

New Hampshire Department of Safety  
Division of Fire Standards and Training &  
Emergency Medical Services

**Immunization Program**





### **Immunization Prerequisites**

➤ **LICENSURE:**

- **NH Licensed Advanced EMT or Paramedic**

➤ **EDUCATION:**

- **NH Bureau of EMS developed and approved Vaccination Module instructed by a NH MD and/or RN**

➤ **MEDICAL DIRECTION**

- **Medical Oversight at the site of a clinic or Points of Distribution (POD)**
- **Medical Director approval required**

➤ **RECOMMENDATION:**

- **Recommendation from Medical Resource Hospital Physician for provider participation**
- **Recommendation from Head of Unit**

➤ **EXPERIENCE**

- **Experience with Intra-muscular (IM) injections and Advanced Life Support (ALS) skills**

➤ **QM/PI PROGRAM**

- **Completion of EMS Vaccination Skills Checklist**

➤ **REPORTING**

- **Quarterly reporting to NH Bureau of EMS**
- **NH Bureau of EMS to report to MCB**

➤ **COMPETANCE**

- **Five documented IM injections as part of supervised vaccinations**

➤ **RETENTION:**

- **Participation in a vaccination clinic every two years**
- **Refresher Training Program (RTP) vaccination module approved and developed by NH Bureau of EMS**

➤ **RESOURCES:**

- **Needles, syringes, gloves, alcohol wipes, resuscitation equipment, vaccine, appropriate vaccine storage, standard vaccination screening paperwork from Centers for Disease Control, Patient information sheet, vaccination administration record.**

➤ **EXPIRATION:**

- **Every two years**

**Immunization Prerequisites  
Checklist**

\_\_\_\_\_ **1. PROTOCOL TITLE AND NUMBER:**

\_\_\_\_\_ **2. PROVIDER LICENSE LEVEL NECESSARY TO CARRY OUT THE  
PROTOCOL:**

Provide list of eligible providers

\_\_\_\_\_ **3. MEDICAL DIRECTION**

Name of Medical Director or designee overseeing training

\_\_\_\_\_ **4. RECOMMENDATIONS:**

Attach letters of recommendation

\_\_\_\_\_ **5. THE PROVIDER EXPERIENCE CRITERIA**

Provide written proof of experience criteria, through appropriate statement  
and/or documentation

\_\_\_\_\_ **6. ALL QUALITY MANAGEMENT PROGRAM ELEMENTS**

\_\_\_\_\_ **7. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION**

\_\_\_\_\_ **8. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY:**

Provided documentation through appropriate statement and/or purchase  
receipts

\_\_\_\_\_ **9. PROVIDER RENEWAL CRITERIA:**

\_\_\_\_\_ **10. TRAINING REQUIREMENT:**



DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS AND TRAINING &  
EMERGENCY MEDICAL SERVICES  
NH EMS PREREQUISITE APPLICATION  
PLEASE PRINT (BLACK INK) OR TYPE



PROTOCOL NAME \_\_\_\_\_ PROTOCOL NUMBER \_\_\_\_\_

LEGAL NAME OF UNIT \_\_\_\_\_ UNIT LICENSE NUMBER \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MAILING ADDRESS \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP CODE

HEAD OF UNIT \_\_\_\_\_ TITLE \_\_\_\_\_

CONTACT TELEPHONE \_\_\_\_\_ FAX (IF AVAILABLE) \_\_\_\_\_

EMAIL ADDRESS (IF AVAILABLE) \_\_\_\_\_

MEDICAL RESOURCE HOSPITAL \_\_\_\_\_

MEDICAL DIRECTOR OR DESIGNEE \_\_\_\_\_

MEDICAL DIRECTOR PHONE \_\_\_\_\_

TYPE OF APPLICATION (CIRCLE)

INITIAL

RENEWAL

HEAD OF UNIT \_\_\_\_\_ DATE \_\_\_\_\_ MEDICAL DIRECTOR OR DESIGNEE \_\_\_\_\_ DATE \_\_\_\_\_

ATTACHED IS SUPPORTING DOCUMENTATION FOR ALL ELEMENTS LISTED IN *Saf-C 5922.01 (e)* WITH A LIST OF  
LICESNED PROVIDERS TRANED UNDER *Saf-C 5922*.

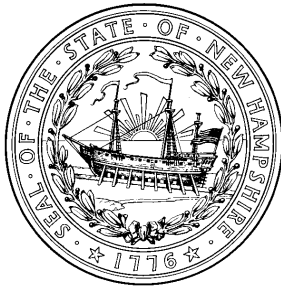
## PART Saf-C PATIENT CARE PROTOCOLS

### Saf-C 5922.01 Procedures...

(d) Prerequisites required by protocol shall be established by the EMS Medical Control Board in accordance with RSA 153:A-2 XVI (a).

(e) Protocol prerequisites, when required, shall address each of the following elements:

- (1) The protocol title and number to which the prerequisites relate;
- (2) The provider licensure level necessary to carry out the protocol;
- (3) The name of the medical director, or designee, who will oversee the training module;
- (4) The MRH and EMS head of unit recommendations to the division;
- (5) The provider experience criteria;
- (6) All quality management program elements;
- (7) Reporting requirements for monitoring and skill retention;
- (8) Equipment and staff support resources necessary;
- (9) Provider renewal criteria, and
- (10) Training requirements.



DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS AND TRAINING &  
EMERGENCY MEDICAL SERVICES  
NH EMS IMMUNIZATION PREREQUISITE  
QUALITY MANAGEMENT  
QUARTERLY REPORT FORM  
PLEASE PRINT (BLACK INK) OR TYPE



For the Quarter Ending (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Unit Name \_\_\_\_\_ Unit License Number \_\_\_\_\_

Unit Leader \_\_\_\_\_ Contact # \_\_\_\_\_

Medical Resource Hospital \_\_\_\_\_

Medical Director or Designee \_\_\_\_\_ Contact # \_\_\_\_\_

Clinic Site Location \_\_\_\_\_  
Location name

street address \_\_\_\_\_ city/town \_\_\_\_\_

Vaccine type \_\_\_\_\_ Dose \_\_\_\_\_ Lot # \_\_\_\_\_

Number of participants \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age range \_\_\_\_\_ - \_\_\_\_\_  
youngest oldest

Did any patients experience any adverse effects? No \_\_\_\_\_ Yes \_\_\_\_\_, **if yes, please explain incident, corrective measures taken and attach documentation.**

Please supply the following:

- \_\_\_\_\_ Copy of physician order for the clinic
- \_\_\_\_\_ Copies of Screening Questionnaire (Adult item #P4065 or Child & Teen item #P4060)
- \_\_\_\_\_ Copies of "Do I Need Any Vaccinations Today" Adults Only (item #P4036)
- \_\_\_\_\_ Copies of Skills Checklist for Immunization (Adult form IMM-694B 09/01 or Pediatric IMM-694 12/11/00)
- \_\_\_\_\_ Vaccination Administration Records (Adult Item# P2023 or Children & Teen Item #P2022 05/06)
- \_\_\_\_\_ Copies of most current CDC Vaccine Information Statement
- \_\_\_\_\_ List of paramedics who participated in the clinic with their NH Provider License Number.

Please use a separate sheet of paper to provide additional comments:

Please return to:  
Vicki Blanchard, ALS Coordinator  
NH Department of Safety  
Division of Fire Standards and Training and  
Emergency Medical Service  
33 Hazen Drive  
Concord, NH 03055



# **New Hampshire Department of Safety Division of Fire Standards & Training And Emergency Medical Services**

Recommended Curriculum for

## **Immunization**

### **The Role of the NH**

Advanced EMT  
Paramedic

July 2015





## **Immunization Project**

### **OBJECTIVES**

#### Objectives Legend

C = Cognitive	1 = Knowledge
P = Psychomotor	2 = Application
A = Affective	3 = Problem – solving level

### **COGNITIVE OBJECTIVE**

At the completion of this course the EMT-Paramedic or AEMT student will be able to:

1. Discuss public health principles relevant to infectious/ communicable disease. (C-1)
2. Identify public health agencies involved in the prevention and management of disease outbreaks. (C-1)
3. Discuss the importance of immunization. (C-1)
4. Discuss influenza and pneumococcal, including causative organisms, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization. (C-1)
5. Discuss the importance of properly following the Centers for Disease Control (CDC) guidelines (C-1)
6. Discuss the importance of proper reporting (C-1)
7. Discuss the importance of proper performance evaluation (C-1)

### **AFFECTIVE OBJECTIVES**

At the completion of the course the EMT student will be able to:

1. Value the importance of immunization, especially in children and populations at risk. (A-1)
2. Value the importance of infectious/ communicable disease control. (A-2)
3. Consistently demonstrate the use of body substance isolation. (A-2)
4. Defend the need to prevent equipment contamination and maintain as sterile an environment as possible. (A-1)

### **PSYCHOMOTOR OBJECTIVES**

At the completion of this course the EMT student will be able to:

1. Demonstrate the ability to comply with body substance isolation guidelines. (P-2)
2. Participate in local clinic supervised by medical director or RN (P-2)
3. Demonstrate ability to follow all CDC Guidelines in regards to vaccine administration (P-1)
4. Demonstrate proper administration of influenza and pneumococcal vaccines (P-1)
5. Demonstrate ability to properly complete CDC documentation (P-1)
6. Demonstrate proper procedure for reporting (P-1)
7. Demonstrate proper procedure for evaluating performance (P-2)

## **PREPARATION**

- Motivation: The Immunization Protocol, also known as, "EMS Vaccine Project" is intended as a training and implementation for paramedic and AEMTS for the intramuscular injection of approved vaccines under strict medical control. The program is intended to prepare and train paramedics and AEMTs that could be employed in the event of a mass vaccination emergency.
- Prerequisites: National Registry of Emergency Medical Technician – Advanced EMT or Paramedic  
NH Immunization Prerequisite criteria set forth by the Medical Control Board, March 2015.
- Teaching Methods: Lecture/discussion or NH Distance Learning Environment (NHOODLE) <https://nhoodle.nh.gov/ola/login/index.php>  
Practical skills sessions/stations  
Participation in local clinic supervised by medical director or RN  
Open questions and answer periods

## **MATERIAL**

- AV Equipment: Utilize various audio-visual materials related to tracheostomy maintenance. The continuous design and development of new audio-visual material relating to EMS requires careful review to determine which best meet the needs of the program. Materials should be edited to assure meeting the objectives of the curriculum.
- EMS Equipment: Needles, syringes, gloves, alcohol wipes, sharps container, bandaging material, resuscitation equipment, vaccine, appropriate vaccine storage, standard vaccination screening paperwork from Centers for Disease Control, patient information sheet, vaccination administration record, Centers of Disease Control's "Epidemiology and Prevention of Vaccine-Preventable Diseases" AKA "The Pink Book" can be found at:  
[http://www.cdc.gov/nip/publications/pink/def\\_pink\\_full.htm](http://www.cdc.gov/nip/publications/pink/def_pink_full.htm)

## **PERSONNEL**

- Primary Instructor: NH Physician or RN knowledgeable in the EMS Vaccine Project.
- Assistant Instructor: The instructor to student ratio should be 1:6 for psychomotor skill practice. This may include MD, PA, or RN. EMT-Paramedics and/or AEMTs, who have previously completed this module are also eligible.
- Instructor Activities: Supervise student practice.  
Reinforce student progress in cognitive, affective, and psychomotor domains.  
Redirect students having difficulty with content.

