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(content current as of October 24)

NEEDLE TIPS

from the Immunization Action Coalition — www.immunize.org

What's Inside

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

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

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

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

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

Ask the Experts

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

If a child younger than age 9 years did not receive a flu vaccine last year but did receive 2 doses of influenza vaccine the previous year, how many doses of flu vaccine should the child receive this year?

ACIP's influenza recommendations for children age 6 months through 8 years have changed for the 2011–12 season. According to the new algorithm, such a child needs 2 doses of influenza vaccine this influenza season, separated by at least 4 weeks. Here is a summary:

A child's influenza vaccination history prior to the 2010–11 influenza season is irrelevant to determining the number of influenza vaccine doses needed for a child age 6 months through 8 years. Ignore any influenza vaccine (including monovalent) received prior to the 2010–11 season.

Children age 6 months through 8 years who are receiving influenza vaccine for the FIRST time should receive 2 doses, separated by at least 4 weeks.

Children whose influenza vaccination status from the previous season is not known should also receive 2 doses at least 4 weeks apart.

Children age 6 months through 8 years who did not receive AT LEAST 1 dose of the 2010–11 vaccine should also receive 2 doses, separated by at least 4 weeks, REGARDLESS of their previous influenza vaccination history.

Children age 6 months through 8 years who received 1 dose of seasonal influenza vaccine during the 2010–11 season need ONLY 1 dose this season. This is because the vaccine strains are the same this season as last season.

You may find this Immunization Action Coalition handout helpful: www.immunize.org/catg.d/p3093.pdf.

If a child age 2 through 8 years needs 2 doses of influenza vaccine and receives TIV as the first dose, does the second dose have to be

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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)

Needle Tips

online at www.immunize.org/nt

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IAC publishes a free email news service (*IAC Express*) and two free periodicals (*Needle Tips* and *Vaccinate Adults*). To subscribe, go to www.immunize.org/subscribe.

IAC, a 501(c)(3) charitable organization, publishes practical immunization information for health professionals to help increase immunization rates and prevent disease.

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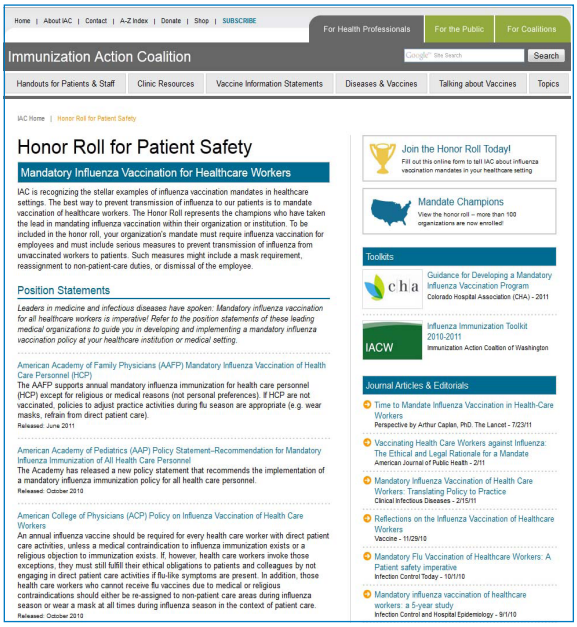
IAC maintains strict editorial independence in its publications.

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

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



www.immunize.org/honor-roll

Mandatory Vaccination Policies from Leading Health Organizations

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

Honoring Healthcare Institutions

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

To be included in the Honor Roll, an organization's mandate must require influenza vaccination for employees and must include serious measures to prevent transmission of influenza from unvaccinated workers to patients. Such measures might include a mask requirement, reassignment to non-patient-care duties, or dismissal of the employee. To submit your institution's application for the Honor Roll, please fill out the online form (www.immunize.org/laws/mandates.aspx).

Toolkits, Journal Articles, and News

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

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

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. These brightly colored cards are printed on durable rip-, smudge-, and water-proof paper. To view the cards or for more details, go to www.immunize.org/shop and click on the images.

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 21.
To receive sample cards, contact us: admininfo@immunize.org

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

The California Department of Public Health, Immunization Branch, updated its award-winning training video, "Immunization Techniques: Best Practices with Infants, Children, and Adults." The 25-minute DVD can be used to train new employees and to refresh the skills of experienced staff on administering injectable, oral, and nasal-spray vaccines to children, teens, and adults. Make sure your healthcare setting has the new 2010 edition!

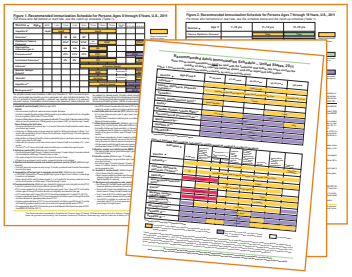
The cost is $17 each for 1–9 copies; $10.25 each for 10–24 copies; $7 each for 25–49 copies; $5.75 each for 50–99 copies.

To order, visit www.immunize.org/shop, or use the order form on page 21.
For 100 or more copies, contact us for discount pricing: admininfo@immunize.org

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

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

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



To order, visit www.immunize.org/shop, or use the order form on page 21.
For 20 or more copies, 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 October 24, 2011.

The next ACIP meetings

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

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

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

Influenza vaccine news

On Aug. 26, CDC published ACIP's 2011 influenza recommendations, "Prevention and Control of Influenza with Vaccines." The recommendations include information regarding the vaccination schedule for children ages 6 months through 8 years and considerations regarding vaccinating people with egg allergy. To obtain a copy of the recommendations, go to www.cdc.gov/mmwr/pdf/wk/mm6033.pdf and see pages 1128–1132.

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

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

In September, CDC posted "Note to Providers: Febrile Seizures Associated with TIV & PCV13" to its website. The provider note concerns a sentence that appears in the 2011–12 VIS for trivalent inactivated influenza vaccine (TIV; injectable). The sentence mentions that an increased risk of febrile seizures exists when TIV and pneumococcal conjugate vaccine (PCV13) are given to young children simultaneously. However, because delaying either of these vaccines poses health risks, ACIP does not recommend administering TIV and PCV13 at separate visits or deviating from the recommended vaccine schedule in any way. To access the note to providers, go to www.cdc.gov/vaccines/pubs/vis/tiv-pcv-note.htm.

In the October issue of *Pediatrics,* the American Academy of Pediatrics (AAP) published "Policy Statement—Recommendations for Prevention and Control of Influenza in Children, 2011–2012." To read the statement, go to http://pediatrics.aappublications.org/cgi/reprint/peds.2011-2295v1.

