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

Prerequisite Immunization Administrative Packet

The Role of the NH Paramedic and Advanced EMT

2020

NH Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
Prerequisite Protocol Application Form

EMS Unit Information

EMS Unit Name:

Address:

Head of Unit: | Title:

Email: | Telephone: Fax:

Clinical Coordinator (PIFT):

Email: | Telephone:

Medical Direction

Medical Resource Hospital:

Medical Director:

Email: | Telephone:

Prerequisite Protocols (Select all that apply)

- ◯ Advanced Sepsis, 7.0
- ◯ Critical Care Transport, 7.1
- ◯ Immunization, 7.2
- ◯ Interfacility Transport (PIFT), 7.3
- ◯ Leave – Behind Naloxone, 7.4
- ◯ Mobile Integrated Healthcare (MIH), 7.5
- ◯ Rapid Sequence Intubation (RSI), 7.6
- ◯ Surgical Cricothyrotomy, 7.7

Required Documents

1. Letter of Recommendation from Unit Head
2. Letter of Recommendation from Medical Director*
3. Provider list with verification of education and competencies from Medical Director or designee*
4. Any additional documentation required specific to the individual prerequisite protocol

* May be combined

Unit Head's Signature:_____Date:_____

Medical Director's Signature:_____Date:_____

PART Saf-C PATIENT CARE PROTOCOLS

Saf-C 5920.01 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.

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 or public safety incident, 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 0.5 ml IM to all incoming freshmen students at X College who are eligible per protocol.
  - Administer influenza vaccine 0.5 ml IM to all employees of X organization who request it and who are eligible by protocol.
  - Administer influenza vaccine 0.5 ml 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:

- Acellular pertussis
- 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 Continues

- 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.

Public Health or Public Safety Incident
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 a public health or public safety incident 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 Continues

- 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.

Immunization
Prerequisite Protocol

LICENSURE:
NH Licensed Advanced Emergency Medical Technician (AEMT) or Paramedic

EXPERIENCE:
None

EDUCATION:
Completion of the Center for Disease Control and Prevention (CDC) "You Call the Shots":

- You Call the Shots, Module 1: Understanding the Basics: General Best Practice Guidelines of Immunization
- You Call the Shots, Module 18: Vaccine Administration
- You Call the Shots, Modules specific to the vaccine preventable disease that will be administered

Follow this link to access You Call the Shots:

- https://www.nh.gov/safety/divisions/fstems/ems/advlifesup/documents/youcalltheshots.pdf

Practical intermuscular skills

MEDICAL DIRECTION:
Medical oversight at the point of distribution (POD)
Medical Director approval

RECOMMENDATIONS:
The Medical Director and the EMS Unit leader must mutually agree to participate in the program.
Written recommendation from the Medical Director
Written recommendation from the EMS Unit leader and testament that the providers completed the required training

QUALITY MANAGEMENT:
Must participate with the EMS Unit's quality management program

REPORTING:
Quarterly reporting to the NH Bureau of EMS
NH Bureau of EMS to report to the Medical Control Board

COMPETENCE:
Completion of the EMS Vaccination Skills Checklist

RETENTION:
Participation in a vaccination clinic every two years

RESOURCES:
Needles, syringes, sharps containers, facemasks, gloves, eye protection, alcohol wipes, resuscitation equipment, vaccine, appropriate vaccine storage, standard vaccination screening paperwork from the CDC, patient information sheet, vaccination administration record

EXPIRATION:
2 years

Immunization Prerequisites
Checklist

_____**1. PROTOCOL**
Prerequisite application signed by both Medical Director and EMS Unit leader

_____**2. PROVIDER LICENSE LEVEL NECESSARY TO CARRY OUT THE PROTOCOL:**
Provide list of eligible providers

_____ **3. MEDICAL DIRECTION**
Name of Medical Director

_____ **4. RECOMMENDATIONS:**
Attach letters of recommendation from Medical Director and Head of EMS Unit
Items 2, 3 and 4 may be combined

_____ **5. Quality Management**
Provide a copy of your Immunization Quality Management Plan

_____ **6. REPORTING REQUIREMENTS FOR MONITORING and SKILL RETENTION**
Report quarterly

_____ **7. EQUIPMENT AND STAFF SUPPORT RESOURCES NECESSARY:**
Provided documentation through appropriate statement and/or purchase receipts

Immunization
Course Outline

OBJECTIVES:
To increase participant knowledge and comfort of the immune response
To increase participant knowledge and comfort of vaccines and vaccine administration
To increase participant knowledge and comfort of vaccine preventable diseases
To assess, objectively measure and demonstrate competence in the skill of intramuscular injections

AUDIENCE:
NH Licensed Advanced Emergency Medical Technicians and Paramedics

COURSE INSTRUCTION:
Course and instructor introduction
Review: https://www.nh.gov/safety/divisions/fstems/ems/advlifesup/documents/youcalltheshots.pdf

- You Call the Shots, Module 1: Understanding the Basics: General Best Practice Guidelines of Immunization
- You Call the Shots, Module 18: Vaccine Administration
- You Call the Shots, Modules specific to the vaccine preventable disease that will be administered

Participant Participation:

Participants to work with Medical Director or designee to develop psychomotor skills to perform intramuscular injection procedure proficiently.

INTRAMUSCULAR INJECTION

Candidate;_____ Date:_____

_____INITIAL _____RETEST Evaluator:_____

Time allowed: 10 minutes Start:_____
Stop:_____
Total Time:_____

	Points Possible	Points Awarded
SCENE SIZE UP AND BSI (scene information will be provided by the evaluator)		
Obtains patient allergies	1	
Explains procedure to patient	1	
Selects correct medication	1	
Checks label for correct drug, concentration and expiration date	1	
Checks medication for clarity and discoloration	1	
Prepares correct amount of medication	1	
List indications and contraindications to medication	1	
Chooses and cleanses injection site appropriately	1	
Re-questions patient on known allergies and rechecks medication and dose	1	
Stabilizes site and inserts needle at 90^{o} angle	1	
Removes needle and applies dry sterile dressing over insertion site	1	
Massages site, if appropriate, while disposing of needle and syringe in proper container	1	
Reassess injection site and applies dressing	1	
Monitors patient for desired effects and potential complications	1	
Correctly documents administration and patient response	1	
TOTAL	15	

Critical Criteria

_____ Contaminates equipment or site without appropriately correcting situation
_____Failure to adequately dispel air resulting in potential for air embolism
_____Injects improper drug or dosages (wrong drug, incorrect amount or pushes at inappropriate rate)
_____Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

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:
_____ List of licensed EMS providers who participated in the clinic

Physician orders, Vaccination Administration Records (Adult Item P2023 or Children & Teen Item #P2022) along with Vaccination Information Sheets and screening tools are to be kept on file and made available to the NH Bureau of EMS upon request.

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

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

Immunization Forms

We are providing you with copies of the most current immunization forms as of 2020. These forms are periodically updated and you should verify if you have the most current. Below is a list of the forms and links to the most current:

Checklist for Safe Vaccine Storage and Handling: https://www.immunize.org/catg.d/p3035.pdf

Screening Checklist Contraindications Adult: https://www.immunize.org/catg.d/p4065.pdf

Screening Checklist Contraindications Children & Teens: https://www.immunize.org/catg.d/p4060.pdf

Skills Checklist: https://www.immunize.org/catg.d/p7010.pdf

Standing orders: https://www.immunize.org/standing-orders/

Vaccine Administration Record for Adults: https://www.immunize.org/catg.d/p2023.pdf

Vaccine Administration Record for Children and Teens: https://www.immunize.org/catg.d/p2022.pdf

Vaccine Information Sheets: https://www.immunize.org/vis/

Vaccine Handling: https://www.immunize.org/catg.d/p3048.pdf

Which Vaccine do I Need Today: https://www.immunize.org/catg.d/p4036.pdf

You Must Provide Patients with VIS - It's the Law: https://www.immunize.org/catg.d/p4065.pdf

Checklist for Safe Vaccine Storage and Handling

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

Establish Storage and Handling Policies

YES NO 1. We have designated a primary vaccine coordinator and at least one alternate coordinator to be in charge of vaccine storage and handling at our facility.

YES NO 2. Both the primary and alternate vaccine coordinator(s) have completely reviewed either CDC's Vaccine Storage & Handling Toolkit (www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf) or equivalent training materials offered by our state or local health department's immunization program.

YES NO 3. We have detailed, up-to-date, written standard operating procedures for general vaccine management, including procedures for routine activities and an emergency vaccine retrieval and storage plan for power outages and other problems. Our procedures are based on CDC's Vaccine Storage & Handling Toolkit and/or on instruction from our state or local health department's immunization program.