## **EVALUATION**

**Practical:** Evaluate the actions of the AEMT and/or paramedic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

**Final evaluation to include participation in local clinic supervised by medical director or RN.**

**Remediation:** Identify students or groups of students who are having difficulty with this subject content and work with student(s) until they have met the cognitive, affective and psychomotor objectives of this lesson.

**Enrichment:** Identify what is unique in the local area concerning this topic and incorporate into local training modules.

**Recommended  
Minimum Time to  
Complete:**

1 hour plus supervised clinic

15 minute "Just in Time" training. A 15 minute briefing given before any clinic or immunization project to ensure all trained personnel are current in CDC recommendations.

## References

### Texts:

- Centers of Disease Control's "Epidemiology and Prevention of Vaccine-Preventable Diseases" AKA "The Pink Book", eighth edition, Atkinson, et al, January 2004. [http://www.cdc.gov/nip/publications/pink/def\\_pink\\_full.htm](http://www.cdc.gov/nip/publications/pink/def_pink_full.htm)
- Department of Transportation Paramedic Curriculum Module 5 -11 Infectious and Communicable Diseases, 1998.
- "Influenza Immunizations Provided by EMS Agencies: The MEDICVAX Project", Mosesso, Jr. MD, Packer, MS, NREMT-P, McMahon, RN, MPH, Auble, PhD, Paris, MD, Prehospital Emergency Care January/March 2003, Volume 7/Number1.
- [http://www.who.int/csr/disease/avian\\_influenza/en/](http://www.who.int/csr/disease/avian_influenza/en/)
- <http://www.immunize.org>
- Skills Checklist from: Immunization Techniques, California Department of Health Services, Immunization Branch, 2151 Berkeley Way, Berkeley, CA 94704

## Introduction

The Immunization Protocol, also known as, "EMS Vaccine Project" is a training and implementation for paramedic and AEMTs for the intramuscular injection of approved vaccines under strict medical control. The program is intended to prepare, test and evaluate training that could be employed in the event of a mass vaccination emergency.

The vaccines that are to be used in the trail are influenza and pneumococcus.

### I EMS Vaccine Project Overview

- A. Replicate the results of the Pennsylvania MedVacs project from January 2003.
- B. Train to administer influenza and pneumococcal vaccine
- C. Participate in local clinic supervised by medical director or RN
- D. Follow all CDC Guidelines and paperwork
- E. Report back with all material
- F. Evaluation of performance

### II Training

- A. Public health principles relative to infectious (communicable) diseases
- B. Infectious diseases affect entire populations of humans
- C. Important to understand the demographic characteristics of the population
- D. The relationships between populations is important when studying the dynamics of infectious diseases
- E. The study of an infectious disease cluster (a discrete population which is infected in a defined span of time in a defined geographical area) is, by its nature, regional; however, the consequences of that cluster becoming infected may be international
- F. Populations display varying susceptibilities to infection, and conversely, varying degrees of susceptibility
- G. When dealing with infectious diseases, the paramedic or AEMT needs to consider the needs of the patient and the potential consequence on public health
- H. Discuss influenza and pneumococcal, including causative organisms, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.

### III Influenza History

- A. Summer-Fall 1918
- B. Spanish Flu
- C. World War I
- D. Influenza 1918 - 1919
  - 1. 20 million to 50 million deaths worldwide
  - 2. Undiscovered virus at the time
  - 3. Mass casualty in health facilities

- E. Bird Flu (Avian Flu) 1997 - 2006
  - 1. Hong Kong had 6 deaths from a flu only reported in birds previously
  - 2. Slaughter of chickens occurred to removed source of infection to humans
  - 3. Virus although spread to humans from birds did not spread from person to person
  - 4. As of June 16, 2006, Confirmed Cases of Avian Influenza 227, confirmed deaths: 129
- IV Breeding Ground for Pandemic
  - A. Places where people come in contact with sick animals that are ill due to viruses or bacteria that can be transmitted to humans
  - B. If the illness then can be transmitted person to person you have the ingredients for a pandemic
  - C. In 1918 social disruption, cramped military quarters, exposure to new viruses all led to the creation of the pandemic
- V Influenza Types
  - A. 3 types: A, B & C
  - B. RNA Virus
  - C. 2 proteins in virus determine infection
  - D. Also infects horses, pigs, birds
  - E. Change from year to year
  - F. One surface protein determines virus attachment to cells leading to infection
  - G. Second protein determines penetration into cell
  - H. These two proteins determine immunity, infection, severity and diagnosis of flu
- VI Influenza Vaccine
  - A. Surveillance leads to a more than 90 percent accuracy in predicting the correct virus strains for vaccine
  - B. Vaccine is an inactivated virus, except in new nasal spray where it is a live virus
  - C. Manufactured in eggs
  - D. Takes six months to manufacture adequate vaccine
  - E. Most effective if given within 2-4 months of illness
  - F. 90% effective in preventing illness in the healthy
  - G. 50-60% effective at preventing hospitalization in elderly
  - H. 80% effective at preventing death
  - I. Includes 2 likely "A" strains and one "B" strain
  - J. Because of viral changes year to year, vaccination only effective against this years likely strain
  - K. May protect against severe illness in similar strains
- VII Healthcare Flu Vaccination
  - A. Historic rates of 34% for healthcare workers
  - B. Leading cause of occupational illness and risk of spread to patients
  - C. In pandemic planning we need to increase
  - D. Goal is to replicate the published Morbidity and Mortality Weekly Report (MMWR), where hospitals were able to raise vaccination rates to near 90%
  - E. Influenza vaccine 90% effective in preventing disease in healthy and effective at reducing deaths and hospitalizations in elderly and children

- VIII Influenza Vaccine Administration
  - A. Influenza vaccinations provides for real time opportunity for real time practice in annual flu clinics
  - B. Indications
    - 1. Children less then 5 years of age
    - 2. Adults greater then 50 years of age
    - 3. Healthcare workers
    - 4. Patients with history of chronic diseases
    - 5. Patient with immunocompromise
  - C. Contraindications
    - 1. Allergy to eggs, vaccine or thimerosal
    - 2. Moderate to sever acute illness
  - D. Side effects
    - 1. Local reaction
    - 2. Fever/malaise
    - 3. Allergic
    - 4. Neurologic
  - E. Dose
    - 1. 0.5ml intramuscular injection in the deltoid with a 1 -11/2 22-25 gauge needle
- IX Pneumococcus
  - A. Leading cause of bacterial pneumonia
  - B. Not seasonal dependence for vaccination
    - 1. Reduces pneumonia and death
- X Pneumococcal Polysaccharide Vaccine
  - 1. 23 subtypes will result in immune response in 80%
  - 2. 88% protective
  - 3. 8% additional cross reaction
  - 4. Lasts for 10 years
  - 5. Reduces complications from pneumonia
  - B. Indications
    - 1. People over 65 years of age
    - 2. Children over 2 years of age with chronic illness
  - C. Contraindications
    - 1. Allergy
    - 2. Moderate to sever illness
  - D. Side events
    - 1. Local reaction
    - 2. Myalgia and fever
  - E. Dose
    - 1. 0.5ml intramuscular injection in the deltoid with a 1 -11/2 22-25 gauge needle
      - a) Children receive a series of 4 shots with a different vaccine
- XI Vaccine Administration Procedure
  - A. Reference Appendix G CDC Immunization Guide
  - B. Screen adults and complete CDC Questionnaire (Appendix A18)
  - C. Complete appropriate vaccine specific questionnaire (Appendix A20-21)



- D. Storage and administration of vaccine per CDC recommendation
  1. Syringe
  2. Influenza 0.5ml, 22-25 gauge needle
  3. Pneumococcal Vaccine 0.5ml, 22 - 25 gauge needle Intramuscular injection
  4. 1 - 1 1/2 inches needle
  5. Location: Deltoid muscle
  6. Cleanse area with alcohol
  7. Spread skin tight between thumb and forefinger
  8. Insert the needle fully into the muscle at a 90 degree angle and inject the vaccine into the tissue.
  9. Withdraw the needle and apply light pressure for several seconds with dry gauze/cotton ball
- E. For purposes of pilot, special situations are to be avoided in pre-vaccine screening. (bleeding disorders, latex allergies, limited sites,)
- F. Documentation
  1. Date
  2. Name
  3. Vaccine lot number
  4. Manufacturer
  5. Site
  6. Vaccine information sheet

Accompanying Documents:

- State of NH Immunization Quality Management Quarterly Report
- Adult Influenza Standing Orders <http://www.immunize.org/catg.d/p3074.pdf>
- Child Adolescent Influenza Standing orders <http://www.immunize.org/catg.d/p3074a.pdf>
- Adult Pnuemococcal Standing Orders [www.immunize.org/catg.d/p3075.pdf](http://www.immunize.org/catg.d/p3075.pdf)
- Child Teen Pnuemococcal Polysaccharide Standing Orders [www.immunize.org/catg.d/p3075a.pdf](http://www.immunize.org/catg.d/p3075a.pdf)
- Adult Screening <http://www.immunize.org/catg.d/p4065.pdf>
- Child & Teen Screening <http://www.immunize.org/catg.d/p4060.pdf>
- Do I Need Any Vaccinations Today <http://www.immunize.org/catg.d/p4036.pdf>
- Adult Skills Checklist [www.immunize.org/catg.d/2020skill.pdf](http://www.immunize.org/catg.d/2020skill.pdf)
- Pedi Skills Checklist <http://www.immunize.org/catg.d/p7010.pdf>
- Adult Admin Record <http://www.immunize.org/catg.d/p2023.pdf>
- Child & Teen Admin Record <http://www.immunize.org/catg.d/p2022.pdf>
- Its Federal Law <http://www.immunize.org/catg.d/p2027.pdf>
- Most current Vaccine Information Statement <http://www.cdc.gov/vaccines/pubs/vis/>
- Vaccine Information Statement (VIS) Influenza Live, Intranasal <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flulive.pdf>
- Vaccine Information Statement (VIS): Influenza Vaccine What I Need to Know <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf>
- VIS: Pnuemococcal Polysaccharide What I Need to Know <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.pdf>
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## **Prerequisite Required**

This procedure is only to be used by Paramedics or AEMTs who are trained and credentialed to perform immunization by the NH Bureau of EMS and the NH Medical Control Board.