Tdap vaccine news

On Oct. 21, CDC published ACIP recommendations titled "Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) in Pregnant Women and Persons Who Have or Anticipate Having Close Contact with an Infant Aged <12 Months." The recommendations call for healthcare providers to administer Tdap to pregnant women who previously have not received the vaccine, preferably late in the second trimester (after 20 weeks gestation) or during the third trimester. If not administered during pregnancy, Tdap should be administered immediately postpartum. Additionally, to protect infants against pertussis, adolescents and adults who have not already received their routine Tdap dose, and anticipate having close contact with an infant younger than age 12 months, should receive a single dose of Tdap. Ideally, these adolescents and adults should receive Tdap at least 2 weeks before beginning close contact with the infant. The recommendations also include information on administering Tdap in these special situations: (1) to pregnant women who are due for a tetanus booster, (2) to pregnant women for wound management, and (3) to pregnant women with unknown or incomplete tetanus vaccination. To obtain a copy of the recommendations, see pages 1424–1426 of this document: www.cdc.gov/mmwr/pdf/wk/mm6041.pdf.

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

Meningococcal vaccine news

On Oct. 14, CDC published "Recommendation of the Advisory Committee on Immunization Practices (ACIP) for Use of Quadrivalent Meningococcal Conjugate Vaccine (MenACWY-D) Among Children Aged 9 Through 23 Months at Increased Risk for Invasive Meningococcal Disease." The recommendations call for administering MenACWY-D (Menactra; sanofi pasteur) as a 2-dose primary series (doses to be spaced 3 months apart) to children age 9 through 23 months who (1) have persistent complement component deficiencies (e.g., C5-C9, properdin, factor H, or factor D), (2) are traveling to or residents of countries where meningococcal disease is hyperendemic or epidemic, or (3) are in a defined risk group during a community or institu-

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tional meningococcal outbreak. To obtain a copy of the recommendations, go to pages 1391–1392 of this document: www.cdc.gov/mmwr/pdf/wk/mm6040.pdf.

On Oct. 14, CDC published an updated edition of the interim VIS for meningococcal vaccines. It incorporates changes in the routine schedule and indications, as well as in the precautions and adverse events sections. Primarily because of the latter changes, CDC advises providers to begin using the new VIS as soon as possible. To access the VIS, go to www.immunize.org/vis/meningococcal.pdf.

On Aug. 5, CDC published an article titled "Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 Through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease." The report summarizes data supporting (1) FDA's January 2011 approval for extending the age indication for the quadrivalent meningococcal conjugate vaccine Menveo (Novartis) from 11–55 years to 2–55 years and (2) the interchangeability of the two licensed meningococcal conjugate vaccines, Menveo and Menactra (sanofi pasteur). To obtain a copy of the article, go to www.cdc.gov/mmwr/pdf/wk/mm6030.pdf and see pages 1018–1019.

Rotavirus vaccine news

On Oct. 21, CDC published an article titled "Addition of History of Intussusception as a Contraindication for Rotavirus Vaccination" in *MMWR*. The article includes information that rotavirus vaccine is now contraindicated for infants with a history of intussusception. Previously, CDC had considered history of intussusception a precaution. To read the *MMWR* article, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6041a5.htm.

Vaccine coverage 2010

On Sept. 2, CDC published "National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months—United States, 2010" in *MMWR,* Vol. 60 (34). The National Immunization Survey (NIS) provides vaccination coverage estimates for children ages 19–35 months for each of the 50 states and 17 selected urban areas, and territories. To access the NIS report, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6034a2.htm.

On Aug. 26, CDC published "National and State Vaccination Coverage Among Adolescents Aged 13 Through 17 Years—United States, 2010." The National Immunization Survey (NIS) provides vaccination coverage estimates for adolescents ages 13 through 17 years in the 50 states, the District of Columbia, selected local areas, and the U.S. Virgin Islands. To access the NIS report, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a1.htm.

Additional resources

The American Academy of Pediatrics (AAP) recently published updates to its vaccination policy statements on the following: hepatitis A, Tdap, poliovirus, and quadrivalent and monovalent varicella. To access these and other AAP vaccination policy statements on IAC's website, go to www.immunize.org/aap.

On Aug. 25, the Institute of Medicine (IOM) released a new report titled "Adverse Effects of Vaccines: Evidence and Causality." IOM reviewed a list of adverse events associated with eight vaccines and evaluated the scientific evidence about the event-vaccine relationship. Overall, the committee concluded that few health problems are caused by or clearly associated with vaccines. To access the report, go to www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx.

American College of Physicians' *Guide to Adult Immunization (4th Edition: A Team-Based Manual)* is available at no cost in electronic and hard-copy formats. The guide is intended to help internists develop systematic processes for incorporating immunization in their day-to-day practice. To download the guide, go to http://immunization.acponline.org. To order it (supplies may be limited), go to https://www.acponline.org/atpro/timssnet/products/tnt_products.cfm?action=long&primary_id=110510100.

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Current VISs and dates

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

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

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

IAC Welcomes Laurel Wood as Coordinator for Public Health

Laurel Wood, MPA

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

Laurel was the recipient of the 2007 Natalie J. Smith, M.D. Award, presented by the Association of Immunization Managers (AIM) "in recognition of her high level of initiative, creativity and commitment to achieving vaccine-preventable disease goals, her service as a role model for immunization program managers, and her significant contributions to the advancement of the mission of the Association of Immunization Managers."

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

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

Laurel's photograph has been added to IAC's staff page at www.immunize.org/aboutus/iacstaff.asp.

Standing Orders for Administering Td/Tdap to Children Ages 7 Years and Older

Purpose: To reduce morbidity and mortality from tetanus, diphtheria, and pertussis by vaccinating all children and teens 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 teens who meet the criteria below.

Procedure

1. Identify children and teens ages 7 years and older in need of vaccination against diphtheria, tetanus, and pertussis based on the following criteria:
   a. lack of documentation of at least 3 doses of diphtheria, tetanus, and (if indicated) pertussis vaccine, with at least one of the doses given after the age of 4 years and with the most recent dose given a minimum of 6 months after the preceding dose
   b. lack of history of pertussis-containing vaccine given at age 10 years or older
   c. completion of a 3-dose primary series of diphtheria and tetanus toxoid-containing vaccine with receipt of the last dose being 10 years ago or longer.
2. Screen all patients for contraindications and precautions to Td or Tdap:
   a. **Contraindications:**
      - a history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of Td or to a Td or Tdap component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
      - for Tdap only, a history of encephalopathy within 7 days following DTP/DTaP not attributable to another identifiable cause
   b. **Precautions:**
      - history of Guillain-Barré syndrome within 6 weeks of previous dose of tetanus toxoid-containing vaccine
      - history of an arthus-type reaction following a previous dose of tetanus-containing vaccine
      - moderate or severe acute illness with or without fever
      - For Tdap only, progressive or unstable neurologic disorder, uncontrolled seizures, or progressive encephalopathy
3. Provide all patients (parent/legal representative) 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 (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available; these can be found at www.immunize.org/vis.
4. Administer 0.5 mL Td (or a one-time dose of Tdap, if indicated) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Schedule vaccination as follows:
   a. For children and teens ages 7 years and older who meet the criteria described in 1 above, give one dose at the earliest opportunity and then complete the remaining doses (as needed) by observing minimum intervals of 4 weeks between the first and second doses, and 6 months between the second and third doses. A one-time dose of Tdap should be substituted for one of the doses of Td, preferably the first.
   b. For children and teens age 11–18 years without a history of pertussis-containing vaccine given at age 7 years or older, give Tdap routinely at age 11–12 years or as catch-up at 13–18 years; no minimum interval since previous Td needs to be observed.
   c. Give further boosters as Td every 10 years.
   d. For pregnant adolescents who have not previously received a one-time dose of Tdap, give Tdap in the third or late second trimester (after 20 weeks gestation). If not administered during pregnancy, give Tdap in immediate postpartum period.
6. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
7. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
8. Report all adverse reactions to Td and Tdap vaccines to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

