: www.immunize.org/catg.d/P4043.pdf

Vaccinations for Adults with Hepatitis C: www.immunize.org/catg.d/P4042.pdf

IAC's
"Ask the
Experts"
team
from
CDC



Andrew T. Kroger, MD, MPH



Donna L. Weaver, RN, MN



Iyabode Akinsanya-Beysolow, MD, MPH

Is it acceptable to administer a dose of the quadrivalent influenza vaccine to a patient who has already received the trivalent vaccine? We've had a few patients request this.

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

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

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

How soon after bone marrow transplant do we start to vaccinate our patients against influenza?

Inactivated influenza vaccine should be administered beginning at least 6 months after bone marrow transplant and annually thereafter for the life of the patient. A dose of inactivated influenza vaccine can be given as early as 4 months after

transplant, but a second dose should be considered in this situation. A second dose is recommended routinely for all children receiving influenza vaccine for the first time.

For more information about vaccination of people who receive hematopoietic stem cell transplantation, visit this CDC web page: www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm.

Pneumococcal poly. vaccine

Pneumococcal polysaccharide vaccine (PPSV, Pneumovax, Merck) is recommended for people with diabetes. Does this include gestational diabetes?

No.

Transporting vaccines

We plan to keep our influenza vaccine in coolers when we travel to off-site vaccination events. How can we ensure the vaccine remains within the proper temperature range?

CDC does not recommend keeping vaccines in transport containers unless they are portable refrigerator or freezer units. If vaccines must be kept in transport containers during off-site clinics:

- The containers should remain closed as much as possible.

- Only the amount of vaccine needed at one time should be removed for preparation and administration.
- A calibrated thermometer (preferably with a bio-safe glycol-encased thermometer probe) should be placed as close as possible to the vaccines within the container.
- The temperature inside the container should be read and documented at least hourly.

If you have concerns that vaccines or diluents may have been compromised (exposed to inappropriate conditions/temperatures or handled improperly), label them "DO NOT USE" and store them under appropriate conditions separated from other vaccine supplies. Then contact your immunization program and/or vaccine manufacturer for guidance. Do not discard the vaccines or diluents unless directed to by your immunization program and/or the manufacturer. For more information, see the Transporting Vaccine in an Emergency or to Off-Site Facilities section on pages 91–96 of CDC's Vaccine Storage and Handling Toolkit at www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf. Additional information is available on IAC's Vaccine Storage and Handling website at www.immunize.org/handouts/vaccine-storage-handling.asp.

Vaccinate Adults correction policy

If you find an error, please notify us immediately by sending an email message to 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.

Online Adult Vaccination Resources!

Great resources for helping you improve adult immunizations in your practice are available from a wide variety of sources, including:

Centers for Disease Control and Prevention

- Adult Vaccination Resources for Healthcare Professionals: www.cdc.gov/vaccines/spec-grps/adults.htm

Immunization Action Coalition

- Summary of Recommendations for Adult Immunization: www.immunize.org/adultrules
- Immunization Information for Adults: www.vaccineinformation.org/adults

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	250 cards/box; 1 box—\$45; 2 boxes—\$40 each; 3 boxes—\$37.50 each; 4 boxes—\$34.50 each	
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