## **INDICATIONS:**

Pre-hospital providers may be called upon to provide certain immunizations as necessary to assist state health officials in the event of a public health crisis, or under the written order of a physician.

## **Non-Patient Specific Orders:**

A non-patient specific order authorizes Paramedic or AEMT to administer specified immunizations for a specified period of time to an entire group of persons such as school children, employees, patients of a nursing home, etc.

- Some examples of non-patient specific orders are:
  - Administer influenza vaccine 0.5ml IM to all incoming freshmen students at X College who are eligible per protocol.
  - Administer influenza vaccine 0.5ml IM to all employees of X organization who request it and who are eligible by protocol.
  - Administer influenza vaccine 0.5ml IM to all X town residents who request it and who are eligible by protocol.
  - Administer hepatitis B series to all employees of X organization eligible per protocol.

## **Immunizations**

Many of the immunizations listed in the Centers for Disease Control and Prevention (CDC) guidelines fall under this protocol. The list of authorized immunizations differs for adults and children. For the purposes of immunizations, adults are persons who are 18 years of age or older; children are persons under 18 years of age.

### **Immunizations for adults:**

- Diphtheria
- Hepatitis A
- Hepatitis B
- Inactivated polio
- Influenza
- Measles
- Meningococcus
- Mumps
- Pneumococcus
- Rubella
- Smallpox vaccine
- Tetanus
- Varicella

### **Immunizations for children:**

- Acellular pertussis
- Diphtheria
- Haemophilus influenza Type b (hiB)
- Hepatitis A
- Hepatitis B
- Inactivated polio

Protocol Continues

 Protocol Continued

- Influenza
- Measles
- Meningococcus
- Mumps
- Pneumococcal Conjugate
- Rubella
- Tetanus
- Varicella

Note: The Medical Control Board may add immunizations in accordance with the recommendations of the Centers for Disease Control and Prevention and the New Hampshire Department of Health and Human Services.

### **Administration of Immunizations**

The non-patient specific standing order and protocol must be authorized by a physician.

### **Epidemics**

Any Paramedic or AEMT may administer immunizations that are authorized by a non-patient specific standing order and protocol as part of an immunization program when the immunization program is instituted as a result of an epidemic declared by public health officials.

### **Protocol requirements**

- Ensure that the potential immunization recipient is assessed for contraindications to immunizations.
- Inform each potential immunization recipient of the potential side effects and adverse reactions, orally and in writing, prior to immunization, and inform each potential immunization recipient, in writing, of the appropriate course of action in the event of an untoward or adverse event. Vaccine Information Statements (VIS), developed by the Centers for Disease Control and prevention (CDC), United States Department of Health and Human Services are recommended for this use. <http://www.cdc.gov/vaccines/pubs/vis/>
- Before the immunization is administered, obtain consent for the immunization from the potential recipient.
- In cases of minors and persons incapable of personally consenting to immunization consent may be gained by informing the legally responsible person of the potential side effects and adverse reactions in writing and obtaining a written consent prior to administering the immunization.
- Provide to each legally responsible immunization recipient a signed certificate of immunization noting the recipient's name, date of immunization, address, administering Paramedic or AEMT, immunizing agent, manufacturer and lot number.
- Have available on-site medications to treat anaphylaxis including, but not limited to, epinephrine and necessary needles and syringes.

Protocol Continues 

Protocol Continued

- Report all adverse immunization outcomes to the Vaccine Adverse Event Reporting System (VAERS) using the appropriate form from the Centers for Disease Control and Prevention, United States Department of Health and Human Services. <https://vaers.hhs.gov/esub/index>
- Coordinate with program site managers to ensure that the record of all persons immunized includes: the non-patient specific standing order and protocol utilized, recipient's name, date, address of immunization site, immunization, manufacturer and lot number of administered vaccine(s), and recommendations for future immunizations.
- For the administration of the influenza vaccine to adults only it is acceptable to maintain a log of the names, addresses, and phone numbers of all adult patients immunized with the influenza vaccine under non-patient specific orders, in a dated file.
- Coordinate with program site managers to ensure that a record is kept of all potential recipients, noting those who declined immunization.

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

# Screening Checklist for Contraindications to Vaccines for Adults

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

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

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

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

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

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

## Information for Health Professionals about the Screening Checklist for Contraindications To Vaccines for Adults

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

### 1. Are you sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as upper respiratory infections or diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Do you have allergies to medications, food, a vaccine component, or latex? [all vaccines]

If a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. A local reaction to a prior vaccine dose or vaccine components (e.g., latex) is not a contraindication to a subsequent dose or vaccine containing that component. For a table of vaccines supplied in vials or syringes that contain latex, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf). For an extensive list of vaccine components, see reference 2.

An egg-free recombinant influenza vaccine (RIV3) may be used in people age 18 years and older with egg allergy of any severity who have no other contraindications. People younger than age 18 years who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs can usually be vaccinated with inactivated influenza vaccine (IIV); consult ACIP recommendations (see reference 3).

### 3. Have you ever had a serious reaction after receiving a vaccination? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

### 4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder? [LAIV]

The safety of intranasal live attenuated influenza vaccine (LAIV) in people with these conditions has not been established. These conditions, including asthma in adults, should be considered precautions for the use of LAIV.

### 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations (1, 4, 5).

### 6. In the past 3 months, have you taken medications that weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments? [LAIV, MMR, VAR, ZOS]

Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 3). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

### 7. Have you had a seizure or a brain or other nervous system problem? [influenza, Td/Tdap]

Tdap is contraindicated in people who have a history of encephalopathy within 7 days following DTP/DTaP given before age 7 years. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizure, vaccinate as usual. A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give Tdap instead of Td if no history of prior Tdap; 2) Influenza vaccine (IIV/LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccine, vaccinate with IIV if at high risk for severe influenza complications.

### 8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

### 9. For women: Are you pregnant or is there a chance you could become pregnant during the next month? [MMR, LAIV, VAR, ZOS]

Live virus vaccines (e.g., MMR, VAR, ZOS, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. Sexually active women in their childbearing years who receive live virus vaccines should be instructed to practice careful contraception for one month following receipt of the vaccine. On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent and immediate protection is needed (e.g., travel to endemic areas). Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester. (1, 3, 4, 5, 7, 8)

### 10. Have you received any vaccinations in the past 4 weeks? [LAIV, MMR, VAR, yellow fever]

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

#### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm)
2. Table of Vaccine Components: [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).
3. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the ACIP—2014–2015 Influenza Season at [www.cdc.gov/mmwr/pdf/wk/mm6332.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf), pages 691–7.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. Tomblyn M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 15:1143–1238; 2009 at [www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm](http://www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm).
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).



# Skills Checklist for Immunization

The Skills Checklist is a self-assessment tool for health care staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques, and procedures outlined for each of them. Score yourself in the Self-Assessment column. If you check **Need to Improve**, you indicate further study, practice, or change is needed. When you check **Meets or Exceeds**, you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it for performance reviews, give staff the op-

portunity to score themselves in advance. Next, observe their performance as they provide immunizations to several patients and score in the **Supervisor Review** columns. If improvement is needed, meet with them to develop a **Plan of Action** (p. 2) that will help them achieve the level of competence you expect; circle desired actions or write in others.

The DVD “Immunization Techniques: Best Practices with Infants, Children, and Adults” ensures that staff administer vaccines correctly. Order online at [www.immunize.org/dvd](http://www.immunize.org/dvd)

Competency	Clinical Skills, Techniques, and Procedures	Self-Assessment		Supervisor Review		
		Need to Improve	Meets or Exceeds	Need to Improve	Meets or Exceeds	Plan of Action*
A. Patient/Parent Education	1. Welcomes patient/family, establishes rapport, and answers any questions.					
	2. Explains what vaccines will be given and which type(s) of injection will be done.					
	3. Accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies patient/parents received the Vaccine Information Statements for indicated vaccines and had time to read them and ask questions.					
	5. Screens for contraindications. (MA: score NA—not applicable—if this is MD function.)					
	6. Reviews comfort measures and after care instructions with patient/parents, inviting questions.					
B. Medical Protocols	1. Identifies the location of the medical protocols (i.e. immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of the epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
	4. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
C. Vaccine Handling	1. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	2. Maintains aseptic technique throughout.					
	3. Selects the correct needle size for IM and SC.					
	4. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.					
	5. Labels each filled syringe or uses labeled tray to keep them identified.					
	6. Demonstrates knowledge of proper vaccine handling, e.g. protects MMR from light, logs refrigerator temperature.					

Adapted from California Department of Public Health • Immunization Branch



Competency	Clinical Skills, Techniques, and Procedures	Self-Assessment		Supervisor Review		
		Need to Improve	Meets or Exceeds	Need to Improve	Meets or Exceeds	Plan of Action*
D. Administering Immunizations	1. Rechecks the physician's order or instructions against prepared syringes.					
	2. Washes hands and if office policy puts on disposable gloves.					
	3. Demonstrates knowledge of the appropriate route for each vaccine.					
	4. Positions patient and/or restrains the child with parent's help; locates anatomic landmarks specific for IM or SC					
	5. Preps the site with an alcohol wipe using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.					
	6. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (45° for SC or 90° for IM).					
	7. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	8. Applies gentle pressure to injection site for several seconds with a dry cotton ball.					
	9. Properly disposes of needle and syringe in sharps container. Properly disposes of live vaccine vial.					
	10. Encourages comfort measures before, during and after the procedure.					
E. Records Procedures	1. Fully documents each immunization in patient's chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use IZ registry or computer to call up patient record, assess what is due today, and update computer immunization history.					
	3. Asks for and updates patient's record of immunizations and reminds them to bring it to each visit.					