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

Medical Director's signature: _____ Effective date: _____

For standing orders for other vaccines, go to www.immunize.org/standing-orders

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

www.immunize.org/catg.d/p3078a.pdf • Item #P3078a (9/11)

Standing Orders for Administering Td/Tdap to Adults

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

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

Procedure

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

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

Medical Director's signature: _____ Effective date: _____

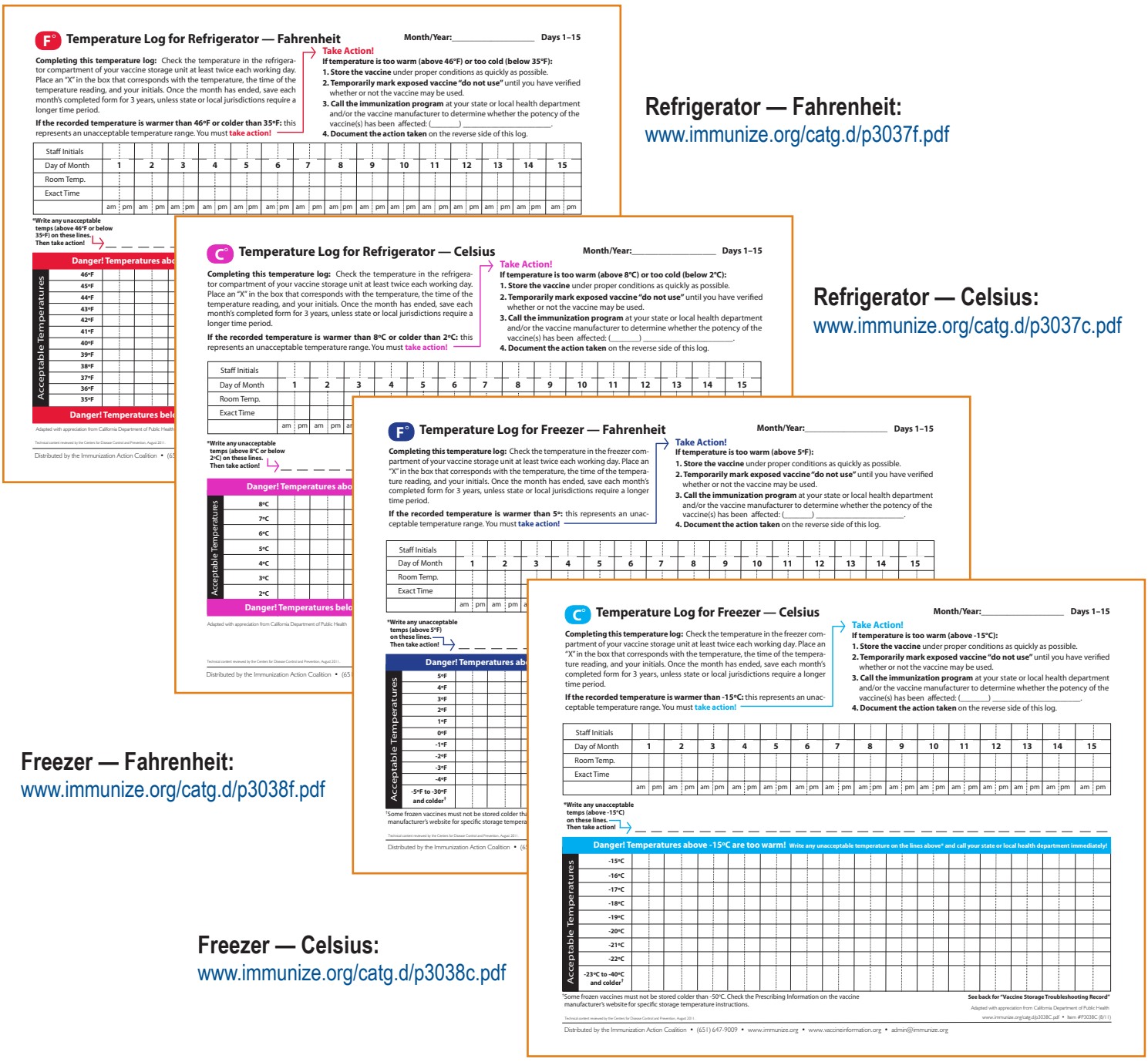
For standing orders for other vaccines, go to www.immunize.org/standing-orders

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

www.immunize.org/catg.d/p3078.pdf • Item #P3078 (9/11)