YES 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

5. We maintain a vaccine inventory log that we use to document the following:

YES NO a. Vaccine name and number of doses received

YES NO b. Date we received the vaccine

YES NO c. Condition of vaccine when we received it

YES NO d. Vaccine manufacturer and lot number

YES NO e. Vaccine expiration date

Use Proper Storage Equipment

YES NO 6. We store vaccines in separate, self-contained 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.

YES NO 7. We store vaccines in units with enough room to maintain the year's largest inventory without crowding.

YES 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).

YES NO 9. We use only calibrated temperature monitoring devices (TMD) that have a Certificate of 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. If storing Vaccines For Children (VFC) vaccine, our TMD is a digital data logger (DDL).

YES NO 10. We have planned back-up storage unit(s) in the event of a power failure or other unforeseen event.

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

CONTINUED ON THE NEXT PAGE ▶

immunization action coalition
IAC
immunize.org

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

www.immunize.org/catg.d/p3035.pdf • Item #P3035 (8/18)

Ensure Optimal Operation of Storage Units

YES NO 11. We have a "Do Not Unplug" sign (e.g., www.immunize.org/catg.d/p2090.pdf) next to the electrical outlets for the refrigerator and freezer and a "Do Not Stop Power" warning label (e.g., www.immunize.org/catg.d/p2091.pdf) by the circuit breaker for the electrical outlets. Both signs include emergency contact information.

YES NO 12. We perform regular maintenance on our vaccine storage units to assure optimal functioning. For example, we keep the units clean, dusting the coils and cleaning beneath the units as recommended by the manufacturer.

Maintain Correct Temperatures

YES NO 13. We always keep at least one accurate (+/- 0.5°C [+/- 1°F]) calibrated temperature monitoring device (TMD) with the vaccines in the refrigerator and a separate calibrated TMD with the vaccines in the freezer.

14. We use a temperature monitoring device (TMD) that

YES NO a. uses an active display to provide continuous monitoring information.

YES NO b. is digital and has a detachable probe that has been buffered against sudden temperature changes by being immersed in a vial filled with liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., aluminum, Teflon®).

YES NO c. includes an alarm for out-of-range temperatures.

YES NO d. has a low-battery indicator.

YES NO e. has a digital data logger that indicates current, minimum, and maximum temperatures.

YES NO f. can measure temperatures within +/- 0.5°C (+/- 1°F).

YES NO g. has a logging interval (or reading rate) that can be programmed by the user to measure and record temperatures AT LEAST every 30 minutes.

YES NO 15. We maintain the refrigerator temperature at 2–8°C (36–46°F), and we aim for 5°C (41°F).

YES NO 16. We maintain the freezer temperature between -50°C and -15°C (-58°F and +5°F).

YES NO 17. We set the thermostat for the refrigerator and the freezer at the factory-set or midpoint temperatures.

YES NO 18. 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, ice-filled containers, or frozen water bottles in the freezer to help maintain cold temperatures and to have frozen water bottles available for conditioning in the event of an emergency.

Maintain Daily Temperature Logs

YES NO 19. If we are using a TMD (preferably a digital data logger or DDL) that records minimum and maximum temperatures, we check and record these temperatures first thing in the morning during each workday when our practice is open. (See selections for recording at www.immunize.org/clinic/storage-handling.asp.)

YES NO 20. If we are using a TMD that does not record minimum and maximum temperatures, we check and record the current temperatures of the refrigerator and freezer at least twice each workday. (See selections for recording at www.immunize.org/clinic/storage-handling.asp.)

YES NO 21. We consistently record temperatures on the log either in Celsius or Fahrenheit. We never mix temperature scales when we record our temperatures.

YES NO 22. 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 23. We follow the directions on the temperature log to call appropriate personnel if the temperature in a storage unit goes out of range.

CONTINUED ON THE NEXT PAGE ▶

YES NO 24. If out-of-range temperatures occur in the unit, we complete the Vaccine Storage Troubleshooting Record (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 25. Trained staff (other than staff designated to record the temperatures) review the temperature logs weekly.

YES NO 26. We keep the temperature logs on file for at least 3 years.

Store Vaccines Correctly

YES NO 27. We post signs (e.g., www.immunize.org/catg.d/p3048.pdf) on the doors of the refrigerator and freezer that indicate which vaccines should be stored in the refrigerator and which in the freezer.

YES NO 28. We do not store any food or drink in any vaccine storage unit.

YES NO 29. 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 30. We have removed all vegetable and deli bins from the storage unit, and we do not store vaccines in these empty areas.

YES NO 31. 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 32. We check vaccine expiration dates and rotate our supply of each type of vaccine so that vaccines with the earliest expiration dates are located close to the front of the storage unit, facilitating easy access.

YES NO 33. We store vaccines in their original packaging with the lids closed in clearly labeled containers.

Take Emergency Action As Needed

34. In the event that vaccines are exposed to improper storage conditions, we take the following steps:

YES NO a. We restore proper storage conditions as quickly as possible. If necessary, we label the vaccine "Do Not Use" and move it to a unit where it can be stored under proper conditions. We do not discard the vaccine before discussing the circumstances with our state/local health department and/or the appropriate vaccine manufacturers.

YES NO b. We follow the Vaccine Storage Troubleshooting Record's (www.immunize.org/catg.d/p3041.pdf) instructions for taking appropriate action and documenting the event. This includes recording details such as the length of time the vaccine was out of appropriate storage temperatures and the current room temperature, as well as taking an inventory of affected vaccines.

YES NO c. We contact our clinic supervisor or other appropriate clinic staff to report the incident. We contact our state/local health department and/or the appropriate vaccine manufacturers for consultation about whether the exposed vaccine can still be used.

YES NO d. We address the storage unit's mechanical or electrical problems according to guidance from the unit's manufacturer or a qualified repair service.

YES NO e. In responding to improper storage conditions, we do not make frequent or large changes in thermostat settings. After changing the setting, we give the unit at least a day to stabilize its temperature.

YES NO f. We do not use exposed vaccines until our state/local health department's immunization program or the vaccine manufacturer has confirmed that the vaccine is acceptable for use. We review this information with our clinic medical director before returning the vaccine to our supply. If the vaccine is not acceptable for use, we follow our state/local health department instructions for vaccine disposition.

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

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

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

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

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

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

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

immunization action coalition
IAC
immunize.org

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

www.immunize.org/catg.d/p4065.pdf · Item #P4065 (6/20)

Information for Healthcare 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 in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

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

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. Mild illnesses (e.g., upper respiratory infections, 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]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

People with egg allergy of any severity can receive any IIV, RIV, or LAIV that is otherwise appropriate for the patient's age and health status. The safety of LAIV in egg allergic people has not been established. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

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. 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, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long term aspirin therapy? *[MMR, VAR, LAIV]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR vaccine. LAIV is not recommended for people with anatomic or functional asplenia, complement component deficiency, a cochlear implant, or CSF leak. These conditions, including asthma in adults, should be considered precautions for the use of LAIV. Aspirin use is a precaution to VAR.

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

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and VAR vaccine may be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/µL. Immunosuppressed people should not receive LAIV.

6. Do you have a parent, brother, or sister with an immune system problem? *[MMR, VAR]*

MMR or VAR vaccines should not be administered to persons who have a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents and siblings), unless the immune competence of the potential vaccine recipient has been substantiated clinically or verified by a laboratory.

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

7. In the past 3 months, have you taken medications that affect your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? *[LAIV, MMR, VAR, ZVL]*

Live virus vaccines (e.g., LAIV, MMR, VAR, ZVL) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, see references in **Notes** above. Some immune mediator and immune modulator drugs (especially the anti-tumor necrosis factor agents adalimumab, infliximab, etanercept, golimumab, and certolizumab pegol) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live virus vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see references in **Notes** above.

8. 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. 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-toxoid 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, vaccination should generally be avoided unless the benefits outweigh the risks (for those at higher risk for complications from influenza).

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

Certain live virus vaccines (e.g., MMR, VAR) may need to be deferred, depending on several variables. Consult General Best Practice Guidelines for Immunization (referenced in **Notes** above) for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines.

10. For women: Are you pregnant or is there a chance you could become pregnant during the next month? *[HPV, IPV, MenB, MMR, LAIV, VAR, ZVL]*

Live virus vaccines (e.g., MMR, VAR, ZVL, 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 avoid pregnancy for one month following receipt of the vaccine. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. Both vaccines may be given at any time during pregnancy but the preferred time for Tdap administration is at 27–36 weeks' gestation. HPV vaccine is not recommended during pregnancy.

