# 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] | | | | | | | | | |
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| **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.

| Abbreviation | Trade Name & Manufacturer |
|---|---|
| Tdap | Adacel (sanofi pasteur), Boostrix (GlaxoSmithKline [GSK]) |
| Td | Decavac (sanofi pasteur), generic (MA Biological Labs) |
| HepA | Havrix (GSK); Vaqta (Merck) |
| HepB | Engerix-B (GSK), Recombivax HB (Merck) |
| HepA-HepB | Twinrix (GSK) |
| HPV2 | Cervarix (GSK) |
| HPV4 | Gardasil (Merck) |
| MMR | MMRII (Merck) |
| VAR | Varivax (Merck) |
| PPSV23 | Pneumovax 23 (Merck) |
| MCV4 | Menactra (sanofi pasteur); Menveo (Novartis) |
| MPSV4 | Menomune (sanofi pasteur) |

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# 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] | | | | | | | | | |
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| **Zoster** (ZOS) Give SC.[6] | | | | | | | | | |
| **Other** | | | | | | | | | |
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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), IN (intranasal), or .
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) |

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# Vaccine Administration Record for Adults

Patient name: Mohammed Sharik

Birthdate: 4/14/1981

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] | Td | 8/01/02 | P | LA | U0376AA | AVP | 6/10/94 | 8/1/2002 | JTA |
| | Td | 9/1/2002 | P | LA | U0376AA | AVP | 6/10/94 | 9/1/2002 | PWS |
| | Td | 3/1/2003 | P | LA | U0376AA | AVP | 6/10/94 | 3/1/2003 | TAA |
| | Tdap | 6/14/2010 | P | LA | AC52B030AA | GSK | 11/18/2008 | 6/14/2010 | JTA |
| | | | | | | | | | |
| **Hepatitis A**[7] (e.g., HepA, HepA-HepB) Give IM.[6] | HepA-HepB | 8/1/2002 | P | RA | HAB239A4 | GSK | 8/25/1998 | 8/1/2002 | JTA |
| | HepA-HepB | 9/1/2002 | P | RA | HAB239A4 | GSK | 8/25/1998 | 9/1/2002 | PWS |
| | HepA-HepB | 3/1/2003 | P | RA | HAB239A4 | GSK | 8/25/1998 | 3/1/2003 | TAA |
| **Hepatitis B**[7] (e.g., HepB, HepA-HepB) Give IM.[6] | HepA-HepB | 8/1/2002 | P | RA | HAB239A4 | GSK | 7/11/2001 | 8/1/2002 | JTA |
| | HepA-HepB | 9/1/2002 | P | RA | HAB239A4 | GSK | 7/11/2001 | 9/1/2002 | PWS |
| | HepA-HepB | 3/1/2003 | P | RA | HAB239A4 | GSK | 7/11/2001 | 3/1/2003 | TAA |
| **Human papillomavirus** (HPV2, HPV4) Give IM.[6] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Measles, Mumps, Rubella** (MMR) Give SC.[6] | MMR | 8/1/2002 | P | RA | 0025L | MRK | 6/13/2002 | 8/1/2002 | JTA |
| | MMR | 11/1/2002 | P | RA | 0025L | MRK | 6/13/2002 | 11/1/2002 | TAA |
| **Varicella** (VAR) Give SC.[6] | VAR | 8/1/2002 | P | LA | 0799M | MRK | 12/16/1998 | 8/1/2002 | JTA |
| | VAR | 11/1/2002 | P | RA | 0689M | MRK | 12/16/1998 | 11/1/2002 | TAA |
| **Pneumococcal polysaccharide** (PPSV23) Give SC or IM.[6] | | | | | | | | | |
| | | | | | | | | | |
| **Meningococcal** (e.g., MCV4, conjugate; MPSV4, polysaccharide) Give MCV4 IM.[6] Give MPSV4 SC.[6] | Menveo | 7/12/2010 | P | RA | 28011 | NOV | 1/28/2008 | 7/12/2010 | JTA |
| | | | | | | | | | |
| | | | | | | | | | |

1 shot, 2 different VIS dates



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.

| Abbreviation | Trade Name & Manufacturer |
|---|---|
| Tdap | Adacel (sanofi pasteur), Boostrix (GlaxoSmithKline [GSK]) |
| Td | Decavac (sanofi pasteur), generic (MA Biological Labs) |
| HepA | Havrix (GSK); Vaqta (Merck) |
| HepB | Engerix-B (GSK), Recombivax HB (Merck) |
| HepA-HepB | Twinrix (GSK) |
| HPV2 | Cervarix (GSK) |
| HPV4 | Gardasil (Merck) |
| MMR | MMRII (Merck) |
| VAR | Varivax (Merck) |
| PPSV23 | Pneumovax 23 (Merck) |
| MCV4 | Menactra (sanofi pasteur); Menveo (Novartis) |
| MPSV4 | Menomune (sanofi pasteur) |

This is a record for a 29-year-old healthcare worker who is planning to travel to Saudi Arabia for the annual Hajj.

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

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# Vaccine Administration Record for Adults

Patient name: Mohammed Sharik

Birthdate: 4/14/1981

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] | TIV | 11/1/2002 | P | RA | U088211 | AVP | 6/26/2002 | 11/1/2002 | PWS |
| | TIV | 10/10/2003 | P | LA | U091145 | AVP | 5/6/2003 | 10/10/2003 | DLW |
| | Fluzone | 10/8/2004 | P | RA | U100461 | AVP | 5/24/2004 | 10/8/2004 | TAA |
| | TIV | 11/12/2005 | P | LA | U2169MA | SPI | 7/18/2005 | 11/12/2005 | JTA |
| | Fluvirin | 10/9/2006 | P | LA | 878771P | NOV | 6/30/2006 | 10/9/2006 | KKC |
| | Flumist | 11/15/2007 | P | IN | 500337P | MED | 7/16/2007 | 11/15/2007 | DCP |
| | Afluria | 10/12/2008 | P | RA | 06949111A | CSL | 7/24/2008 | 10/12/2008 | JTA |
| | Flulaval | 10/2/2009 | P | LA | 2F600411 | GSK | 8/11/2009 | 10/2/2009 | DCP |
| | H1N1 | 12/7/2009 | F | RA | 1009224P | NOV | 10/2/2009 | 12/7/2009 | DLW |
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| **Zoster** (ZOS) Give SC.[6] | | | | | | | | | |
| **Other** | Oral typhoid | 7/12/2010 x 4 | P | po | TXE355 | BER | 5/19/2004 | 7/12/2010 | MAT |
| | | | | | | | | | |
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Includes space to record vaccines given for international travel.



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) |

This is a record for a 29-year-old healthcare worker who is planning to travel to Saudi Arabia for the annual Hajj.