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

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



Refrigerator — Fahrenheit:
www.immunize.org/catg.d/p3037f.pdf

Refrigerator — Celsius:
www.immunize.org/catg.d/p3037c.pdf

Freezer — Fahrenheit:
www.immunize.org/catg.d/p3038f.pdf

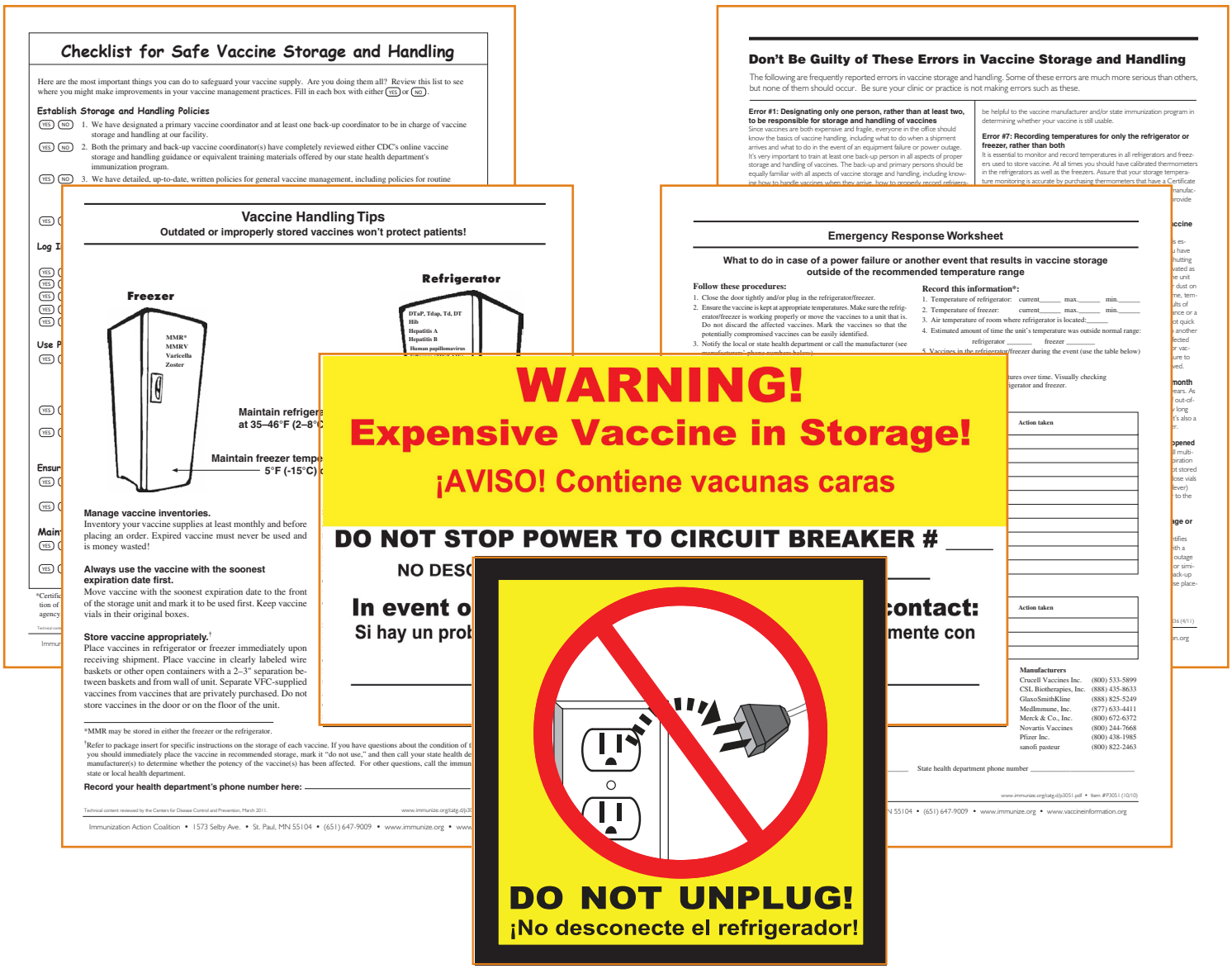
Freezer — Celsius:
www.immunize.org/catg.d/p3038c.pdf

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

Refrigerator/freezer — Fahrenheit: www.immunize.org/catg.d/p3039f.pdf
Refrigerator/freezer — Celsius: www.immunize.org/catg.d/p3039c.pdf

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

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



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

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

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

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

Don't Be Guilty of These Errors in Vaccine Storage and Handling: www.immunize.org/catg.d/p3036.pdf

Emergency Response Worksheet: www.immunize.org/catg.d/p3051.pdf

Refusal of Vaccination for My Child

I am the parent/guardian of the child named at the bottom of this form. My healthcare provider has recommended that my child be vaccinated against the diseases indicated below. I have been given a copy of the Vaccine Information Statement (VIS) that explains the benefits and risks of receiving each of the vaccines recommended for my child. I have carefully reviewed and considered all of the information given to me. However, I have decided not to have my child vaccinated at this time. I have read and acknowledge the following:

- I understand that some vaccine-preventable diseases (e.g., measles, mumps, pertussis [whooping cough]) are infecting unvaccinated U.S. children, resulting in many hospitalizations and even deaths.
- I understand that though vaccination has led to a dramatic decline in the number of U.S. cases of the diseases listed below, some of these diseases are quite common in other countries and can be brought to the U.S. by international travelers. My child, if unvaccinated, could easily get one of these diseases while traveling or from a traveler.
- I understand that my unvaccinated child could spread disease to another child who is too young to be vaccinated or whose medical condition (e.g., leukemia, other forms of cancer, immune system problems) prevents them from being vaccinated. This could result in long-term complications and even death for the other child.
- I understand that if ***every*** parent exempted their child from vaccination, these diseases would return to our community in full force.
- I understand that my child may not be protected by "herd" or "community" immunity (i.e., the degree of protection that is the result of having most people in a population vaccinated against a disease).
- I understand that some vaccine-preventable diseases such as measles and pertussis are extremely infectious and have been known to infect even the very few unvaccinated people living in highly vaccinated populations.
- I understand that if my child is not vaccinated and consequently becomes infected, he or she could experience serious consequences, such as amputation, pneumonia, hospitalization, brain damage, paralysis, meningitis, seizures, deafness, and death. Many children left intentionally unvaccinated have suffered severe health consequences from their parents' decision not to vaccinate them.
- I understand that my child may be excluded from his or her child care facility, school, sports events, or other organized activities during disease outbreaks. This means that I could miss many days of work to stay home with my child.
- I understand that the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all clearly support preventing diseases through vaccination.

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccine (Initials of parent/ guardian)
Diphtheria-tetanus-pertussis (DTaP)			
Haemophilus influenzae type b (Hib)			
Hepatitis A (HepA)			
Hepatitis B (HepB)			
Human papillomavirus (HPV)			
Influenza			
Measles-mumps-rubella (MMR)			

Vaccine / Disease	VIS given (✓)	Vaccine recommended by doctor or nurse (Dr./Nurse initials)	I decline this vaccine (Initials of parent/ guardian)
Meningococcal (MCV)			
Varicella (Var)			
Pneumococcal conjugate (PCV)			
Polio, inactivated (IPV)			
Rotavirus (RV)			
Tetanus-diphtheria (Td)			
Tetanus-diphtheria-pertussis (Tdap)			

In signing this form, I acknowledge I am refusing to have my child vaccinated against one or more diseases listed above; I have placed my initials in the column titled "I decline this vaccine" to indicate the vaccine(s) I am declining. I understand that at any time in the future, I can change my mind and vaccinate my child.

