Volume 20 – Number 5

August 2010
(content current as of August 17)

NEEDLE TIPS

Visit www.immunize.org for up-to-date immunization information from the Immunization Action Coalition

What's Inside

Where to Find Resources to Vaccinate Everyone Against Influenza

Starting with the 2010–11 influenza season, CDC is recommending annual influenza vaccination for everyone age 6 months and older. Public demand for vaccination is expected to be high, and manufacturers are planning to produce about 165 million doses of vaccine (see page 7 of this issue).

Following are some excellent resources that will help familiarize you with the new influenza recommendations and available vaccines so you can correctly and efficiently provide influenza vaccine to everyone for whom it is recommended.

Immunization Action Coalition (IAC)

This issue of *Needle Tips* focuses on the materials needed for the 2010–11 influenza season. Click on titles in the table of contents to the left to access specific resources. Note: IAC's website has an enormous range of online influenza resources. See page 2 to learn about them.

Centers for Disease Control and Prevention (CDC)

Find a range of authoritative, continually updated influenza information at www.cdc.gov/flu. Access the 2010 ACIP influenza recommendations at www.cdc.gov/mmwr/pdf/rr/rr5908.pdf.

California Department of Public Health (CDPH)

Just in time for influenza season, CDPH has released "Immunization Techniques: Best Practices with Infants, Children, and Adults," a new 25-minute DVD on how to administer vaccines (see page 5 for pricing and ordering information).

Influenza Vaccine Availability Tracking System (IVATS)

IVATS is an activity of the National Influenza Vaccine Summit, a coalition of organizations that works to resolve issues related to influenza disease and vaccine. IVATS allows providers to find out which vaccine distributors have vaccine available. To access IVATS, go to www.preventinfluenza.org/ivats.

Families Fighting Flu (FFF)

Composed of families and healthcare practitioners, FFF promotes influenza immunization. Healthcare providers may want to share FFF's video with vaccine-hesitant parents. It features two parents who lost their child to influenza and includes photos of other healthy children who died from influenza. To access the video, go to www.familiesfightingflu.org/media.

Ask the Experts

IAC extends thanks to our experts, William L. Atkinson, MD, MPH, and Andrew T. Kroger, MD, MPH, medical epidemiologists at the National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention (CDC).

Vaccine questions

When a vaccine vial is new and the cap has just been removed, is the rubber stopper sterile, or should it be cleansed with alcohol before inserting the needle?

The rubber stopper is not sterile. When you remove the protective cap from a vaccine or diluent vial, you should always clean the stopper with an alcohol wipe. This practice is covered in CDC's online vaccine storage and handling toolkit. To access the kit, go to www2a.cdc.gov/vaccines/ed/shtoolkit.

Immunization questions?

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

We're glad that CDC has made a universal influenza vaccination recommendation to vaccinate everyone 6 months and older. Would you tell us how this came about?

Prior to the 2010–11 vaccination season, only children ages 6 months through 18 years and adults age 50 years and older were universally recommended for vaccination; recommendations for adults ages 19 through 49 years were targeted to people with specific risk factors, although other adults could be vaccinated if they wanted protection. Collectively, these targeted risk groups made up 85% of the U.S. population. During the 2009 H1N1 outbreak, additional risk groups were identified, such as obese individuals. The new universal vaccination recommendation simplifies previous recommendations, making it easier for healthcare providers to determine whom to vaccinate. The new recommendation also makes it easier for patients to remember to get vaccinated every year.

Will there be enough influenza vaccine to reach all people ages 6 months and older who want to be protected?

Supplies will be ample and there will likely be enough vaccine available to protect any person seeking vaccination. Vaccine manufacturers have projected supplies at around 165 million doses for the 2010–11 vaccination season. This is a significant increase in the number of doses of seasonal vaccine compared with any previous year. It should be noted that in the past, vaccine has consistently been left over at the end of each influenza season.

Can we give 2010–11 influenza vaccine to patients who report they were recently vaccinated with 2009 H1N1 vaccine?

Yes, but you will have to observe a minimum interval of 4 weeks between the time the patient received 2009 H1N1 and the time you administer 2010–11 vaccine, regardless if the 2009 H1N1 dose was injectable or nasal-spray vaccine.

Which of our pediatric patients will need 2 doses of influenza vaccine for the 2010–11 vaccination season?

Whether you give injectable vaccine or nasal-spray vaccine or one of each, give 2 doses separated by at least 4 weeks to all children ages 6 months through 8 years who (1) are receiving influenza vaccine for the first time; (2) received their first dose of

(continued on page 16)

Needle Tips

Online at www.immunize.org/nt
Immunization Action Coalition
1573 Selby Avenue, Suite 234
Saint Paul, MN 55104
Phone: (651) 647-9009
Fax: (651) 647-9131
Email: admin@immunize.org
Websites: www.immunize.org
www.vaccineinformation.org
www.izcoalitions.org

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Publication Staff
Editor: Deborah L. Wexler, MD
Associate Editor: Diane C. Peterson
Managing Editor: Dale Thompson
Contributing Ed.: Lisa H. Randall, JD, MPH
Edit./Opr. Asst.: Janelle Tangonan Anderson
Consultants: Teresa A. Anderson, DDS, MPH
Linda A. Moyer, RN, and Mary Quirk
Layout: Kathy Cohen
Website Design: Sarah Joy

IAC Staff
Assistant to the Director: Becky Payne
Operations Manager: Robin VanOss
Operations Assistant: Casey Pauly

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Anonymous

IAC maintains strict editorial independence in its publications.

Make IAC Your Online Information Source This Influenza Season

Be sure to visit www.immunize.org/influenza often!

2010–11 marks the first season of implementing universal influenza vaccination in the United States. The waning days of summer are a reminder that influenza vaccination is beginning in clinics, healthcare institutions, schools, businesses, pharmacies, and drive-through clinics across the country. The challenge to vaccinate everyone now rests with healthcare professionals everywhere. To help you carry out your influenza vaccination activities this season, the Immunization Action Coalition (IAC) offers one-stop online access to essential materials, resources, and recommendations at www.immunize.org/influenza.

IAC's influenza web page is organized into three columns: The left side provides direct links to immunization materials for patients and staff, and the two columns on the right offer links to influenza-related recommendations, news and information, journal articles and case reports, as well as related topics. Read on for more details.

www.immunize.org/influenza

Hot off the Presses

Check the box on the top left for important releases from the Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and additional organizations with authoritative information about vaccines.

Handouts for Patients & Staff

Looking for standing orders for influenza vaccination, screening questionnaires for contraindications, or declination forms for staff? Check here first for influenza-related handouts for patients and staff.

Vaccine Information Statements (VISs)

Links are provided to both influenza VISs (inactivated vaccine and live, intranasal vaccine), which are available in English and dozens of other languages.

Ask the Experts: Influenza

Experts from CDC answer challenging and timely questions about influenza vaccination. View the up-to-date compilation of influenza vaccination Q&As for healthcare professionals.

Official Recommendations for Influenza Vaccination

The Vaccine Policy and Licensure web section provides direct links to official and authoritative vaccine information from governmental agencies such as CDC's Advisory Committee on Immunization Practices (ACIP) and the FDA, as well as policy statements from the American Academy of Pediatrics (AAP).

Package Inserts for Influenza Vaccine

Organized by vaccine, the web section of Package Inserts saves you time: All package inserts and additional product approval information for vaccines licensed for use in the United States are provided.