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

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

# Screening Questionnaire for Adult Immunization

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

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

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

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

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

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

www.immunize.org/catg.d/p4065.pdf • Item#P4065 (10/11)

## Information for Health Professionals about the Screening Questionnaire for Adults

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

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

**2. Do you have allergies to medications, food, a vaccine component, or latex?** *[all vaccines]*
If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be admininistered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer MMR or varicella vaccine. Local reactions are not contraindications. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive list of vaccine components, see reference 2.

**3. Have you ever had a serious reaction after receiving a vaccination?** *[all vaccines]*
History of anaphylactic reaction (see question 2) to a previous dose of vaccine or vaccine component is a contraindication for subsequent doses (1). Under normal circumstances, vaccines are deferred when a precaution is present. However, situations may arise when the benefit outweighs the risk (e.g., during a community pertussis outbreak).

**4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?** *[LAIV]*
People with any of these health conditions should not be given the intranasal live attenuated influenza vaccine (LAIV). Instead, they should be vaccinated with the injectable influenza vaccine.

**5. Do you have cancer, leukemia, AIDS, or any other immune system problem?** *[LAIV, MMR, VAR, ZOS]*
Live virus vaccines (e.g., LAIV, measles-mumps-rubella [MMR], varicella [VAR], zoster [ZOS]) are usually contraindicated in immunocompromised people. However, there are exceptions. For example, MMR vaccine is recommended and varicella vaccine should be considered for adults with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/$\mu$L. Immunosuppressed people should not receive LAIV. For details, consult the ACIP recommendations (3, 4, 5).

**6. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had radiation treatments?** *[LAIV, MMR, VAR, ZOS]*
Live virus vaccines (e.g., LAIV, MMR, VAR, ZOS) should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. For details and length of time to postpone, consult the ACIP statement (1, 5). To find specific vaccination schedules for stem cell transplant (bone marrow transplant) patients, see reference 6. LAIV can be given only to healthy non-pregnant people younger than age 50 years.

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

**8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?** *[LAIV, MMR, VAR]*
Certain live virus vaccines (e.g., LAIV, MMR, VAR) may need to be deferred, depending on several variables. Consult the most current ACIP recommendations for current information on intervals between antiviral drugs, immune globulin or blood product administration and live virus vaccines. (1)

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

**10. Have you received any vaccinations in the past 4 weeks?**
*[LAIV, MMR, VAR, yellow fever]* If the person to be vaccinated was given either LAIV or an injectable live virus vaccine (e.g., MMR, VAR, ZOS, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at any spacing interval if they are not administered simultaneously.


References:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
3. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
4. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
5. CDC. Prevention and control of influenza—recommendations of ACIP, at www.cdc.gov/flu/professionals/vaccination.
6. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/downloads/b_hsct-recs.pdf.
7. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
8. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

# Standing Orders for Administering Influenza Vaccine to Adults

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

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

## Procedure:

1. Identify adults with no history of influenza vaccination for the current influenza season.
2. Screen all patients for contraindications and precautions to influenza vaccine:
   a. **Contraindications:** a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who has a history of either an anaphylactic or non-anaphylactic hypersensitivity to eggs, ; who is pregnant, is age 50 years or older, or who has chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immunosuppression, including that caused by medications or HIV.
   b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
   c. **Other considerations:** onset of hives only after ingesting eggs: healthcare providers familiar with the potential manifestations of egg allergy should administer TIV and observe patient for 30 minutes after receipt of the vaccine for signs of a reaction.
3. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). You must document in the patient's medical record or office log, the publication date of the VIS and the date it was given to the patient. Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
4. Administer influenza vaccine as follows: a) 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 subcutaneous tissue is not bunched and the injection is made at a 90 degree angle.) b) For healthy adults younger than age 50 years, give 0.2 mL of intranasal LAIV; 0.1 mL is sprayed into each nostril while the patient is in an upright position. c) For adults age 18 through 64 years, give 0.1 ml TIV-ID intradermally by inserting the needle of the microinjection system at a 90 degree angle in the deltoid muscle. d) For adults age 65 years and older, give 0.5 mL of high-dose 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

www.immunize.org/catg.d/p3074.pdf • Item #P3074 (8/12)

# 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] | | | | | | | | | |
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| | | | | | | | | | |
| **Diphtheria, Tetanus, Pertussis[6]** (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM.[7] | | | | | | | | | |
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| ***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). | | | | | | | | | |
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| | | | | | | | | | |

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

## How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or 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 | Trade Name & Manufacturer |
|---|---|
| DTaP | Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur) |
| DT (pediatric) | Generic (sanofi pasteur) |
| DTaP-HepB-IPV | Pediarix (GSK) |
| DTaP/Hib | TriHIBit (sanofi pasteur) |
| DTaP-IPV/Hib | Pentacel (sanofi pasteur) |
| DTaP-IPV | Kinrix (GSK) |
| HepB | Engerix-B (GSK); Recombivax HB (Merck) |
| HepA-HepB | Twinrix (GSK); can be given to teens age 18 and older |
| Hib | ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck) |
| Hib-HepB | Comvax (Merck) |
| IPV | Ipol (sanofi pasteur) |
| PCV13 | Prevnar 13 (Pfizer) |
| PPSV23 | Pneumovax 23 (Merck) |
| RV1 | Rotarix (GSK) |
| RV5 | RotaTeq (Merck) |
| Tdap | Adacel (sanofi pasteur); Boostrix (GSK) |
| Td | Decavac (sanofi pasteur), Generic (MA Biological Labs) |

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

For additional copies, visit www.immunize.org/catg.d/p2022.pdf • Item #P2022 (3/11)

# 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] | | | | | | | | | |
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| **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] | | | | | | | | | |
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| | | | | | | | | | |
| **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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# Vaccine Administration Record for Children and Teens