Child's name: _____ Date of birth: _____

Parent/guardian signature: _____ Date: _____

Doctor/nurse signature: _____ Date: _____

www.immunize.org/catg.d/p4059.pdf • Item #P4059 (10/11)

Additional information for healthcare professionals about IAC's "Refusal of Vaccination for My Child" form

Unfortunately, some parents will decide not to give their child some or all vaccines. For healthcare providers who want to assure that these parents fully understand the consequences of their decision, the Immunization Action Coalition (IAC) has produced a new form titled "Refusal of Vaccination for My Child." IAC's form, which accompanies this page of additional information, facilitates and documents the discussion that a healthcare professional can have with parents about the risks of not having their child immunized before the child leaves the medical setting. Your use of IAC's form demonstrates the importance you place on timely and complete vaccination, focuses the parents' attention on the unnecessary risk for which they are accepting responsibility, and may encourage a vaccine-hesitant parent to accept your recommendations. According to an American Academy of Pediatrics (AAP) survey on immunization practices, almost all pediatricians reported that when faced with parents who refuse vaccination they attempt to educate parents regarding the importance of immunization and document the refusal in the patient's medical record.[1]

Recommendations from the child's healthcare provider about a vaccine can strongly influence parents' final vaccination decision.[2] Most parents trust their children's doctor for vaccine-safety information (76% endorsed "a lot of trust"), according to researchers from the University of Michigan.[3] Similarly, analyses of the 2009 HealthStyles Survey found that the vast majority of parents (81.7%) name their child's doctor or nurse as the most important source that helped them make decisions about vaccinating their child.[4] Gust and colleagues found that the advice of their children's healthcare provider was the main factor in changing the minds of parents who had been reluctant to vaccinate their children or who had delayed their children's vaccinations.[5] Vaccine-hesitant parents who felt satisfied with their pediatricians' discussion of vaccination most often chose vaccination for their child.[6]

All parents and patients should be informed about the risks and benefits of vaccination. This can be facilitated by providing the appropriate Vaccine Information Statement (VIS) for each vaccine to the parent or legal representative, which is a requirement under federal law when vaccines are to be given. When parents refuse one or more recommended immunizations, document that you provided the VIS(s), and have the parent initial and sign the vaccine refusal form. Keep the form in the patient's medical record. Revisit the immunization discussion at each subsequent appointment. Some healthcare providers may want to flag the charts of unimmunized or partially immunized children to be reminded to revisit the immunization discussion. Flagging also alerts the provider about missed immunizations when evaluating illness in children, especially in young children with fever of unknown origin.

What do others say about documentation of parental refusal to vaccinate?

American Academy of Pediatrics (AAP): "Pediatricians need to explain the risks of not vaccinating and should have (parents) sign an informed refusal document at each visit during which vaccination is declined. A sample AAP Refusal to Vaccinate form is available at www.aap.org/immunization."[7]

Association of State and Territorial Health Officials (ASTHO): "To address the risk of VPD, states should consider adopting more rigorous standards for non-medical vaccine exemptions that require parents to demonstrate that they have made a conscious, concerted, and informed decision in requesting these exemptions for their children. An example of such a standard might include a requirement for parents to complete a form that explicitly states the grounds for the exemption and requires them to acknowledge awareness of the disease-specific risks associated with not vaccinating their child(ren)."[8]

National Association of County & City Health Officials (NACCHO): "School systems and childcare facilities (where appropriate) should use an exemption application form that requires a parental signature acknowledging their understanding that their decision not to immunize places their child and other children at risk for diseases and ensuing complications. The form should also state that in the event of an exposure to a vaccine-preventable illness, their child would be removed from school and all school-related activities for the appropriate two incubation periods beyond the date of onset of the last case, which is standard public health practice."[9]

Pediatric Infectious Diseases Society (PIDS): PIDS "opposes any legislation or regulation that would allow children to be exempted from mandatory immunizations based simply on their parents', or, in the case of adolescents, their own, secular personal beliefs." PIDS further recognizes that many states have or are considering adopting legislation or regulation that would allow for personal belief exemptions and outlines specific provisions to minimize use of exemptions as the "path of least resistance." One of the provisions reads as follows: "Before a child is granted an exemption, the parents or guardians must sign a statement that delineates the basis, strength, and duration of their belief; their understanding of the risks that refusal to immunize has on their child's health and the health of others (including the potential for serious illness or death); and their acknowledgement that they are making the decision not to vaccinate on behalf of their child."[10]

References

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7. AAP. Communicating with Families, accessed on Oct. 17, 2011 on AAP website at www.aap.org/immunization/pediatricians/pdf/ImproveVaccineLiabilityProtection.pdf.
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www.immunize.org/catg.d/p4059.pdf • Item #P4059 (10/11)

Influenza Vaccine Products for the 2011–12 Influenza Season

Information about influenza vaccine products

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

1. Effective for claims with dates of service on or after 1/1/2011, CPT code 90658 is no longer payable for Medicare; rather, HCPCS Q codes (as indicated above) should be submitted for Medicare payment purposes.
2. TIV is the abbreviation for trivalent inactivated influenza vaccine (injectable); LAIV is the abbreviation for live attenuated influenza vaccine (nasal spray).
3. On August 6, 2010, ACIP recommended that Afluria not be used in children younger than age 9 years. If no other age-appropriate TIV is available, Afluria may be considered for a child age 5 through 8 years at high risk for influenza complications, after risks and benefits have been discussed with the parent or guardian. Afluria should not be used in children younger than age 5 years. This recommendation continues for the 2011–2012 influenza season.

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

www.immunize.org/catg.d/p4072.pdf • Item #P4072 (10/11)

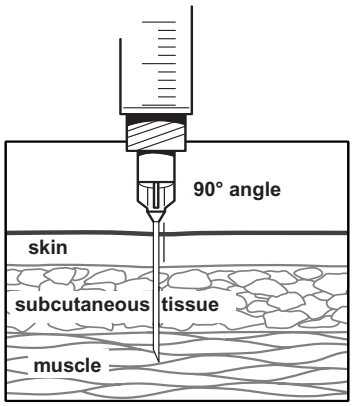
How to administer intramuscular, intradermal, and intranasal influenza vaccines

Intramuscular injection

Trivalent Inactivated Influenza Vaccines (TIV)

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

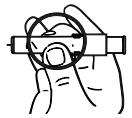
*Use the opposite hand if you are left-handed.



Intradermal administration

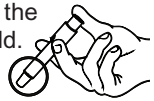
Trivalent Inactivated Influenza Vaccine (TIV)

1. Gently shake the microinjection system before administering the vaccine.
2. Hold the system by placing the thumb and middle finger on the finger pads; the index finger should remain free.



3. Insert the needle perpendicular to the skin, in the region of the deltoid, in a short, quick movement.
4. Once the needle has been inserted, maintain light pressure on the surface of the skin and inject using the index finger to push on the plunger. Do not aspirate.

5. Remove the needle from the skin. With the needle directed away from you and others, push very firmly with the thumb on the plunger to activate the needle shield. You will hear a click when the shield extends to cover the needle.

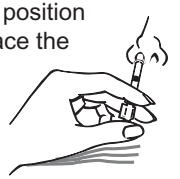


6. Dispose of the applicator in a sharps container.

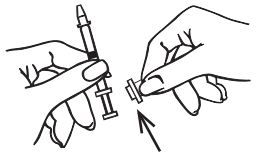
Intranasal administration

Live Attenuated Influenza Vaccine (LAIV)

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



4. With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
5. Pinch and remove the dose-divider clip from the plunger.



6. Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.
7. Dispose of the applicator in a sharps container.