Plan of Action:

**Circle desired next steps and write in the agreed deadline and date for the follow-up performance review.** **a.** Watch video on immunization techniques. **b.** Review office protocols. **c.** Review manuals, textbooks, wall charts or other guides. **d.** Review package inserts. **e.** Review vaccine handling guidelines or video. **f.** Observe other staff with patients. **g.** Practice injections. **h.** Read Vaccine Information Statements. **i.** Be mentored by someone who has these skills. **j.** Role play with other staff interactions with parents and patients, including age-appropriate comfort measures. **k.** Attend a skills training or other courses or training. **l.** Attend health care customer satisfaction or cultural competency training. **m.** Renew CPR certification. **Other:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan of Action Deadline

\_\_\_\_\_  
Date of Next Performance Review





# Skills Checklist for Immunization

The Skills Checklist is a self-assessment tool for health care staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques, and procedures outlined for each of them. Score yourself in the Self-Assessment column. If you check **Need to Improve**, you indicate further study, practice, or change is needed. When you check **Meets or Exceeds**, you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it for performance reviews, give staff the op-

portunity to score themselves in advance. Next, observe their performance as they provide immunizations to several patients and score in the **Supervisor Review** columns. If improvement is needed, meet with them to develop a **Plan of Action** (p. 2) that will help them achieve the level of competence you expect; circle desired actions or write in others.

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Competency	Clinical Skills, Techniques, and Procedures	Self-Assessment		Supervisor Review		
		Need to Improve	Meets or Exceeds	Need to Improve	Meets or Exceeds	Plan of Action*
A. Patient/Parent Education	1. Welcomes patient/family, establishes rapport, and answers any questions.					
	2. Explains what vaccines will be given and which type(s) of injection will be done.					
	3. Accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies patient/parents received the Vaccine Information Statements for indicated vaccines and had time to read them and ask questions.					
	5. Screens for contraindications. (MA: score NA—not applicable—if this is MD function.)					
	6. Reviews comfort measures and after care instructions with patient/parents, inviting questions.					
B. Medical Protocols	1. Identifies the location of the medical protocols (i.e. immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of the epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
	4. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
C. Vaccine Handling	1. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	2. Maintains aseptic technique throughout.					
	3. Selects the correct needle size for IM and SC.					
	4. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.					
	5. Labels each filled syringe or uses labeled tray to keep them identified.					
	6. Demonstrates knowledge of proper vaccine handling, e.g. protects MMR from light, logs refrigerator temperature.					

Adapted from California Department of Public Health • Immunization Branch

Competency	Clinical Skills, Techniques, and Procedures	Self-Assessment		Supervisor Review		
		Need to Improve	Meets or Exceeds	Need to Improve	Meets or Exceeds	Plan of Action*
D. Administering Immunizations	1. Rechecks the physician's order or instructions against prepared syringes.					
	2. Washes hands and if office policy puts on disposable gloves.					
	3. Demonstrates knowledge of the appropriate route for each vaccine.					
	4. Positions patient and/or restrains the child with parent's help; locates anatomic landmarks specific for IM or SC					
	5. Preps the site with an alcohol wipe using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.					
	6. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (45° for SC or 90° for IM).					
	7. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	8. Applies gentle pressure to injection site for several seconds with a dry cotton ball.					
	9. Properly disposes of needle and syringe in sharps container. Properly disposes of live vaccine vial.					
	10. Encourages comfort measures before, during and after the procedure.					
E. Records Procedures	1. Fully documents each immunization in patient's chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use IZ registry or computer to call up patient record, assess what is due today, and update computer immunization history.					
	3. Asks for and updates patient's record of immunizations and reminds them to bring it to each visit.					

Plan of Action:

**Circle desired next steps and write in the agreed deadline and date for the follow-up performance review.** **a.** Watch video on immunization techniques. **b.** Review office protocols. **c.** Review manuals, textbooks, wall charts or other guides. **d.** Review package inserts. **e.** Review vaccine handling guidelines or video. **f.** Observe other staff with patients. **g.** Practice injections. **h.** Read Vaccine Information Statements. **i.** Be mentored by someone who has these skills. **j.** Role play with other staff interactions with parents and patients, including age-appropriate comfort measures. **k.** Attend a skills training or other courses or training. **l.** Attend health care customer satisfaction or cultural competency training. **m.** Renew CPR certification. **Other:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan of Action Deadline

\_\_\_\_\_  
Date of Next Performance Review

Patient name: \_\_\_\_\_

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

# Screening Checklist for Contraindications to Vaccines for Children and Teens

**For parents/guardians:** The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean 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 child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If your child is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Did you bring your child's immunization record card with you?**

yes ☐ no ☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

## Information for Health Professionals about the Screening Checklist for Contraindications (Children & Teens)

Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed at the bottom of this page.

### 1. Is the child sick today? [all vaccines]

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events (1, 2). However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (such as otitis media, upper respiratory infections, and diarrhea) are NOT contraindications to vaccination. Do not withhold vaccination if a person is taking antibiotics.

### 2. Does the child have allergies to medications, food, a vaccine component, or latex? [all vaccines]

If a person has anaphylaxis after eating gelatin, do not administer MMR, MMRV, or varicella vaccine. A local reaction following a prior vaccine dose is not a contraindication to a subsequent dose. For a table of vaccines supplied in vials or syringes that contain latex, go to [www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf). For an extensive list of vaccine components, see reference 3. An egg-free recombinant influenza vaccine (RIV3) may be used in people age 18 years and older with egg allergy of any severity who have no other contraindications. Children and teens younger than age 18 years who have experienced a serious systemic or anaphylactic reaction (e.g., hives, swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs can usually be vaccinated with inactivated influenza vaccine (IIV); consult ACIP recommendations (see reference 4).

### 3. Has the child had a serious reaction to a vaccine in the past? [all vaccines]

History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. Precautions to DTaP (not Tdap) include the following: (a) seizure within 3 days of a dose, (b) pale or limp episode or collapse within 48 hours of a dose, (c) continuous crying for 3 or more hours within 48 hours of a dose, and (d) fever of 105°F (40°C) within 48 hours of a previous dose. There are other adverse events that might have occurred following vaccination that constitute contraindications or precautions to future doses. Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

### 4. Has the child had a health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? [LAIV]

The safety of LAIV in children and teens with lung, heart, kidney, or metabolic disease (e.g., diabetes), or a blood disorder has not been established. These conditions, including asthma in children ages 5 years and older, should be considered precautions for the use of LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV.

### 5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? [LAIV]

Children ages 2 through 4 years who have had a wheezing episode within the past 12 months should not be given LAIV. Instead, these children should be given IIV.

### 6. If your child is a baby, have you ever been told that he or she has had intussusception? [Rotavirus]

Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should not be given rotavirus vaccine.

**7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problem? [DTaP, Td, Tdap, IIV, LAIV, MMRV]** DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of DTaP and Tdap. For children with stable neurologic disorders (including seizures) unrelated to vaccination, or for children with a family history of seizures, vaccinate as usual (exception: children with a personal or family [i.e., parent or sibling] history of seizures generally should not be vaccinated with MMRV; they should receive separate MMR and VAR vaccines). A history of Guillain-Barré syndrome (GBS) is a consideration with the following: 1) Td/Tdap: if GBS has occurred within 6 weeks of a tetanus-containing vaccine and decision is made to continue vaccination, give age-appropriate Tdap instead of Td if no history of prior Tdap, to improve pertussis protection; 2) Influenza vaccine (IIV or LAIV): if GBS has occurred within 6 weeks of a prior influenza vaccination, vaccinate with IIV if at high risk for severe influenza complications.

### 8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem? [LAIV, MMR, MMRV, RV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/ $\mu$ L. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. Other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. For details, consult the ACIP recommendations (1, 5, 6).

### 9. In the past 3 months, has the child taken medications that weaken their immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 7. LAIV can be given only to healthy non-pregnant individuals age 2 through 49 years.

### 10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? [LAIV, MMR, MMRV, VAR]

Certain live virus vaccines (e.g., LAIV, MMR, MMRV, varicella) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations or the current *Red Book* for the most current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines (1, 2).

### 11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? [LAIV, MMR, MMRV, VAR]

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 3). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (6, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of exposure is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

### 12. Has the child received vaccinations in the past 4 weeks? [LAIV, MMR, MMRV, VAR, yellow fever]

Children who were given either LAIV or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.

#### References:

1. CDC. General recommendations on immunization, at [www.cdc.gov/vaccines/pubs/acip-list.htm](http://www.cdc.gov/vaccines/pubs/acip-list.htm).
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at [www.aapredbook.org](http://www.aapredbook.org).
3. Table of Vaccine Components: [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).
4. CDC. Prevention and control of seasonal influenza with vaccines: Recommendations of the ACIP—2014–2015 Influenza Season at [www.cdc.gov/mmwr/pdf/wk/mm6332.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf), pages 691–7.
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7. Tomblyn M, Einsele H, et al. Guidelines for preventing infectious complications among hematopoietic stem cell transplant recipients: a global perspective. *Biol Blood Marrow Transplant* 15:1143–1238; 2009 at [www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm](http://www.cdc.gov/vaccines/pubs/hemato-cell-transplants.htm).
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

# Vaccine Administration Record for Adults

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Chart number: \_\_\_\_\_

Clinic name and address

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding source (F,S,P) <sup>2</sup>	Route <sup>3</sup> & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., Td, Tdap) Give IM. <sup>3</sup>									
<b>Hepatitis A<sup>6</sup></b> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>									
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>									
<b>Human papillomavirus</b> (HPV2, HPV4) Give IM. <sup>3</sup>									
<b>Measles, Mumps, Rubella</b> (MMR) Give SC. <sup>3</sup>									
<b>Varicella</b> (VAR) Give SC. <sup>3</sup>									
<b>Pneumococcal</b> (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. <sup>3</sup> Give PPSV23 IM or SC. <sup>3</sup>									
<b>Meningococcal</b> (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. <sup>3</sup> Give MPSV4 SC. <sup>3</sup>									

See page 2 to record influenza, Hib, zoster, and other vaccines (e.g., travel vaccines).

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (sanofi pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac (sanofi pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prenar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

# Vaccine Administration Record for Adults

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Chart number: \_\_\_\_\_

Clinic name and address

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route <sup>3</sup> & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Influenza</b> (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. <sup>3</sup> Give LAIV IN. <sup>3</sup>									
<b>Hib</b> Give IM. <sup>3</sup>									
<b>Zoster (Zos)</b> Give SC. <sup>3</sup>									
<b>Other</b>									

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.