Links to More Influenza Vaccination Resources

The influenza web page gives you direct links to much more, including PreventInfluenza.org, Flu Vaccine Locator, Vaccines in the News, Influenza Journal Articles, Influenza Photos, and Influenza Videos.

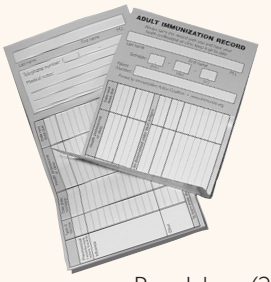
Visit the Diseases and Vaccines section of immunize.org often. It is a central organizing hub of IAC's website, comprising substantial and significant information on 19 vaccine-preventable diseases.

Subscribe to IAC's Online Publications

Finally, we suggest that web users who want to stay up to date with vaccine news and information subscribe to our free online publications: *IAC Express*, a weekly email news service, and *Needle Tips* and *Vaccinate Adults*, essential online publications for healthcare professionals who provide vaccination services. You can subscribe to any or all all of these at one time by visiting www.immunize.org/subscribe.

Visit the Immunization Action Coalition's website often! www.immunize.org

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



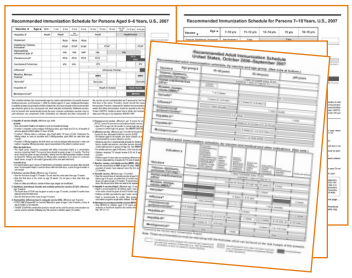
Now you can give any patient a permanent vaccination record card designed specifically for their age group: child & teen, adult, or lifetime. The three cards list all vaccines recommended for each age. The cards are printed on durable rip-, smudge-, and water-proof paper. Wallet-sized when folded, the cards are brightly colored to stand out. To view the cards or for more details, go to www.immunize.org/shop and click on the images.

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

To order, visit www.immunize.org/shop, or use the order form on page 17.
To receive sample cards, contact us: admininfo@immunize.org

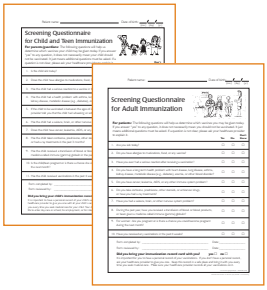
Laminated child and adult immunization schedules Order one of each for every exam room

Here are the ACIP/AAP/AAFP-approved immunization schedule for people ages 0 through 18 years and the ACIP/AAFP/ACOG/ACP-approved schedule for adults. Both are laminated and washable for heavy-duty use, complete with essential footnotes, and printed in color for easy reading. The cost is $7.50 for each schedule and only $5.50 each for five or more copies.



To order, visit www.immunize.org/shop, or use the order form on page 17.
For 20 or more copies, contact us for discount pricing: admininfo@immunize.org

Immunization screening questionnaires for contraindications! Now with English on front/Spanish on back; in pads of 100 sheets



Save valuable staff time and make sure your patients are fully screened by using these simple 1-page questionnaires (one for child/teen immunization, another for adults). Patients respond to questions by checking off "yes" and "no" boxes while waiting to be seen. Staff reviews answers during the visit. These pads are priced at $20 per 100-sheet pad. Prices drop to $15 each for 2 pads, $12 each for 3 pads, $11 each for 4–9 pads. Keep pads at the receptionist's desk, the nurses' station, and in every exam room. To view the pads or for more details, visit IAC's website at www.immunize.org/shop.

To order, visit www.immunize.org/shop or use the order form on page 17.
For 10 or more pads, contact us for discount pricing: admininfo@immunize.org

Vaccine Highlights

Recommendations, schedules, and more

Editor's note: The information in Vaccine Highlights is current as of August 17, 2010.

Influenza vaccine news

On Aug. 6, *MMWR* published the ACIP recommendations titled "Prevention and Control of Influenza with Vaccines." The recommendations state that all persons age 6 months and older be vaccinated and that vaccination should begin as soon as vaccine is available (usually mid-to-late summer). To obtain a copy of the recommendations, go to www.cdc.gov/mmwr/pdf/rr/rr5908.pdf. To read a "Dear Provider" letter from Dr. Anne Schuchat, director, National Center for Immunization and Respiratory Diseases, CDC, on the importance of influenza vaccination, see page 6 of this issue of N*eedle Tips.* For pertinent Q&As answered by CDC experts, see Ask the Experts in this issue.

On Aug. 13, *MMWR* published updated ACIP recommendations for the use of CSL Biotherapies' Afluria trivalent inactivated influenza vaccine in the U.S. during 2010–11. ACIP recommends the 2010–11 Afluria vaccine not be used in children ages 6 months through 8 years. Other age-appropriate, licensed seasonal influenza vaccine formulations, including other injectable and nasal spray vaccines, should be used for prevention of influenza in these children. If no other age-appropriate, licensed injectable influenza vaccine is available for a child age 5–8 years who has a medical condition that increases their risk for influenza complications, Afluria can be used; however, providers should discuss the benefits and risks of Afluria use with the parents or caregivers before administering this vaccine. **Note:** These updated recommendations contain a table listing influenza vaccines anticipated to be available in the U.S. in 2010–11. This table supersedes Table 2 published in the August 6 ACIP influenza recommendations. To access these updated recommendations, go to www.cdc.gov/mmwr/PDF/wk/mm5931.pdf, and see pages 989–92. For related Q&As, see Ask the Experts in this issue.

On Aug. 10, CDC released two interim VISs for 2010–11 influenza vaccine: one for trivalent inactivated influenza vaccine (TIV; injectable) and one for live attenuated influenza vaccine (LAIV, nasal spray, FluMist). To access the VIS for TIV, go to www.immunize.org/vis/vis_flu_inactive.asp. To access the VIS for LAIV, go to www.immunize.org/vis/vis_flu_live.asp. Translations will be available soon at the links above.

IAC has posted the package inserts for the 8 influenza vaccine formulations that FDA approved for use in the 2010–11 influenza season. They are available at www.immunize.org/packageinserts/pi_influenza.asp.

On Aug. 4, CDC's Health Alert Network (HAN) issued a Health Advisory announcing that Influenza A (H3N2) virus infections have been recently detected in people in a number of states across the U.S. Clinicians are reminded to consider influenza as a possible diagnosis when evaluating patients with acute respiratory illnesses, including pneumonia. To access the HAN announcement, go to: www2a.cdc.gov/HAN/ArchiveSys/ViewMsgV.asp?AlertNum=00316.

Other vaccine news

On June 11, CDC announced that the monovalent rotavirus vaccine (RV1; Rotarix, GSK) and the pentavalent rotavirus vaccine (RV5; RotaTeq; Merck) are contraindicated for infants diagnosed with severe combined immunodeficiency. To read the announcement, go to: www.cdc.gov/mmwr/preview/mmwrhtml/mm5922a3.htm.

On July 23, CDC published ACIP recommendations for the use of anthrax vaccine. To read the recommendations, go to www.cdc.gov/mmwr/pdf/rr/rr5906.pdf.

On July 30, CDC published ACIP recommendations for the use of yellow fever vaccine. To read the recommendations, go to www.cdc.gov/mmwr/pdf/rr/rr5907.pdf.