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

People who were given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZVL, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever). Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine
ZVL = Zoster vaccine live

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH ____ / ____ / ____
month day year

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?	☐	☐	☐
2. Does the child have allergies to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?	☐	☐	☐
5. If the child to be vaccinated is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
9. Does the child have a parent, brother, or sister with an immune system problem?	☐	☐	☐
10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
11. 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?	☐	☐	☐
12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	☐	☐	☐
13. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

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

It is important 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.

immunization action coalition
IAC
immunize.org

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

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (6/20)

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and 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 in **Notes** below.*

NOTE: For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/vaccines/hcp/acip-recs/index.html

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

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. 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]*

An anaphylactic reaction to latex is a contraindication to vaccines that contain latex as a component or as part of the packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). If a person has anaphylaxis after eating gelatin, do not administer vaccines containing gelatin. A local reaction to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component. For information on vaccines supplied in vials or syringes containing latex, see www.cdc.gov/vaccines-pubs/pinkbook/downloads/appendices/B/latex-table.pdf; for an extensive list of vaccine components, see www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. People with egg allergy of any severity can receive any recommended influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for the patient's age and health status. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema, respiratory distress), or who required epinephrine or another emergency medical intervention, the vaccine should be administered in a medical setting, such as a clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

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. History of encephalopathy within 7 days following DTP/DTaP is a contraindication for further doses of pertussis-containing vaccine. 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. Does the child have a long-term health problem with lung, heart, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy? *[MMR, MMRV, LAIV, VAR]*

A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV vaccines. 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 with functional or anatomic asplenia, complement deficiency, cochlear implant, or CSF leak should not receive LAIV. Children on long-term aspirin therapy should not be given LAIV; instead, they should be given IIV. Aspirin use is a precaution to VAR.

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 Tdap instead of Td if no history of prior Tdap; 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.

NOTE: For summary information on contraindications and precautions to vaccines, go to the ACIP's General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html

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, VAR, RV, 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, VAR should be considered for HIV-infected children age 12 months through 8 years with age-specific CD4+ T-lymphocyte percentage at 15% or greater, or for children age 9 years or older with CD4+ T-lymphocyte counts of greater than or equal to 200 cell/µL. VAR should be administered (if indicated) to persons with isolated humoral immunodeficiency. 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 RV. Other forms of immunosuppression are a precaution, not a contraindication, to RV. For details, consult ACIP recommendations (see references in **Notes** above).

9. Does the child have a parent, brother, or sister with an immune system problem? *[MMR, MMRV, VAR]*

MMR, VAR, and MMRV vaccines should not be given to a child or teen with a family history of congenital or hereditary immunodeficiency in first-degree relatives (i.e., parents, siblings) unless the immune competence of the potential vaccine recipient has been clinically substantiated or verified by a laboratory.

10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? *[LAIV, MMR, MMRV, VAR]*

Live virus vaccines (e.g., LAIV, MMR, MMRV, VAR) 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. Some immune mediator and immune modulator drugs (especially the antitumor-necrosis factor agents adalimumab, infliximab, and etanercept) may be immunosuppressive. A comprehensive list of immunosuppressive immune modulators is available in CDC Health Information for International Travel (the "Yellow Book") available at wwwnc.cdc.gov/travel/yellowbook/2020/travelers-with-additional-considerations/immunocompromised-travelers. The use of live vaccines should be avoided in persons taking these drugs. To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see General Best Practice Guidelines for Immunization (referenced in **Notes** above). LAIV, when recommended, can be given only to healthy nonpregnant people ages 2 through 49 years.

11. 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? *[MMR, MMRV, VAR]*

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

12. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? *[HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]*

Live virus vaccines (e.g., MMR, MMRV, VAR, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus. 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. On theoretical grounds, IPV and MenB should not be given during pregnancy; however, it may be given if there is a risk of exposure. IIV and Tdap are both recommended during pregnancy. HPV vaccine is not recommended during pregnancy.

13. 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, VAR, yellow fever) should wait 28 days before receiving another vaccination of this type (30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

VACCINE ABBREVIATIONS

LAIV = Live attenuated influenza vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
RV = Rotavirus vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

Skills Checklist for Vaccine Administration

The Skills Checklist is a self-assessment tool for healthcare staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each area. Score yourself in the Self-Assessment column. If you check **Needs 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 to assist with performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they administer vaccines to several patients, and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (see bottom of page X) to 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" helps ensure that staff administer vaccines correctly. It may be ordered online at www.immunize.org/dvd. Another helpful resource is CDC's Vaccine Administration eLearn course, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.

		Self-Assessment		Supervisor Review		
COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
A **Patient/Parent Education**	1. Welcomes patient/family and establishes rapport.					
	2. Explains what vaccines will be given and which type(s) of injection(s) will be done.					
	3. Answers questions and 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 Vaccine Information Statements (VISs) for indicated vaccines and has had time to read them and ask questions.					
	5. Screens for contraindications (if within employee's scope of work).					
	6. Reviews comfort measures and aftercare instructions with patient/parents, and invites questions.					
B **Medical and Office Protocols**	1. Identifies the location of the medical protocols (e.g., immunization protocol, emergency protocol, reference material).					
	2. Identifies the location of 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.					
	5. Demonstrates knowledge of proper vaccine handling, e.g., maintains vaccine at recommended temperature and protects MMR from light.					

CONTINUED ON THE NEXT PAGE ▶

Adapted from California Department of Public Health, Immunization Branch

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org | www.immunize.org/catg.d/p7010.pdf • Item #P7010 (10/17)

		Self-Assessment		Supervisor Review		
COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
C **Vaccine Preparation**	1. Performs proper hand hygiene prior to preparing vaccine.					
	2. When removing vaccine from the refrigerator or freezer, looks at the storage unit's temperature to make sure it is in proper range.					
	3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.					
	4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.					
	5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and recommended injection technique.					
	6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.					
	7. Shakes vaccine vial and/or reconstitutes and mixes using the diluent supplied. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.					
	8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.					
	9. Labels each filled syringe or uses labeled tray to keep them identified.					
D **Administering Immunizations**	1. Rechecks the provider's order or instructions against the vial and the prepared syringes.					
	2. Utilizes proper hand hygiene with every patient and, if it is office policy, puts on disposable gloves. (If using gloves, changes gloves for every patient.)					
	3. Demonstrates knowledge of the appropriate route for each vaccine.					
	4. Positions patient and/or restrains the child with parent's help.					
	5. Correctly identifies the injection site (e.g., deltoid, vastus lateralis, fatty tissue over triceps).					
	6. Locates anatomic landmarks specific for IM or Subcut injections.					
	7. Preps the site with an alcohol wipe, using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.					

CONTINUED ON THE NEXT PAGE ▶

STANDING ORDERS FOR
Administering Influenza Vaccine to Adults

Purpose

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

Policy

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

Procedure

1 Assess Adults for Need of Vaccination against influenza

- All adults are recommended to receive influenza vaccination each year.
- Women who are or will be pregnant during the influenza season. Administer any recommended, age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) to pregnant women in any trimester.
- People who do not recall whether they received influenza vaccine this year should be vaccinated.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

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

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

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

- is pregnant
- is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- is age 50 years or older
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir, baloxavir, or peramivir) within the previous 48 hours
- is a close contact of or who provides care for a severely immunosuppressed person who requires a protective environment

Precautions for use of all influenza vaccines

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

Precautions for use of LAIV only

- Asthma
- Other chronic medical conditions that might predispose the person to complications of influenza infection (e.g., other chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

NOTE REGARDING PATIENTS WITH EGG ALLERGY: People with egg allergy of any severity can receive any recommended and age-appropriate influenza vaccine (i.e., any IIV, RIV, or LAIV) that is otherwise appropriate for their health status. Most influenza vaccines (except RIV and cell-cultured IIV) are egg cultured and may have trace amounts of egg protein. For people with a history of severe allergic reaction to egg involving any symptom other than hives (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent emesis), or who required epinephrine or another emergency medical intervention, the selected vaccine should be administered in a

CONTINUED ON THE NEXT PAGE ▶

medical setting (e.g., health department or physician office). Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions.

3 Provide Vaccine Information Statements

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

4 Prepare to Administer Vaccine

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

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

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

LAIV, which is administered intranasally, prepare the vaccine according to directions in the package insert.