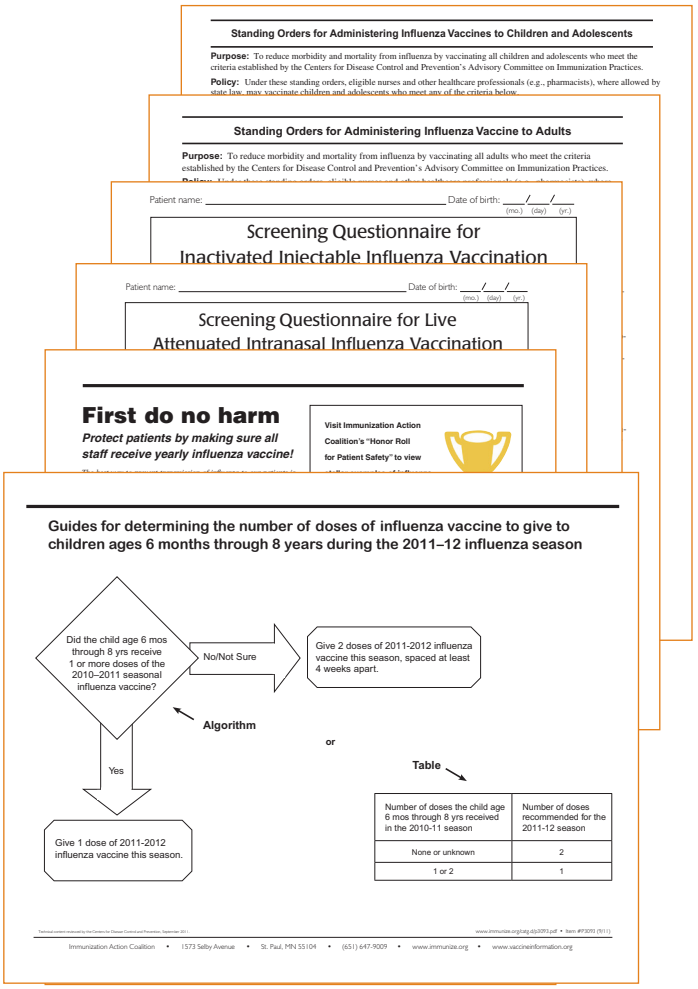
Technical content reviewed by the Centers for Disease Control and Prevention, October 2011.

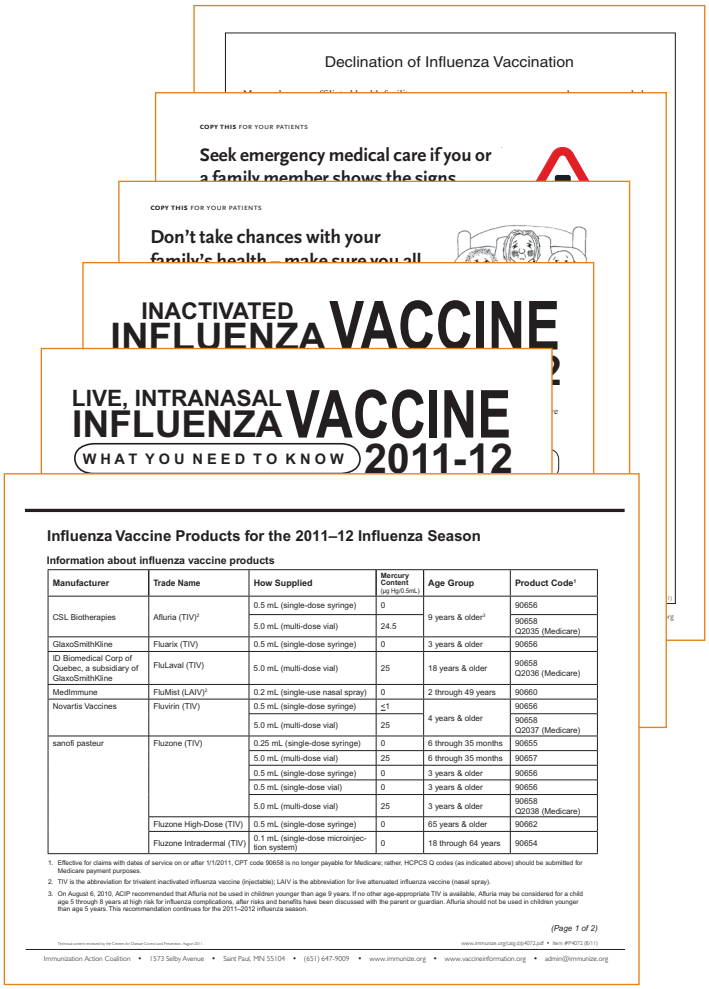
www.immunize.org/catg.d/p2024.pdf • Item #P2024 (10/11)

Immunization Action Coalition • 1573 Selby Avenue • Saint Paul, MN 55104 • (651) 647-9009 • www.immunize.org • www.vaccineinformation.org • admin@immunize.org

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 influenza vaccines to children & adolescents:** www.immunize.org/catg.d/p3074a.pdf
2. **Standing orders for administering 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 2011–12 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/flu_inactive.pdf
    - **Live, Intranasal Influenza Vaccine: What you need to know:** www.immunize.org/vis/flu_live.pdf
11. **Guides for determining number of doses of influenza vaccine for children 6 months through 8 years:** www.immunize.org/catg.d/p3093.pdf

Standing Orders for Administering Influenza Vaccines

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

Standing Orders for Administering Influenza Vaccines to Children and Adolescents

Purpose: To reduce morbidity and mortality from 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 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 th current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. **Contraindications:** a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to people with a history of hypersensitivity to eggs, either anaphylactic or non-anaphylactic; pregnant adolescents; children younger than age 2 yrs; children age 2 (ing or asthma within the past 12 mos, based on a healthcare provider's stat chronic pulmonary (including asthma), cardiovascular (excluding hyperter cular, hematologic, or metabolic (e.g., diabetes) disorders; immunosuppre or HIV; long-term aspirin therapy (applies to a child or adolescent age 6 mo
   b. **Precautions:** moderate or severe acute illness with or without fever; histor 6 weeks of a previous influenza vaccination; for TIV only, allergic reactio patient for 30 minutes following vaccination); for LAIV only, close contac the person requires protective isolation, receipt of influenza antivirals (e.g. oseltamivir) within the previous 48 hours or possibility of use within 14 da
3. Provide all patients (or, in the case of a minor, their parent or legal representati Vaccine Information Statement (VIS). You must document in the patient's medi 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 t lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, childre needle length appropriate to the child's age and body mass: infants 6 through and older: 1–1½". Give 0.25 mL to children 6–35 mos and 0.5 mL for all oth needle may be used for patients weighing less than 130 lbs (<60kg) for inject is stretched tight, subcutaneous tissue is not bunched, and the injection is ma 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 or if the in the 2010–2011 vaccination season.
5. Document each patient's vaccine administration information and follow up i
   a. **Medical chart:** Record the date the vaccine was administered, the manufa and route, and the name and title of the person administering the vaccine. I reason(s) for non-receipt of the vaccine (e.g., medical contraindication, pa
   b. **Personal immunization record card:** Record the date of vaccination and t
6. Be prepared for management of a medical emergency related to the administr gency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adve 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 _____ (n rescinded or until _____ (date).