On August 3, CDC updated information on the supply of Hib-containing vaccines. Currently available Hib-containing combination vaccines include Merck's Hib-HepB (Comvax) and sanofi pasteur's DTaP-IPV/Hib (Pentacel). Currently available monovalent Hib vaccines include GSK's Hiberix (licensed for use as a booster dose only), Merck's PedvaxHIB, and sanofi pasteur's ActHIB. Sanofi pasteur's combination product DTaP/Hib (TriHIBit) is currently not available. For continuing vaccine supply information, go to www.cdc.gov/vaccines/vac-gen/shortages.

CDC news

On June 25, CDC published "Summary of Notifiable Diseases—United States, 2008." It contains the official statistics, in tabular and graphic form, for the reported occurrence of nationally notifiable infectious diseases in the United States for 2008. To access it, go to www.cdc.gov/mmwr/pdf/wk/mm5754.pdf.

Current VISs and dates

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

DTaP/DT/DTP	5/17/07	Meningococcal	1/28/08
Hepatitis A	3/21/06	MMR	3/13/08
Hepatitis B	7/18/07	MMRV	5/21/10
Hib	12/16/98	PCV	4/16/10
HPV (Cervarix)	3/30/10	PPSV	10/6/09
HPV (Gardasil)	3/30/10	Polio	1/1/00
H1N1 (inactivated)	10/2/09	Rabies	10/6/09
H1N1 (LAIV)	10/2/09	Rotavirus	5/14/10
Influenza (LAIV)	8/10/10	Shingles	10/6/09
Influenza (TIV)	8/10/10	Td/Tdap	11/18/08
Japanese encephalitis		Typhoid	5/19/04
Ixiaro	3/1/10	Varicella	3/13/08
JE VAX	3/1/10	Yellow fever	11/9/04

Multi-vaccine VIS 9/18/08
(for 6 vaccines given to infants/children: DTaP, IPV, Hib, HepB, PCV, RV)

Brand NEW in 2010 from the California Department of Public Health, Immunization Branch!

"Immunization Techniques — Best Practices with Infants, Children, and Adults"

This new 25-minute DVD helps ensure that staff administer vaccines correctly!

Updated just in time for influenza vaccination season, this excellent training tool provides clear, detailed information on administering injectable, oral, and nasal vaccines to infants, children, and adults.

It covers these major topics —

Preparing vaccines — Mixing, reconstituting, and drawing up a variety of vaccine products and preparations

Administering vaccines — Identifying recommended needle lengths, insertion angles, and injection sites, plus correctly administering intramuscular and subcutaneous vaccines, nasal-spray vaccine, and oral vaccine

Communicating with parents and patients — Providing Vaccine Information Statements, instructing parents on how to hold their child for vaccination, and observing patients after vaccination


Preparing


Administering


Communicating

How to order the new "Immunization Techniques" DVD

It's available for $17 per copy (1–9 copies), $10.25 per copy (10–24 copies), $7 per copy (25–49 copies) from the Immunization Action Coalition at www.immunize.org/shop. For 50 or more copies, contact us for discount pricing: admininfo@immunize.org.

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

Honoring Healthcare Institutions with Stellar Influenza Vaccination Policies

IAC instituted its Honor Roll for Patient Safety to recognize forward-looking hospitals, professional societies, and government entities that have taken a stand for patient safety by strengthening mandatory influenza vaccination policies for healthcare workers. To date, more than 50 organizations have qualified.

www.immunize.org/honor-roll

To qualify, an organization must require influenza vaccination for employees, and its mandate must include serious measures to prevent transmission of influenza from unvaccinated workers to patients. Such measures might include a mask requirement, reassignment to non-patient-care duties, or dismissal of the employee.

Noted honorees include the Infectious Diseases Society of America, Children's Hospital of Philadelphia, BJC HealthCare, and Johns Hopkins Health System.

To read about the policies of the organizations that are included, or to apply for the Honor Roll for Patient Safety, go to **www.immunize.org/honor-roll.**

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

August 6, 2010

Dear Provider,

As last year proved beyond a doubt, influenza can be unpredictable. Consequences of the 2009 H1N1 pandemic factored into CDC's Advisory Committee on Immunization Practices' (ACIP) vote earlier this year to recommend universal influenza vaccination for all persons 6 months of age and older.

How does this affect you? Because **all** people age 6 months and older are now recommended to receive annual influenza vaccination, offering flu vaccine at any opportunity, for every patient is essential. Vaccination efforts should begin as soon as vaccine is available and continue throughout the influenza season. This year's vaccine will include the 2009 H1N1 strain as part of the regular seasonal vaccine. Communication science research conducted this summer has shown us that consumers may have safety concerns about the 2009 H1N1 strain being included in the vaccine, which can be a barrier to seeking vaccination. We rely on you to continue to emphasize that this year's flu vaccine is made in the same way as past flu vaccines. An average of 100 million doses of influenza vaccine have been used in the United States each year, and flu vaccines have an excellent safety record.

While everyone is now recommended to receive influenza vaccine, your high-risk patients—pregnant women, those with asthma, diabetes, or other chronic conditions—remain at risk for serious complications from influenza. CDC, and state and local public health agencies, will continue to reinforce efforts to emphasize the crucial importance of vaccine for these groups while simultaneously promoting annual influenza vaccination for everyone in the community. Realistically, your practice may be limited in the amount of vaccine doses you can provide, but you can still play a critical role in encouraging influenza vaccination for your patients and their families. You can urge your own patients to make sure they vaccinate themselves and their family members too, perhaps utilizing options that might be available through pharmacies, schools, workplaces, or other local partners. *Studies show that your recommendation makes the difference in convincing patients to seek influenza vaccination*.

Free resources such as patient education handouts, posters for your office, copies of the vaccine information statement (VIS), and updated information for you and your staff are available at www.cdc.gov/flu and www.flu.gov. For those of you who have been long-time champions of flu vaccine, we truly appreciate your efforts and hope that this new 'universal' recommendation makes your job that much easier. For those of you recently joining the fight to prevent the spread of influenza in your community, we hope that you will begin the practice of "*any opportunity, for every patient*." Don't forget to vaccinate yourself and your staff so you can tell patients, "I got vaccinated. You should too." Vaccination continues to be the best protection against influenza, and your efforts will be reflected in a healthier community—**yours**.

Sincerely,

Anne Schuchat, MD
Rear Admiral, US Public Health Service
Assistant Surgeon General
Director, National Center for Immunization and Respiratory Diseases

Influenza Vaccine Products for the 2010–11 Influenza Season

Information about influenza vaccine products

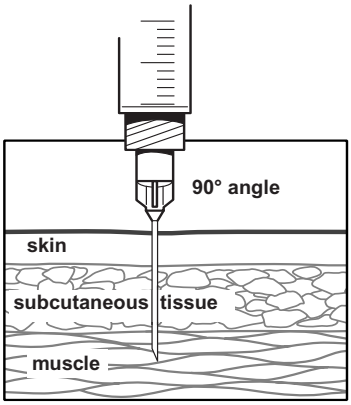
Manufacturer	Trade Name	How Supplied	Mercury Content (µg Hg/0.5mL)	Age Group	CPT Code[1]
CSL Biotherapies	Afluria (TIV)[2]	0.5 mL (single-dose syringe)	0	9 years & older[3]	90656
GlaxoSmithKline	Fluarix (TIV)	0.5 mL (single-dose syringe)	0	3 years & older	90656
ID Biomedical Corp of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (TIV)	5.0 mL (10-dose vial)	25	18 years & older	90658
MedImmune	FluMist (LAIV)[2]	0.2 mL (single-use nasal spray)	0	2 through 49 years	90660
Novartis Vaccines	Fluvirin (TIV)	0.5 mL (single-dose syringe)	≤1	4 years & older	90656
		5.0 mL (10-dose vial)	25		90658
	Agriflu (TIV)	0.5 mL (single-dose syringe)	0	18 years & older	90656
sanofi pasteur	Fluzone (TIV)	0.25 mL (single-dose syringe)	0	6 through 35 months	90655
		5.0 mL (multi-dose vial)	12.5	6 through 35 months	90657
		0.5 mL (single-dose syringe)	0	36 months & older	90656
		0.5 mL (single-dose vial)	0	36 months & older	90656
		5.0 mL (multi-dose vial)	25	36 months & older	90658
	Fluzone High-Dose (TIV)	0.5 mL (single-dose syringe)	0	65 years & older	90662

1. Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association (AMA); it is used here with AMA's permission.
2. TIV is the abbreviation for trivalent inactivated influenza vaccine (injectable); LAIV is the abbreviation for live attenuated influenza vaccine (nasal spray).
3. On August 6, 2010, ACIP recommended that Afluria not be used in children younger than age 9 years. If no other age-appropriate TIV is available, Afluria may be considered for a child age 5 through 8 years at high risk for influenza complications, after risks and benefits have been discussed with the parent or guardian. Afluria should not be used in children younger than age 5 years.

How to administer injectable and nasal spray influenza vaccines

Intramuscular injection of Trivalent Inactivated Influenza Vaccines (TIV)

1. Use a needle long enough to reach deep into the muscle. Infants age 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; children and adults 3 yrs and older: 1–1½".
2. With your left hand*, bunch up the muscle.
3. With your right hand*, insert the needle at a 90° angle to the skin with a quick thrust.
4. Push down on the plunger and inject the entire contents of the syringe. There is no need to aspirate.
5. Remove the needle and simultaneously apply pressure to the injection site with a dry cotton ball or gauze. Hold in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.

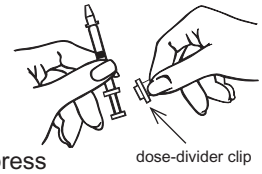


*Use the opposite hand if you are left-handed.

Intranasal administration of Live Attenuated Influenza Vaccine (LAIV)

1. FluMist (LAIV) is for intranasal administration only. Do not inject FluMist.
2. Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.
3. With the patient in an upright position (i.e., head not tilted back), place the tip just inside the nostril to ensure LAIV is delivered into the nose. The patient should breathe normally.

4. With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
5. Pinch and remove the dose-divider clip from the plunger.
6. Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.



7. Dispose of the applicator in a sharps container.

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

www.immunize.org/catg.d/p4072.pdf • Item #P4072 (8/20/10)

Make copies to screen your patients.

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

Screening Questionnaire for Inactivated Injectable Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child inactivated injectable influenza vaccination today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to eggs or to a component of the vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Has the person to be vaccinated ever had Guillain-Barré syndrome?	☐	☐	☐

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

www.immunize.org/catg.d/p4066.pdf • Item#P4066 (8/10)

Make copies to screen your patients.

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

Screening Questionnaire for Live Attenuated Intranasal Influenza Vaccination

For adult patients as well as parents of children to be vaccinated: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

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

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

www.immunize.org/catg.d/p4067.pdf • Item #P4067 (8/10)

Standing Orders for Administering Influenza Vaccines

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

Standing Orders for Administering Seasonal Influenza Vaccines to Children & Adolescents

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

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

Procedure:

1. Identify children and adolescents ages 6 months and older who have not completed their influenza vaccination(s) for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. **Contraindications:** serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to pregnant adolescents; children younger than age 2 yrs; children age 2 through 4 yrs who have experienced wheezing or asthma within the past 12 mos, based on a healthcare p
   lescents with chronic pulmonary (including asthma), cardiovascular (exclu
   logic/neuromuscular, hematologic, or metabolic (e.g., diabetes) disorders; i
   by medications or HIV; long-term aspirin therapy (applies to a child or adole
   b. **Precautions:** moderate or severe acute illness with or without fever; history
   6 weeks of a previous influenza vaccination; for LAIV only, close contact wit
   person requires protective isolation, receipt of influenza antivirals (e.g., ama
   mivir) within the previous 48 hours or possibility of use within 14 days afte
3. Provide all patients (or, in the case of a minor, their parent or legal representativ
   Vaccine Information Statement (VIS). You must document in the patient's medic
   of the VIS and the date it was given to the patient (parent/legal representative).
   a copy of the VIS in their native language, if available and preferred; these can
4. Administer injectable trivalent inactivated vaccine (TIV) intramuscularly in th
   lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children,
   needle length appropriate to the child's age and body mass: infants 6 through 1
   and older: 1–1½". Give 0.25 mL to children 6–35 mos and 0.5 mL for all othe
   needle may be used for patients weighing less that 130 lbs (<60kg) for injectio
   is stretched tight, subcutaneous tissue is not bunched, and the injection is mad
   healthy children age 2 yrs and older may be given 0.2 mL of intranasal LAIV;
   the patient is in an upright position. Children age 6 mos through 8 yrs should
   the first dose if they are receiving influenza vaccine for the first time; their firs
   in the preceding season and they received only 1 dose; or they did not receive
   cine in the 2009–2010 season.
5. Document each patient's vaccine administration information and follow up in
   a. **Medical chart:** Record the date the vaccine was administered, the manufac
   and route, and the name and title of the person administering the vaccine. If
   reason(s) for non-receipt of the vaccine (e.g., medical contraindication, pati
   b. **Personal immunization record card:** Record the date of vaccination and t
   clinic.
6. Be prepared for management of a medical emergency related to the administra
   gency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adver
   www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at

This policy and procedure shall remain in effect for all patients of the _____ (nar
rescinded or until _____ (date).

Medical Director's signature: _____ Effective date:

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

Immunization Action Coalition • 1573 Selby Ave. • St. Paul, MN 55104 • (651) 647-9009 • w

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

Standing Orders for Administering Seasonal Influenza Vaccine to Adults

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

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

Procedure:

1. Identify adults with no history of influenza vaccination for the current influenza disease season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. **Contraindications:** serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hemotologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
   b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV) IM (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A ⅝" needle may be used for adults weighing less than 130 lbs (<60 kg) for injection in the deltoid muscle *only* if the skin is stretched tight, subcutaneous tissue is not bunched, and the injection is made at a 90 degree angle.) Alternatively, healthy adults younger than age 50 years without contraindications may be given 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position.
5. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reasons(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

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

Medical Director's signature: _____ Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010. www.immunize.org/catg.d/p3074.pdf • Item #P3074 (8/10)