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

TYPE OF VACCINE	AGE GROUP	DOSE	ROUTE	INSTRUCTIONS*
Inactivated influenza vaccine (IIV)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
IIV-high dose	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Adjuvanted inactivated influenza vaccine (aIIV)†	65 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Cell culture-based IIV (ccIIV)	All ages	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Recombinant influenza vaccine (RIV)	18 years and older	0.5 mL	Intramuscular (IM)	Administer vaccine in deltoid muscle.
Live attenuated influenza vaccine (LAIV)	Healthy, younger than age 50 years (except pregnant women)	0.2 mL (0.1 mL into each nostril)	Intranasal spray (NAS)	Spray half of vaccine into each nostril while the patient is in an upright position.

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

† Because of the limited data on the safety of simultaneous administration of two or more vaccines containing novel adjuvants (i.e., Fluad, Heplisav-B, Shingrix) and the availability of nonadjuvanted influenza vaccine options, selection of a nonadjuvanted influenza vaccine may be considered in situations in which influenza vaccine and another vaccine containing a novel adjuvant are to be administered concomitantly. However, vaccination should not be delayed if a specific product is not available.

CONTINUED ON THE NEXT PAGE ▶

6 Document Vaccination

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

Medical record: Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and address and, if appropriate, the title of the person administering the vaccine. You must also document, in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.

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

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

7 Be Prepared to Manage Medical Emergencies

Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications. For IAC's "Medical Management of Vaccine Reactions in Adults in a Community Setting," go to www.immunize.org/catg.d/p3082.pdf. For IAC's "Medical Management of Vaccine Reactions in Children and Teens in a Community Setting," go to www.immunize.org/catg.d/p3082a.pdf. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after receipt of the vaccine.

8 Report All Adverse Events to VAERS

Report all adverse events following the administration of influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html. Further assistance is available at (800) 822-7967.

Standing Orders Authorization

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

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

		Self-Assessment		Supervisor Review		
COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
D **Administering Immunizations** (continued)	8. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (90° for IM or 45° for Subcut).					
	9. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	10. Applies gentle pressure to injection site for several seconds (using, e.g., gauze pad, bandaid).					
	11. Uses strategies to reduce anxiety and pain associated with injections.					
	12. Properly disposes of needle and syringe in "sharps" container.					
	13. Properly disposes of vaccine vials.					
E **Records Procedures**	1. Fully documents each vaccination in patient chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use state/local immunization registry or computer to call up patient record, assess what is due today, and update computerized immunization history.					
	3. Asks for and updates patient's vaccination record and reminds them to bring it to each visit.					

Plan of Action

Circle desired next steps and write in the agreed deadline for completion, as well as date for the follow-up performance review.

a. Watch video on immunization techniques and review CDC's Vaccine Administration eLearn, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.
b. Review office protocols.
c. Review manuals, textbooks, wall charts, or other guides.
d. Review package inserts.
e. Review vaccine storage and 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 demonstrated appropriate immunization skills.
j. Role play (with other staff) interactions with parents and patients, including age appropriate comfort measures.
k. Attend a skills training or other appropriate courses/training.
l. Attend healthcare customer satisfaction or cultural competency training.
m. Renew CPR certification.

Other _____

File the Skills Checklist in the employee's personnel folder.

PLAN OF ACTION DEADLINE

DATE OF NEXT PERFORMANCE REVIEW

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

Vaccine Administration Record for Adults

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.

Patient name_____

Birthdate_____ Chart number_____

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Route[3] and Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM.[3]									
Hepatitis A (e.g., HepA, HepA-HepB[6]) Give IM.[3]									
Hepatitis B[1] (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB[6]) Give IM.[3]									
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM.[3]									
Measles, Mumps, Rubella (MMR) Give Subcut.[3]									
Varicella (chickenpox,VAR) Give Subcut.[3]									
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM.[3]									
Meningococcal B (e.g., MenB) Give MenB IM.[3]									

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

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

How to Complete this Record

1. With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (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 (Subcut [SC]), intradermal (ID), intranasal (NAS), 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.
6. 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, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
For hepatitis B, see footnote #1.	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax)
HepA-HepB	Twinrix (GSK)
HPV2*	Cervarix (GSK)
HPV4*, HPV9	Gardasil, Gardasil 9 (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
MPSV4*	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

CONTINUED ON THE NEXT PAGE ▶

Vaccine Administration Record for Adults (continued)

Patient name_____

Birthdate_____ Chart number_____

PRACTICE 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[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Route[3] and Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Influenza (e.g., IIV3, IIV4, ccIIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 IM.[3] Give LAIV4 NAS.[3]									
Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM.[3]									
Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut.[3]									
Zoster (shingles) Give RZV IM[3] Give ZVL Subcut[3]									
Hib Give IM.[3]									
Other									

▶ **See page 1** to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, MenACWY, and MenB 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 (Subcut [SC]), intradermal (ID), intranasal (NAS), 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
IIV3/IIV4 (inactivated influenza vaccine, trivalent or quadrivalent); ccIIV4 (cell culture-based inactivated influenza vaccine, quadrivalent); RIV3/RIV4 (inactivated recombinant influenza vaccine, trivalent or quadrivalent)	Fluarix, FluLaval (GSK); Afluria, Fluad, Flucelvax, Fluvirin (Seqirus); Flublok, Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur)
LAIV (live attenuated influenza vaccine, quadrivalent]	FluMist (MedImmune)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RZV (recombinant zoster vaccine) ZVL (zoster vaccine, live)	Shingrix, RZV (GSK); Zostavax, ZVL (Merck)
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

Vaccine Administration Record for Adults

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.

Patient name **Mike Schultz**

Birthdate **5/31/1967** Chart number **010406**

PRACTICE NAME AND ADDRESS

Small Rural Clinic
135 County Road 42
Smallville, IN 46902

Vaccine	Type of Vaccine[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Route[3] and Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Tetanus, Diphtheria, Pertussis (e.g., Tdap, Td) Give IM.[3]	Td	8/1/02	P	IM/LA	U0376AA	AVP	6/10/94	8/1/02	JTA
	Td	9/1/02	P	IM/LA	U0376AA	AVP	6/10/94	9/1/02	RVO
	Td	3/1/03	P	IM/LA	U0376AA	AVP	3/1/03	3/1/03	TAA
	Tdap	3/1/15	P	IM/LA	AC52B009AA	GSK	2/24/15	3/1/15	JTA
Hepatitis A (e.g., HepA, HepA-HepB[6]) Give IM.[3]									
Hepatitis B[1] (e.g., Engerix-B, Recombivax HB, Heplisav-B, HepA-HepB[6]) Give IM.[3]	Heplisav-B	2/5/18	P	IM/LA	TDG007	DVX	7/20/16	2/5/18	TAA
	Heplisav-B	3/12/18	P	IM/LA	TDG007	DVX	7/20/16	3/12/18	TAA
Human papillomavirus (HPV2*, HPV4*, HPV9) Give IM.[3]									
Measles, Mumps, Rubella (MMR) Give Subcut.[3]	MMR	8/1/02	P	SC/RA	0025L	MSD	6/13/02	8/1/02	JTA
	MMR	11/1/02	P	SC/RA	0025L	MSD	6/13/02	11/1/02	TAA
Varicella (chickenpox,VAR) Give Subcut.[3]	VAR	8/1/02	P	SC/LA	0799M	MSD	12/16/98	8/1/02	JTA
	VAR	11/1/02	P	SC/LA	0799M	MSD	12/16/98	11/1/02	TAA
Meningococcal ACWY (e.g., MenACWY, MPSV4*) Give MenACWY IM.[3]	MenACWY	7/12/11	P	IM/RA	M28011	NOV	3/2/08	7/12/11	RVO
	Menveo	7/15/16	P	IM/LA	M12115	NOV	3/31/16	7/15/16	RVO
Meningococcal B (e.g., MenB) Give MenB IM.[3]	MenB	1/14/16	P	IM/LA	J296203	PFR	8/14/15	1/14/16	RVO
	Trumenba	9/15/16	P	IM/LA	J296203	PFR	8/14/15	9/15/16	RVO

*HPV2, HPV4, and MPSV4 vaccines are no longer available in the U.S., but should be included in patient records for historical purposes.