Abbreviation	Trade Name and Manufacturer
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
IIV (Inactivated influenza vaccine), RIV (recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal, Fluzone High-Dose (sanofi pasteur)
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)



# Vaccine Administration Record for Adults

Patient name: Mohammed SharikBirthdate: 4/14/1981

Chart number: \_\_\_\_\_

Clinic name and address Small Town Clinic  
1st and Main Streets  
Anywhere, AB 12345

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding source (F,S,P) <sup>2</sup>	Route <sup>3</sup> & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Tetanus, Diphtheria, Pertussis</b> (e.g., Td, Tdap) Give IM. <sup>3</sup>	Td	8/1/2002	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/2002	P	IM/LA	U0376AA	AVP	6/10/04	9/1/02	PWS
	Td	3/1/2003	P	IM/LA	U0376AA	AVP	6/10/94	3/1/03	TAA
	Tdap	6/14/2010	P	IM/LA	AC52B030AA	GSK	6/14/10	6/14/10	JTA
<b>Hepatitis A<sup>6</sup></b> (e.g., HepA, HepA-HepB) Give IM. <sup>3</sup>	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	8/25/98	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	8/25/98	3/1/03	TAA
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, HepA-HepB) Give IM. <sup>3</sup>	HepA-HepB	8/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	8/1/02	JTA
	HepA-HepB	9/1/2002	P	IM/RA	HAB239A4	GSK	7/11/01	9/1/02	PWS
	HepA-HepB	3/1/2003	P	IM/RA	HAB239A4	GSK	7/11/01	3/1/03	TAA
<b>Human papillomavirus</b> (HPV2, HPV4) Give IM. <sup>3</sup>									
<b>Measles, Mumps, Rubella</b> (MMR) Give SC. <sup>3</sup>	MMR	8/1/2002	P	SC/RA	0025L	MRK	6/13/02	8/1/02	JTA
	MMR	11/1/2002	P	SC/RA	0025L	MRK	6/13/02	11/1/02	TAA
<b>Varicella</b> (VAR) Give SC. <sup>3</sup>	VAR	8/1/2002	P	SC/LA	0799M	MRK	12/16/98	8/1/02	JTA
	VAR	11/1/2002	P	SC/LA	0689M	MRK	12/16/98	11/1/02	TAA
<b>Pneumococcal</b> (e.g., PCV13, conjugate; PPSV23, polysaccharide) Give PCV13 IM. <sup>3</sup> Give PPSV23 IM or SC. <sup>3</sup>									
<b>Meningococcal</b> (e.g., MenACWY, conjugate; MPSV4, polysaccharide) Give MenACWY IM. <sup>3</sup> Give MPSV4 SC. <sup>3</sup>	Menveo	7/12/2010	P	IM/RA	28011	NOV	1/2/8/08	7/12/10	JTA

See page 2 to record influenza, Hib, zoster, and other vaccines (e.g., travel vaccines).

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
Tdap	Adacel (sanofi pasteur); Boostrix (GlaxoSmithKline [GSK])
Td	Decavac (sanofi pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
PCV13, PPSV23	Prenar 13 (Pfizer); Pneumovax 23 (Merck)
MenACWY	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Patient name: Mohammed Sharik

# Vaccine Administration Record for Adults

Birthdate: 4/14/1981      Chart number:

Clinic name and address	Small Town Clinic 1st and Main Streets Anywhere, AB 12345
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Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

[illegible]

See page 1 to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, pneumococcal, and meningococcal vaccines.

## How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.

Abbreviation	Trade Name and Manufacturer
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
IV (Inactivated influenza vaccine), RIV (recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvac (Novartis); FluLaval (GSK); Fluvin (Novartis); Fluzone, Fluzone Intradermal, Fluzone High-Dose (sanofi pasteur)
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHib (Merck)
ZOS (shingles)	Zostavax (Merck)



# Vaccine Administration Record for Children and Teens

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Chart number: \_\_\_\_\_

Clinic name and address

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. <sup>3</sup>									
<b>Diphtheria, Tetanus, Pertussis<sup>6</sup></b> (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. <sup>3</sup>									
<b>Haemophilus influenzae type b<sup>6</sup></b> (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. <sup>3</sup>									
<b>Polio<sup>6</sup></b> (e.g., IPV, DTaP-HepB-DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. <sup>3</sup> Give all others IM. <sup>3</sup>									
<b>Pneumococcal</b> (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. <sup>3</sup> Give PPSV SC or IM. <sup>3</sup>									
<b>Rotavirus (RV1, RV5)</b> Give orally (po). <sup>3</sup>									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipov (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)

# Vaccine Administration Record for Children and Teens

Patient name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Chart number: \_\_\_\_\_

Clinic name and address

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Measles, Mumps, Rubella<sup>6</sup></b> (e.g., MMR, MMRV) Give SC. <sup>3</sup>									
<b>Varicella<sup>6</sup></b> (e.g., VAR, MMRV) Give SC. <sup>3</sup>									
<b>Hepatitis A<sup>6</sup></b> (HepA) Give IM. <sup>3</sup>									
<b>Meningococcal</b> (e.g., MenACWY-CRM; MenACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM <sup>3</sup> and give MPSV4 SC. <sup>3</sup>									
<b>Human papillomavirus<sup>6</sup></b> (e.g., HPV2, HPV4) Give IM. <sup>3</sup>									
<b>Influenza</b> (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. <sup>3</sup> Give LAIV IN. <sup>3</sup>									
<b>Other</b>									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D, Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)

# Vaccine Administration Record for Children and Teens

Patient name: Ashley StebbinsBirthdate: 6/1/2007

Chart number: \_\_\_\_\_

Clinic name and address

Large Urban Clinic  
1234 Any Avenue  
Bigville, LM 98765

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. <sup>3</sup>	HepB	6/2/2007	F	IM/RT	0651M	MRK	7/11/01	6/2/07	JTA
	Pediarix	8/2/2007	F	IM/RT	635A1	GSK	7/18/07	8/2/07	DCP
	Pediarix	10/2/2007	F	IM/RT	712A2	GSK	7/18/07	10/2/07	DCP
	Pediarix	12/2/2007	F	IM/RT	712A2	GSK	7/18/07	12/2/07	DLW
<b>Diphtheria, Tetanus, Pertussis<sup>6</sup></b> (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. <sup>3</sup>	Pediarix	8/2/2007	F	IM/RT	635A1	GSK	5/17/07	8/2/07	DCP
	Pediarix	10/2/2007	F	IM/RT	712A2	GSK	5/17/07	10/2/07	DCP
	Pediarix	12/2/2007	F	IM/RT	712A2	GSK	5/17/07	12/2/07	DLW
	DTaP-Hib	9/2/2008	F	IM/RA	60897AA	PMC	5/17/07	9/2/08	RLV
	DTaP	8/2/2012	F	IM/RA	376-912	PMC	5/17/07	8/2/12	JTA
<div>DTaP-HepB-IPV (Pediarix)</div> <div>DTaP-Hib (TriHIBit): 2 lot #s, 2 different VISs</div> <div>DTaP-Hib (TriHIBit): 2 lot #s, 2 different VISs</div>									
<b>Haemophilus influenzae type b<sup>6</sup></b> (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. <sup>3</sup>	Hib	8/2/2007	F	IM/RT	635A1	GSK	5/17/07	8/2/07	DCP
	Hib	10/2/2007	F	IM/RT	712A2	GSK	5/17/07	10/2/07	DCP
	Hib	12/2/2007	F	IM/RT	712A2	GSK	5/17/07	12/2/07	DLW
	DTaP-Hib	9/2/2008	F	IM/RA	7172AA	PMC	12/16/98	9/2/08	RLV
<b>Polio<sup>6</sup></b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV) Give IPV SC or IM. <sup>3</sup> Give all others IM. <sup>3</sup>	Pediarix	8/2/2007	F	IM/RT	635A1	GSK	1/1/00	8/2/07	DCP
	Pediarix	10/2/2007	F	IM/RT	712A2	GSK	1/1/00	10/2/07	DCP
	Pediarix	12/2/2007	F	IM/RT	712A2	GSK	1/1/00	12/2/07	DLW
	IPV	8/2/2012	F	IM/RA	U4569-8	PMC	1/1/00	8/2/12	DCP
<b>Pneumococcal</b> (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. <sup>3</sup> Give PPSV SC or IM. <sup>3</sup>	PCV13	8/2/2007	F	IM/LT	7-5095-05A	WYE	9/30/02	8/2/07	DCP
	PCV13	10/2/2007	F	IM/LT	7-5095-05A	WYE	9/30/02	10/2/07	DCP
	PCV13	12/2/2007	F	IM/LT	7-5095-05A	WYE	9/30/02	12/2/07	DLW
	PCV13	9/2/2008	F	IM/LT	7-5095-05A	WYE	9/30/02	9/2/08	RLV
<b>Rotavirus (RV1, RV5)</b> Give orally (po). <sup>3</sup>	RotaTeq	8/2/2007	F	PO	04859	MRK	4/12/06	8/2/07	DCP
	RV5	10/2/2007	F	PO	04859	MRK	4/12/06	10/2/07	DCP
	RotaTeq	12/2/2007	F	PO	04859	MRK	4/12/06	12/2/07	DLW

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hibrix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipol (sanofi pasteur)
PCV13	Prenvar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)

# Vaccine Administration Record for Children and Teens

Patient name: Ashley StebbinsBirthdate: 6/1/2007

Chart number: \_\_\_\_\_

Clinic name and address

Large Urban Clinic  
1234 Any Avenue  
Bigville, LM 98765

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Measles, Mumps, Rubella<sup>6</sup></b> (e.g., MMR, MMRV) Give SC. <sup>3</sup>	MMRV	6/2/2008	F	SC/RA	0857M	MRK	1/15/03	6/2/08	DLW
	MMRV	8/2/2012	F	SC/LA	0522F	MRK	5/21/10	8/2/12	DCP
<b>Varicella<sup>6</sup></b> (e.g., VAR, MMRV) Give SC. <sup>3</sup>	MMRV	6/2/2008	F	SC/RA	0857M	MRK	3/13/08	6/2/08	DLW
	MMRV	8/2/2012	F	SC/LA	0522F	MRK	5/21/10	8/2/12	DCP
<b>Hepatitis A<sup>6</sup></b> (HepA) Give IM. <sup>3</sup>	Havrix	6/2/2008	F	IM/LA	AHAVB944	GSK	3/21/06	6/2/08	DLW
	Vaqta	12/2/2008	F	IM/LA	0634K	MRK	3/21/06	12/2/08	TAA
<b>Meningococcal</b> (e.g., MenACWY-CRM; MenACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM <sup>3</sup> and give MPSV4 SC. <sup>3</sup>									
<b>Human papillomavirus<sup>6</sup></b> (e.g., HPV2, HPV4) Give IM. <sup>3</sup>									
<b>Influenza</b> (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. <sup>3</sup> Give LAIV IN. <sup>3</sup>	TIV	12/2/2007	F	IM/RT	U097543	PMC	7/16/07	12/2/07	DLW
	Fluzone	9/2/2008	F	IM/LA	U2169MA	PMC	7/24/08	9/2/08	RLV
	TIV-H1N1	11/15/2009	F	IM/RA	UP016AA	PMC	10/2/09	11/15/09	JRM
	LAIV-H1N1	12/29/2009	F	IN	500756P	MED	10/2/09	12/29/09	CJP
	Fluarix	11/12/2010	F	IM/RA	J5C53	GSK	8/10/10	11/12/10	TAA
	Fluvirin	9/2/2011	F	IM/LA	878771P	NOV	7/26/11	9/5/11	DCP
	FluMist	9/25/2012	F	IN	500491P	MED	7/2/12	10/15/12	RLV
<b>Other</b>	Afluria	9/25/2013	F	IM/RA	M50907	CSL	7/26/13	9/25/13	CJP