Patient name: Emily Jacobs

Birthdate: 6/2/2005

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] | HepB | 6/2/2005 | F | RT | 0651M | MRK | 7/11/01 | 6/2/05 | JTA |
| | Pediarix | 8/2/2005 | F | RT | 635A1 | GSK | 7/11/01 | 8/2/05 | DCP |
| | Pediarix | 10/2/2005 | F | RT | 712A2 | GSK | 7/11/01 | 10/2/05 | DCP |
| | Pediarix | 12/2/2005 | F | RT | 712A2 | GSK | 7/11/01 | 12/2/05 | DLW |
| **Diphtheria, Tetanus, Pertussis**[6] (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM.[7] | Pediarix | 8/2/2005 | F | RT | 635A2 | GSK | 7/30/01 | 8/2/05 | DCP |
| | Pediarix | 10/2/2005 | F | RT | 712A2 | GSK | 7/30/01 | 10/2/05 | DCP |
| | Pediarix | 12/2/2005 | F | RT | 712A2 | GSK | 7/30/01 | 12/2/05 | DLW |
| | DTaP-Hib | 9/2/2006 | F | RA | P0897AA | SPI | 7/30/01 | 9/2/06 | RLV |
| | DTaP | 8/2/2010 | F | RA | 326-912 | SPI | 5/17/07 | 8/2/10 | JTA |
| | | | | | | | | | |
| | | | | | | | | | |
| ***Haemophilus influenzae* type b**[6] (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM.[7] | Hib | 8/2/2005 | F | LT | UA744AA | SPI | 12/16/98 | 8/2/05 | DCP |
| | Hib | 10/2/2005 | F | LT | UA744AA | SPI | 12/16/98 | 10/2/05 | DCP |
| | Hib | 12/2/2005 | F | LT | UA744AA | SPI | 12/16/98 | 12/2/05 | DLW |
| | DTaP-Hib | 9/2/2006 | F | RA | 7172AA | SPI | 12/16/98 | 9/2/06 | RLV |
| **Polio**[6] (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM.[7] Give all others IM.[7] | Pediarix | 8/2/2005 | F | RT | 635A2 | GSK | 1/1/00 | 8/2/05 | DCP |
| | Pediarix | 10/2/2005 | F | RT | 712A2 | GSK | 1/1/00 | 10/2/05 | DCP |
| | Pediarix | 12/2/2005 | F | RT | 712A2 | GSK | 1/1/00 | 12/2/05 | DLW |
| | IPV | 8/2/2010 | F | RA | U4569-8 | SPI | 1/1/00 | 8/2/10 | DCP |
| **Pneumococcal** (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM.[7] Give PPSV SC or IM.[7] | PCV7 | 8/2/2005 | F | LT | 489-835 | WYE | 9/30/02 | 8/2/05 | DCP |
| | PCV7 | 10/2/2005 | F | RT | 489-835 | WYE | 9/30/02 | 10/2/05 | DCP |
| | PCV7 | 12/2/2005 | F | LT | 489-835 | WYE | 9/30/02 | 12/2/05 | DLW |
| | PCV7 | 9/2/2006 | F | LA | 501-245 | WYE | 9/30/02 | 9/2/06 | RLV |
| | PCV13 | 8/2/2010 | F | LA | E44433 | PFI | 12/9/08 | 8/2/10 | DCP |
| **Rotavirus** (RV1, RV5) Give orally (po). | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

DTaP-HepB-IPV (Pediarix)

DTaP-Hib (TriHIBit): 2 lot #s, 2 different VISs

Pediarix: 3 different VIS dates



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

## How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or 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 | Trade Name & Manufacturer |
|---|---|
| DTaP | Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur) |
| DT (pediatric) | Generic (sanofi pasteur) |
| DTaP-HepB-IPV | Pediarix (GSK) |
| DTaP/Hib | TriHIBit (sanofi pasteur) |
| DTaP-IPV/Hib | Pentacel (sanofi pasteur) |
| DTaP-IPV | Kinrix (GSK) |
| HepB | Engerix-B (GSK); Recombivax HB (Merck) |
| HepA-HepB | Twinrix (GSK); can be given to teens age 18 and older |
| Hib | ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck) |
| Hib-HepB | Comvax (Merck) |
| IPV | Ipol (sanofi pasteur) |
| PCV13 | Prevnar 13 (Pfizer) |
| PPSV23 | Pneumovax 23 (Merck) |
| RV1 | Rotarix (GSK) |
| RV5 | RotaTeq (Merck) |
| Tdap | Adacel (sanofi pasteur); Boostrix (GSK) |
| Td | Decavac (sanofi pasteur), Generic (MA Biological Labs) |

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# Vaccine Administration Record for Children and Teens

Patient name: Emily Jacobs

Birthdate: 6/2/2005

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] | MMRV | 6/2/2006 | P | RA | 0857M | MRK | 1/15/03 | 6/2/06 | DLW |
| | MMRV | 8/2/2010 | P | LA | 0522F | MRK | 5/21/10 | 8/2/10 | DCP |
| **Varicella**[6] (e.g., VAR, MMRV) Give SC.[7] | MMRV | 6/2/2006 | P | RA | 0857M | MRK | 12/16/98 | 6/2/06 | DLW |
| | MMRV | 8/2/2010 | P | LA | 0522F | MRK | 5/21/10 | 8/2/10 | DCP |
| **Hepatitis A** (HepA) Give IM.[7] | HepA | 6/2/2006 | P | LA | 0524L | MRK | 8/4/04 | 6/2/06 | DLW |
| | HepA | 12/2/2006 | P | LA | 0634K | MRK | 3/21/06 | 8/2/06 | MAT |
| | | | | | | | | | |
| **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] | TIV | 12/5/2005 | F | RT | U097543 | SPI | 7/18/05 | 12/5/05 | JTA |
| | TIV | 1/5/2006 | F | RT | U097543 | SPI | 7/18/05 | 1/5/06 | DCP |
| | TIV | 10/16/2006 | F | LA | U106459 | SPI | 6/30/06 | 10/16/06 | MAT |
| | LAIV | 11/15/2007 | S | IN | 500337P | MED | 7/16/07 | 11/15/07 | ABB |
| | TIV | 10/12/2008 | S | RA | U2169MA | SPI | 7/24/08 | 10/12/08 | CAS |
| | TIV | 10/2/2009 | F | LA | 71211 | NOV | 8/11/09 | 10/2/09 | MAT |
| | TIV-H1N1 | 11/15/2009 | F | RA | UP016AA | SPI | 10/2/09 | 11/15/09 | CEL |
| | LAIV-H1N1 | 12/29/2009 | F | IN | 500756P | MED | 10/2/09 | 12/29/09 | ZAZ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Other** | | | | | | | | | |
| | | | | | | | | | |

MMR-VAR (MMRV)



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

## How to Complete this Record

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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# Vaccine Administration Record for Children and Teens

Patient name: Jessica Ashley

Birthdate: 10/15/1991

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] | HepB (1.0 mL) | 6/2/2004 | P | RA | 0651M | MRK | 7/11/01 | 6/2/04 | TAA |
| | HepB (1.0 mL) | 1/2/2005 | P | RA | 0651M | MRK | 7/11/01 | 1/2/05 | TAA |
| | | | | | | | | | |
| | | | | | | | | | |
| **Diphtheria, Tetanus, Pertussis[6]** (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM.[7] | DTP | 12/15/1991 | P | RT | 326-912 | LED | 1/1/88 | 12/15/91 | DCP |
| | DTP | 2/15/1992 | P | RT | 326-912 | LED | 10/15/91 | 2/15/92 | DCP |
| | DTaP | 4/15/1992 | P | RT | 326-912 | LED | 3/25/92 | 4/15/92 | DLW |
| | DTaP | 4/15/1993 | P | RA | 326-912 | LED | 3/25/92 | 4/15/93 | RLV |
| | DTaP | 4/15/1996 | P | RA | 657-888 | LED | 6/10/94 | 4/15/96 | JTA |
| | Td | 10/15/2003 | P | RA | 467-854 | LED | 7/30/01 | 10/15/03 | PWS |
| | Tdap | 6/12/2010 | P | RA | AC52B023AA | GSK | 11/18/08 | 6/12/10 | DLW |
| ***Haemophilus influenzae* type b[6]** (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM.[7] | Hib | 12/15/1991 | P | LT | 1492L | MRK | 6/6/91 | 12/15/91 | DCP |
| | PedvaxHIB | 2/15/1992 | P | LT | 1492L | MRK | 6/6/91 | 2/15/92 | DCP |
| | Hib | 10/15/1992 | P | LT | 1492L | MRK | 6/6/91 | 10/15/92 | DLW |
| | | | | | | | | | |
| **Polio[6]** (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM.[7] Give all others IM.[7] | OPV | 12/15/1991 | P | po | 0678A | LED | 10/15/91 | 12/15/91 | DCP |
| | OPV | 2/15/1992 | P | po | 0678A | LED | 10/15/91 | 2/15/92 | DCP |
| | OPV | 4/15/1993 | P | po | 0678A | LED | 10/15/91 | 4/15/93 | RLV |
| | OPV | 4/15/1996 | P | po | 0987A | LED | 10/15/91 | 4/15/93 | JTA |
| **Pneumococcal** (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM.[7] Give PPSV SC or IM.[7] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Rotavirus** (RV1, RV5) Give orally (po). | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