Medical Director's signature: _____ Effective dat

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

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

Standing Orders for Administering Influenza Vaccine to Adults

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

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

Procedure:

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. **Contraindications:** a serious systemic or anaphylactic reaction after ingesting eggs, after receiving a previous dose of influenza vaccine, or to an influenza vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult with a history of hypersensitivity to eggs, either anaphylatic or non-anaphylactic; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
   b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for TIV only, allergic reaction to eggs consisting of hives only (observe patient for at least 30 minutes following vaccination); for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer influenza vaccine as follows: a) For adults of all ages, give 0.5 mL of injectable trivalent inactivated influenza vaccine (TIV-IM) intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. (Note: A 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; or b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position; or c) For adults ages 18 through 64 years, give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle; or d) For adults ages 65 years and older, give 0.5 mL of high-dose TIV-IM intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle.
5. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the 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 rescinded or until _____ (date).
(name of practice or clinic)

Medical Director's signature: _____ Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention, August 2011. www.immunize.org/catg.d/p3074.pdf • Item #P3074 (8/11)

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

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 2011.

www.immunize.org/catg.d/p4066.pdf • Item #P4066 (8/11)

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 2011.

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

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

Is influenza more serious for kids?

Infants and young children are at a greater risk for getting seriously ill from influenza. That's why health experts recommend that all children 6 months and older and all adults get vaccinated against influenza each fall or winter.

Influenza vaccine may save your child's life.

Most people with influenza are sick for about a week, and then they feel better. But, some people, especially young children, pregnant women, older people, and people with chronic health problems can get very sick. Some even die. A yearly vaccination against influenza is the best way to protect your child from this serious disease. It is recommended for everyone 6 months and older.

What is influenza?

Influenza, or "flu," is an infection of the nose, throat, and lungs. It can easily spread from person to person.

What types of vaccine are available for children?

- Influenza shots can be given to children 6 months and older.
- A nasal-spray vaccine can be given to healthy children 2 years and older.
- Children younger than 5 years who have had wheezing in the past year—or any child with chronic health problems—should get the injectable vaccine (a shot), not the nasal-spray vaccine.
- Children younger than 9 years old who are getting influenza vaccine for the first time need two doses.

How else can I protect my child?

- Every year, get an influenza vaccination yourself.
- Urge your child's close contacts to get vaccinated, too. This is extremely important if your child is younger than 5 or if he or she has a chronic health problem such as asthma or diabetes. Because children under 6 months can't be vaccinated, they rely on those around them to get vaccinated.
- Wash your hands often and cover your coughs and sneezes. It's best to use a tissue and quickly throw it away. If you don't have a tissue, you should cough or sneeze into your upper sleeve, not your hands. This will prevent the spread of germs.
- Tell your children to
  - Stay away from people who are sick,
  - Wash their hands often,
  - Keep their hands away from their face, and
  - Cover coughs and sneezes to protect others.

What are signs of influenza?

Influenza comes on suddenly. Most people with influenza feel extremely fatigued and have a high fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. The cough can last two or more weeks. Some people, especially children, may also have stomach problems and diarrhea.

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

Immunization Action Coalition 1573 Selby Avenue ▪ St. Paul, Minnesota 55104 ▪ www.vaccineinformation.org ▪ www.immunize.org

www.immunize.org/catg.d/p4070.pdf ▪ Item #P4070 (10/11)

How is influenza spread?

People who have influenza usually cough, sneeze, and have a runny nose. The droplets in a cough, sneeze, or runny nose contain the influenza virus. Other people can get influenza by breathing in the virus or by getting it in their nose or mouth. It is also spread by touching a surface that an infected person has touched, such as doorknobs, tabletops, or keyboards.

How long can a sick person spread influenza to others?

People can spread influenza from one day before getting sick to up to five or more days after getting sick.

What should I use to clean hands?

Wash your children's hands with soap and water. Wash them for as long as it takes to sing the "Happy Birthday" song twice. If soap and water are not handy and hands are not visibly soiled, use wipes or gels with alcohol in them. Gels should be rubbed into hands until hands are dry.

What can I do if my child gets sick?

Make sure your child gets plenty of rest and drinks lots of fluids. Talk with your child's doctor before giving your child over-the-counter medicine. If you suspect that your child may have influenza, never give him or her aspirin or medicine that has aspirin in it. It could cause serious problems.

What warning signs should I be on the look-out for during my child's illness?

If your child has any of the following emergency warning signs, seek urgent medical attention by taking them to an emergency room or calling 9-1-1:

- Fast breathing or trouble breathing
- Bluish skin color
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Not drinking enough fluids
- Not urinating or not producing tears when crying
- Severe or persistent vomiting
- Influenza-like symptoms improve but then return with fever and worse cough

Can my child go to school/ day care with influenza?

No. If your child has influenza, he or she should stay home to rest. This helps avoid spreading it to other children.

When can my child go back to school or day care after having influenza?

Children with influenza should be isolated in the home, away from other people. They should also stay home until they are symptom-free for 24 hours (that is, until they have no fever without the use of fever-control medicines and they feel well for 24 hours.) Remind your child to protect others by covering his or her mouth when coughing or sneezing. You may want to send your child to school with tissues or wipes with gels that have alcohol in them if the school allows gels.

Produced in cooperation with the New York State Department of Health

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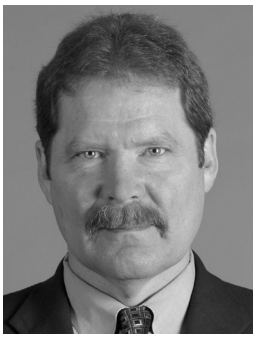
www.immunize.org/catg.d/p4070.pdf ▪ Item #P4070 (10/11)

IAC's "Ask the Experts" team from CDC

Andrew T. Kroger, MD, MPH

Donna L. Weaver, RN, MN



William L. Atkinson, MD, MPH

TIV, or can live attenuated influenza vaccine (LAIV) be used?
As long as a child is eligible to receive nasal spray vaccine (i.e., is healthy and is in the approved age range), it is acceptable to give the child 1 dose of each type of influenza vaccine. The doses should be spaced at least 4 weeks apart.

A co-worker of mine says we are supposed to give infants preservative-free influenza vaccine. Is this true?
No. CDC and ACIP express no preference for preservative-free vaccine for infants or any other group of vaccine recipients. See page 22 of the 2010–11 ACIP influenza recommendations: www.cdc.gov/mmwr/pdf/rr/rr5908.pdf.

No scientific evidence exists that thimerosal in vaccines, including influenza vaccines, is a cause of adverse events, unless the patient has a systemic allergy to thimerosal. However, some states have enacted legislation that restricts the use of thimerosal-containing vaccines. Check with your state immunization manager to see if your state is one of them (www.immunize.org/coordinators).