MMR-VAR (MMRV)

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D; Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)

# Vaccine Administration Record for Children and Teens

Patient name: Jennifer ErnstBirthdate: Oct. 15, 1998

Chart number: \_\_\_\_\_

Clinic name and address

Olson Memorial Clinic  
5678 Busy Avenue  
Anyville, XY 34567

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Hepatitis B<sup>6</sup></b> (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM. <sup>3</sup>	HepB (1.0 mL)	8/2/2009	P	IM/RA	0651M	MRK	7/18/07	8/2/09	TAA
	HepB (1.0 mL)	1/2/2010	P	IM/RA	0651M	MRK	7/18/07	1/2/10	TAA
	2-dose series of adult Recombivax given to adolescent 12–15 yrs								
<b>Diphtheria, Tetanus, Pertussis<sup>6</sup></b> (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM. <sup>3</sup>	Infanrix	12/15/1998	P	IM/RT	501A2	SKB	8/15/97	12/15/98	DCP
	Infanrix	2/15/1999	P	IM/RT	501A2	SKB	8/15/07	2/15/99	DCP
	Infanrix	4/15/1999	P	IM/RT	501A2	SKB	8/15/07	4/15/99	DLW
	Infanrix	4/15/2000	P	IM/RA	501A2	SKB	8/15/07	4/15/00	RLV
	ACEL-IMUNE	4/15/2003	P	IM/RA	318908	PMC	7/30/01	4/15/03	JTA
	Td (Decavac)	10/15/2010	P	IM/RA	U1943AA	PMC	11/18/08	10/15/10	PWS
	Tdap (Boostrix)	6/12/2012	P	IM/RA	ACSB023A	GSK	11/18/08	6/12/12	DLW
<b>Haemophilus influenzae type b<sup>6</sup></b> (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM. <sup>3</sup>	Hib	12/15/1998	P	IM/LT	1492L	MRK	5/1/96	12/15/98	DCP
	Hib	2/15/1999	P	IM/LT	1492L	MRK	12/16/98	2/15/99	DCP
	Hib	10/15/2001	P	IM/LT	1492L	MRK	12/16/98	10/15/01	DLW
<b>Polio<sup>6</sup></b> (e.g., IPV, DTaP-HepB-DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM. <sup>3</sup> Give all others IM. <sup>3</sup>	IPV	12/15/1999	P	SC/LT	U4569-8	PMC	2/6/97	12/15/98	DCP
	IPV	2/15/1999	P	SC/LT	U4569-8	PMC	2/1/99	2/15/99	DCP
	IPV	4/15/1999	P	SC/LT	U4569-8	PMC	2/1/99	4/15/99	DLW
	IPV	4/15/2003	P	SC/LA	U45699-8	PMC	2/1/99	4/15/00	JTA
<b>Pneumococcal</b> (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM. <sup>3</sup> Give PPSV SC or IM. <sup>3</sup>									
<b>Rotavirus (RV1, RV5)</b> Give orally (po). <sup>3</sup>									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic DT (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHibit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK), can be given to teens age 18 and older
Hib	ActHib (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
Hib-MenCY	MenHibrix (GSK)
IPV	Ipov (sanofi pasteur)
PCV13	Pneumovax 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur); Generic Td (MA Biological Labs)



# Vaccine Administration Record for Children and Teens

Patient name: Jennifer ErnstBirthdate: Oct. 15, 1998

Chart number: \_\_\_\_\_

Clinic name and address

Olson Memorial Clinic  
5678 Busy Avenue  
Anyville, XY 34567

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine <sup>1</sup>	Date given (mo/day/yr)	Funding Source (F,S,P) <sup>2</sup>	Route & Site <sup>3</sup>	Vaccine		Vaccine Information Statement (VIS)		Vaccinator <sup>5</sup> (signature or initials & title)
					Lot #	Mfr.	Date on VIS <sup>4</sup>	Date given <sup>4</sup>	
<b>Measles, Mumps, Rubella<sup>6</sup></b> (e.g., MMR, MMRV) Give SC. <sup>3</sup>	MMR	1/15/2000	P	SC/RA	0857M	MRK	12/16/98	1/15/00	DLW
	MMR	4/15/2003	P	SC/RA	0946M	MRK	1/15/03	4/15/03	JTA
<b>Varicella<sup>6</sup></b> (e.g., VAR, MMRV) Give SC. <sup>3</sup>	VAR	1/15/2000	P	SC/LA	0799M	MRK	12/16/98	1/15/00	DLW
	VAR	4/15/2003	P	SC/LA	0689F	MRK	12/16/98	4/15/03	JTA
<b>Hepatitis A<sup>6</sup></b> (HepA) Give IM. <sup>3</sup>									
<b>Meningococcal</b> (e.g., MenACWY-CRM; Men-ACWY-D; Hib-MenCY; MPSV4) Give MenACWY and Hib-MenCY IM <sup>3</sup> and give MPSV4 SC. <sup>3</sup>	MCV4	10/15/2013	P	IM/RA	28011	NOV	10/14/11	10/15/13	MAT
<b>Human papillomavirus<sup>6</sup></b> (e.g., HPV2, HPV4) Give IM. <sup>3</sup>	HPV4	12/12/2010	P	IM/LA	0637F	MRK	3/30/10	12/12/10	TAA
	HPV2	2/13/2011	P	IM/LA	0331Z	GSK	3/30/10	2/13/11	PWS
	Gardasil	6/18/2011	P	IM/LA	0637F	MRK	5/3/11	6/18/11	DLW
<b>Influenza</b> (e.g., IIV3, trivalent inactivated; IIV4, quadrivalent inactivated; RIV, recombinant inactivated [for ages 18–49 yrs]; LAIV4, quadrivalent live attenuated) Give IIV and RIV IM. <sup>3</sup> Give LAIV IN. <sup>3</sup>	FluMist	10/15/2008	P	IN	500491P	MED	7/24/08	10/15/08	MAT
	TIV	10/12/2009	P	IM/RA	878771P	NOV	10/2/09	10/12/09	JTA
	H1N1	12/7/2009	P	IM/LA	1009224P	NOV	10/2/09	12/7/09	MAT
	Fluvirin	11/12/2010	P	IM/RA	87878P	NOV	8/10/10	11/12/10	CJP
	Fluzone	12/1/2011	P	IM/LA	U100461	PMC	7/26/11	12/1/11	JRM
	Fluarix	10/15/2012	P	IM/RA	J5G53	GSK	7/2/12	10/15/12	JTA
	Afluria	9/25/2013	P	IM/LA	M50907	CSL	7/26/13	9/25/13	TAA
<b>Other</b>									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

## How to Complete This Record

- Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
- Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
- Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
- Record the publication date of each VIS as well as the date the VIS is given to the patient.
- To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
- For combination vaccines, fill in a row for each antigen in the combination.

Abbreviation	Trade Name and Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine); RIV (Recombinant influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); Flublok (Protein Sciences Corp.); Flucelvax (Novartis); FluLaval (GSK); Fluvirin (Novartis); Fluzone, Fluzone Intradermal [for ages 18–64 yrs] (sanofi)
MCV4 or MenACWY, MenACWY-CRM, MenACWY-D; Hib-MenCY	MenACWY-D = Menactra (sanofi pasteur); MenACWY-CRM = Menveo (Novartis); Hib-MenCY (MenHibrix [GSK])
MPSV4	Menomune (sanofi pasteur)

# 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

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- |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> 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.                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit ( <a href="http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf</a> ) or equivalent training materials offered by our state or local health department's immunization program. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. We have detailed, up-to-date, written policies for general vaccine management, including policies for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our policies are based on CDC's Vaccine Storage & Handling Toolkit and/or on instruction from our state or local health department's immunization program.                                  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 4. We review these policies with all staff annually and with new staff, including temporary staff, when they are hired.                                                                                                                                                                                                                                                                                           |

## Log In New Vaccine Shipments

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- |                              |                             |                                                                               |
|------------------------------|-----------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 5. We maintain a vaccine inventory log that we use to document the following: |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | a. Vaccine name and number of doses received                                  |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | b. Date we received the vaccine                                               |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | c. Condition of vaccine when we received it                                   |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | d. Vaccine manufacturer and lot number                                        |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | e. Vaccine expiration date                                                    |

## Use Proper Storage Equipment

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- |                              |                             |                                                                                                                                                                                                                                                                       |
|------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 6. We store vaccines in separate, self-contained units that refrigerate or freeze only. If we must use a household-style combination unit, we use it only for storage of our refrigerated vaccines, maintaining frozen vaccines in a separate stand-alone freezer.    |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 7. We store vaccines in units with enough room to maintain the year's largest inventory without crowding.                                                                                                                                                             |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 8. We never store any vaccines in a dormitory-style unit (a small combination freezer-refrigerator unit with the freezer compartment inside the refrigerator).                                                                                                        |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 9. We use only calibrated thermometers that have a Certificate of Traceability and Calibration Testing* ("Report of Calibration") and are calibrated every 1 to 2 years from the last calibration testing date or according to the manufacturer's suggested timeline. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 10. We have planned back-up storage unit(s) in the event of a power failure or other unforeseen event.                                                                                                                                                                |

\*Certificate of Traceability and Calibration Testing ("Report of Calibration") with calibration measurements traceable to a laboratory with accreditation from the International Laboratory Accreditation Cooperations (ILAC) Mutual Recognition Arrangement (MRA) signatory body.