2-dose series of adult Recombivax given to child 12-15 yrs



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

## How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or 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 | Trade Name & Manufacturer |
|---|---|
| DTaP | Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur) |
| DT (pediatric) | Generic (sanofi pasteur) |
| DTaP-HepB-IPV | Pediarix (GSK) |
| DTaP/Hib | TriHIBit (sanofi pasteur) |
| DTaP-IPV/Hib | Pentacel (sanofi pasteur) |
| DTaP-IPV | Kinrix (GSK) |
| HepB | Engerix-B (GSK); Recombivax HB (Merck) |
| HepA-HepB | Twinrix (GSK); can be given to teens age 18 and older |
| Hib | ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck) |
| Hib-HepB | Comvax (Merck) |
| IPV | Ipol (sanofi pasteur) |
| PCV13 | Prevnar 13 (Pfizer) |
| PPSV23 | Pneumovax 23 (Merck) |
| RV1 | Rotarix (GSK) |
| RV5 | RotaTeq (Merck) |
| Tdap | Adacel (sanofi pasteur); Boostrix (GSK) |
| Td | Decavac (sanofi pasteur), Generic (MA Biological Labs) |

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

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# Vaccine Administration Record for Children and Teens

Patient name: Jessica Ashley

Birthdate: 10/15/1991

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] | MMR | 1/15/1993 | P | RA | 0857M | MRK | 10/15/91 | 1/15/93 | DLW |
| | MMR | 10/15/2003 | P | LA | 0946M | MRK | 1/15/03 | 10/15/03 | PWS |
| **Varicella**[6] (e.g., VAR, MMRV) Give SC.[7] | VAR | 10/15/2003 | P | LA | 0799M | MRK | 12/16/98 | 10/15/03 | PWS |
| | VAR | 10/15/2007 | P | LA | 0689M | MRK | 1/10/07 | 10/15/07 | JTA |
| **Hepatitis A** (HepA) Give IM.[7] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Meningococcal** (e.g., MCV4; MPSV4) Give MCV4 IM[7] and MPSV4 SC.[7] | MCV4 | 6/12/2010 | P | LA | 28011 | NOV | 1//28/08 | 6/12/10 | MAT |
| | | | | | | | | | |
| | | | | | | | | | |
| **Human papillomavirus** (e.g., HPV2, HPV4) Give IM.[7] | HPV2 | 12/12/2009 | P | LA | 0331Z | GSK | 2/2/07 | 12/12/09 | TAA |
| | Cervarix | 2/13/2010 | P | LA | 0331Z | GSK | 2/2/07 | 2/13/10 | PWS |
| | Garadasil | 6/12/2010 | P | LA | 0637F | MRK | 2/2/07 | 6/12/10 | DLW |
| **Influenza** (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM.[7] Give LAIV IN.[7] | FluMist | 10/15/2007 | P | IN | 500491P | MED | 10/4/07 | 10/15/07 | MAT |
| | TIV | 10/12/2008 | P | RA | 878771P | NOV | 7/24/08 | 10/12/08 | JTA |
| | Fluzone | 10/2/2009 | P | RA | U100461 | SPI | 8/11/09 | 10/2/09 | DLW |
| | H1N1 | 12/7/2009 | P | LA | 1009224P | NOV | 10/2/09 | 12/7/09 | MAT |
| | | | | | | | | | |
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| | | | | | | | | | |
| **Other** | | | | | | | | | |
| | | | | | | | | | |

When recording the type of vaccine, use the generic abbreviation, tradename, or both. By recording the manufacturer, you will always be able to determine the brand of vaccine given.



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

# Screening Questionnaire for Child and Teen Immunization

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

| | Yes | No | Don't Know |
|---|---|---|---|
| 1. Is the child sick today? | ☐ | ☐ | ☐ |
| 2. Does the child have allergies to medications, food, a vaccine component, or latex? | ☐ | ☐ | ☐ |
| 3. Has the child had a serious reaction to a vaccine in the past? | ☐ | ☐ | ☐ |
| 4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy? | ☐ | ☐ | ☐ |
| 5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? | ☐ | ☐ | ☐ |
| 6. If your child is a baby, have you ever been told he or she has had intussusception? | ☐ | ☐ | ☐ |
| 7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems? | ☐ | ☐ | ☐ |
| 8. Does the child have cancer, leukemia, AIDS, or any other immune system problem? | ☐ | ☐ | ☐ |
| 9. In the past 3 months, has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments? | ☐ | ☐ | ☐ |
| 10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug? | ☐ | ☐ | ☐ |
| 11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month? | ☐ | ☐ | ☐ |
| 12. Has the child received vaccinations in the past 4 weeks? | ☐ | ☐ | ☐ |

Form completed by: _____ Date: _____

Form reviewed by: _____ Date: _____

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

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

Technical content reviewed by the Centers for Disease Control and Prevention, February 2012

www.immunize.org/catg.d/p4060.pdf • Item #P4060 (2/12)

# Information for Health Professionals about the Screening Questionnaire for Child & Teen Immunization

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

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

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

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

If a person reports they have an allergy to egg, ask if they can eat lightly cooked eggs (e.g., scrambled eggs). If they can, trivalent influenza vaccine (TIV) may be administered. If after eating eggs or egg-containing foods, they have a reaction consisting of only hives, TIV may be given and the person should be observed for at least 30 minutes. If a person experiences a serious systemic or anaphylactic reaction (e.g., hives and either swelling of the lips or tongue, acute respiratory distress, or collapse) after eating eggs, do not administer TIV or live attenuated influenza vaccine (LAIV). It is possible that they may be eligible to be given TIV, but only after they have seen a physician with expertise in the management of allergic conditions. If a person has anaphylaxis after eating gelatin, do not administer LAIV, measles-mumps-rubella (MMR), MMR+varicella (MMRV), or varicella vaccine. A local reaction is not a contraindication. For a table of vaccines supplied in vials or syringes that contain latex, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/latex-table.pdf. For an extensive table of vaccine components, see reference 3.