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

How to Complete this Record

1. With the exception of hepatitis B vaccines, record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine; for hepatitis B vaccines, record the trade name (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 (Subcut [SC]), intradermal (ID), intranasal (NAS), 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.
6. 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, Tenivac (Sanofi Pasteur); generic Td (MA Biological Labs)
HepA	Havrix (GSK); Vaqta (Merck)
For hepatitis B, see footnote #1.	Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax)
HepA-HepB	Twinrix (GSK)
HPV2*	Cervarix (GSK)
HPV4*, HPV9	Gardasil, Gardasil 9 (Merck)
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
MPSV4*	Menomune (Sanofi Pasteur)
MenB	Bexsero (GSK); Trumenba (Pfizer)

CONTINUED ON THE NEXT PAGE ▶

Vaccine Administration Record for Adults (continued)

Patient name **Mike Schultz**

Birthdate **5/31/1967** Chart number **010406**

PRACTICE NAME AND ADDRESS

Small Rural Clinic
135 County Road 42
Smallville, IN 46902

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[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Route[3] and Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Influenza (e.g., IIV3, IIV4, ccIIV4, RIV3, RIV4, LAIV4) Give IIV3, IIV4, ccIIV3, RIV3, and RIV4 IM.[3] Give LAIV4 NAS.[3]	Flulaval	10/2/09	P	IM/RA	2F600411	GSK	8/11/09	10/2/09	PWS
	H1N1	12/7/09	P	IM/RA	10092224P	NOV	10/2/09	12/7/09	DLW
	Afluria	9/12/10	P	IM/RA	06949111A	NOV	8/10/10	9/12/10	TAA
	Flulaval	10/1/11	P	IM/LA	2F750345	GSK	8/10/11	10/1/11	JTA
	IIV3	9/5/12	P	IM/RA	M50907	CSL	7/2/12	9/5/12	KKC
	RIV3	12/2/13	P	IM/RA	350603F	PSC	7/26/13	12/2/13	DCP
	IIV4	10/5/14	P	IM/RA	U1196AA	PMC	8/19/14	10/5/14	JTA
	IIV4	11/2/15	P	IM/LA	123773P	NOV	8/7/15	11/2/15	DCP
	IIV4	10/1/16	P	IM/LA	U1206AA	PMC	8/7/15	10/1/16	TAA
	ccIIV4	9/30/17	P	IM/LA	185128	SEQ	8/7/15	9/30/17	RVO
Pneumococcal conjugate (e.g., PCV13) Give PCV13 IM.[3]	PCV13	11/1/12	P	IM/RA	7-5096-06A	WYE	4/16/10	11/1/12	CJP
Pneumococcal polysaccharide (e.g., PPSV23) Give PPSV23 IM or Subcut.[3]	PPSV23	9/12/10	P	IM/RA	663012/1163X	MSD	10/6/09	9/12/10	TAA
	PPSV23	11/2/15	P	IM/RA	663012/1163X	MSD	10/6/09	11/2/15	DCP
Zoster (shingles) Give RZV IM[3] Give ZVL Subcut[3]	RZV	3/15/18	P	IM/RA	A1283	GSK	2/12/18	3/15/18	CJP
	Shingrix	5/17/18	P	IM/RA	A1283	GSK	2/12/18	5/17/18	CJP
Hib Give IM.[3]	ActHIB	11/1/12	P	IM/RA	D05561	PMC	4/16/10	11/1/12	CJP
Other									

▶ **See page 1** to record Tdap/Td, hepatitis A, hepatitis B, HPV, MMR, varicella, MenACWY, and MenB 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 (Subcut [SC]), intradermal (ID), intranasal (NAS), 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
IIV3/IIV4 (inactivated influenza vaccine, trivalent or quadrivalent); ccIIV4 (cell culture-based inactivated influenza vaccine, quadrivalent); RIV3/RIV4 (inactivated recombinant influenza vaccine, trivalent or quadrivalent)	Fluarix, FluLaval (GSK); Afluria, Fluad, Flucelvax, Fluvirin (Seqirus); Flublok, Fluzone, Fluzone Intradermal, Fluzone High-Dose (Sanofi Pasteur)
LAIV (live attenuated influenza vaccine, quadrivalent]	FluMist (MedImmune)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RZV (recombinant zoster vaccine) ZVL (zoster vaccine, live)	Shingrix, RZV (GSK); Zostavax, ZVL (Merck)
Hib	ActHIB (Sanofi Pasteur); Hiberix (GSK); PedvaxHib (Merck)

Vaccine Administration Record for Children and Teens

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.

Patient name_____

Birthdate_____ Chart number_____

PRACTICE NAME AND ADDRESS

Vaccine	Type of Vaccine[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[6] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.[7]									
Diphtheria, Tetanus, Pertussis[6] (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td) Give IM.[7]									
***Haemophilus influenzae* type b[6]** (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM.[7]									
Polio[6] (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV Subcut or IM.[7] Give all others IM.[7]									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM.[7] Give PPSV Subcut or IM.[7]									
Rotavirus (RV1, RV5) Give orally (po).									

▶ **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

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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
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.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. IM is the abbreviation for intramuscular; Subcut is the abbreviation for subcutaneous.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (Sanofi Pasteur); Infanrix (GlaxoSmithKline [GSK]); Tripedia (Sanofi Pasteur)
DT (pediatric)	Generic (Sanofi Pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP-IPV/Hib	Pentacel (Sanofi Pasteur)
DTaP-IPV	Kinrix (GSK); Quadracel (Sanofi Pasteur)
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-MenCY	MenHibrix (GSK)
IPV	Ipol (Sanofi Pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (Sanofi Pasteur); Boostrix (GSK)
Td	Decavac, Tenivac (Sanofi Pasteur); Generic (MA Biological Labs)

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

www.immunize.org/catg.d/p2022.pdf ▪ Item #P2022 (4/16)

Vaccine Administration Record for Children and Teens (continued)

Patient name_____

Birthdate_____ Chart number_____

PRACTICE 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[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Measles, Mumps, Rubella[6] (e.g., MMR, MMRV) Give Subcut.[7]									
Varicella[6] (e.g., VAR, MMRV) Give Subcut.[7]									
Hepatitis A (HepA) Give IM.[7]									
Meningococcal ACWY; CY (e.g., MenACWY [MCV4]; Hib-MenCY) Give MenACWY and Hib-MenCY IM.[7]									
Meningococcal B (e.g., MenB) Give MenB IM.[7]									
Human papillomavirus (e.g., HPV2, HPV4, HPV9) Give IM.[7]									
Influenza (e.g., IIV3, IIV4, ccIIV3, RIV3, LAIV4) Give IIV3, IIV4, ccIIV3, and RIV3 IM.[7] Give LAIV4 NAS.[7]									
Other									

▶ **See page 1** to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus 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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
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.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. IM is the abbreviation for intramuscular; Subcut is the abbreviation for subcutaneous.

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, HPV9	Gardasil, Gardasil 9 (Merck)
LAIV4 (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
IIV3 (inactivated influenza vaccine, trivalent), IIV4 (inactivated influenza vaccine, quadrivalent), ccIIV3 (cell culture-based inactivated influenza vaccine, trivalent), RIV3 (inactivated recombinant influenza vaccine, trivalent)	Fluarix (GSK); Flublok (Protein Sciences Corp.); Afluria, Fluad, Flucelvax, Fluvirin (Seqirus); FluLaval (GSK); Fluzone (Sanofi Pasteur)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
HibMenCY	MenHibrix (GSK)
MenB	Bexsero (GSK); Trumenba (Pfizer)

Vaccine Administration Record for Children and Teens

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.