*continued on page 2 ►*

Technical content reviewed by the Centers for Disease Control and Prevention

## 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](http://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](http://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 ( $\pm 1^{\circ}\text{F}$  [ $\pm 0.5^{\circ}\text{C}$ ]) 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-filled bottle
  - ☐ YES ☐ NO c. includes an alarm for out-of-range temperatures
  - ☐ YES ☐ NO d. has a resettable (automatic or manual) min/max display (applies only to thermometers that have a data logger)
  - ☐ YES ☐ NO e. is capable of showing the current temperature, as well as minimum and maximum temperatures
  - ☐ YES ☐ NO f. can measure temperatures within  $\pm 1^{\circ}\text{F}$  ( $\pm 0.5^{\circ}\text{C}$ )
  - ☐ YES ☐ NO g. has a low-battery indicator
- ☐ YES ☐ NO 15. We maintain the refrigerator temperature at 35–46°F (2–8°C), and we aim for 40°F (5°C).
- ☐ YES ☐ NO 16. We maintain the freezer at an average temperature of +5°F (-15°C) or colder, but no colder than -58°F (-50°C).
- ☐ YES ☐ NO 17. We keep extra containers of water in the refrigerator (e.g., in the door and/or on the floor of the unit where the vegetable bins were located) to help maintain cool temperatures. We keep ice packs or ice-filled containers in the freezer to help maintain cold temperatures.

## Maintain Daily Temperature Logs

- ☐ YES ☐ NO 18. On days when our practice is open, we visually inspect the vaccine storage unit twice a day (first thing in the morning and right before our facility closes) and document refrigerator and freezer temperatures on the appropriate log. (See selections at [www.immunize.org/clinic/storage-handling.asp](http://www.immunize.org/clinic/storage-handling.asp).)
- ☐ YES ☐ NO 19. We document the minimum and maximum temperature readings in the refrigerator and freezer once each day, preferably in the morning.
- ☐ YES ☐ NO 20. We consistently record temperatures on the log either in Fahrenheit or Celsius. We never mix temperature scales when we record our temperatures.
- ☐ YES ☐ NO 21. If the temperature log prompts us to insert an “x” by the temperature that’s preprinted on the form, we do not attempt to write in the actual temperature.
- ☐ YES ☐ NO 22. We follow the directions on the temperature log to call appropriate personnel if the temperature in a storage unit goes out of range.
- ☐ YES ☐ NO 23. If out-of-range temperatures occur in the unit, we complete the Vaccine Storage Troubleshooting Record ([www.immunize.org/catg.d/p3041.pdf](http://www.immunize.org/catg.d/p3041.pdf)) to document actions taken when the problem was discovered and what was done to prevent a recurrence of the problem.
- ☐ YES ☐ NO 24. Trained staff (other than staff designated to record the temperatures) review the temperature logs weekly.
- ☐ YES ☐ NO 25. We keep the temperature logs on file for at least 3 years.

*continued on page 3 ►*



## Store Vaccines Correctly

- ☐ YES ☐ NO 26. We post signs (e.g., [www.immunize.org/catg.d/p3048.pdf](http://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

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](http://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!**

# Do I Need Any Vaccinations Today?

*This questionnaire will help you and your healthcare provider determine if you need any vaccinations today. Please check the boxes that apply to you.*

## Influenza vaccination

- ☐ I haven't had my annual influenza vaccination yet this season – so I need it now.

## Pneumococcal vaccination (PCV13, PPSV23)

- ☐ I am 65 or older. I have never received a pneumococcal shot, I have received just 1 pneumococcal shot in the past, or I don't remember receiving any pneumococcal shots.
- ☐ I am 65 or older and received 1 or 2 doses of pneumococcal vaccine when I was younger than 65. It has either been 5 years or more since my last shot or I don't remember how long it has been.
- ☐ I am younger than 65. I have not been vaccinated against pneumococcal disease, and I am in one of the following risk groups:
- ☐ I smoke cigarettes.
  - ☐ I have heart, lung (including asthma), liver, kidney, or sickle cell disease; diabetes; or alcoholism.
  - ☐ I have a weakened immune system due to cancer, Hodgkin's disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS; or I am receiving radiation therapy; or I am on medication that suppresses my immune system.
  - ☐ I had an organ or bone marrow transplant.
  - ☐ I had my spleen removed, had or will have a cochlear implant, or have leaking spinal fluid.
  - ☐ I live in a nursing home or other long-term care facility, and I have never had a pneumococcal shot.

## Tetanus-, diphtheria-, and pertussis (whooping cough)-containing vaccination (e.g., DTP, DTaP, Tdap, or Td)

- ☐ I either never received a dose of Tdap vaccine or I don't remember if I have.
- ☐ I have not yet received at least 3 tetanus- and diphtheria- containing shots.
- ☐ I have received at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.
- ☐ I am in my late second or third trimester of my pregnancy and haven't had a dose of Tdap vaccine during this pregnancy.

## Measles, mumps, rubella (MMR) vaccination

- ☐ I was born in 1957 or later and either never received an MMR shot or I don't remember receiving a shot.
- ☐ I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.
- ☐ I am a healthcare worker, and I have no laboratory evidence of immunity to measles, mumps, or rubella. I received 1 dose of MMR vaccine, but I don't remember receiving 2 doses.
- ☐ I was born in 1957 or later. I received only 1 MMR shot, and I am in one of the following groups:
- ☐ I am entering college or a post-high school educational institution.
  - ☐ I am planning to travel internationally.

*continued on page 2 ►*

## Human papillomavirus (HPV) vaccination

- ☐ I am a woman 26 or younger and haven't completed a 3-dose series of HPV shots.
- ☐ I am a man 21 or younger and haven't completed a 3-dose series of HPV shots.
- ☐ I am a man 22 through 26 years. I haven't completed a 3-dose series of HPV shots, and I am in one of the following groups:
  - I want to be protected from HPV.
  - I have a weakened immune system as a result of infection (including HIV), disease, or medications.
  - I have sex with men.
- ☐ I am older than 26 and although I started the HPV series when I was younger, I never completed it.

## Hepatitis A vaccination

- ☐ I want to be vaccinated to avoid getting hepatitis A and spreading it to others.
- ☐ I was vaccinated with hepatitis A vaccine in the past. I either never received the second shot or don't remember if I received it.
- ☐ I might have been exposed to the hepatitis A virus in the past 2 weeks.
- ☐ I am in one of the following risk groups, and I haven't completed the 2-dose series of hepatitis A shots:
  - I travel or plan to travel in countries where hepatitis A is common.<sup>1, 2</sup>
  - I have (or will have) contact with an adopted child within the first 60 days of the child's arrival from a country where hepatitis A is common.<sup>2</sup>
  - I am a man who has sex with men.
  - I use street drugs.
  - I have chronic liver disease.
  - I have a clotting factor disorder.
  - I work with HAV-infected primates or with HAV in a research laboratory setting.

## Hepatitis B vaccination

- ☐ I want to be vaccinated to avoid getting hepatitis B and spreading it to others.
- ☐ I am 18 or younger and haven't completed the series of hepatitis B shots.
- ☐ I was vaccinated with hepatitis B vaccine in the past. I either never completed the full series or don't remember if I completed the series.
- ☐ I am in one of the following risk groups. I either haven't completed the 3-dose series of hepatitis B shots or don't remember if I completed the series:
  - I am sexually active and am not in a long-term, mutually monogamous relationship.
  - I am a man who has sex with men.
  - I am an immigrant, or my parents are immigrants, from an area of the world where hepatitis B is common, so I need testing and may need vaccination.<sup>3, 4</sup>
  - I live with or am a sex partner of a person with hepatitis B.
  - I have been diagnosed with a sexually transmitted disease.
  - I have been diagnosed with HIV.
  - I inject street drugs.
  - I have chronic liver disease.
  - I am or will be on kidney dialysis.
  - I have diabetes and I am younger than 60 years and/or receiving assisted glucose monitoring.
  - I am a healthcare or public safety worker who is exposed to blood or other body fluids.
  - I provide direct services to people with developmental disabilities.
  - I travel or plan to travel outside the U.S.<sup>1, 3</sup>

CONTINUED ON NEXT PAGE ►

**Chickenpox (varicella) vaccination**

- ☐ I was born in 1980 or later. I neither had chickenpox nor received the vaccine, or I don't remember if I had the disease or received the vaccine.
- ☐ I was born before 1980. I am either a healthcare worker or foreign born, and I am not sure if I've had chickenpox or not.
- ☐ I received one dose of varicella vaccine in the past but never got a second shot.

**Meningococcal vaccination**

- ☐ I am 18 or younger and haven't received a meningococcal shot.
- ☐ I am 21 or younger. I haven't had a meningococcal shot since my 16th birthday, and I am (or will be) in college, living in a residence hall.
- ☐ I am traveling to an area of the world where meningococcal disease is common.<sup>1</sup>
- ☐ I have sickle cell disease, or my spleen isn't working or has been removed, or I have a persistent complement component deficiency.
- ☐ I am a microbiologist routinely exposed to isolates of *Neisseria meningitidis*.
- ☐ I was vaccinated 5 or more years ago and continue to be at risk for meningococcal disease because I am in one of the risk groups listed above. Note: this does not apply to students whose only risk factor is attending college.

**Shingles (zoster) vaccination**

- ☐ I am 60 or older and haven't had a shingles shot.

**Haemophilus influenzae type b (Hib) vaccination**

- ☐ My spleen has been removed, or I am scheduled for an elective splenectomy.
- ☐ I am a recipient of a stem cell transplant.

**Note:** Adults who travel may need additional vaccinations, such as polio or others. Talk to your healthcare provider.

**FOOTNOTES**

1. Call your local travel clinic to find out if additional vaccines are recommended.
2. Countries where hepatitis A is common include all countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.
3. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, South and Western Pacific Islands, interior Amazon Basin, certain parts of the Caribbean (i.e., Haiti and the Dominican Republic), and the Middle East except Israel. Areas with moderate rates include

South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.

4. Most adults from moderate- or high-risk areas of the world do not know their hepatitis B status. All patients from these areas need hepatitis B blood tests to determine if they have been previously infected. The first hepatitis B shot can be given during the same visit as the blood tests but only after the blood is drawn.

# It's Federal Law!

## *You must give your patients current Vaccine Information Statements (VISs)*

As healthcare professionals understand, the risks of serious consequences following vaccination are many hundreds or thousands of times less likely than the risks associated with the diseases that the vaccines protect against. Most adverse reactions from vaccines are mild and self-limited. Serious complications are rare, but they can have a devastating effect on the recipient, family members, and the providers involved with the care of the patient. We must continue the efforts to make vaccines as safe as possible.