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

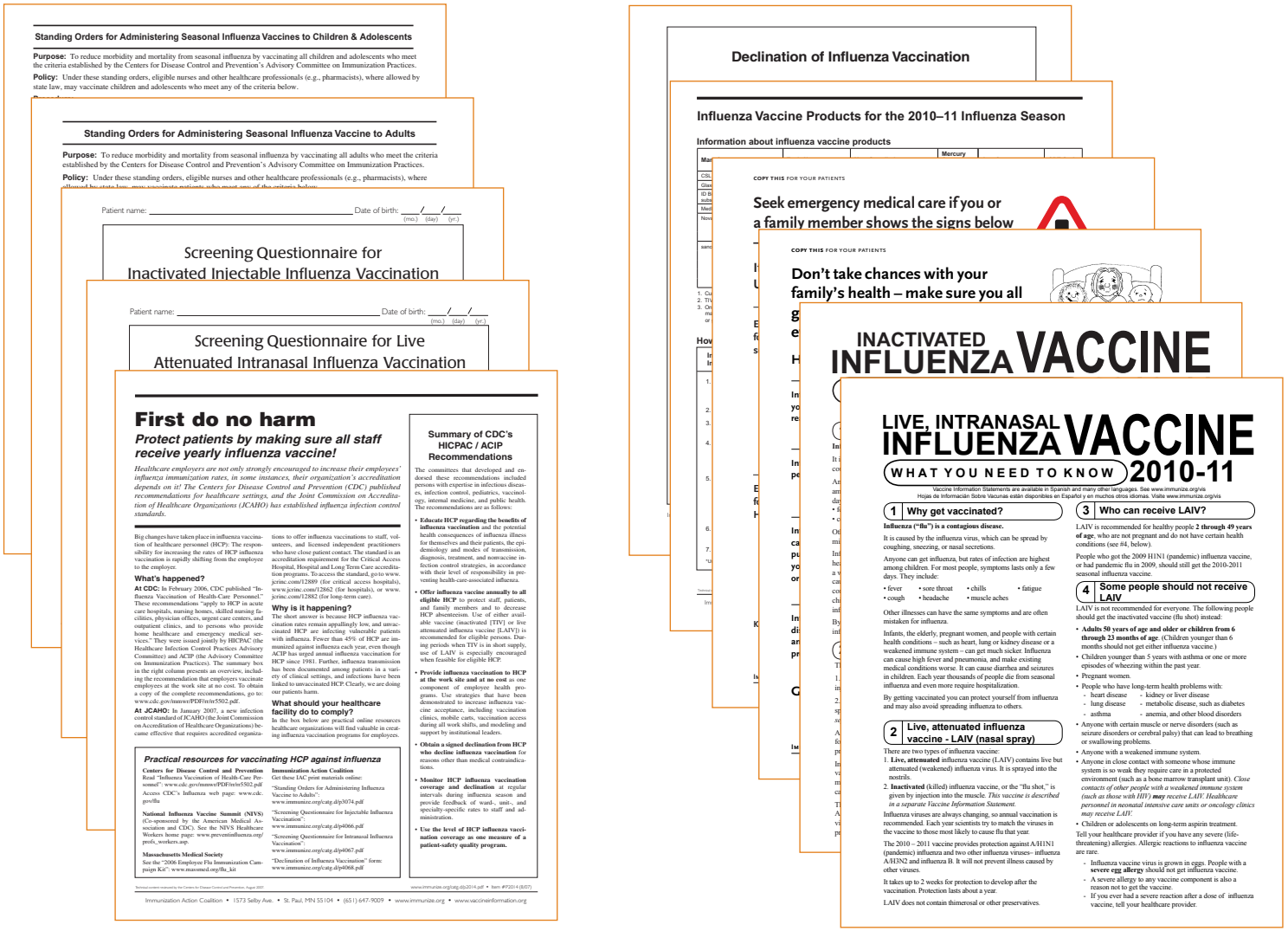
Additional sets of standing orders for all routinely recommended vaccines are available at www.immunize.org/standing-orders

Influenza vaccination standing orders for children: www.immunize.org/catg.d/p3074a.pdf

Influenza vaccination standing orders for adults: www.immunize.org/catg.d/p3074.pdf

Influenza education materials for patients & staff

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



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

1. **Standing orders for administering seasonal influenza vaccines to children & adolescents:** www.immunize.org/catg.d/p3074a.pdf
2. **Standing orders for administering seasonal influenza vaccine to adults:** www.immunize.org/catg.d/p3074.pdf
3. **Screening questionnaire for inactivated injectable influenza vaccination:** www.immunize.org/catg.d/p4066.pdf
4. **Screening questionnaire for live attenuated intranasal influenza vaccination:** www.immunize.org/catg.d/p4067.pdf
5. **First do no harm: Protect patients by making sure all staff receive yearly influenza vaccine!** www.immunize.org/catg.d/p2014.pdf
6. **Declination of influenza vaccination (for healthcare worker refusal):** www.immunize.org/catg.d/p4068.pdf
7. **Influenza vaccine products for the 2010–11 influenza season:** www.immunize.org/catg.d/p4072.pdf
8. **Seek emergency medical care if you or a family member shows the signs below:** www.immunize.org/catg.d/p4073.pdf
9. **Don't take chances with your family's health—make sure you all get vaccinated against influenza!** www.immunize.org/catg.d/p4069.pdf
10. **Federally required Vaccine Information Statements in English and other languages:** www.immunize.org/vis
    - **Inactivated Influenza Vaccine: What you need to know:** www.immunize.org/vis/2flu.pdf
    - **Live, Intranasal Influenza Vaccine: What you need to know:** www.immunize.org/vis/liveflu.pdf

Everything you need to document kids' immunization: All on one form and all updated for 2010!

Download this free form, and put it in the front of each patient's medical chart

(Page 1 of 2)

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

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 given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials & 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, Tdap, DTaP-IPV, Td) Give IM.[7]									
***Haemophilus influenzae* type b**[6] (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM.[7]									
Polio[6] (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM.[7] Give all others IM.[7]									
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM.[7] Give PPSV SC or IM.[7]									
Rotavirus (RV1, RV5) Give orally (po).									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza,

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 IN (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; SC is the abbreviation for subcutaneous.

Abbreviation
DTaP
DT (pediatric)
DTaP-HepB-IPV
DTaP/Hib
DTaP-IPV/Hib
DTaP-IPV
HepB
HepA-HepB
Hib
Hib-HepB
IPV
PCV13
PPSV23
RV1
RV5
Tdap
Td

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

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(Page 2 of 2)

Vaccine Administration Record for Children and Teens

Patient name: _____

Birthdate: _____

Chart number: _____

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 given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials & title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Measles, Mumps, Rubella[6] (e.g., MMR, MMRV) Give SC.[7]									
Varicella[6] (e.g., VAR, MMRV) Give SC.[7]									
Hepatitis A (HepA) Give IM.[7]									
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM[7] and MPSV4 SC.[7]									
Human papillomavirus (e.g., HPV2, HPV4) Give IM.[7]									
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM.[7] Give LAIV IN.[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 IN (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; SC is the abbreviation for subcutaneous; IN is the abbreviation for intranasal.

Abbreviation	Trade Name & Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi)
MCV4	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

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www.immunize.org/catg.d/p2022.pdf • Item #P2022 (8/10)

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www.immunize.org/catg.d/p2022.pdf

Everything you need to document adult immunization: All on one form and all updated for 2010!