**3. Has the child had a serious reaction to a vaccine in the past?**

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

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

Children with any of the health conditions listed above should not be given the intranasal, live attenuated influenza vaccine (LAIV). These children should be vaccinated with the injectable influenza vaccine.

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

Children who have had a wheezing episode within the past 12 months should not be given the live attenuated influenza vaccine. Instead, these children should be given the inactivated influenza vaccine.

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

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

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

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

Live virus vaccines (e.g., MMR, MMRV, varicella, rotavirus, and the intranasal live, attenuated influenza vaccine [LAIV]) are usually contraindicated in immunocompromised children. However, there are exceptions. For example, MMR is recommended for asymptomatic HIV-infected children who do not have evidence of severe immunosuppression. Likewise, varicella vaccine should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage at 15% or greater and may be considered for children age 8 years and older with CD4+ T-lymphocyte counts of greater than or equal to 200 cells/$\mu$L. Immunosuppressed children should not receive LAIV. Infants who have been diagnosed with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including rotavirus (RV) vaccine. For details, consult the ACIP recommendations (4, 5, 6).

**9. In the past 3 months, has the child taken cortisone, prednisone, other steroids, or anticancer drugs, or had radiation treatments?** *[LAIV, MMR, MMRV, VAR]*

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

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

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

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

Live virus vaccines (e.g., MMR, MMRV, varicella, LAIV) are contraindicated one month before and during pregnancy because of the theoretical risk of virus transmission to the fetus (1, 6). Sexually active young women who receive a live virus vaccine should be instructed to practice careful contraception for one month following receipt of the vaccine (5, 8). On theoretical grounds, inactivated poliovirus vaccine should not be given during pregnancy; however, it may be given if risk of disease is imminent (e.g., travel to endemic areas) and immediate protection is needed. Use of Td or Tdap is not contraindicated in pregnancy. At the provider's discretion, either vaccine may be administered during the 2nd or 3rd trimester (9).

**12. Has the child received vaccinations in the past 4 weeks?**

*[LAIV, MMR, MMRV, VAR, yellow fever]*

If the child was given either live, attenuated influenza vaccine (LAIV) or an injectable live virus vaccine (e.g., MMR, MMRV, varicella, yellow fever) in the past 4 weeks, they should wait 28 days before receiving another vaccination of this type. Inactivated vaccines may be given at the same time or at any spacing interval.


References:

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/pubs/acip-list.htm.
2. AAP. *Red Book: Report of the Committee on Infectious Diseases* at www.aapredbook.org.
3. Table of Vaccine Components: www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
4. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps. *MMWR* 1998; 47 (RR-8).
5. CDC. Prevention of varicella: Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2007; 56 (RR-4).
6. CDC. Prevention and Control of Influenza—Recommendations of ACIP at www.cdc.gov/flu/professionals/vaccination/.
7. CDC. Excerpt from Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients, *MMWR* 2000; 49 (RR-10), www.cdc.gov/vaccines/pubs/down-loads/b_hsct-recs.pdf.
8. CDC. Notice to readers: Revised ACIP recommendation for avoiding pregnancy after receiving a rubella-containing vaccine. *MMWR* 2001; 50 (49).
9. CDC. Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants: Recommendations of the ACIP. *MMWR* 2008; 57 (RR-4).

Your name: _____ Date of birth: ___/___/___ (mo.) (day) (yr.) Today's date: ___/___/___ (mo.) (day) (yr.)

# Do I Need Any Vaccinations Today?

Many adults are behind on their vaccinations. This questionnaire will help you and your healthcare provider determine if you need any vaccinations today. Please check the boxes that apply to you.

## Influenza vaccination

❑ I haven't had my annual influenza vaccination yet this season — so I need it now.

## Pneumococcal vaccination (PPSV23, PCV13)

❑ I am age 65 or older, and I have never had a pneumococcal shot.

❑ I am age 65 or older and have had 1 or 2 doses of pneumococcal vaccine when I was younger than age 65; it has been 5 years or more since the last shot.

❑ I am younger than age 65, I have not been vaccinated against pneumococcal disease, and at least one of the following applies to me:

- I smoke cigarettes.
- I have heart, lung (including asthma), liver, kidney, or sickle cell disease; diabetes; or alcoholism.

❑ I am younger than age 65, I have or have not been vaccinated against pneumococcal disease, and at least one of the following applies to me:

- I have a weakened immune system due to cancer, Hodgkin's disease, leukemia, lymphoma, multiple myeloma, kidney failure, HIV/AIDS; or I am receiving radiation therapy; or I am on medication that suppresses my immune system.
- I have had an organ or bone marrow transplant.
- I have had my spleen removed, have had or will have a cochlear implant, or have leaking spinal fluid.

❑ I live in a nursing home or other long-term care facility, and I have never had a pneumococcal shot.

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

❑ I have not had a pertussis-containing vaccine (Tdap) as an adolescent or adult (this applies to pregnant women, too).

❑ I have not yet had at least 3 tetanus- and diphtheria-containing shots.

❑ I have had at least 3 tetanus- and diphtheria-containing shots in my lifetime, but I believe it's been 10 years or more since I received my last shot.

❑ I have no idea if I ever received any tetanus- and diphtheria-containing shots in school, the military, or elsewhere.

## Measles-Mumps-Rubella (MMR) vaccination

❑ I was born in 1957 or later and never received an MMR shot or I don't know if I received a shot.

❑ I am a woman thinking about a future pregnancy and do not know if I'm immune to rubella.

❑ I am a healthcare worker, I do not have a history of measles or mumps, and I've had only one dose of MMR vaccine.

❑ I was born in 1957 or later, and I am included in one of the following groups for whom 2 MMR shots are recommended, but I have received only 1 shot.

- I am entering college or a post–high school educational institution.
- I had a blood test that shows I do not have immunity to measles, mumps, or rubella.
- I am planning to travel internationally.

## Human papillomavirus (HPV) vaccination

❑ I am a woman age 26 or younger and haven't completed a series of shots against human papillomavirus.

❑ I am a man age 21 or younger and haven't completed a 3-dose series of shots against human papillomavirus.

❑ I am a man age 22 through 26, I have not completed a 3-dose series of HPV vaccine, and at least 1 of the following applies to me:

- I want to be protected from HPV.
- I have a weakened immune system as a result of infection (including HIV), disease, or medications.
- I have sex with men.

❑ I am older than age 26 and although I started the series when I was younger, I never completed it.

*(continued on page 2)*

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www.immunize.org/catg.d/p4036.pdf • Item #P4036 (8/12)

## Hepatitis A vaccination

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

## Hepatitis B vaccination

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

## Chickenpox (varicella) vaccination

- ❑ I was born in 1980 or later and have never had chickenpox or the vaccine, or I just don't know.
- ❑ I was born before 1980 and am either a healthcare worker or foreign born, and am not sure if I've had chickenpox or not.
- ❑ I have received 1 dose of varicella vaccine in the past, but never got a second shot.