Patient name Samantha Jo Swenson

Birthdate 6/1/2010 Chart number

PRACTICE NAME AND ADDRESS

Metropolitan Pediatrics
6547 Grand Avenue
Big City, AB 35791

Vaccine	Type of Vaccine[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[6] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.[7]	HepB	6/2/2010	P	IM/RT	0651M	MRK	7/18/07	6/2/2010	JTA
	Pediarix	8/2/2010	F	IM/RT	635A1	GSK	7/18/07	8/2/2010	DCP
	Pediarix	10/2/2010	F	IM/RT	712A2	GSK	7/18/07	10/2/2010	DCP
	Pediarix	12/2/2010	F	IM/RT	712A2	GSK	7/18/07	12/2/2010	DLW
Diphtheria, Tetanus, Pertussis[6] (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td) Give IM.[7]	Pediarix	8/2/2010	F	IM/RT	635A1	GSK	5/17/07	8/2/2010	DCP
	Pediarix	10/2/2010	F	IM/RT	712A2	GSK	5/17/07	10/2/2010	DCP
	Pediarix	12/2/2010	F	IM/RT	712A2	GSK	5/17/07	12/2/2010	DLW
	DTaP	9/2/2011	F	IM/RT	365922	PMC	5/17/07	9/2/2010	RLV
	DTaP	8/2/2015	F	IM/RA	376912	PMC	5/17/07	8/2/2015	JTA
***Haemophilus influenzae* type b**[6] (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib, Hib-MenCY) Give IM.[7]	Hib	8/2/2010	F	IM/RT	1492L	MSD	12/16/98	8/2/2010	DCP
	Hib	10/2/2010	F	IM/RT	1492L	MSD	12/16/98	10/2/2010	DCP
	Hib	12/2/2010	F	IM/RT	1492L	MSD	12/16/98	12/2/2010	DLW
	Hib	9/2/2011	F	IM/LT	1543L	MSD	12/16/98	9/2/2011	RLV
Polio[6] (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV Subcut or IM.[7] Give all others IM.[7]	Pediarix	8/2/2010	F	IM/RT	635A1	GSK	1/1/00	8/2/2010	DCP
	Pediarix	10/2/2010	F	IM/RT	712A2	GSK	1/1/00	10/2/2010	DCP
	Pediarix	12/2/2010	F	IM/RT	712A2	GSK	1/1/00	12/2/2010	DLW
	IPV	8/2/2015	F	IM/LA	U4569-8	PMC	11/8/11	8/2/2015	RLV
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM.[7] Give PPSV Subcut or IM.[7]	PCV13	8/2/2010	F	IM/LT	7-5095-05A	WYE	4/16/10	8/2/2010	DCP
	PCV13	10/2/2010	F	IM/LT	7-5095-05A	WYE	4/16/10	10/2/2010	DCP
	PCV13	12/2/2010	F	IM/LT	7-5095-05A	WYE	4/16/10	12/2/2010	DLW
	PCV13	9/2/2011	F	IM/LT	7-5095-05A	WYE	4/16/10	9/2/2010	RLV
Rotavirus (RV1, RV5) Give orally (po).	RV5	8/2/2010	F	PO	05849	MSD	5/14/10	8/2/2010	DCP
	RotaTeq	10/2/2010	F	PO	05849	MSD	5/14/10	10/2/2010	DCP
	RotaTeq	12/2/2010	F	PO	05849	MSD	5/14/10	12/2/2010	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

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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
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.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. IM is the abbreviation for intramuscular; Subcut is the abbreviation for subcutaneous.

Abbreviation	Trade Name and Manufacturer
DTaP	Daptacel (Sanofi Pasteur); Infanrix (GlaxoSmithKline [GSK]); Tripedia (Sanofi Pasteur)
DT (pediatric)	Generic (Sanofi Pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP-IPV/Hib	Pentacel (Sanofi Pasteur)
DTaP-IPV	Kinrix (GSK); Quadracel (Sanofi Pasteur)
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-MenCY	MenHibrix (GSK)
IPV	Ipol (Sanofi Pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (Sanofi Pasteur); Boostrix (GSK)
Td	Decavac, Tenivac (Sanofi Pasteur); Generic (MA Biological Labs)

Vaccine Administration Record for Children and Teens (continued)

Patient name Samantha Jo Swenson

Birthdate 6/1/2010 Chart number

PRACTICE NAME AND ADDRESS

Metropolitan Pediatrics
6547 Grand Avenue
Big City, AB 35791

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[1]	Date vaccine given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials and title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Measles, Mumps, Rubella[6] (e.g., MMR, MMRV) Give Subcut.[7]	MMRV	7/2/2011	F	Subcut/RA	0857M	MSD	5/21/10	7/2/2010	DLW
	MMRV	8/2/2015	F	Subcut/LA	0522F	MSD	5/21/10	8/2/2015	DCP
Varicella[6] (e.g., VAR, MMRV) Give Subcut.[7]	MMRV	7/2/2011	F	Subcut/RA	0857M	MSD	5/21/10	7/2/2010	DLW
	MMRV	8/2/2015	F	Subcut/LA	05ssF	MSD	5/21/10	8/2/2015	DCP
Hepatitis A (HepA) Give IM.[7]	Havrix	7/2/2011	F	IM/LA	AHAVB944	GSK	3/21/06	7/2/2010	DLW
	Vaqta	1/5/2012	F	IM/LA	0634K	MSD	3/21/06	1/5/2011	TAA
Meningococcal ACWY; CY (e.g., MenACWY [MCV4]; Hib-MenCY) Give MenACWY and Hib-MenCY IM.[7]									
Meningococcal B (e.g., MenB) Give MenB IM.[7]									
Human papillomavirus (e.g., HPV2, HPV4, HPV9) Give IM.[7]									
Influenza (e.g., IIV3, IIV4, ccIIV3, RIV3, LAIV4) Give IIV3, IIV4, ccIIV3, and RIV3 IM.[7] Give LAIV4 NAS.[7]	Fluzone	12/2/2010	F	IM/LT	U097543	PMC	8/10/10	12/1/2010	DLW
	Fluzone	1/5/2011	F	IM/LT	U097543	PMC	8/10/10	1/5/2011	JTA
	IIV3	9/15/2011	F	IM/RT	U068954	PMC	7/26/11	9/15/2011	TAA
	LAIV3	9/2/2012	F	NAS	500491P	MED	7/2/2012	9/10/2012	RLV
	FluMist	9/15/2013	F	NAS	65431P	MED	7/26/2013	9/15/2013	JTA
	Fluarix (IIV4)	10/1/2014	F	IM/RT	J5G53	GSK	8/19/2014	10/1/2014	DCP
	LAIV4	9/10/2015	F	NAS	78591P	MED	8/7/2015	9/10/2015	DLW
Other									

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

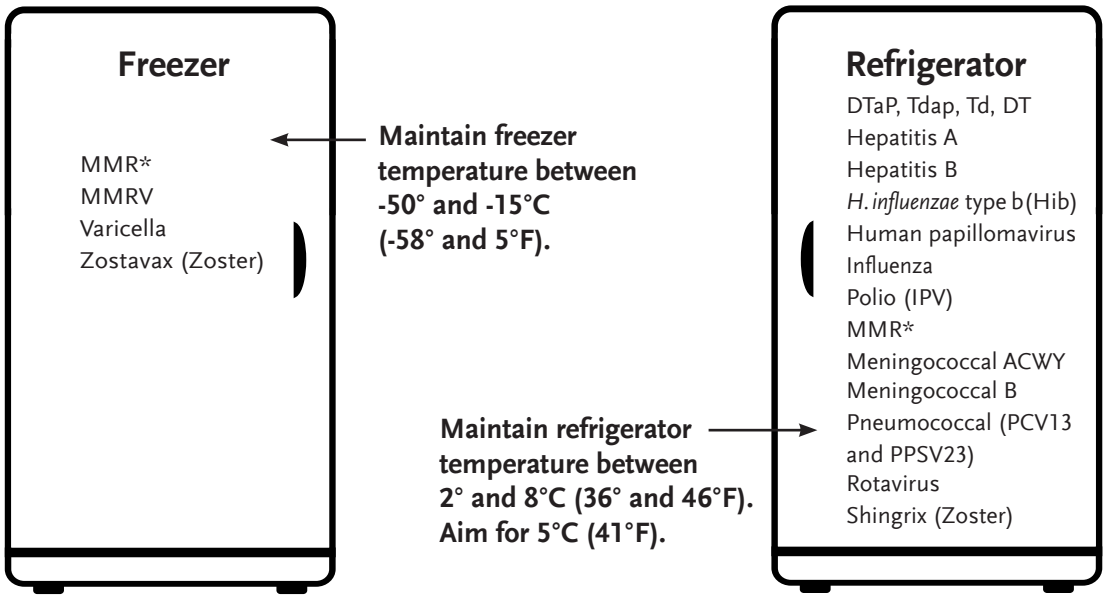
How to Complete this Record

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 site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
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.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. IM is the abbreviation for intramuscular; Subcut is the abbreviation for subcutaneous.

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, HPV9	Gardasil, Gardasil 9 (Merck)
LAIV4 (live attenuated influenza vaccine, quadrivalent)	FluMist (MedImmune)
IIV3 (inactivated influenza vaccine, trivalent), IIV4 (inactivated influenza vaccine, quadrivalent), ccIIV3 (cell culture-based inactivated influenza vaccine, trivalent), RIV3 (inactivated recombinant influenza vaccine, trivalent)	Fluarix (GSK); Flublok (Protein Sciences Corp.); Afluria, Fluad, Flucelvax, Fluvirin (Seqirus); FluLaval (GSK); Fluzone (Sanofi Pasteur)
MenACWY	Menactra (Sanofi Pasteur); Menveo (GSK)
HibMenCY	MenHibrix (GSK)
MenB	Bexsero (GSK); Trumenba (Pfizer)

Vaccine Handling Tips

REMEMBER: Improperly stored or outdated vaccines won't protect your patients!