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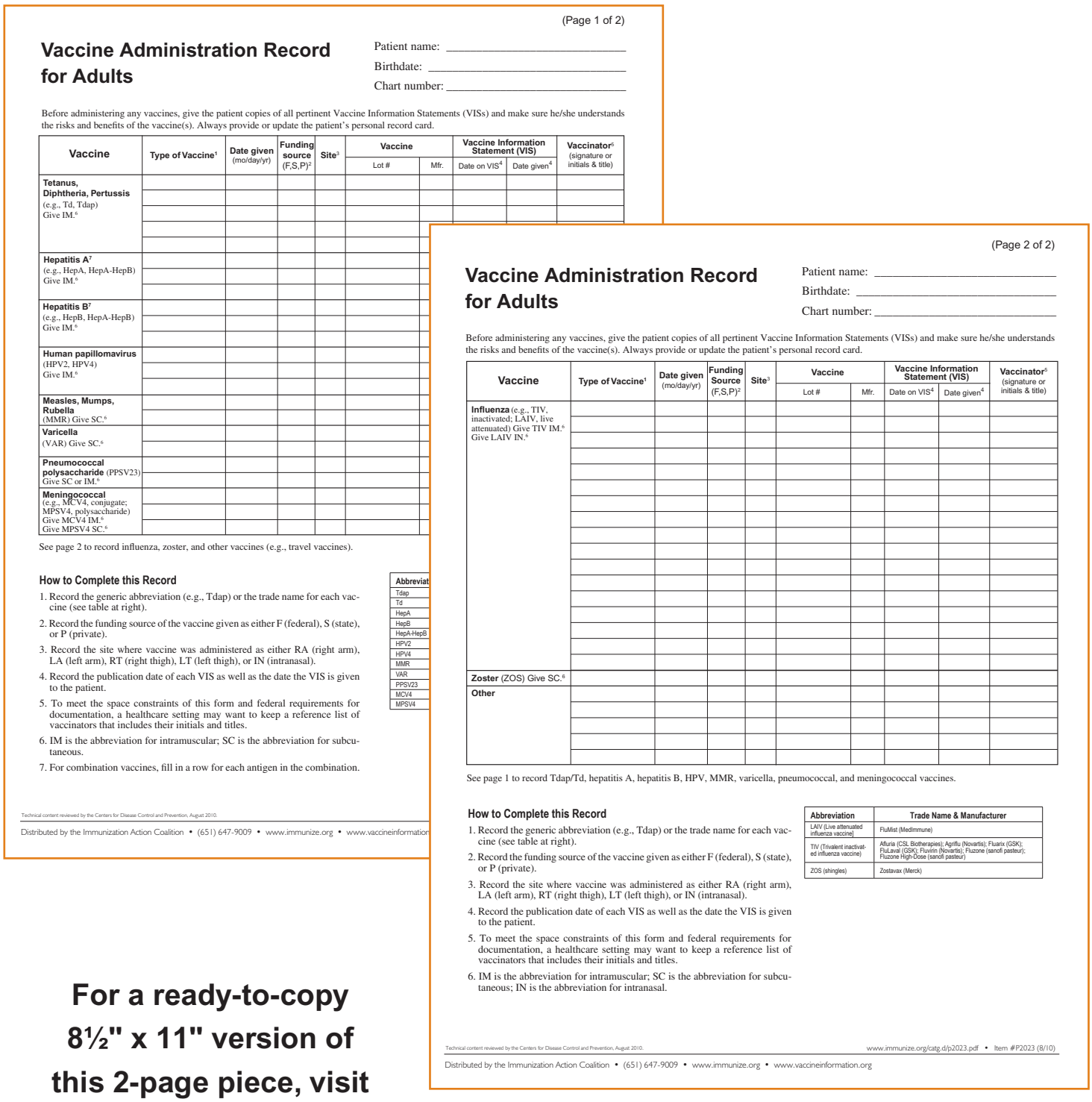

(Page 1 of 2)

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____

Chart number: _____

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 given (mo/day/yr)	Funding source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials & title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Tetanus, Diphtheria, Pertussis (e.g., Td, Tdap) Give IM.[6]									
Hepatitis A[7] (e.g., HepA, HepA-HepB) Give IM.[6]									
Hepatitis B[7] (e.g., HepB, HepA-HepB) Give IM.[6]									
Human papillomavirus (HPV2, HPV4) Give IM.[6]									
Measles, Mumps, Rubella (MMR) Give SC.[6]									
Varicella (VAR) Give SC.[6]									
Pneumococcal polysaccharide (PPSV23) Give SC or IM.[6]									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM.[6] Give MPSV4 SC.[6]									

See page 2 to record influenza, zoster, 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 IN (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. IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous.
7. For combination vaccines, fill in a row for each antigen in the combination.

Abbreviat
Tdap
Td
HepA
HepB
HepA-HepB
HPV2
HPV4
MMR
VAR
PPSV23
MCV4
MPSV4

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

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(Page 2 of 2)

Vaccine Administration Record for Adults

Patient name: _____

Birthdate: _____

Chart number: _____

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 given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials & title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM.[6] Give LAIV IN.[6]									
Zoster (ZOS) Give SC.[6]									
Other									

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

How to Complete this Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (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. IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous; IN is the abbreviation for intranasal.

Abbreviation	Trade Name & Manufacturer
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi pasteur); Fluzone High-Dose (sanofi pasteur)
ZOS (shingles)	Zostavax (Merck)

Technical content reviewed by the Centers for Disease Control and Prevention, August 2010.

www.immunize.org/catg.d/p2023.pdf • Item #P2023 (8/10)

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www.immunize.org/catg.d/p2023.pdf

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

Documenting Parental Refusal to Have Their Children Vaccinated

Despite our best efforts to educate parents about the effectiveness of vaccines and the realistic chances of vaccine-associated adverse events, some will decline to have their children vaccinated. Within a 12-month period, 85% of pediatricians report encountering a parent who refused or delayed one or more vaccines and 54% report encountering a parent who refused all vaccines. Even though scientific data solidly support the fact that vaccines are safe and effective, concern over harmful side effects, often taken out of context in the media and on unmonitored and biased Web sites, cause substantial and often unrealistic fears.

All parents and patients should be informed about the risks and benefits of preventive and therapeutic procedures, including vaccination. In the case of vaccination, federal law mandates this discussion. Despite doctors' and nurses' best efforts to explain the importance of vaccines and to address parental concerns about vaccine safety, some families will refuse vaccination for their children. Others will ultimately accept some or all vaccinations after repeated discussions during which the provider has listened to the parents concerns and addressed them in a non-condescending manner. The use of this or a similar form demonstrates the importance you place on appropriate immunizations, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may in some instances induce a wavering parent to accept your recommendations.

Providing parents (or guardians) with an opportunity to ask questions about their concerns regarding recommended childhood immunizations, attempting to understand the parent's reason for refusing one or more vaccines, and maintaining a supportive relationship with the family are all part of a good risk management strategy. The American Academy of Pediatrics (AAP) encourages documentation of the healthcare provider's discussion with a parent about the serious risks of what could happen to their unimmunized or under-immunized child. Provide the parents the appropriate Vaccine Information Statement (VIS) for each vaccine and answer their questions. For parents who refuse one or more recommended immunizations, document your conversation, the provision of the VIS(s), and have the parent sign the vaccine refusal form and keep the form in the patient's medical record. Revisit the immunization discussion at each subsequent appointment and carefully document the discussion, including the benefits to each immunization and the risk of not being age-appropriately immunized. For unimmunized or partially immunized children, some physicians may want to flag the chart to be reminded to revisit the immunization discussion, as well as to alert the provider about missed immunizations when considering the evaluation of future illness, especially young children with fever of unknown origin.

This form may be used as a template for such documentation but should not be considered a legal document and should not substitute for legal advice from a qualified attorney.

This form may be duplicated **or changed** to suit your needs and your patients' needs.

The Section on Infectious Diseases and other contributing sections and committees hope this form will be helpful to you as you deal with parents who refuse immunizations. It will be available on the AAP Web site (www.aap.org/bookstore), the Section on Infectious Diseases Web site (http://www.aap.org/sections/infectdis/index.cfm), and the Web site for the Academy's Childhood Immunization Support Program (www.cispimmunize.org/).