## Meningococcal vaccination

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

## Shingles (zoster) vaccination

- ❑ I am an adult age 60 or older and haven't had a shingles shot.

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

**Footnotes**

1. Call your local travel clinic to find out if additional vaccines are recommended.
2. Countries where hepatitis A is common include all countries other than the U.S., Western Europe, Canada, Japan, Australia, and New Zealand.
3. Areas with high rates of hepatitis B include Africa, China, Korea, Southeast Asia including Indonesia and the Philippines, South and Western Pacific Islands, interior Amazon Basin, certain parts of the Caribbean (i.e., Haiti and the Dominican Republic), and the Middle East except Israel. Areas with moderate rates include South Central and Southwest Asia, Israel, Japan, Eastern and Southern Europe, Russia, and most of Central and South America.
4. Most adults from moderate- or high-risk areas of the world do not know their hepatitis B status. All patients from these areas need hepatitis B blood tests to determine if they have been previously infected. The first hepatitis B shot can be given during the same visit as the blood tests but only after the blood is drawn.

# It's Federal Law!

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

**To obtain current VISs in more than 30 languages, visit the Immunization Action Coalition's website at www.immunize.org/vis**

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

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

## What are VISs?

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

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

**Source: www.cdc.gov/vaccines/pubs/vis/vis-facts.htm**

## Use of the VIS is mandatory!

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

## How to get VISs

All available VISs can be downloaded from the website of the Immunization Action Coalition at www.immunize.org/vis or from CDC's website at www.cdc.gov/vaccines/pubs/vis/default.htm. Ready-to-copy versions may also be available from your state or local health department.

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

## Most current versions of VISs

As of July 2, 2012, the most recent versions of the VISs are as follows:

DTaP/DT .....5/17/07
Hepatitis A .....10/25/11
Hepatitis B .....2/2/12
Hib .....12/16/98
HPV (H. papillomavirus) .....
Cervarix .....5/3/11
Gardasil .....2/22/12
Influenza (inactive).....7/2/12
Influenza (live) .....7/2/12
Japanese encephalitis..12/7/11
Meningococcal ..... 10/14/11
MMR.....4/20/12
MMRV.....5/21/10
PCV13 .....4/16/10
PPSV .....10/6/09
Polio .....11/8/11
Rabies .....10/6/09
Rotavirus .....12/6/10
Shingles .....10/6/09
Td/Tdap .....1/24/12
Typhoid.....5/29/12
Varicella (chickenpox) ...3/13/08
Yellow fever .....3/30/11
Multi-vaccine VIS ..... 9/18/08
(for 6 vaccines given to infants/children: DTaP, IPV, Hib, Hep B, PCV, RV)



www.immunize.org/catg.d/p2027.pdf • Item #P2027 (7/12)

## Top 10 Facts about VISs

### Fact 1 It's federal law!

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

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

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

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

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

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

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

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

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

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

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

There is a VIS available for MMRV (ProQuad). An alternative VIS — the multi-vaccine VIS — is an option to providing single-vaccine VISs when administering one or more of these routine birth-through-6-month vaccines: DTaP, hepatitis B, Hib, pneumococcal (PCV), polio (IPV), or rotavirus (RV). The multi-vaccine VIS can also be used when giving combination vaccines (e.g., Pediarix, Pentacel, Comvax) or when giving two or more routine vaccines at other pediatric visits (e.g., 12–15 months, 4–6 years). However, when giving combination vaccines for which no VIS exist (e.g., Twinrix), give out all relevant single VISs. For example, before administering Twinrix give your patient the VISs for both hepatitis A and hepatitis B vaccines.

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

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

If they prefer to download the VIS onto a mobile device, direct them to CDC's VIS Mobile Downloads web page: www.cdc.gov/vaccines/Pubs/vis/vis-downloads.htm

To download VISs in other languages, visit www.immunize.org/vis

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

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

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

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

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

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

### Fact 10 Provide VISs to all patients

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

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

# 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 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:** a serious systemic or anaphylactic reaction to a prior dose of the vaccine or any of its components. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to people with either an anaphylactic or non-anaphylactic history of hypersensitivity to eggs; 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 provider's statement; or children or adolescents with chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, neurologic/neuromuscular, hematologic, or metabolic (e.g., diabetes) disorders; immunosuppression, including that caused by medications or HIV; long-term aspirin therapy (applies to a child or adolescent age 6 mos through 18 yrs).
   b. **Precautions:** moderate or severe acute illness with or without fever; history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation, receipt of influenza antivirals (e.g., amantadine, rimantadine, zanamivir, or oseltamivir) within the previous 48 hours or possibility of use within 14 days after vaccination.
   c. **Other considerations:** onset of hives only after ingesting eggs: healthcare providers familiar with the potential manifestations of egg allergy should administer TIV and observe patient for 30 minutes after receipt of the vaccine for signs of a reaction.
3. Provide all patients (or, in the case of a minor, their parent or 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 and preferred; these can be found at www.immunize.org/vis.
4. Administer injectable trivalent inactivated vaccine (TIV) intramuscularly in the vastus lateralis for infants (and toddlers lacking adequate deltoid mass) or in the deltoid muscle (for toddlers, children, and teens). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: infants 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; 3yrs and older: 1–1½". Give 0.25 mL to children 6–35 mos and 0.5 mL to all others age 3 yrs and older. (Note: A ⅝" needle may be used for patients weighing less that 130 lbs [<60kg] for injection in the deltoid muscle *only* if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.) Alternatively, healthy children age 2 yrs and older 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. Children age 6 mos through 8 yrs should receive a second dose 4 wks or more after the first dose if they 1) are receiving influenza vaccine for the first time or 2) did not get at least 2 doses of seasonal influenza vaccine since July 1, 2010.

   Note: CDC has developed an alternative approach that may be used with children who have documented histories (e.g., maintained in electronic registries) of influenza vaccination. By this approach, children age 6 mos through 8 yrs need only 1 dose of vaccine in 2012–13 if they have received any of the following: 1) 2 or more doses of seasonal influenza vaccine since July 1, 2010; 2) at least 2 doses of seasonal vaccine given before July 1, 2010, and at least 1 dose of monovalent 2009 H1N1 vaccine; or 3) at least 1 dose of seasonal vaccine given before July 1, 2010 and at least 1 dose of seasonal vaccine since July 1, 2010.
5. Document each patient's vaccine administration information and follow up in the following places:
   a. **Medical chart:** Record the date the vaccine was administered, the manufacturer and lot number, the vaccination site and route, and the name and title of the person administering the vaccine. If vaccine was not given, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
   b. **Personal immunization record card:** Record the date of vaccination and the name/location of the administering clinic.
6. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
7. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

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

Medical Director's signature: _____ Effective date: _____

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org/catg.d/p3074a.pdf • Item #P3074a (8/12)

# Skills Checklist for Immunization

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

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it for performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they provide immunizations to several patients and score in the **Supervisor Review** columns. If improvement is needed, meet with them to develop a **Plan of Action** (p. 2) that will help them achieve the level of competence you expect; circle desired actions or write in others.