Equally important is the need to furnish vaccine recipients (or the parents/legal representatives of minors) with objective information on vaccine safety and the diseases that the vaccines protect against, so that they are actively involved in making decisions affecting their health or the health of their children. When people are not informed about vaccine adverse events, even common, mild events, they can lose their trust in healthcare providers and vaccines. Vaccine Information Statements (VISs) provide a standardized way to present objective information about vaccine benefits and adverse events.

### What are VISs?

VISs are developed by the staff of the Centers for Disease Control and Prevention (CDC) and undergo intense scrutiny by panels of experts for accuracy. Each VIS provides information to properly inform the adult vaccine recipient or the minor child's parent or legal representative about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should answer

**According to CDC, every time one of these vaccines is given — regardless of what combination vaccine it is given in — regardless of whether it is given by a public health clinic or a private provider — regardless of how the vaccine was purchased — and regardless of the age of the recipient — the appropriate VIS must be given out prior to the vaccination.**

Source: [www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html](http://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html)

To obtain current VISs in more than 30 languages, visit the Immunization Action Coalition's website at [www.immunize.org/vis](http://www.immunize.org/vis)

questions and address concerns that the recipient or the parent/legal representative may have.

### Use of the VIS is mandatory!

Before a healthcare provider vaccinates a child or an adult with a dose of any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox) vaccine, the provider is required by the National Childhood Vaccine Injury Act (NCVIA) to provide a copy of the VIS to either the adult recipient or to the child's parent/legal representative.

### How to get VISs

All available VISs can be downloaded from the website of the Immunization Action Coalition at [www.immunize.org/vis](http://www.immunize.org/vis) or from CDC's website at [www.cdc.gov/vaccines/hcp/vis/index.html](http://www.cdc.gov/vaccines/hcp/vis/index.html). Ready-to-copy versions may also be available from your state or local health department.

You can find VISs in more than 30 languages on the Immunization Action Coalition website at [www.immunize.org/vis](http://www.immunize.org/vis). To find VISs in alternative formats (e.g., audio, web-video), go to: [www.immunize.org/vis/vis\\_sources.asp](http://www.immunize.org/vis/vis_sources.asp)

### Most current versions of VISs

As of April 24, 2015, the most recent versions of the VISs are as follows:

Adenovirus .....	6/11/14	Meningococcal.....	10/14/11
Anthrax .....	3/10/10	Multi-vaccine .....	10/22/14
Chickenpox.....	3/13/08	PCV13 .....	2/27/13
DTaP.....	5/17/07	PPSV .....	4/24/15
Hib .....	4/2/15	Polio .....	11/8/11
Hepatitis A .....	10/25/11	Rabies .....	10/6/09
Hepatitis B .....	2/2/12	Rotavirus .....	4/15/15
HPV-Cervarix .....	5/3/11	Shingles .....	10/6/09
HPV-Gardasil .....	5/17/13	Td .....	2/24/15
HPV-Gardasil 9 .....	4/15/15	Tdap .....	2/24/15
Influenza .....	8/19/14	Typhoid .....	5/29/12
Japanese enceph.....	1/24/14	Yellow fever .....	3/30/11
MMR.....	4/20/12		
MMRV.....	5/21/10		

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## Top 10 Facts about VISs

### Fact 1 It's federal law!

Federal law requires that VISs must be used for the following vaccines when vaccinating patients of ALL ages:

- DTaP (includes DT)
- Td and Tdap
- Hib
- hepatitis A
- hepatitis B
- HPV
- influenza (inactivated and live vaccines)
- MMR and MMRV
- meningococcal
- pneumococcal conjugate
- polio
- rotavirus
- varicella

According to CDC, every time one of these vaccines is given — regardless of what combination vaccine it is given in — regardless of whether it is given by a public health clinic or a private provider — regardless of how the vaccine was purchased — and regardless of the age of the recipient — the appropriate VIS must be given out prior to the vaccination. There are also VISs for vaccines not covered by NCVIA: anthrax, Japanese encephalitis, pneumococcal polysaccharide, rabies, shingles, smallpox, typhoid, and yellow fever. CDC recommends the use of VISs whenever these vaccines are given. The VIS must always be used if vaccine was purchased under CDC contract.

### Fact 2 VISs are required for both public and private sectors

Federal law requires use of VISs in both the public and private sector settings and regardless of the source of payment for the vaccine.

### Fact 3 VIS must be provided *before* vaccine is administered to the patient

The VIS provides information about the disease and the vaccine and should be given to the patient before vaccine is administered. It is also acceptable to hand out the VIS well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy), as long as you still provide the VIS right before administering vaccines.

### Fact 4 You must provide a current VIS for each dose of vaccine

The most current VIS must be provided before each dose of vaccine is given, including vaccines given as a series of doses. If five doses of a single vaccine are required, the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given.

### Fact 5 You must provide VISs for combination vaccines too

There is a VIS available for MMRV (ProQuad). An alternative VIS — the multi-vaccine VIS — is an option to providing single-vaccine VISs when administering one or more of these routine birth-through-6-month vaccines: DTaP, hepatitis B, Hib, pneumo-

coccal (PCV), or polio (IPV). The multi-vaccine VIS can also be used when giving combination vaccines (e.g., Pediarix, Pentacel, Kinrix) or when giving two or more routine vaccines at other pediatric visits (e.g., 12–15 months, 4–6 years). However, when giving combination vaccines for which no VIS exist (e.g., Twinrix), give out all relevant single VISs. For example, before administering Twinrix give your patient the VISs for both hepatitis A and hepatitis B vaccines.

### Fact 6 VISs are available in other formats, including more than 30 languages

You may use laminated copies of VISs for patients and parents to read and return before leaving the clinic, but you must **also** offer the patient (parent/legal representative) a printed copy of the VIS to take home.

If they prefer to download the VIS onto a mobile device, direct them to CDC's VIS Mobile Downloads web page: <http://m.cdc.gov/VIS>

To download VISs in other languages, visit [www.immunize.org/vis](http://www.immunize.org/vis)

**By using the VISs with your patients, you are helping to develop a better educated patient population and you are doing the right thing.**

### Fact 7 Federal law does not require signed consent in order for a person to be vaccinated

Signed consent is not required by federal law (although some states may require them).

### Fact 8 To verify that a VIS was given, providers must record in the patient's chart (or permanent office log or file) the following information:

- The published date of the VIS
- The date the VIS is given to the patient
- Name, address (office address), and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number of each dose administered

### Fact 9 VISs should not be altered before giving them to patients

Providers should not change a VIS or write their own VISs. It is permissible to add a practice's name, address, or phone number to an existing VIS. Providers are encouraged to supplement the VIS with additional patient-education materials.

### Fact 10 Provide VISs to all patients

For patients who don't read or speak English, the law requires that providers ensure all patients (parent/legal representatives) receive a VIS, regardless of their ability to read English. If available, provide a translation of the VIS in the patient's language.

Translations of VISs in more than 30 languages are available from IAC. Go to [www.immunize.org/vis](http://www.immunize.org/vis) for VISs in multiple languages as well as in other formats.



# Influenza Vaccine

## What You Need to Know

(Flu Vaccine, Live,  
Intranasal)

**2014-2015**

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

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

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

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

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

**Flu vaccine** is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

### 2 Live, attenuated flu vaccine—LAIV, Nasal Spray

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose. “Attenuated” means weakened. The viruses in the vaccine have been weakened so they won’t give you the flu.

There are other “inactivated” and “recombinant” flu vaccines that do not contain live virus. These “flu shots” are given by injection with a needle.

*Injectable flu vaccines are described in a separate Vaccine Information Statement.*

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against viruses that are likely to cause disease that year. LAIV protects against 4 different influenza viruses. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

### 3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies**, including (for example) an allergy to gelatin or antibiotics. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you should not get vaccinated.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have long-term health problems**, such as certain heart, breathing, kidney, liver, or nervous system problems, your doctor can help you decide if you should get LAIV.



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Health and Human Services  
Centers for Disease  
Control and Prevention

- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.
- **You should get the flu shot instead of the nasal spray if you:**
  - are pregnant
  - have a weakened immune system
  - are allergic to eggs
  - are a young child with asthma or wheezing problems
  - are a child or adolescent on long-term aspirin therapy
  - will provide care for, or visit someone, within the next 7 days who needs special care for an extremely weakened immune system (ask your health care provider)
  - have taken influenza antiviral medications in the past 48 hours

The person giving you the vaccine can give you more information.

## 4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

### Problems that could happen after any vaccine:

- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

### Mild problems that have been reported following LAIV:

#### *Children and adolescents 2-17 years of age:*

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

#### *Adults 18-49 years of age:*

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

LAIV is made from weakened virus and **does not cause flu.**

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

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## What if there is a serious reaction?

### What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

### What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

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## The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

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## How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

## Vaccine Information Statement (Interim) Live Attenuated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only





# Pneumococcal Polysaccharide Vaccine

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Vaccination can protect older adults (and some children and younger adults) from **pneumococcal disease**.

Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain and spinal cord (meningitis). Meningitis can cause deafness and brain damage, and it can be fatal.

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults over 65 years of age, and cigarette smokers are at the highest risk.

About 18,000 older adults die each year from pneumococcal disease in the United States.

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

### 2 Pneumococcal polysaccharide vaccine (PPSV23)

Pneumococcal polysaccharide vaccine (PPSV23) protects against 23 types of pneumococcal bacteria. It will not prevent all pneumococcal disease.

PPSV23 is recommended for:

- All adults 65 years of age and older,
- Anyone 2 through 64 years of age with certain long-term health problems,
- Anyone 2 through 64 years of age with a weakened immune system,
- Adults 19 through 64 years of age who smoke cigarettes or have asthma.

Most people need only one dose of PPSV. A second dose is recommended for certain high-risk groups. People 65 and older should get a dose even if they have gotten one or more doses of the vaccine before they turned 65.

Your healthcare provider can give you more information about these recommendations.

Most healthy adults develop protection within 2 to 3 weeks of getting the shot.

### 3 Some people should not get this vaccine

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of PPSV should not receive it. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- Children less than 2 years of age should not receive this vaccine.
- There is no evidence that PPSV is harmful to either a pregnant woman or to her fetus. However, as a precaution, women who need the vaccine should be vaccinated before becoming pregnant, if possible.



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## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given, which go away within about two days.

Less than 1 out of 100 people develop a fever, muscle aches, or more severe local reactions.

### Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious reaction?

### What should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

### What should I do?

If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not give medical advice.*

## 6 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement  
**PPSV Vaccine**

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Office Use Only