Manage vaccine inventories.

Inventory your vaccine supplies at least monthly and before placing an order. Expired vaccine must never be used, and it becomes "cash in the trash!"

Always use the vaccine with the soonest expiration date first.

Move vaccine with the soonest expiration date to the front of the storage unit and mark it to be used first. These actions help ensure it will be picked up first by someone selecting vaccine from the unit.

Store vaccine appropriately.†

Place vaccines in refrigerator or freezer immediately upon receiving shipment. Keep vaccine vials in their original packaging. Place vaccine in clearly labeled‡ baskets or other containers with a 2–3" separation between baskets and 4" from the wall of unit. Separate or clearly mark vaccines to distinguish those that were supplied from your state's Vaccines for Children program (or other state-funded source) from those that were privately purchased. Do not store vaccines in the door or on the floor of the unit.

Stabilize temperatures.

Store ice packs in the freezer and large jugs of water in the refrigerator along with the vaccines. This will help maintain a stable, cold temperature in case of a power failure or if the refrigerator or freezer doors are opened frequently or are accidentally left open. Because frequent opening of either the refrigerator or freezer door can lead to temperature variations that could affect vaccine efficacy, you should not store food or beverages in the refrigerator or freezer.

Safeguard the electrical supply to the storage unit.

Make sure the refrigerator and freezer are plugged into outlets in a protected area where they cannot be disconnected accidentally. Label the refrigerator, freezer, electrical outlets, fuses, and circuit breakers on the power circuit with information that clearly identifies the perishable nature of vaccines and the immediate steps to be taken in case of interruption of power.§ If your building has auxiliary power, use the outlet supplied by that system.

---

*MMR may be stored in either the freezer or the refrigerator.

†Refer to package insert for specific instructions on the storage of each vaccine. If you have questions about the condition of the vaccine upon arrival, immediately place the vaccine in recommended storage, mark it "do not use," and then call your state health department or the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected. For other questions, call the immunization program at your state or local health department.

‡For help with organizing and labeling vaccines, consider using resources developed by and available from CDC at www.cdc.gov/vaccines/hcp/admin/storage/guide/vaccine-storage-labels.pdf and www.cdc.gov/vaccines/hcp/admin/storage/guide/vaccine-storage-labels-flu.pdf.

§For easy help with labeling units and power supplies, see IAC signs "Do Not Unplug Refrigerator or Freezer" (www.immunize.org/catg.d/p2090.pdf) and "Do Not Turn Off Power to Circuit Breaker" (www.immunize.org/catg.d/p2091.pdf). For guidance on steps to take during a power interruption, see IAC's "Emergency Response Worksheet" (www.immunize.org/catg.d/p3051.pdf).

immunization action coalition
IAC
immunize.org

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

www.immunize.org/catg.d/p3048.pdf ▪ Item #P3048 (2/18)

YOUR NAME _____ DATE OF BIRTH ____/____/____ TODAY'S DATE ____/____/____
(month/day/year)

✔ Which Vaccines Do I Need Today?

Vaccines are an important part of helping adults stay healthy. Which of these recommended vaccines for people age 19 and older do you need? Check the boxes that apply to you, and then talk this over with your healthcare provider.

Influenza ("flu") vaccine

☐ I have not had my flu vaccine yet this season *(early fall through late spring)*.

Pneumococcal polysaccharide vaccine – Pneumovax 23 (PPSV23)

I am ***age 65 or older*** and:

☐ I have never received any Pneumovax 23 vaccine (or I don't remember if I have).

☐ I received 1 or 2 doses of Pneumovax 23 vaccine before I turned 65, and it's now been more than 5 years since I received my last dose.

I am ***age 19 through 64 years*** and:

☐ I have never received any Pneumovax 23 vaccine AND at least one of the following applies to me:

- I smoke tobacco.
- I have a chronic disease of the heart, lung (including asthma, if I am age 19 years or older), or liver.
- I have diabetes.
- I have alcoholism.
- I have had a cochlear (inner ear) implant or have been told by a healthcare provider that I have leaking spinal fluid.

☐ I have received 1 dose or no doses of Pneumovax 23 vaccine AND at least one of the following applies to me:

- I have had my spleen removed.
- I have sickle cell disease.
- I have a weakened immune system due to cancer, Hodgkin's disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS *or* receiving radiation therapy *or* taking a medicine that affects my immune system.
- I have had an organ or bone marrow transplant.

Pneumococcal conjugate vaccines – Prevnar 13 (PCV13)

I am ***age 19 years or older,*** I have never received any Prevnar13 vaccine, AND at least one of the following applies to me:

☐ I have a weakened immune system due to cancer, Hodgkin's disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS *or* receiving radiation therapy *or* taking a medicine that affects my immune system.

☐ I have had an organ or bone marrow transplant.

☐ I have had my spleen removed *or* have had a cochlear (inner ear) implant *or* have been told by a healthcare provider that I have leaking spinal fluid.

I am ***age 65 or older*** and:

☐ I do not have any of the conditions listed above for PCV13, but I want to talk with my healthcare provider about whether I should get this vaccine.

CONTINUED ON NEXT PAGE ▶

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

- ☐ I have never received Tdap vaccine (or I don't remember if I have).
- ☐ I have not received at least 3 tetanus- and diphtheria-toxoid containing shots.
- ☐ I have received at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I think it's been 10 or more years since I received the last one.
- ☐ I am pregnant (and I am in the second or third trimester of my pregnancy) and have not had a dose of Tdap vaccine during this pregnancy.

Measles, mumps, rubella (MMR) vaccine

- ☐ I am a woman thinking about a future pregnancy and don't know if I'm immune to rubella.
- ☐ I am a healthcare worker. I have received 1 MMR (or I don't remember if I have received more than 1), and I do not have a lab-confirmed report showing that I am immune to measles, mumps, and/or rubella.

I ***was born in 1957 or later*** and:

- ☐ I have never received MMR vaccine (or I don't remember if I have).
- ☐ I have received only 1 MMR and:
  - ☐ I am entering college or another type of school after high school.
  - ☐ I am planning on traveling outside the U.S.[1]

Varicella ("chickenpox") vaccine

- ☐ I was born before 1980 *and* I am a healthcare worker or foreign-born and I don't remember if I've ever had chickenpox disease.
- ☐ I was born in 1980 or later *and* I have never had chickenpox disease or received the vaccine (or I don't remember if I have).
- ☐ I have received one dose of varicella vaccine, but I'm not sure if I have received more than one dose.

Human papillomavirus (HPV) vaccination

I ***have not completed a series*** of HPV shots and:

- ☐ I am age 26 or younger.
- ☐ I am age 27 through 45 and I want to talk to my doctor about protecting myself from new HPV infections.

Hepatitis A vaccine

- ☐ I want to be vaccinated to avoid getting hepatitis A and spreading it to others.
- ☐ I might have been exposed to hepatitis A virus within the past 2 weeks.
- ☐ I received 1 dose of hepatitis A vaccine in the past, but I have not received the second dose (or I don't remember if I have).
- ☐ I have not received hepatitis A vaccine in the past (or I don't remember if I have) and at least one of the following applies to me:
  - I travel (or plan to travel) in countries where hepatitis A is common.[1, 2]
  - I have (or will have) contact with a child within 60 days of the child's adoption from a country where hepatitis A is common.[2]
  - I am a man who has sex with men.
  - I use street drugs.
  - I am homeless, live in a shelter or in temporary housing.
  - I have chronic liver disease.
  - I have been diagnosed with HIV.
  - I work with hepatitis A virus in a research laboratory or with primates infected with hepatitis A virus.

CONTINUED ON NEXT PAGE ▶

Hepatitis B vaccine

☐ I want to be vaccinated to avoid getting hepatitis B and spreading it to others.

☐ I have received at least one dose of hepatitis B in the past, but I have not completed the series of hepatitis B shots (or I don't remember if I have).

☐ I have not received or completed the series of hepatitis B shots (or I don't remember if I have) and at least one of the following applies to me:

- I am sexually active and I 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[3,4] (so I need testing and may need vaccination).
- I live with or have sex with a person infected with hepatitis B.
- I have been diagnosed with a sexually transmitted disease ("STD").
- I have been diagnosed with HIV.
- I inject street drugs.
- I have chronic liver disease.
- I am or will be on kidney dialysis.
- I am younger than age 60 years and have diabetes and/or receive 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 am planning on traveling outside the U.S.[1,3]

Meningococcal ("meningitis") type A, C, W, Y vaccine (MenACWY)

☐ I am age 21 or younger *and:*
- I have not had a meningococcal shot (MenACWY) since before my 16th birthday *and* I am (or will be) a college student living in a residence hall.
- I have not had a meningococcal shot (MenACWY) in the past 5 years and I am entering college.