Sincerely,

/s/
Meg Fisher, MD, FAAP
Chairperson
AAP Section on Infectious Diseases

/s/
Ed Rothstein, MD, FAAP
AAP Section on Infectious Diseases

Published in July 2008, and reprinted with permission from the American Academy of Pediatrics. See www.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf

Refusal to Vaccinate

Child's Name: _____ Child's ID # _____

Parent's/Guardian's Name: _____

My child's doctor/nurse, _____ has advised me that my child (named above) should receive the following vaccines:

Recommended		Declined
☐	Hepatitis B vaccine	☐
☐	Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	☐
☐	Diphtheria tetanus (DT or Td) vaccine	☐
☐	*Haemophilus influenzae* type b (Hib) vaccine	☐
☐	Pneumococcal conjugate or polysaccharide vaccine	☐
☐	Inactivated poliovirus (IPV) vaccine	☐
☐	Measles-mumps-rubella (MMR) vaccine.	☐
☐	Varicella (chickenpox) vaccine	☐
☐	Influenza (flu) vaccine	☐
☐	Meningococcal conjugate or polysaccharide vaccine	☐
☐	Hepatitis A vaccine	☐
☐	Rotavirus vaccine	☐
☐	Human papillomavirus vaccine	☐
☐	Other	☐

I have read the Vaccine Information Statement from the Centers for Disease Control and Prevention explaining the vaccine(s) and the disease(s) it prevents. I have had the opportunity to discuss this with my child's doctor or nurse, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- The **purpose** of and the need for the recommended vaccine(s)
- The **risks and benefits** of the recommended vaccine(s)
- If my child does not receive the vaccine(s) according to the medically accepted schedule, **the consequences** may include:
  - Contracting the illness the vaccine should prevent (The outcomes of these illnesses may include one or more of the following: certain types of cancer, pneumonia, illness requiring hospitalization, death, brain damage, paralysis, meningitis, seizures, and deafness. Other severe and permanent effects from these vaccine-preventable diseases are possible as well)
  - Transmitting the disease to others
  - Requiring my child to stay out of child care or school during disease outbreaks
- My child's doctor or nurse, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommend that the vaccine(s) be given according to recommendations.

Nevertheless, I have decided at this time to decline or defer the vaccine(s) recommended for my child, as indicated above, by checking the appropriate box under the column titled "Declined."

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with which my child might come into contact.

I know that I may readdress this issue with my child's doctor or nurse at any time and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

I have had the opportunity to rediscuss my decision not to vaccinate my child and still decline the recommended immunizations.

Parent's initials _____ Date _____ Parent's initials _____ Date _____

Parent's initials _____ Date _____ Parent's initials _____ Date _____

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seasonal vaccine during the 2009–10 season but failed to get their second dose; or (3) failed to get at least 1 dose of 2009 H1N1 vaccine, regardless of their previous influenza vaccination history. If there is uncertainty about the previous season's vaccination history, give 2 doses this season to any child age 6 months through 8 years. CDC has developed a flow chart to aid in making the decision based on the child's previous vaccination history (see www.cdc.gov/vaccines/ed/imzupdate/downloads/doses-algorithm.pdf). The chart at the bottom of this page provides a different format of the information in the flow chart.

What is the appropriate month to begin vaccinating patients against influenza?

You can begin offering vaccine as soon as it becomes available, which is usually mid-to-late summer.

We have heard that ACIP advises waiting until October before vaccinating residents of long-term care facilities because of concern that vaccinating them before October will cause antibodies to wane, which could result in insufficient protection when the disease hits the community later in the influenza season. Is this correct?

ACIP no longer advises this. It made this recommendation in the past, but removed it from the influenza recommendations in 2007 because of lack of evidence. Therefore, you should begin vaccinating everyone, including residents of long-term care facilities as soon as vaccine becomes available. A literature review of 14 studies that examined this issue is available at www.immunize.org/journalarticles/skowronski_21508.pdf.

Please review which healthcare workers (HCWs) can be given the intranasal live attenuated influenza vaccine (LAIV) and which cannot.

LAIV can be administered to all HCWs for whom it is indicated based on age and health history—except to those who care for severely immunocompromised patients in a protective environment (typically defined as a specialized patient-care area with a positive airflow relative to the corridor, high-efficiency particulate air filtration, and frequent air changes). Despite the clarity of this strong recommendation, we have heard that some healthcare facilities erroneously take extreme measures to protect ALL patients from exposure to someone recently vaccinated with LAIV. Some even restrict visitors from seeing hospitalized patients, allowing only people vaccinated with injectable trivalent inactivated influenza vaccine (TIV) to visit. CDC addressed this issue in the recommendations for use of the 2010–11 influenza vaccine as follows: "Concerns about the theoretic risk posed by transmission of live attenuated vaccine viruses contained in LAIV to patients should not be used to justify preferential use of TIV in health-care settings other than inpatient units that house severely immunocompromised patients requiring protective environments. Some health-care facilities might choose to not restrict use of LAIV in close contacts of severely immunocompromised persons, based on the lack of evidence for transmission in health-care settings since [LAIV's] licensure in 2004." To read more on this topic, see pages 35–37 of "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices [ACIP], 2010" *MMWR* 2010; 59(No. RR-8):35–37 at www.cdc.gov/mmwr/PDF/rr/rr5908.pdf.

Which influenza vaccine products can we use in children and which in adults?

Many influenza vaccine products are available for vaccinating children during the 2010–11 influenza vaccination season: Afluria (CSL Laboratories, distributed by Merck); Fluarix (GlaxoSmithKline [GSK]); FluMist (MedImmune); Fluvirin (Novartis); and Fluzone (sanofi pasteur). You can use any of these vaccines in adults, as well as FluLaval (ID Biomedical Corp, distributed by GSK), Agriflu (Novartis), and Fluzone High-Dose (sanofi pasteur). On page 7 of this issue of *Needle Tips* you'll find a chart that lists all the available influenza vaccines for the 2010–11 vaccination season and simple instructions for administering them. You can also access the chart at www.immunize.org/catg.d/p4072.pdf.

We've heard that ACIP has limited the use of one of the influenza vaccine products for children. Is that true?

Yes. You are referring to Afluria, which is manufactured in Australia by CSL Laboratories for the U.S. market. CSL's 2010 Southern Hemisphere influenza vaccine (Fluvax and Fluvax Junior) has been associated with increased post-marketing reports of fever and febrile seizures in children predominantly younger than age 5 years as compared with previous years. For this reason, on August 5, ACIP recommended that Afluria, 0.5 mL, licensed for use in people age 36 months and older, not be used in children younger than age 9 years. ACIP further recommended that Afluria could be administered to children ages 5 through 8 years who are at high risk for influenza complications if there is no other age-appropriate trivalent inactivated influenza vaccine (TIV; injectable) available, after risks and benefits of using this vaccine in this age group have been discussed with the parent or guardian. The vaccine should not be given to children younger than age 5 years. For detailed information, go to www.cdc.gov/mmwr/pdf/wk/mm5931.pdf, and see pages 989–92.

We have pre-ordered Afluria but now need to find other vaccine for pediatric patients ages 6 months through 8 years. What should we do?