The DVD "Immunization Techniques: Best Practices with Infants, Children, and Adults" ensures that staff administer vaccines correctly. Order online at **www.immunize.org/dvd**

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

Adapted from California Department of Public Health • Immunization Branch

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

Plan of Action:

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

_____ Employee Signature

_____ Date

_____ Supervisor Signature

_____ Date

_____ Plan of Action Deadline

_____ Date of Next Performance Review

# Standing Orders for Administering Pneumococcal (PPSV23 and PCV13) Vaccine to Adults

**Purpose:** To reduce morbidity and mortality from pneumococcal disease 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 any of the criteria below.

## Procedure

1. Identify adults in need of vaccination with pneumococcal polysaccharide vaccine (PPSV23) based on the following criteria:
   a. Age 65 years or older with no or unknown history of prior receipt of PPSV
   b. Age 64 years or younger with no or unknown history of prior receipt of PPSV and any of the following conditions:
      i. cigarette smoker
      ii. chronic cardiovascular disease (e.g., congestive heart failure, cardiomyopathies)
      iii. chronic pulmonary disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma)
      iv. diabetes mellitus, alcoholism or chronic liver disease (cirrhosis),
      v. candidate for or recipient of cochlear implant; cerebrospinal fluid leak
      vi. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
      vii. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
      viii. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
      ix. organ or bone marrow transplantation; chronic renal failure or nephrotic syndrome
2. Identify adults in need of an additional dose of PPSV23 if 5 or more years have elapsed since the previous dose of PPSV and the patient meets one of the following criteria:
   a. Age 65 years or older and received prior PPSV vaccination before age 65 years
   b. Age 64 years or younger and at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.vi.-ix. above)
3. Identify adults age 19 years and older in need of vaccination with pneumococcal conjugate vaccine (PCV13) who are at highest risk for serious pneumococcal infection or likely to have a rapid decline in pneumococcal antibody levels (i.e., categories 1.v.–1.ix. above).
4. Screen all patients for contraindications and precautions to pneumococcal vaccine:
   a. **Contraindication:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of pneumococcal vaccine (PPSV or PCV) or to a vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.
   b. **Precaution:** moderate or severe acute illness with or without fever
5. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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.
6. Administer vaccine as follows:
   a. For adults identified in 1. and 2. above, administer 0.5 mL PPSV23 vaccine either intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle or subcutaneously (23–25g, 5/8" needle) in the posterolateral fat of the upper arm.
   b. For adults identified in 3. above, administer 0.5 mL PCV13 intramuscularly (22–25g, 1–1½" needle) in the deltoid muscle. For adults previously vaccinated with PPSV, give PCV13 at least 12 months following PPSV. If not previously vaccinated with PPSV, give PCV13 first, followed by PPSV23 in 8 weeks.

   (Note: A 5/8" needle may be used for IM injection for patients who weigh less than 130 lbs [<60kg] for injection in the deltoid muscle, only if the subcutaneous tissue is not bunched and the injection is made at a 90-degree angle.)
7. 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.
8. 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.
9. Report all adverse reactions to PPSV23 and PCV13 to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (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 _____ (name of practice or clinic) until rescinded or until _____ (date).

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,.

www.immunize.org/catg.d/p3075.pdf • Item #P3075 (8/12)

# Standing Orders for Administering Pneumococcal Polysaccharide Vaccine to Children & Teens

**Purpose:** To reduce morbidity and mortality from pneumococcal disease 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 any of the criteria below.

## Procedure

1. Identify children and teens ages 2 years and older in need of a first dose of pneumococcal polysaccharide vaccine (PPSV) based on having any of the following conditions:
   a. chronic cardiovascular disease (e.g., cyanotic heart disease, cardiac failure, cardiomyopathies)
   b. chronic pulmonary disease (e.g., emphysema or chronic obstructive pulmonary disease [not asthma])
   c. diabetes, alcoholism, chronic liver disease (cirrhosis), or cerebrospinal fluid leaks
   d. functional or anatomic asplenia (e.g., sickle cell disease, splenectomy)
   e. immunocompromising condition (e.g., HIV infection, congenital immunodeficiency, hematologic and solid tumors)
   f. immunosuppressive therapy (e.g., alkylating agents, antimetabolites, long-term systemic corticosteroids, radiation therapy)
   g. organ or bone marrow transplantation
   h. chronic renal failure or nephrotic syndrome
   i. candidate for or recipient of cochlear implant
2. Identify children and teens who were vaccinated at least 5 years earlier with PPSV and who are at highest risk for serious pneumococcal infection or are likely to have a rapid decline in pneumococcal antibody levels (i.e., categories d–h above) and are in need of a second dose of PPSV.
3. Screen all patients for contraindications and precautions to PPSV:
   a. **Contraindications:** a history of a serious reaction (e.g., anaphylaxis) after a previous dose of PPSV or to a PPSV vaccine component. For a list of vaccine components, go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf. A child who has received pneumococcal conjugate vaccine (PCV) previously should wait at least 2 months before receiving PPSV.
   b. **Precautions:** moderate or severe acute illness with or without fever
4. Provide all patients (parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). Although not required by federal law, it is prudent to 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.
5. Administer 0.5 mL PPSV vaccine intramuscularly in the anterolateral thigh for toddlers age 24–35 mos (deltoid may be used if adequate muscle mass) or in the deltoid muscle of the arm for children ages 3 yrs and older (anterolaterial thigh muscle may be used if deltoid is inadequate). Use a 22–25 g needle. Choose needle length appropriate to the child's age and body mass: 24–35 mos: 1–1 1/4" (anterolateral thigh) or 5/8–1" (deltoid muscle); children 3–18 yrs: 5/8–1" (deltoid) or 1–1 1/4" (anterolateral thigh). A 5/8" needle may be used in toddlers and children if inserted in the deltoid muscle at 90° angle to the skin which is stretched flat between the thumb and forefinger. PPSV may also be given subcutaneously (23–25 g, 5/8" needle) in the posterolateral fat of the upper arm.
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 PPSV to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or by calling (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, February 2009.

www.immunize.org/catg.d/p3075a.pdf • Item #P3075a (2/09)

VACCINE INFORMATION STATEMENT

# Influenza Vaccine
## Inactivated
## *What You Need to Know*

# 2012 - 2013

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite http://www.immunize.org/vis

## 1 Why get vaccinated?

**Influenza ("flu") is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

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

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

## 2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the "flu shot," is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A "high-dose" inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

## 3 Who should get inactivated influenza vaccine and when?

### WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

### WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

## 4 Some people should not get inactivated influenza vaccine or should wait.

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

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- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

## 5 What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

**Mild problems:**

• soreness, redness, or swelling where the shot was given
• hoarseness; sore, red or itchy eyes; cough
• fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

**Moderate problems:**

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. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Severe problems:**

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

The safety of vaccines is always being monitored. For more information, visit:
**www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html** and
**www.cdc.gov/vaccinesafety/Activities/Activities_Index.html**

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

## 6 What if there is a severe reaction?

**What should I look for?**

- Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

**What should I do?**

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 7 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

## 8 How can I learn more?

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

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Vaccine Information Statement (Interim)

# Influenza Vaccine
(Inactivated)

7/2/2012

42 U.S.C. § 300aa-26

Office Use Only

VACCINE INFORMATION STATEMENT

# Influenza Vaccine
## Live, Intranasal
## *What You Need to Know*

# 2012 - 2013

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite http://www.immunize.org/vis

## 1 Why get vaccinated?

**Influenza ("flu") is a contagious disease.**

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

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

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

## 2 Live, attenuated influenza vaccine - LAIV (nasal spray)

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.