☐ I have sickle cell disease.

☐ My spleen isn't working or has been removed.

☐ I have a persistent complement component deficiency or I am being treated with eculizumab (brand name Soliris) or ravulizumab (brand name Ultomiris).

☐ I have HIV infection.

☐ I have a risk of exposure due to an outbreak caused by serogroup A, C, W, or Y.

☐ I am a microbiologist who is routinely exposed to isolates of *Neisseria meningitidis*.

☐ I was vaccinated more than 5 years ago *and* I continue to be at risk due to travel,[1] illness, or occupation.

Meningococcal ("meningitis") type B vaccine (MenB)

☐ I am age 19–23 with no specific risk factor and would like to be protected from this disease.

I am age 19 years or older and:

☐ I have a risk of exposure due to an outbreak caused by serogroup B.

☐ I have sickle cell disease.

☐ My spleen isn't working or has been removed.

☐ I have a persistent complement component deficiency or I am being treated with eculizumab (brand name Soliris) or ravulizumab (brand name Ultomiris).

☐ I was vaccinated a year or more ago and continue to be at risk due to illness or occupation.

CONTINUED ON NEXT PAGE ▶

Zoster ("shingles") vaccine

- ☐ I am age 50 or older and have never received a shingles vaccine (or I don't know if I have).
- ☐ I previously received the 1-dose Zostavax vaccine and now would like the 2-dose Shingrix vaccine.
- ☐ I previously received only 1 dose of the Shingrix vaccine and now need the second dose.

Haemophilus influenzae type b ("Hib") vaccine

- ☐ My spleen has been removed, or I am scheduled to have it removed ("splenectomy").
- ☐ I have received a stem cell transplant.

Travel vaccines

- ☐ I am planning on traveling outside the U.S.[1,2,3]

FOOTNOTES

1. For complete health information as you prepare to travel, visit the Centers for Disease Control and Prevention's (CDC) website at wwwnc.cdc.gov/travel/destinations/list or consult a travel clinic.
2. Countries where hepatitis A is common include all countries other than the U.S., Canada, Japan, Australia, New Zealand, and some (but not all) in Western Europe.
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.

You Must Provide Patients with Vaccine Information Statements (VISs) – It's Federal Law!

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

Using VISs is legally required!

Federal law (under the National Childhood Vaccine Injury Act) requires a healthcare professional to provide a copy of the current VIS to an adult patient or to a child's parent/legal representative before vaccinating an adult or child with a dose of the following vaccines: 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).

Where to get VISs

All available VISs can be downloaded from the websites of the Immunization Action Coalition at www.immunize.org/vis or CDC at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health department.

Translations: You can find VISs in more than 30 languages on the Immunization Action Coalition website at www.immunize.org/vis.

To obtain translations of VIS in languages other than English, go to www.immunize.org/vis.

According to CDC, the appropriate VIS must be given:

- Prior to the vaccination (and prior to each dose of a multi-dose series);
- Regardless of the age of the vaccinee;
- Regardless of whether the vaccine is given in a public or private healthcare setting.

Top 10 Facts About VISs

FACT 1 — It's federal law! You must provide current* VISs to all your patients before vaccinating them.

Federal law requires that VISs must be used for patients of **ALL ages** when administering these vaccines:

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

For the vaccines not covered under the National Childhood Vaccine Injury Act (i.e., adenovirus, anthrax, Japanese encephalitis, pneumococcal polysaccharide, rabies, typhoid, yellow fever, and zoster), providers are not required by federal law to use VISs unless they have been purchased under CDC contract. However, CDC recommends that VISs be used whenever these vaccines are given.

*Federal law allows up to 6 months for a new VIS to be used.

FACT 2 — VISs can be given to patients in a variety of ways.

In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format used, the goal is to provide a current VIS just prior to vaccination.

CONTINUED ON NEXT PAGE ▶

Most current versions of VISs (table)

As of April 1, 2020, the most recent versions of the VISs are as follows:

Adenovirus	1/8/20	**MMRV**	8/15/19
Anthrax	1/8/20	**Multi-vaccine**	4/1/20
Cholera	10/30/19	**PCV13**	10/30/19
DTaP	4/1/20	**PPSV23**	10/30/19
Hepatitis A	7/20/16	**Polio**	10/30/19
Hepatitis B	8/15/19	**Rabies**	1/8/20
Hib	10/30/19	**Rotavirus**	10/30/19
HPV	10/30/19	**Td**	4/1/20
Influenza	8/15/19	**Tdap**	4/1/20
Japanese enceph	8/15/19	**Typhoid**	10/30/19
MenACWY	8/15/19	**Varicella**	8/15/19
MenB	8/15/19	**Yellow fever**	4/1/20
MMR	8/15/19	**Zoster**	10/30/19

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

immunization action coalition
IAC
immunize.org

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

www.immunize.org/catg.d/p2027.pdf · Item #P2027 (4/20)

(For information on special circumstances involving vaccination of a child when a parent/legal representative is not available at the time of vaccination, see CDC's *Frequently Asked Questions* at www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html.)

Prior to vaccination, VIS may be:

- Provided as a paper copy
- Offered on a permanent, laminated office copy
- Downloaded by the vaccinee (parent/legal representative) to a smartphone or other electronic device (VISs have been specially formatted for this purpose)
- Made available to be read before the office visit, e.g., by giving the patient or parent a copy to take home during a prior visit, or telling them how to download or view a copy from the Internet. These patients must still be offered a copy in one of the formats described previously to read during the immunization visit, as a reminder.

Regardless of the way the patient is given the VIS to read, providers must still offer a copy (which can be an electronic copy) of each appropriate VIS to take home following the vaccination. However, the vaccinee may decline.

FACT 3 VISs are required in both public and private sector healthcare settings.

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

FACT 4 You must provide a current VIS *before* a vaccine is administered to the patient.

A VIS provides information about the disease and the vaccine and must be given to the patient **before** a 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 a current VIS right before administering vaccines.

FACT 5 You must provide a current VIS for *each* dose of vaccine you administer.

The most current VIS must be provided before **each dose** of vaccine is given, including vaccines given as a series of doses. For example, if 5 doses of a single vaccine are required (e.g., DTaP), the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given.

FACT 6 You must provide VISs whenever you administer combination vaccines.

If you administer a combination vaccine that does not have a stand-alone VIS (e.g., Kinrix, Quadracel, Pediarix, Pentacel, Twinrix) you should provide the patient with individual VISs for the component vaccines, or use the Multi-Vaccine VIS (see below).

The Multi-Vaccine VIS may be used in place of the individual VISs for DTaP, Hib, hepatitis B, polio, and pneumococcal when two or more of these vaccines are administered during the same visit. It may be used for infants as well as children through 6 years of age. The Multi-Vaccine VIS should not be used for adolescents or adults.

FACT 7 VISs should be given in a language/format that the recipient can understand, whenever possible.

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. To obtain VISs in more than 30 languages, visit the Immunization Action Coalition website at www.immunize.org/vis. Providers can supplement VISs with visual presentations or oral explanations as needed.

FACT 8 Federal law does not require signed consent in order for a person to be vaccinated.

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

FACT 9 To verify that a VIS was given, providers must record in the patient's medical record (or permanent office log or file) the following information:

- The edition date of the VIS (found on the back at the right bottom corner)
- The date the VIS is provided (i.e., the date of the visit when the vaccine is administered)

In addition, providers must record:

- The office address and name and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number

FACT 10 VISs should not be altered before giving them to patients, but you can add some information.

Providers should not change a VIS or write their own VISs. However, it is permissible to add a practice's name, address, and contact information to an existing VIS.

Additional resources on VISs and their use are available from the following organizations:

Immunization Action Coalition

- *VIS general information and translations in more than 30 languages:* www.immunize.org/vis
- *Current Dates of Vaccine Information Statements:* www.immunize.org/catg.d/p2029.pdf

Centers for Disease Control and Prevention

- *VIS website:* www.cdc.gov/vaccines/hcp/vis
- *VIS Facts:* www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html
- *VIS FAQs:* www.cdc.gov/vaccines/hcp/vis/about/vis-faqs.html