Several other products licensed for use in children are displayed on the chart on page 7 of this issue. If you don't have a regular supplier for influenza vaccine, you may want to check a listing of influenza vaccine distributors that have vaccine in stock or on order by going to www.preventinfluenza.org/ivats/ivats_10_11.pdf. The National Influenza Vaccine Summit maintains this list and updates it periodically; check back weekly if you don't find a vaccine on the list that you can use.

Is it okay to draw up vaccine into syringes at the beginning of the day? If it isn't, how much in advance can this be done?

CDC discourages the practice of prefilling vaccine into syringes for several reasons, including

- the increased possibility of administration and dosing errors,
- the increased risk of inappropriate storage,
- the probability of bacterial contamination since the syringe will not contain a bacteriostatic agent, and
- the probability of reducing the vaccine's potency over time because of its interaction with the plastic syringe components.

Prefilling vaccine into syringes also violates basic medication administration guidelines, which state that an individual should administer only those medications he or she has prepared and drawn up.

Although pre-drawing vaccine is discouraged,

(continued on page 18)

Guide for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2010–11 influenza season

Did the child receive influenza vaccine ***prior to*** the 2009–10 season?	How many doses did the child receive in the 2009–10 season?		Number of doses recommended for the 2010–11 season
	H1N1[1]	Seasonal	
No, yes, or unknown	0 or unknown	0, 1, 2, or unknown	2[2]
No or unknown	1 or 2	0, 1, or unknown	
No or unknown	1 or 2	2	1
Yes	1 or 2	0, 1, or 2	1

1. Children who had a lab-confirmed 2009 H1N1 virus infection (e.g., reverse transcription-polymerase chain reaction or virus culture specific for H1N1 virus) are likely to be immune to this virus and can be considered to have a "1" in this column.
2. Give dose #2 a minimum of 4 weeks after dose #1. Children age 2 years or older can receive 2 injectable doses, 2 nasal-spray doses, or 1 of each.

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100 sheets/pad; 1 pad–$20; 2 pads–$15 each; 3 pads–$12 each; 4 pads–$11 each

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a limited amount of vaccine may be pre-drawn in a mass-immunization clinic setting under the following conditions:

- only a single type of vaccine (e.g., influenza) is administered at the mass-immunization clinic setting,
- vaccine is not drawn up in advance of its arrival at the mass-vaccination clinic site,
- these pre-drawn syringes are stored at temperatures appropriate for the vaccine they hold,
- no more than 1 vial or 10 doses (whichever is greater) is drawn into syringes, and
- clinic staff monitor patient flow carefully and avoid drawing up unnecessary doses or delaying administration of pre-drawn doses.

At the end of the clinic day, any remaining vaccine in syringes prefilled by staff should be discarded.

Later on in influenza season, if a patient isn't sure if they received a dose of influenza vaccine and there is no way to check, should we assume they didn't receive it and give them a dose?
Yes.

I understand that a prior history of Guillain-Barré syndrome (GBS) is no longer a precaution for giving meningococcal conjugate vaccine (MCV4). Please tell me more about this.
A history of GBS had previously been a precaution for Menactra MCV4 vaccine (sanofi pasteur). Findings from two studies that examined more than 2 million doses of Menactra given since 2005 showed no evidence of an increased risk of GBS. Consequently, ACIP voted in June 2010 to remove the precaution for use of Menactra in people with a history of GBS. This precaution did not apply to Menveo (Novartis) or Menomune (sanofi pasteur) vaccines.

If a healthcare worker (HCW) receives tetanus-diphtheria-acellular pertussis (Tdap) vaccine and is then exposed to someone with pertussis, do you treat the vaccinated HCW with prophylactic antibiotics or consider them immune to pertussis?
You should follow the post-exposure prophylaxis protocol for pertussis exposure recommended by CDC (www.cdc.gov/vaccines/pubs/pertussis-guide/guide.htm). Research is needed to evaluate the effectiveness of Tdap to prevent pertussis in healthcare settings. Until studies define the optimal management of exposed vaccinated healthcare personnel, or experts arrive at consensus, healthcare facilities should continue post-exposure prophylaxis protocol for vaccinated HCWs who are exposed to pertussis.

As a pediatrician, I am concerned about protecting my newborn patients from pertussis, especially given the recent outbreak in California where 7 infants have died. How many doses of pediatric diphtheria-tetanus-acellular pertussis (DTaP) vaccine does an infant need before she or he is protected from pertussis?
Vaccine efficacy is 80%–85% following 3 doses of DTaP vaccine. Efficacy data following just 1 or 2 doses are lacking but are likely lower. Therefore, it is especially important that you advise parents of infants that all people who live with the infant or who provide care to him or her be protected against pertussis. Recommend that all the infant's family members and visitors ages 10 through 64 years receive a one-time dose of adolescent/adult tetanus-diphtheria-acellular pertussis (Tdap) vaccine if they have not already done so.

Tdap vaccine is licensed for use only in people ages 10–64 years. Are there exceptions for healthcare professionals or grandparents older than age 64 who are in contact with infants?
ACIP has not recommended off-label use of Tdap for adults age 65 years and older. However, there is no reason to believe that Tdap is any less safe for people age 65 years and older than it is for younger adults. Clinicians are always free to use their clinical judgment; they may decide that in this situation the benefit of administering Tdap off-label exceeds any hypothetical risk of giving the vaccine.

We have a 16-year-old patient who received tetanus-diphtheria (Td) vaccine in the emergency room after a nail puncture a year ago. Can we give him Tdap vaccine now?
No minimum interval is required between giving doses of Td and Tdap to an adolescent who is or might be in contact with an infant. This includes adolescents who are older siblings of infants, babysitters, or hospital employees or volunteers, etc. In circumstances like this, give Tdap without delay. For adolescents who will not be in contact with infants, CDC/ACIP recommends a routine wait of 5 years between Td and Tdap administration unless a school vaccination mandate requires giving Tdap.

How would I follow up with a new healthcare worker (HCW) who has 2 documented doses of measles-mumps-rubella (MMR) vaccine but whose serologic testing doesn't show immunity to one of these diseases?
Two documented doses of MMR vaccine is considered proof of immunity according to ACIP. However, what ACIP recommends is not always what schools and institutions accept. Here are some basics about MMR vaccination and healthcare personnel.

1. ACIP considers receipt of 2 documented doses of MMR vaccine, given on or after the first birthday and separated by at least 28 days, to be proof of immunity to measles, mumps, and rubella. No serologic testing is required or recommended to confirm immunity in this instance.
2. If a HCW does not have any documented doses of MMR, he or she can (1) be tested for immunity or (2) just be given 2 doses of MMR at least 4 weeks apart. If the testing option is used, and the test indicates that the HCW is not immune to one or more of the vaccine components, the HCW should receive 2 doses of MMR at least 4 weeks apart. Note that a test finding of an "indeterminate" or "equivocal" level of immunity indicates that a HCW who lacks 2 documented doses of MMR vaccine be considered nonimmune. Also note, that ACIP does *not* recommend serologic testing *after* vaccination.
3. ACIP does not routinely recommend more than 2 doses of MMR vaccine. A negative serology after 2 documented doses probably represents a false negative (i.e., antibody titer is too low to detect with commercial tests). If a healthcare setting relies on post-vaccination testing to determine immunity, a negative serology can erroneously indicate that a HCW needs additional doses. Remember, ACIP does *not* recommend routine serologic testing after MMR vaccination.

For more information, see ACIP's recommendations on the use of MMR at www.cdc.gov/mmwr/PDF/rr/rr4708.pdf.

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