Has ACIP recommended the use of high-dose and intradermal influenza vaccines?
Yes, ACIP has recommended the use of high-dose and intradermal influenza vaccines, along with all other FDA-approved trivalent inactivated influenza vaccines (TIV). ACIP has not stated a preference for any TIV product over another. The formulation or presentation a provider uses is the provider's choice as long as an age-appropriate product is used and is administered correctly. Providers need to choose the type of vaccine most appropriate for their patient population. The Immunization Action Coalition (IAC) website has manufacturers' package inserts for every influenza vaccine product licensed for U.S. use during the 2011–12 influenza season. Go to www.immunize.org/packageinserts/pi_influenza.asp.

The 2011–12 Influenza VIS states that giving pneumococcal conjugate vaccine (PCV13) and inactivated influenza vaccine simultaneously may increase febrile seizures. Can we continue to give these two vaccines at the same time?
Yes, you can. Increased rates of febrile seizures have been reported among children, especially those age 12 through 23 months, who received simultaneous vaccination with TIV and PCV13, when compared with children who received these vaccines separately. However, because of the risks associated with delaying either of these vaccines, ACIP does not recommend administering them at separate visits or deviating from the recommended vaccine schedule in any way.

Febrile seizures are not uncommon, occurring in 2% to 5% of all children; and they are generally benign. Healthcare providers should be prepared to discuss parents' questions about this issue, including questions about fever and febrile seizures.

The 2011–12 inactivated influenza vaccine VIS states: "young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever." ACIP chose to include this statement on the VIS to inform parents of this potential risk.

For more information, see these CDC resources: www.cdc.gov/vaccinesafety/Concerns/FebrileSeizures.html and www.cdc.gov/vaccines/pubs/vis/tiv-pcv-note.htm.

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

How do you suggest we screen patients for potential egg allergy in our busy clinic?
People who indicate that they can eat lightly cooked eggs (e.g., scrambled eggs) without reaction are unlikely to have an egg allergy. Don't rely on their ability to eat eggs in baked products (e.g., cakes, cookies), however, since the baking might denature the protein and mask an intrinsic anaphylactic allergy to eggs.

With Boostrix (Tdap, GSK) now licensed for use in people age 65 years and older, should we stop using Adacel (Tdap, sanofi pasteur) for this age group and use only Boostrix?
No. CDC allows use of either product for people age 65 years and older.

We have a local provider who gives immunizations in the buttocks. This isn't the preferred anatomic site for any age, is it?
No, it isn't. Such information is covered in ACIP's General Recommendations on Immunization: www.cdc.gov/mmwr/pdf/rr/rr6002.pdf (pages 13–16).

Helpful related handouts from IAC
- How to Administer IM and SC Injections: www.immunize.org/catg.d/p2020.pdf
- How to Administer IM and SC Injections to Adults: www.immunize.org/catg.d/p2020A.pdf

Healthcare personnel issues

Which vaccines does ACIP specifically recommend that healthcare personnel (HCP) receive in order to work in a healthcare setting?
ACIP recommends that all HCP be vaccinated with 2 doses of MMR vaccine (or have evidence of measles, mumps, and rubella immunity), annual influenza vaccination, 1 dose of Tdap (especially to protect against pertussis), 3 doses of hepatitis B vaccine for those who might be exposed to blood or body fluids at work, and 2 doses of varicella vaccine (or have evidence of varicella immunity). For definitions of evidence of immunity to mumps measles, rubella, and varicella, please refer to www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-Aug2009-508.pdf (for MMR) and www.cdc.gov/mmwr/pdf/rr/rr5604.pdf (page 26, for varicella).

For which workers in healthcare settings does the Occupational Safety and Health Administration (OSHA) require that hepatitis B vaccine be provided?
OSHA requires that hepatitis B vaccine be provided free of charge to HCP who have reasonably anticipated contact with blood or body fluids on the job.

(continued on page 22)

Needle Tips correction policy

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

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____ R2008 Child/teen schedule: 1-4 copies–$7.50 each; 5-19 copies–$5.50 each ..... $ _____

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www.immunize.org/askexperts

This requirement does not include HCP who would not be expected to have occupational risk, such as billing staff and general office workers. Employers must ensure that workers who decline hepatitis B vaccination sign a declination form. For a fact sheet about this OSHA requirement, go to www.osha.gov/OshDoc/data_BloodborneFacts/bbfact05.pdf.

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

Actually, ACIP does not recommend testing for immunity in such situations. For measles, mumps, and rubella, ACIP considers 2 documented doses of MMR vaccine given on or after age 1 year and at least 28 days apart to be evidence of immunity for HCP. For varicella, ACIP considers 2 documented doses of vaccine to be evidence of immunity for HCP as long as doses are given no earlier than age 12 months, with at least 3 months between doses for children younger than age 13 years, or at least 4 weeks between doses for people age 13 years and older.

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

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

For more information on this topic, go to

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

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

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

Can Tdap be administered to pregnant HCP?

In June 2011, after studying new safety and efficacy data, ACIP voted to recommend that pregnant women who have never received the Tdap vaccine be vaccinated with Tdap during their third trimester or the second half of their second trimester (after 20 weeks gestation) to optimize the concentration of maternal antibodies transferred to the fetus. ACIP made this recommendation in response to the continuing pertussis outbreak, with the goal of protecting newborns with maternal antibodies and decreasing the risk of transmission from mother to infant after birth. If the vaccine is not administered during pregnancy, it should be administered immediately postpartum. On October 21, 2011, CDC issued recommendations for use of Tdap in pregnant women. To obtain the recommendations, go to pages 1424–1426 of this document: www.cdc.gov/mmwr/pdf/wk/mm6041.pdf.

Can pregnant healthcare personnel administer live-virus vaccines?

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

Why is it so important to vaccinate HCP against influenza?

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

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

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

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

Here is a link to IAC's sample influenza vaccination declination form: www.immunize.org/catg.d/p4068.pdf.

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

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

- American Academy of Family Physicians www.aafp.org/online/en/home/clinical/immunizationres/influenza/mandatoryinfluenza.html
- American Academy of Pediatrics http://pediatrics.aappublications.org/content/early/2010/09/13/peds.2010-2376.abstract
- American College of Physicians www.acponline.org/clinical_information/resources/adult_immunization/flu_hcw.pdf
- American Hospital Association: www.aha.org/advocacy-issues/tools-resources/advisory/2011/110722-quality-adv.pdf
- American Medical Directors Association www.amda.com/governance/resolutions/J11.cfm
- American Pharmacists Association click here
- American Public Health Association www.apha.org/advocacy/policy/policysearch/default.htm?id=1410
- Association for Professionals in Infection Control and Epidemiology click here
- Infectious Diseases Society of America click here
- Society for Healthcare Epidemiology of America www.jstor.org/stable/10.1086/656558

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