2. **Inactivated** (killed) influenza vaccine, the "flu shot," is given by injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the vaccination. Protection lasts about a year.

LAIV does not contain thimerosal or other preservatives.

## 3 Who can receive LAIV?

LAIV is recommended for healthy people **2 through 49 years of age**, who are not pregnant and do not have certain health conditions (see #4, below).

## 4 Some people should not receive LAIV

LAIV is not recommended for everyone. The following people should get the inactivated vaccine (flu shot) instead:

- **Adults 50 years of age and older or children from 6 through 23 months of age**. (Children younger than 6 months should not get either influenza vaccine.)
- Children younger than 5 years with asthma or one or more episodes of wheezing within the past year.
- Pregnant women.
- People who have long-term health problems with:
  - heart disease
  - kidney or liver disease
  - lung disease
  - metabolic disease, such as diabetes
  - asthma
  - anemia, and other blood disorders
- Anyone with certain muscle or nerve disorders (such as seizure disorders or cerebral palsy) that can lead to breathing or swallowing problems.
- Anyone with a weakened immune system.
- Anyone in close contact with someone whose immune system is so weak they require care in a protected environment (such as a bone marrow transplant unit). *Close contacts of other people with a weakened immune system (such as those with HIV)* ***may*** *receive LAIV. Healthcare personnel in neonatal intensive care units or oncology clinics may receive LAIV.*
- Children or adolescents on long-term aspirin treatment.

Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.

Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.

Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.

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Tell your doctor if you have gotten any other vaccines in the past 4 weeks.

Anyone with a nasal condition serious enough to make breathing difficult, such as a very stuffy nose, should get the flu shot instead.

People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

## 5 When should I receive influenza vaccine?

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines.

## 6 What are the risks from LAIV?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Live influenza vaccine viruses very rarely spread from person to person. Even if they do, they are not likely to cause illness.

LAIV is made from weakened virus and does not cause influenza. The vaccine can cause mild symptoms in people who get it (see below).

**Mild problems:**
Some children and adolescents 2-17 years of age have reported:

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

Some adults 18-49 years of age have reported:

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

**Severe problems:**

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have used it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

The safety of vaccines is always being monitored. For more information, visit:
**www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html** and
**www.cdc.gov/vaccinesafety/Activities/Activities_Index.html**

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** the doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

*VAERS does not provide medical advice.*

## 8 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382**, or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**.

## 9 How can I learn more?

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

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Vaccine Information Statement (Interim)

# Influenza Vaccine

(Live, Attenuated)

7/2/2012

42 U.S.C. § 300aa-26

Office Use Only

# PNEUMOCOCCAL POLYSACCHARIDE VACCINE

## WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

## 1 Pneumococcal disease

Pneumococcal disease is caused by *Streptococcus pneumoniae* bacteria. It is a leading cause of vaccine-preventable illness and death in the United States. Anyone can get pneumococcal disease, but some people are at greater risk than others:

- People 65 years and older
- The very young
- People with certain health problems
- People with a weakened immune system
- Smokers

Pneumococcal disease can lead to serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain (meningitis).

Pneumococcal pneumonia kills about 1 out of 20 people who get it. Bacteremia kills about 1 person in 5, and meningitis about 3 people in 10.

People with the health problems described in Section 3 of this statement may be more likely to die from the disease.

## 2 Pneumococcal polysaccharide vaccine (PPSV)

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

Pneumococcal polysaccharide vaccine (PPSV) protects against 23 types of pneumococcal bacteria, including those most likely to cause serious disease.

Most healthy adults who get the vaccine develop protection to most or all of these types within 2 to 3 weeks of getting the shot. Very old people, children under 2 years of age, and people with some long-term illnesses might not respond as well, or at all.

Another type of pneumococcal vaccine (pneumococcal conjugate vaccine, or PCV) is routinely recommended for children younger than 5 years of age. PCV is described in a separate Vaccine Information Statement.

## 3 Who should get PPSV?

- All adults 65 years of age and older.
- Anyone 2 through 64 years of age who has a long-term health problem such as:
  - heart disease
  - lung disease
  - sickle cell disease
  - diabetes
  - alcoholism
  - cirrhosis
  - leaks of cerebrospinal fluid or cochlear implant
- Anyone 2 through 64 years of age who has a disease or condition that lowers the body's resistance to infection, such as:
  - Hodgkin's disease
  - lymphoma or leukemia
  - kidney failure
  - multiple myeloma
  - nephrotic syndrome
  - HIV infection or AIDS
  - damaged spleen, or no spleen
  - organ transplant
- Anyone 2 through 64 years of age who is taking a drug or treatment that lowers the body's resistance to infection, such as:
  - long-term steroids
  - certain cancer drugs
  - radiation therapy
- Any adult 19 through 64 years of age who:
  - is a smoker
  - has asthma

PPSV may be less effective for some people, especially those with lower resistance to infection.

But these people should still be vaccinated, because they are more likely to have serious complications if they get pneumococcal disease.

Children who often get ear infections, sinus infections, or other upper respiratory diseases, but who are otherwise healthy, do not need to get PPSV because it is not effective against those conditions.

## 4 How many doses of PPSV are needed, and when?

Usually only one dose of PPSV is needed, but under some circumstances a second dose may be given.

- A second dose is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been 5 or more years since the first dose.
- A second dose is recommended for people 2 through 64 years of age who:
  - have a damaged spleen or no spleen
  - have sickle-cell disease
  - have HIV infection or AIDS
  - have cancer, leukemia, lymphoma, multiple myeloma
  - have nephrotic syndrome
  - have had an organ or bone marrow transplant
  - are taking medication that lowers immunity (such as chemotherapy or long-term steroids)

When a second dose is given, it should be given 5 years after the first dose.

## 5 Some people should not get PPSV or should wait

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- While there is no evidence that PPSV is harmful to either a pregnant woman or to her fetus, as a precaution, women with conditions that put them at risk for pneumococcal disease should be vaccinated before becoming pregnant, if possible.

## 6 What are the risks from PPSV?

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given.

Less than 1% develop a fever, muscle aches, or more severe local reactions.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small.

## 7 What if there is a severe reaction?

### What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

### What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

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## 8 How can I learn more?

- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION