

Los Angeles County Department Public Health

2014-2015 Seasonal
Influenza Clinic
Procedures Manual



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*Formerly known as the "Certificate of Self-Insurance."

Eligibility for Seasonal Influenza (Flu) Vaccine

Anyone who does not have a contraindication to the receipt of influenza vaccine can be vaccinated at a Department of Public Health (DPH) flu clinic (In-house, Outreach, and PODs). The following persons are eligible to be immunized with vaccine supplied by the Los Angeles County Department of Public Health Immunization Program:

All persons aged 6 months and older should be vaccinated annually.

Persons at higher risk for influenza-related complications should continue to be vaccinated including:

- All children 6 months through 18 years of age;
- Pregnant women and postpartum mothers;
- All adults 19 years of age and older;
- Immunocompromised persons (including immunosuppression caused by medications [chemotherapy/steroids] or by human immunodeficiency virus [HIV]);
- Persons with chronic medical conditions, including neurological;
- Health care personnel*;
- American Indians/Alaska Natives;
- Morbidly obese (body-mass index ≥ 40);
- Residents of nursing homes and other chronic-care facilities;
- Household contacts and caregivers of children less than 5 years of age;
- Adults 50 years of age and older with particular emphasis on vaccinating contacts of children less than 6 months of age;
- And household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

**Health care personnel are first encouraged to seek flu vaccination from their Primary Health Care Provider in order to free-up vaccine for the other high risk groups.*

• Influenza (Flu) Vaccination Consent Form 2014-2015 Completion Instructions (Part 1)

The Seasonal Influenza Vaccination Outreach Clinics will use the Influenza Vaccination Consent form to document immunization with influenza vaccines (Trivalent Inactivated Influenza Vaccine [IIV] & Live Attenuated Influenza Vaccine [LAIV]). The form is available in multiple languages (English, Spanish, Korean, and Chinese). (A copy of the English form is in the appendix.) For additional vaccination consents or Vaccine Information Statements (VIS), complete the VIS/Consent Order (See Appendix) and forward to Angela Austin at aaustin@ph.lacounty.gov or fax to (213) 250-8755. **Educational materials can be obtained by contacting the Immunization Program Customer Support Services Unit at (323) 869-8080.**

Completion of the Form:

1. **Client Completed Section:** The top section of the form which includes, name, address, phone, birthday, age, gender, race/ethnicity, pregnancy status, health insurance status, and client signature section should be completed by the client (**in black ink**) and checked by the screener. **Do not use pencil.**
2. **Screener Completed Section:** The next section is completed by the screener. The screener will be responsible for reviewing the initial screening questions completed by the client and verifying the information completed thus far. Review the vaccination form to ensure that the following fields are complete, accurate and legible:
 - Last Name
 - First Name
 - Date of Birth
 - Age
 - Zip Code
 - Phone number
 - Gender
 - Mother's First Name
 - Race/Ethnicity
 - Pregnancy Status

Next, the screener should review the screening questions (Section immediately below *Stop Do Not Write Below This Line*) with the client to determine if the client is medically eligible to receive a flu vaccination. **After reviewing the remaining screening questions, the screener will then determine which type of flu vaccine (Inactivated or Live) the client is eligible to receive.**

If the vaccine is contraindicated (e.g. patient had an anaphylactic reaction after previous dose of flu vaccine), document the information on the back of the Flu Vaccination Consent Form (**record information on back of the hard copy, not the copy given to the client**) and refer the client to their personal physician.

For children 6 months through 8 years of age, indicate the dose number (i.e. 1st or 2nd) the child is to receive. After completing the screening process, the screener must document his/her initials in the boxes provided.

Vaccinator Completed Section: The lower section of the form should be completed by the person administering the vaccine and includes the VIS date (pre-printed), type of flu vaccine, manufacturer, lot number, dose, site of administration, and initials of the person administering the vaccine.

Shade in the circle(s) corresponding to the vaccine being administered. **Please be sure to shade in the circle for the formulation (Inactivated or Live), dose (0.1 mL, 0.25 mL, 0.5 mL, or 0.2 mL), route (RT [right thigh], RD [right deltoid], LT [left thigh], LD [left deltoid], or Intranasal), and manufacturer (SP-Sanofi Pastuer, NOV-Novartis, GSK- GlaxoSmithKline, or MI-MedImmune).** Document the vaccine lot number using CAPITAL letters neatly in the center of the boxes.

Avoid Medication Errors: document the correct flu vaccine type, manufacturer/ lot number, dosage, route of administration (site), and initials of vaccinator.

Student Nurse Vaccinators: Student nurses providing vaccinations will need to have the vaccination form co-signed by the instructor at the end of the clinic. **Instruct all nursing faculty to co-sign the bottom right-hand corner of the consent form.**

Language interpreters: All persons providing interpreter services are required to sign consent form in the space provided on the lower left-hand corner.

3. **Quality Assurance:** Each outreach should have an assigned QA person (charge PHN will assign a designated person) to review the forms to make sure **all** fields have been completed.

See page 6 for general instructions on completing the Flu Vaccination Consent Form.

Influenza Vaccination Consent Form 2014-2015 Completion Instructions (Part 2)

- ✓ Use only **BLACK** ink (no pencil, colored ink, OR marker) to complete handwritten sections of the form.
- ✓ Print neatly in **CAPITAL** letters in the center of the boxes on the form.
- ✓ Ensure most of the area in any circles/bubbles are shaded. **Do not put an X or check mark in the bubbles.** However, if this does happen and there isn't time to shade, leave the form as is.
- ✓ Do **NOT** mark up or write any notes on the front of the form. Notes may be written on the back of the hard copy not the carbon. Keep the form clean (no smudges, marks, stains, etc).
- ✓ Do **NOT** fold the forms.
- ✓ Please ensure **ALL** questions/parts of the form are completed and not left blank.
- ✓ **Common errors made on the form:**
 - As long as the form is complete, legible, and the handwritten information is in the appropriate boxes, the form does **NOT** need to be completed more than once even if more than one mistake was made.
 - It is very important that **Date of Birth** is completed accurately. The screener should verify the date of birth with the client to ensure accuracy.
 - Zip code, Gender, Race/Ethnicity, Pregnancy status, Date Administered, and Mother's first name should be completed accurately.
 - Fill-in the appropriate bubbles for the Type of flu vaccine (LAIV, IIV), Manufacturer, Lot number, Dosage, Site and Vaccinator's Initials. This information is required to create an accurate record in the flu database.
 - **PRINT clearly in the space provided, the initials of the person administering the vaccine.** One letter per box. No SIGNATURES please.
 - If patient's last name is written as the first name and vice versa, the form does not need to be corrected or completed again.
- ✓ When removing the carbon/patient copy, please be careful to avoid ripping or tearing the original Vaccination form.

Vaccine Information Statements

A Vaccine Information Statement (VIS) is a one-page (two-sided) information sheet, produced by Centers for Disease Control (CDC). VISs inform vaccine recipients or their parents or legal guardians about the benefits and risks of a vaccine. **Federal law requires that the VIS is given out whenever certain vaccines are administered, including influenza vaccines (either IIV or LAIV).** A VIS must be given to the vaccine recipient or their parent or legal representative prior to administration of the vaccine.

The English version of the VIS may be downloaded from the CDC's web site at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>. Other languages are available on the Immunization Action Coalition's website at <http://www.immunize.org/vis>. Copies of the English and Spanish versions of the VIS may be found in the appendix.

Current VIS dates:

1. Inactivated Influenza Vaccine - IIV (08/19/2014)
2. Live, Intranasal Influenza Vaccine – LAIV (08/19/2014)

Vaccine for Children (VFC) Eligibility Screening

In addition to screening for contraindications, the screener will be responsible for screening children aged 6 months through 18 years for VFC eligibility. The screener must review the eligibility criteria with the parent/guardian to determine the child's eligibility status. Indicate the child's eligibility status by choosing from one of the following criteria:

- Uninsured
- Medi-Cal/CHDP
- American Indian/Alaskan Native
- Not VFC eligible*

*Children who have private health insurance (e.g. Private HMO/PPO, Healthy Families) and adults 19 years and older are not eligible for VFC but may still be vaccinated.

Contraindication & Precaution Screening Questions

And why the question is important!

Every person requesting a flu vaccination needs to be screened for contraindications to the vaccine. The vaccination form contains approved screening questions for IIV and LAIV. Persons answering yes to any question (except #10) should be referred to a knowledgeable person, usually the nurse for further assessment. See information below for information on assessing a person for vaccination who has answered yes to any questions. Please note, not all “yes” answers contraindicate vaccination.

Screening Questions:

These questions should be completed by the client and reviewed by the screener.

1. Do you have a fever or feel sick today? There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, persons with an acute febrile illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Do not withhold vaccination if a person is taking antibiotics.
2. Are you pregnant or think you may be pregnant? **Pregnant women or women planning to become pregnant within a month should NOT be given LAIV (Flumist).** However, all pregnant women should be vaccinated with the inactivated influenza vaccine.
3. Have you ever had a serious reaction to the Flu vaccine requiring medical help? History of anaphylactic reaction such as hives (urticaria), wheezing or difficulty breathing, or circulatory collapse or shock (not fainting) from a previous dose of vaccine or vaccine component is a contraindication for further doses.

After reviewing the questions above, the screener must interview the client to obtain additional information regarding the client’s medical history.

5. Do you have a severe allergy to eggs? A severe egg allergy contraindicates influenza vaccine. Persons who can eat lightly cooked eggs (i.e. scrambled) can be vaccinated with either IIV or LAIV. Persons who experience only hives after eating eggs or egg-containing products (e.g. cakes or bread) may be immunized with either IIV or Recombinant Influenza Vaccine (RIV). RIV is the only egg-free influenza vaccine available and is recommended for used in patients 18 through 49 years. Patients receiving IIV must be observed for 30 minutes following vaccination.
Persons who have required medical attention after eating eggs or egg-containing products (i.e. wheezing, hypotension) may be vaccinated with RIV or IIV as well. However, IIV should be administered by a physician with experience in the recognition and management of severe allergic conditions. (See Figure 1 on page 12). These patients should also be observed 30 minutes after vaccination.
6. Do you have an allergy to thimerosal? Although exposure to vaccines containing thimerosal can lead to hypersensitivity, the majority of patients do not have reactions to thimerosal when it is administered as a component of vaccines, even when patch or intradermal tests for thimerosal indicate hypersensitivity. When reported, hypersensitivity to thimerosal typically has consisted of local delayed hypersensitivity reactions. A previous delayed local hypersensitivity reaction to a vaccine containing thimerosal is not a contraindication to vaccination. Multi-dose vials of influenza vaccines contain thimerosal, whereas single dose

vials or syringes do not. Persons with severe allergies to thimerosal should be given preservative-free vaccine.

7. Have you ever had Guillain-Barré Syndrome (GBS)? It is prudent to avoid vaccinating persons who are not at high risk for severe influenza complications but who are known to have developed Guillain-Barré syndrome (GBS) within 6 weeks after receiving a previous influenza vaccination (IIV or LAIV). Persons who have developed GBS after a previous vaccination (IIV or LAIV) should be referred to their primary care provider for evaluation.
8. Have you received any of these vaccines within the last 4 weeks? MMR (measles-mumps-rubella), Varicella (chickenpox), LAIV, or Shingles? Persons who were given an injectable live virus vaccine or another live intranasal influenza vaccine within the past 4 weeks should wait 28 days before receiving LAIV. There is no reason to defer giving LAIV if they were vaccinated with an inactivated vaccine or if they have recently received blood or other antibody-containing blood products (e.g., Immunoglobulin [IG]).
9. Do you have any long term medical conditions such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (i.e. diabetes), liver disease (i.e. hepatitis, cirrhosis), a blood disorder (i.e. leukemia, lymphoma, sickle cell disease), weakened immune system (i.e. HIV/AIDS, steroid therapy or cancer treatment)? Persons with any of these health conditions should not be given LAIV (Flumist). Instead, they should be vaccinated with the inactivated influenza vaccine (IIV).
10. Is the person to be vaccinated between the ages of 2 – 49 years? LAIV is not licensed for use in persons younger than age 2 years or older than 49 years of age. Screeners must verify the date of birth and age to ensure the client meets the age requirements for LAIV. Clients who are **pregnant** or have a chronic illness should **not** receive LAIV. Instead, they should be vaccinated with IIV.

If the client answers yes to either of the following questions, he/she should be given IIV ONLY.

11. If your child is less than 5 years, have they been diagnosed with wheezing in the last 12 months? LAIV (Flumist) is not recommended for children at this age with possible reactive airways disease (e.g., history of asthma or recurrent wheezing or whose parent or guardian answers yes to this question). Instead, they should be given inactivated influenza vaccine.
12. Is your child taking long term medicine therapy containing **ASPIRIN**? Because of the theoretical risk of Reye's syndrome, children and teens (**less than 18 years of age**) on aspirin therapy should not be given LAIV. Instead they should be vaccinated with the injectable influenza vaccine.

Special Note: Providers using GSK Fluarix® should assess for latex allergy by asking the following question:

Do you have an allergy to latex? Persons with an allergy to latex should **not** be vaccinated with GSK's Fluarix supplied in single-dose syringes as **the syringe contains latex**. Persons with latex allergies other than anaphylactic allergies (e.g., a history of contact allergy to latex gloves), can be vaccinated.

The tip caps and plungers of the FluLaval® prefilled syringes **are not made** with natural rubber latex. The vial stoppers are not made with natural rubber latex.

Table 1. Influenza (Flu) Vaccine Products for 2014-2015

	Vaccine	Trade name	Manufacturer	Presentation	Age group	Number of doses	Route	Pregnant Women ††
Products Available Through LACIP and VFC	IIV†	Fluzone®	sanofi pasteur	0.25 mL prefilled syringe	6 – 35 mos	1-2§	IM	No
				0.5 mL prefilled syringe	≥36 mos	1-2§	IM	Yes
				0.5 mL vial	≥36 mos	1-2§	IM	Yes
				5.0 mL multi-dose vial††	≥6 mos	1-2§	IM	No
	IIV	Fluvirin®	Novartis Vaccines	0.5 mL prefilled syringe††	≥4 yrs	1-2§	IM	Yes
	IIV	Fluvirin®	Novartis Vaccines	5.0 mL multi-dose vial††	≥4 yrs	1-2§	IM	No
	IIV	FluLaval®	GlaxoSmithKline	5.0 mL multi-dose vial††	≥18 yrs	1	IM	No
LAIV††	FluMist®§§	MedImmune	0.2 mL sprayer	2--49 yrs	1-2§	Intranasal	No	

Vaccines Available for Purchase from Manufacturers

Other Products Available	IIV	Afluria***	CSL Biotherapies	0.5 mL prefilled syringe	≥9 yrs**	1-2§	IM	Yes
				5.0 mL multi-dose vial††				No
	IIV High Dose***	Fluzone® High-Dose	sanofi pasteur	0.5 mL prefilled syringe	≥65 yrs	1	IM	No
	IIV	Fluarix®	GlaxoSmithKline	0.5 mL prefilled syringe	≥3 yrs	1-2§	IM	Yes
	RIV	FluBlok®	Protein Sciences	0.5 mL single-dose vial	18-49 yrs	1	IM	Yes
	ccIIV3	Flucelvax®	Novartis Vaccines	0.5 mL prefilled syringe	≥18 yrs	1	IM	Yes
	IIV	Fluzone® Intradermal	sanofi pasteur	0.1 mL prefilled micro-syringe	18-64 yrs	1	ID	Yes

† Inactivated Influenza Vaccine (IIV) includes IIV3, IIV4, ccIIV. †† Live attenuated influenza vaccine (LAIV4) also known as Flumist.

§ Two doses administered at least 4 weeks apart are recommended for children aged 6 months–8 years who have never received flu vaccine or have not received 2 or more doses of flu vaccine since July 1, 2010. (See Figure 1, Page 12).

¶ For adults/older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

§§ FluMist is shipped refrigerated and stored in the refrigerator at 36°F–46°F (2°C–8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2–4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2–4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist.

** Age indication per package insert is ≥5 years; however, ACIP recommends that Afluria not be used in children aged 6 months through 8 years because of increased risk for febrile reactions noted in this age group with CSL's 2010 Southern Hemisphere IIV. If no other age-appropriate, licensed IIV is available for a child aged 5 through 8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, vaccination providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine.

*** Inactivated Influenza vaccine high dose. A 0.5-mL dose contains 60 mcg of each vaccine antigen.

†† Effective July 1, 2006, the State of California requires that children less than 3 years of age and women who are pregnant, be immunized with vaccines containing restricted amounts of thimerosal, a preservative in some vaccines. Therefore, vaccines contained in multi-dose vials should not be used to vaccinate pregnant women & children less than 3 years of age.

2014-2015 Seasonal Influenza Vaccine Dosage, by Age of Patient

Inactivated Influenza Vaccine (IIV)¹ Dosage, by Age Group

Age Group	Dose	Number of Doses	Route
6-35 months ²	0.25 mL	1 or 2 ³	Intramuscular ⁴
3-8 years	0.50 mL	1 or 2 ³	Intramuscular ⁴
9 years and older ^{2, 8}	0.50 mL	1	Intramuscular ⁴
18 – 64 years ⁹	0.1 mL	1	Intradermal ⁹

Live Attenuated Influenza Vaccine (LAIV4)^{1,5} Dosage

Age Group	Dose	No. of Doses	Route
2-49 years ^{5, 8}	0.20 mL ⁶	1 or 2 ⁷	Intranasal ⁶

¹ Both IIV and LAIV prepared for the 2014-15 season will include: hemagglutinin (HA) derived from an A/California/7/2009 (H1N1)- like virus, an A/Texas/50/2012 (H3N2)-like virus, and a B/Massachusetts/2/2012-like (Yamagata lineage) virus. This season (2014-15) IIV4 and LAIV will contain an additional B-strain (B/Brisbane/60/2008-like virus), as well as the strains included in the trivalent inactivated influenza vaccines.

² Effective July 1, 2006, the State of California requires that children less than 3 years of age and women who are pregnant, be immunized with vaccines containing restricted amounts of thimerosal, a preservative in some influenza vaccines.

³ Two doses administered at least 4 weeks apart are recommended for children aged 6 months–8 years who have never received flu vaccine or have not received 2 or more doses of flu vaccine since July 1, 2010. (See Figure 2, Page 13).

⁴ For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the vastus lateralis muscle located on the anterolateral aspect of the thigh.

⁵ Live attenuated influenza vaccine (LAIV) may be considered for healthy persons aged 2-49 years. This vaccine is not approved for use in pregnant women or persons with chronic medical conditions. LAIV is preferred for healthy children aged 2 through 8 years.

⁶ LAIV is intended for intranasal administration only and should be equally divided between each nostril. (See Vaccine Administration Section for details).

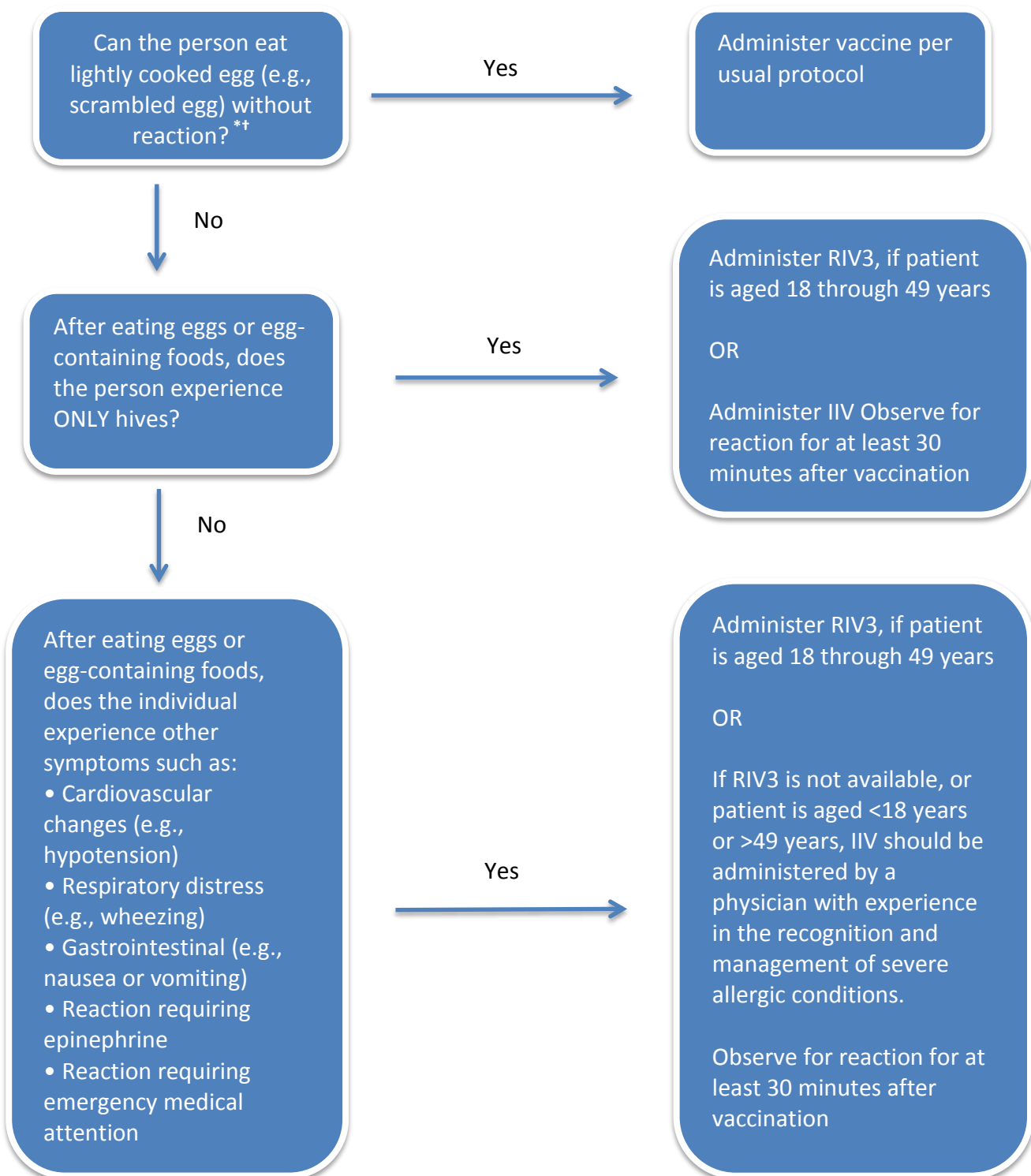
⁷ Two doses of LAIV administered at least 4 weeks apart are recommended for children aged 2-8 years who have never received flu vaccine or have not received 2 or more doses of flu vaccine since July 1, 2010. (See Figure 2, Page 13).

⁸ Women who are breastfeeding can receive either IIV or LAIV unless contraindicated because of other medical conditions.

⁹ Interdermal flu vaccine should be administered using the prefilled micro syringe over the deltoid area.

Vaccine Storage and Handling: IIV and LAIV should be stored at refrigerator temperature (35°F–46°F/2°C–8°C) upon receipt and should remain at that temperature until the expiration date.

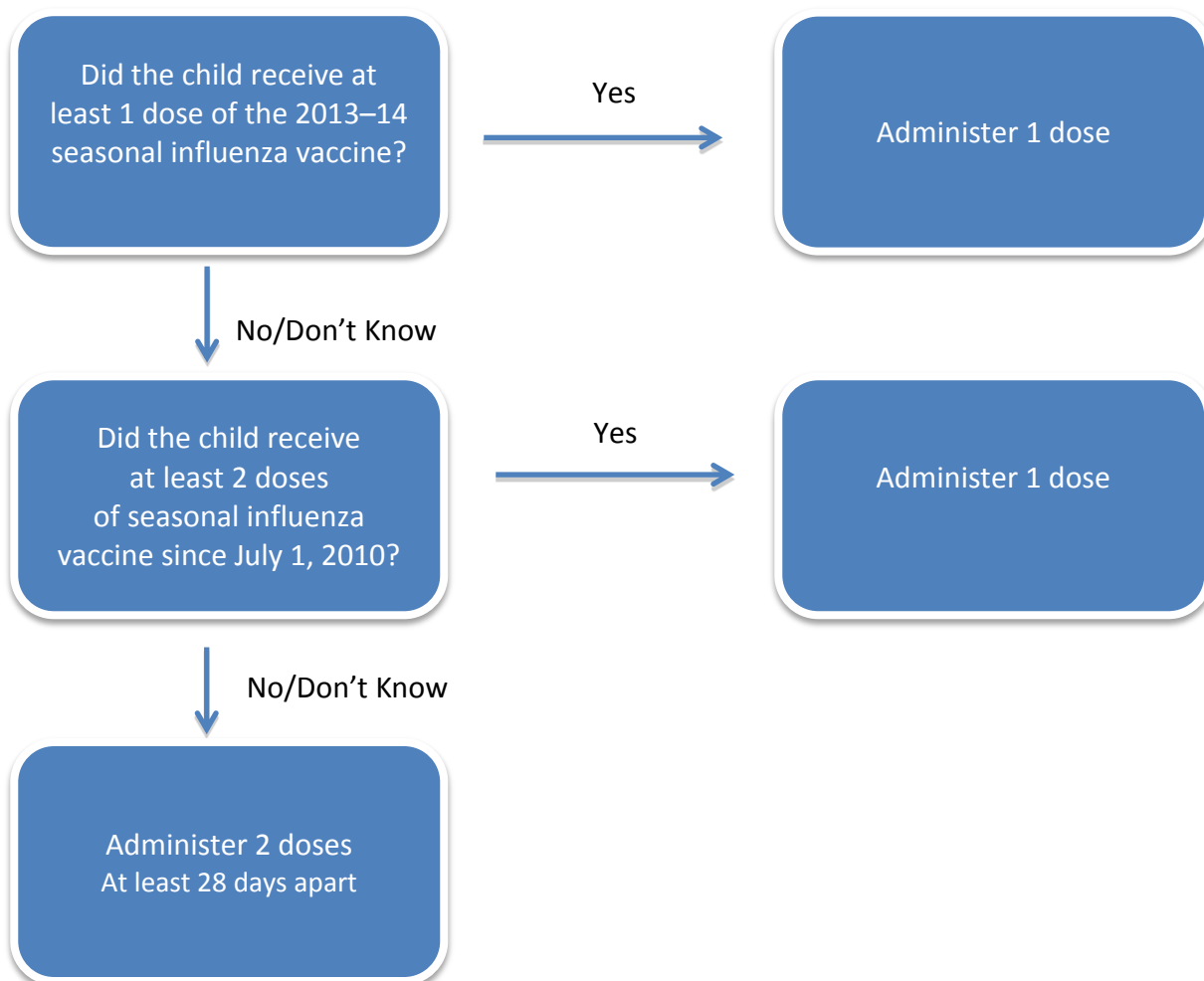
Figure 1: Recommendations Regarding Influenza Vaccination of Persons Who Report Allergy to Eggs



Abbreviations: IIV = inactivated influenza vaccine; RIV3 = recombinant influenza vaccine, trivalent. * Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy (Erlewyn-Lajeunesse M, Brathwaite N, Lucas JS, Warner JO. Recommendations for the administration of influenza vaccine in children allergic to egg. *BMJ* 2009;339:b3680). †

For persons who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained before vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.

Figure 2: 2014-15 Influenza Dosing Schedule for Children 6 Months Through 8 Years of Age



This algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010.

If this is the first season of flu vaccination for a child 6 months through 8 years of age, the child should receive 2 doses of flu vaccine. However, children aged 6 months through 8 years need only 1 dose of flu vaccine in 2014 – 15 if they have received any of the following:

- 2 or more doses of seasonal influenza vaccine since July 1, 2010, or
- 2 or more doses of seasonal influenza vaccine before July 1, 2010 and 1 or more doses of monovalent 2009 (H1N1) vaccine, or
- 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010.

Children aged 6 months through 8 years, for whom one of these conditions is not met or for whom flu vaccination history is not available require 2 doses of influenza vaccine administered at least 4 weeks apart during the 2014 – 2015 season.

Review of Vaccine Administration Techniques

Administration of Inactivated Influenza Vaccines (IIV): Intramuscular Injection (IM)

IIV vaccine should be given by the intramuscular (IM) route. Other methods, such as intradermal, subcutaneous, topical, or mucosal should not be used unless approved by the Food and Drug Administration or recommended by ACIP for a specific flu vaccine formulation.

1. Filling Syringes:

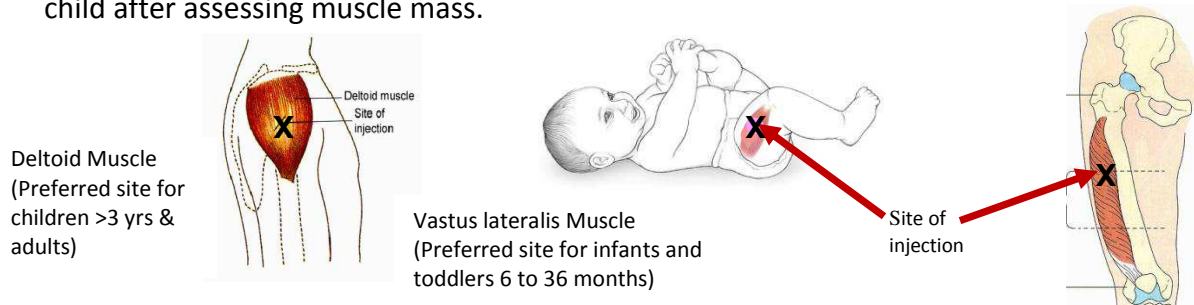
- Influenza vaccine: There are 10 doses in the multi-dose vials.
- Always double check the vaccine vial to make sure that it is the intended vaccine and it has not expired.
- Inject 0.5 mL of air into the vial using smaller gauge needles (23-25 gauge) to prevent vaccine leakage from vial.
- Withdraw just the required amount of vaccine for the dose (Influenza vaccine: 0.25 mL for children 6-35 months & 0.5 mL for persons aged 3 years and older).
- Avoid squirting any vaccine into the air (any small amount of air that might be inside the needle or syringe will not hurt the patient).
- Avoid pre-filling syringes.** Drawing up multiple doses of vaccine in syringes from vials before immediate use is discouraged because of possible mix-ups and the uncertainty of vaccine stability in these conditions (2012 Red Book 28th Edition, page 19). If syringes must be pre-filled for a mass clinic, fill the syringes immediately prior to the clinic. Store filled syringes in separate or divided containers or trays with type of vaccine clearly identified. Containers should be kept in the refrigerator or on top of cold packs.

2. Needle Sizes:

- A 1-inch to 1-1/2 inch, 23 to 25-gauge needle is recommended. The correct needle length is required to ensure that the vaccine will be administered intramuscularly (IM) and not into the subcutaneous tissue. If bone is touched with the longer needle, the needle can be pulled back slightly.
- For infants and children age 6 to 36 months use a 1-inch, 23 to 25-gauge needle.

3. Sites for IM injection:

- IM injections for children and adults (over 36 months of age):** Deltoid muscle, where the muscle is largest in the posterolateral area below the level of the acromion and above the level of the armpit.
- IM injection for infants and toddlers:** Vastus lateralis muscle in the anterolateral area of the middle or upper thigh. The Vastus lateralis is the recommended site for infants and toddlers up to age 36 months. However, by age 12-18 months the deltoid muscle may have developed sufficiently to be used; and individual decision must be made for each child after assessing muscle mass.



4. **IM Vaccine Administration Procedure:**

- a. **Patient Position:** Older children, adults and seniors preferably should be seated for immunizations although this practice is not always possible in mass clinics. Children should be properly restrained on a table or on the parent's lap. The parent should be instructed to hold the child securely. When a child is held on the parents lap for an anterolateral thigh injection, the leg of the parent can be crossed over the leg of her child to hold the leg securely.
- b. Expose the entire injection area so that the anatomical landmarks can be identified easily. Clean the injection area with an alcohol swab.
- c. **Needle Insertion:** Angle of the needle is perpendicular (90° angle) to the skin. Introduce the needle with a quick thrust; introduce the remainder of the needle through the skin and into the muscle with firm and steady pressure. Hold the skin taut with the other hand and retain pressure around the injection site with the thumb and index fingers of for the entire time the needle is being inserted. Aspiration is not necessary. Although some healthcare professionals recommend aspiration (i.e., pulling the syringe plunger back before injection), no data exists to document the necessity for this procedure. If aspiration results in blood in the syringe, withdraw the needle and discard the vaccine syringe. Prepare a new syringe with vaccine and choose another site for administration.

5. **Universal Precautions:**

- a. Use of safety-syringes is required. Gloves are also required when administering IM medications (vaccines). (Per Policy QID-313, Medication Administration, Including Immunizations 02/24/2012).
- b. Do not recap syringes, clip needles, or separate the needle and syringe after giving, an injection. Activate the safety device prior to disposing the syringe into the sharps container.
- c. Discard needles and syringes in a puncture-proof sharps-disposal container. Used sharps containers should never be disposed of at an outreach site where there is no protection against inappropriate access. Sharps containers must be disposed of at an approved Bio-medical waste site.

6. **Simultaneous Administration of Other Vaccines:**

IIV may be administered on the same day as other vaccines (e.g., DTaP, PCV, Hib, Tdap, MMR, Varicella, etc.) that are indicated on the date of the visit. IIV can also be administered either simultaneously or at any time before or after a live vaccine.

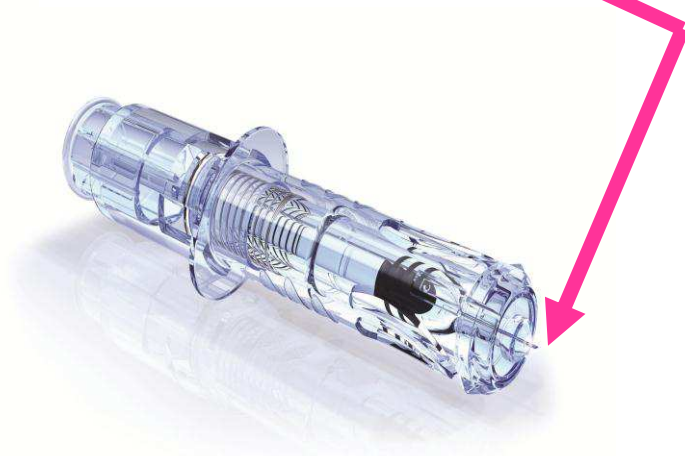
Administration of Intradermal (ID) Influenza Vaccine

1. ID administration:

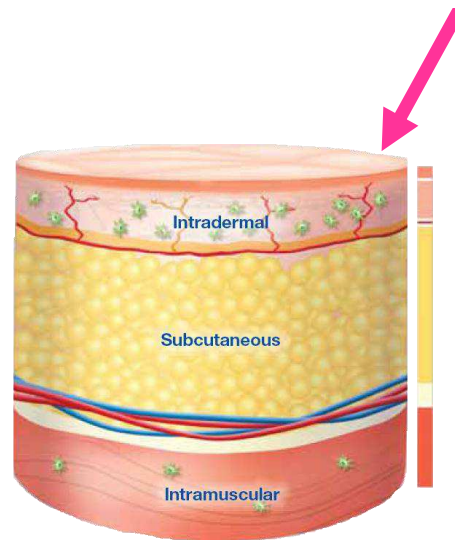
Each pre-filled syringe is ready to use, with an affixed micro-needle. There is no need to purge the syringe to remove air.

Needle Gauge and Length

- 30-gauge, 1.5 milliliter micro-needle,
- Manufacturer pre-filled microinjection syringe
- 0.1 mL dose



Intradermal Route

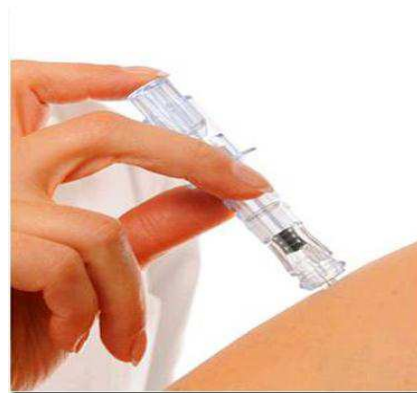


Site



- Correct position for administration - arm bent at the elbow and the hand on the hip
- Administer in the deltoid area of the upper arm

Technique

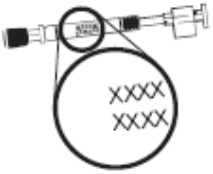








- Correct hand position for vaccine administration
- Insert the needle perpendicular to the skin
- Push the plunger with the **index finger** without aspirating
- After the vaccine is delivered, push the plunger with the thumb until a click is heard
- A protective shield will cover the needle

Administration of Live Attenuated Influenza Vaccine (LAIV): Intranasal

LAIV is intended for intranasal administration only and should never be administered by injection. LAIV is supplied in a prefilled single-use sprayer containing 0.2 mL of vaccine. Approximately 0.1 mL (i.e., half of the total sprayer contents) is sprayed into the first nostril while the recipient is in the upright position. An attached dose-divider clip is removed from the sprayer to administer the second half of the dose into the other nostril. If the vaccine recipient sneezes after administration, the dose should not be repeated. Refer to the administration diagram below for step-by-step administration instructions. Once FluMist has been administered, the sprayer should be disposed of in a sharps container.

1. Administration Procedure:

<p>1</p>  <p>Check expiration date. Product must be used before the date on sprayer label.</p>	<p>2</p>  <p>Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.</p>	<p>3</p>  <p>With the patient in an upright position, place the tip just inside the nostril to ensure FluMist is delivered into the nose.</p>
<p>4</p>  <p>With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.</p>	<p>5</p>  <p>Pinch and remove the dose-divider clip from plunger.</p>	<p>6</p>  <p>Place the tip just inside the other nostril and with a single motion, depress plunger as rapidly as possible to deliver remaining vaccine.</p>

 **DO NOT INJECT. DO NOT USE A NEEDLE.**

Note: Active inhalation (i.e., sniffing) is not required by the patient during FluMist administration

- 2. Universal Precautions:** Use of gloves is not required (2012 Red Book 29th Edition, page 20). Discard sprayer in sharps-disposal container. Used sharps containers should never be disposed of at an outreach site where there is no protection against inappropriate access. Sharp containers must be disposed of at an approved Bio-medical waste site.
- 3. Simultaneous Administration of Other Vaccines:** LAIV may be administered on the same day as other live vaccines (e.g., MMR, Varicella, Rotavirus). Inactivated vaccines, such as Tdap, Hepatitis B, and Pneumococcal Conjugate Vaccine (PCV 13), etc. can be administered either simultaneously or at any time before or after a live vaccine.

Emergency Procedures (Fainting & Anaphylaxis)

1. **Simple Fainting:** Anaphylaxis must be distinguished from simple fainting (vasovagal syncope) that can occur before, during or shortly after injection. A person experiencing fainting may become pale and feel faint, or he/she may suddenly collapse and be unconscious but with a steady pulse and normal respiration. Persons feeling faint should lie flat or sit in the head-down position for several minutes. Persons who faint completely should be placed flat with the feet (not the head) somewhat elevated. After the person regains consciousness, he/she should be allowed to rest in a quiet area for 10 minutes.
2. **Anaphylaxis:** Anaphylaxis is an adverse, acute reaction due to the release of constituents of inflammatory cells that can lead to constriction of bronchioles in the lungs, respiratory distress, and circulatory collapse. Anaphylaxis usually begins several minutes after injection of an offending substance. Initial symptoms typically include several of the following: sneezing, coughing, itching, “pins and needles” sensation of the skin, flushing, facial edema, urticarial rash (hives), and anxiety. In severe cases, these symptoms may be followed by progressive difficulty in breathing with or without audible wheezing or stridor, and/or hypotension, which may progress to shock and collapse.
3. **Procedure for Anaphylaxis:**
 - a. Dial 911 for paramedics.
 - b. Follow facility emergency procedure(s).
 - c. Assess airway, breathing, circulation and level of consciousness.
 - d. Establish and maintain airway.
 - e. Place patient in the recumbent position and elevate the lower extremities, as tolerated symptomatically.
 - f. **Children less than 5 years old: Administer 0.01 mL/kg/dose (maximum 0.5 mL) aqueous solution of epinephrine hydrochloride 1:1000 IM** (i.e. intramuscular injection) into the anterolateral aspect of the thigh (i.e. vastus lateralis muscle) every ten (10) to fifteen (15) minutes, for up to three doses, as needed, to control symptoms and increase blood pressure.
 - g. **Children 5 years old and older: Administer 0.01 mL/kg/dose (maximum 0.5 mL) aqueous solution of epinephrine hydrochloride 1:1000 IM** (i.e. intramuscular injection) into deltoid or anterolateral aspect of the thigh (i.e. vastus lateralis muscle) every ten (10) to fifteen (15) minutes, for up to three doses, as needed, to control symptoms and increase blood pressure.
 - h. If the weight of the child is not known the dosage can be approximated from the subject’s age as follows:

Age Group	Epinephrine Dose
1-6 months	0.05 mL
7-36 months	0.10 mL
37-59 months	0.15 mL
5-7 years	0.20-0.25 mL
8-10 years	0.25-0.30 mL
11-12 years	0.35-0.40 mL
13 years and older	0.50 mL

- i. **Adults: Administer 0.3-0.5mg/dose (or 0.3-0.5mL) aqueous solution of epinephrine hydrochloride 1:1000 IM** (i.e. intramuscular injection) into the deltoid or anterolateral aspect of the thigh (i.e. vastus lateralis muscle) every ten (10) to fifteen (15) minutes, for up to three doses, as needed, to control symptoms and increase blood pressure.
- j. LVNs may administer epinephrine with a physician's order and per procedures stated in the LVN Standing Order: Response to Anaphylaxis (7/2/2014).
- k. If the agent causing an anaphylaxis reaction was given by injection, epinephrine can be injected into the same site to slow absorption.
- l. Monitor vital signs.
- m. Provide Basic Life Support (BLS) as necessary.
- n. At clinical sites administer oxygen to patient at 5-10 liters per minute via facemask **if available.**
- o. Continue activities until arrival of paramedics or physician.
- p. Open a medical record on the patient if one does not exist.
- q. Record all activities on the Community Health Services Emergency/Anaphylaxis Emergency Worksheet per CHS Policy 510 and 511
<http://intranet/ph/PDFs/PolicyProcedures/CHSPolicyManual/500/CHS511AttachIIAnaphylaxisWorksheet.pdf>
- r. Document the following information per Policy QID – 313 “Administration of Medications, Including Vaccinations:
 - 1. Time and date of occurrence, subjective complaints, objective signs and vital signs and precipitating antigen if known.
 - 2. Record epinephrine hydrochloride administration: dosage given, date and time given, and by whom.
 - 3. Document time of arrival and departure of paramedics and/or medical consultation and subsequent orders.
 - 4. If a vaccine was the trigger, document and report adverse reaction(s) to the Vaccine Adverse Events Reporting System (VAERS) via mail, FAX or internet (<http://vaers.hhs.gov/index>). Forward copy to DPH Immunization Program, Medical Director.
- s. Obtain physician signature for all verbal orders.
- t. Report incident to supervisor and follow CHS Policy No. 915 - Patient Safety Net Event Notification.

4. **Equipment**

- a. All clinical/health center sites will have oxygen tank(s) with a wrench, facemasks (adult, child, infant) and extension tubing.
- b. Non-clinical sites will not have oxygen available. Non-health center or nonclinical sites should dial 911 when a patient is noted with signs and symptoms of anaphylaxis and follow the procedure outlined above.
- c. The emergency kit at both non-clinical sites (i.e. flu outreach) event should contain the following items (See CHS Policy 511 Attachment I at <http://intranet/ph/PDFs/PolicyProcedures/CHSPolicyManual/500/511Attachment1.pdf> for quantities):
 - 1. Aqueous epinephrine hydrochloride 1:1000 solution, (3) ampoules (vials)
 - 2. Alcohol wipes
 - 3. CPR Micormask

4. CPR face shields
5. Non-latex disposable gloves, (2 pairs each: small, medium, large)
6. Disposable filter needles (1½ inch, 18 gauge)
7. Safety needles (23 gauge 1” and 22 gauge 1 ½”) for intramuscular administration
8. Syringes
9. Stethoscope
10. Sphygmomanometer with adult cuff (staff can take other sizes as well)
11. CHS Emergency Anaphylaxis Worksheet
<http://intranet/ph/PDFs/PolicyProcedures/CHSPcedureManual/500/CHS510AttachmentIIAnapylaxisWorksheet.pdf> (7/14)
12. Pad of paper
13. Ink pens
14. RN Standardized Procedure: Management of Anaphylaxis (6/10/2014)
15. LVN Standing Order: Response to Anaphylaxis (7/2/14)

Adapted from Los Angeles County Department of Public Health: Management of Anaphylaxis - Policy QID 318 (7/2/2014) <http://intranet.laph.local/ph/PDFs/PolicyProcedures/QID/QID-318.pdf>. and Anaphylaxis Kits for Home Visitation and Community Outreach Events (CHS Policy 511 4/1/2014) Attachment I and II <http://intranet.laph.local/ph/PDFs/PolicyProcedures/CHSPcedureManual/500/511AnaphylaxisCommunity.pdf>. Attachment I <http://intranet.laph.local/ph/PDFs/PolicyProcedures/CHSPcedureManual/500/511Attachment1.pdf> Attachment II <http://intranet.laph.local/ph/PDFs/PolicyProcedures/CHSPcedureManual/500/511Attachment1.pdf>

Vaccine Adverse Reporting System (VAERS)

The Vaccine Adverse Event Reporting System is a cooperative program for vaccine safety of the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA). VAERS is a post-marketing safety surveillance program, collecting information about adverse events (possible side effects) that occur after the administration of US licensed vaccines.

Each report provides valuable information that is added to the VAERS database. Accurate and complete reporting of post-vaccination events supplies the information needed for evaluation of vaccine safety. The CDC and FDA use VAERS information to ensure the safest strategies of vaccine use and to further reduce the rare risks associated with vaccines.

VAERS encourages the reporting of any clinically significant adverse event that occurs after the administration of any vaccine licensed in the United States. You should report clinically significant adverse events even if you are unsure whether a vaccine caused the event.

For influenza vaccines, health care providers are required to report any event listed by the vaccine manufacturer as a contraindication to subsequent doses of the vaccine.

A copy of the VAERS form can be found in the appendix or downloaded from the VAERS website at http://vaers.hhs.gov/resources/vaers_form.pdf.

A copy of the completed VAERS form should be FAXED to the Los Angeles County Immunization Program at (213) 351-2782. If you have any questions regarding reporting or VAERS, contact the Immunization Program at (213) 351-7800.

Volunteer Information

All persons who wish to participate as a volunteer at the flu outreach clinics must complete the 1-3 Day Volunteer Packet. Non-licensed staff may complete the forms the day of the outreach and submit to HR by the next business day. All licensed staff (RN, LVN, MD, etc.) must complete the forms and email to **Sarena Reyes** at sareyes@ph.lacounty.gov at least 3 days prior to the outreach. The Volunteer Packet is available on the DPH intranet at <http://intranet/ph/PDFs/Forms/HR/VolunteerManual.pdf>.

Just in Time Training

Just in time training (JITT) should be completed immediately before the start of each outreach clinic. Listed below are several required topics that must be reviewed during JITT:

- Current influenza vaccine recommendations and administration procedures
- Flu Outreach forms - 2014 – 15 Flu Vaccination Consent Form; CHS Cover Sheet for Flu Outreaches; Vaccine Information Statements; Patient Information Form
- List of vaccine lot numbers and type of vaccine being used on the day of the outreach
- Review assignments i.e. Screeners, Vaccinators, QA, etc.

Flu Accountability Process for Community Health Services (CHS)

Checklist for Flu Vaccine Inventory

Before the outreach clinic:

- Upon receipt of your flu vaccine, enter **all** doses in CAIR (i.e. all doses should be entered with the date received). **DO NOT** separate doses by outreach and in-house.
- Vaccines with the same lot number and same expiration date should be combined and not re-entered as a new lot number.

Note: Doses transferred from one health center to another must be deleted from the CAIR inventory of the original health center. The health center receiving the transferred vaccine must enter the doses received into their CAIR inventory. (See Appendix for CAIR Transfer Instructions)

Checklist for Outreach Clinics

The following forms shall be provided to patients receiving an influenza vaccination:

- Vaccine Information Sheet (VIS)
- 2014-2015 Influenza Vaccination Consent Form
- Patient Information Form
 - *Note: The PIF should only be completed (to capture Medi-Cal and/or Social Security Numbers) if the patient indicates insurance coverage on the 2014-2015 Flu Consent Form.*

During the outreach

- The nurse in-charge of the outreach clinic **must** review and complete the CHS Influenza Coversheet. Indicate if each participant is a vaccinator or screener.
- Each person participating in the outreach should sign his/her own name and initials on the Coversheet.
 - Initials should be signed the same as they are signed on the *Flu Vaccination Form 2014 – 2015*.
- All flu doses administered at outreach clinics conducted by CHS staff will utilize the *2014 – 2015 Flu Vaccination Consent Form*.
- Screeners and vaccinators must review each vaccination form to ensure the following fields are complete, accurate, and legible:

○ Last Name	○ Mother' First Name	○ Site of Administration
○ First Name	○ Race/ethnicity	○ Staff Initials
○ Date of Birth	○ Pregnancy Status	○ Date of Administration
○ Zip Code	○ Type of Flu Vaccine	○ VFC Eligibility Status
○ Phone number	○ Manufacturer	○ Insurance Coverage
○ Gender	○ Lot Number	○ CAIR disclosure

Checklist to Prepare Forms for Data Entry

After the outreach:

- The Nurse in-charge must review and complete the Cover Sheet for CHS Flu Outreach Clinics, 2014-2015 and attach to the vaccination forms and PIFs. All of the information on the cover sheet must be completed.
- Check to make sure all of the names and initials of the screeners and vaccinators are listed on the Cover Sheet for CHS Flu Outreach Clinics, 2014-2015.
- Sort the “2014-2015 Flu Vaccination Consent Forms” by the vaccinator’s initials. For example, all forms signed by Susan R. Smith with the initials “SRS” should be paper clipped together.
- Review the vaccination forms for completeness. Correct forms missing the following information:
 - Type of vaccine
 - Lot numbers should match those listed on the cover sheet
 - Date vaccine administered

CHS Flu Outreach Cover Sheets

After the outreach clinic:

- Within 3 business days of the flu outreach, the flu coordinator (or designee) shall fax or email the CHS Flu Outreach Cover Sheets to the Office of Health Assessment and Epidemiology (OHAE). Faxed forms should be sent to: 213-250-2594; forms sent via email shall be should be sent to the attention of Nirvi Shah, Epi Analyst at: nshah@ph.lacounty.gov.
- The flu coordinator (or designee) shall ensure all consent and Patient Information Forms are properly batched with the CHS Flu Outreach cover sheet on top and transported to the OHAE on the Monday following the outreach and delivered to:

Office of Health Assessment and Epidemiology
313 N. Figueroa St., Room #127
Los Angeles, CA 90012
***Sign in with Jeremy Huang**

- Once all forms are entered, the OAHE will send all batched forms to CHS Administration, to the attention of Angela Austin, CHS Flu Coordinator.
- The CHS Flu Coordinator will work with the Area Nurse Managers to ensure that these batched forms are returned to the appropriate health center.

Off-Site Clinic Supply Check List

Medical Supplies

- _____ Vaccines
- _____ Safety syringes with needles attached (23-25 Gauge 1 – 1 ½ inch needles)
- _____ Needles (23-25 Gauge 1 – 1 ½ inches) to attach to manufacturer’s prefilled syringes
- _____ Puncture proof sharps disposal containers
- _____ Insulated bag or container for transporting vaccine
- _____ Cold packs for transporting vaccine
- _____ Thermometers
- _____ Alcohol wipes
- _____ Cotton balls
- _____ 3-6 small trays to hold vaccine
- _____ Emergency Kit (See Emergency Procedures section for list of kit’s contents)
- _____ Drape sheets or roll table covers for tables
- _____ Paper towels
- _____ Hand sanitizer
- _____ Heavy duty, large plastic trash bags
- _____ Kleenex
- _____ Band-Aids
- _____ Cot/Blanket
- _____ Red plastic bags for contaminated supplies
- _____ Gloves (non-latex) small, medium and large

Stationery Supplies

- _____ 2014-2015 Influenza Outreach Clinic Procedure Manual
- _____ 2014 - 2015 VISs in English/Spanish, and other languages (as needed)
- _____ Flu Vaccination Consent Form 2014 – 2015
- _____ Volunteer sign in sheets
- _____ Certificate of County Self-Funding of Insurance Obligation 2014 – 2015
- _____ Cover Sheet for CHS Outreach Flu Clinics
- _____ Volunteer Instructions
- _____ Volunteer nametags
- _____ Emergency phone numbers: Physician on call, Health Center contact person
- _____ Stapler/staples
- _____ Rubber bands
- _____ Pens (black ink only), pencils and marking pens
- _____ Clip boards
- _____ Masking tape
- _____ Paper clips
- _____ Listing of other clinic sites and dates

Policies and Procedures

- ___ Employee Exposure to Blood or Body Fluids (Policy 702), referral procedure and forms
- ___ Non-Employee Injury Report (Policy 404) and forms
- ___ Patient Safety Event Notification (Policy 915) and forms
- ___ Management of Anaphylaxis (Policy 318)
- ___ Registered Nurse Standardized Procedure: Management of Anaphylaxis (06/10/2014)
- ___ Community Health Services Emergency/Anaphylaxis Emergency Worksheet
- ___ VAERS Form
- ___ Volunteer Forms – Forms are available on DPH PHD under Forms>Volunteer Programs

Post Off-Site Clinic Checklist

Volunteers

- ___ Ensure all volunteers have signed out on the Volunteer Sign-In form, with the Clinic Manager or designated staff person.
- ___ Collect Volunteer Sign-In forms to return to the health center.

Vaccine

- ___ Return vaccine to the health center in an insulated container with cold packs (See Vaccine Packing Instructions section).
- ___ Initial and Date multi-dose vials.
- ___ Refrigerate vaccine immediately upon return to the health center.

Forms

- ___ Collect all Flu Vaccination Consent Forms and return to the health center for data entry.
- ___ If applicable, submit completed Event Notification, VAERS, Non-employee Injury reports, etc to Supervisor. A copy of the VAERS report must be FAXED to the Immunization Program at (213) 351-2782.

Other Supplies

- ___ Pack supplies into boxes and return to health center.
- ___ Seal the used sharps-disposal containers and return to the health center for disposal in bio-medical container. (See section on Transporting Supplies to and from Off-Site Clinics.)

Vaccine Storage and Handling Guidelines

Inactivated Influenza Vaccines (IIV)

Storage Requirements: Store at 35° – 46°F (2° – 8°C). **Do not freeze or expose to freezing temperatures.** Protect Fluarix[®] and Flulaval[™] from light at all times by storing in original package.

Instructions for Use: Inspect visually for extraneous particulate matter and/or discoloration. If these conditions exist, the vaccine should not be used. Shake vial or manufacturer-filled syringe well before use. Discard vaccine if it cannot be re-suspended with thorough agitation.

Shelf Life after Opening: Single-Dose Vials: The vaccine should be administered shortly after withdrawal from the vial. If the vaccine is not used by the end of the clinic it must be discarded. Multi-dose Vials: Withdraw a single dose of vaccine into separate sterile needle and syringe for each immunization. The vaccine should be administered shortly after withdrawal from the vial. Unused portions of multi-dose vials may be refrigerated at 35° – 46°F (2° – 8°C) and used until expired, if not contaminated or unless otherwise stated in the manufacturer's product information. Manufacturer-Filled Syringes: The vaccine should be administered shortly after the needle is attached to the syringe. **Do not recap syringe with rubber stopper and attempt to use at a later date.**

Note: All vaccine materials should be disposed of using medical waste disposal procedures.

Live Attenuated Influenza Vaccines (LAIV):

Storage Requirements: Refrigerate immediately upon arrival. Store at 35° – 46°F (2° – 8°C). **DO NOT** freeze or expose to freezing temperatures. **Note:** If LAIV is inadvertently frozen, the vaccine should be moved immediately to the refrigerator and may be used until the expiration date printed on the package.

Instructions for Use: LAIV is a colorless to pale yellow liquid and is clear to slightly cloudy; some particulates may be present but do not affect the use of the product. After removal of the sprayer from the refrigerator, remove the rubber tip protector. Follow manufacturer's instructions to deliver ½ dose (0.1mL) into one nostril. Then remove the dose-divider clip and deliver the remainder of the dose (0.1mL) into the other nostril.

Shelf Life After Opening: Single-Dose Sprayer: The vaccine should be administered shortly after removal from the refrigerator.

Note: All vaccine materials should be disposed of using medical waste disposal procedures.

Packing Vaccine for Transport to Off-Site Clinics

Transporting Refrigerated Vaccine

Guidelines for vaccine transport and short-term storage

- Use the procedure below to pack all vaccines (**except varicella vaccine**) for transport and/or storing for up to 12 hours at room temperature. If vaccine is packed according to the procedure, temperatures can be as low as -4°F for one of those 12 hours.
- If the vaccine will be stored in refrigerators after transport, be sure those refrigerators have maintained temperatures between 35°F and 46°F for at least 3 to 5 days.

Assemble packing supplies

1. **Cooler.** Use hard plastic Igloo-type coolers. Attach a "Vaccines: Do Not Freeze" label to the cooler.
2. **"Conditioned" cold packs.** Condition frozen gel packs by leaving them at room temperature for 1 to 2 hours until the edges have defrosted and packs look like they've been "sweating." Cold packs that are not conditioned can freeze vaccine. **Do not use dry ice.**
3. **Thermometer.** Prepare the thermometer by placing it in the refrigerator at least 2 hours before you pack the vaccine.
4. **Packing material.** Use two 2-inch layers of bubble wrap. Not using enough bubble wrap can cause the vaccine to freeze.



Pack vaccine

1. Cold packs

Spread conditioned cold packs to cover only half of the bottom of the cooler.



2. Bubble wrap

& Thermometer

Completely cover the cold packs with a 2-inch layer of bubble wrap. Then, place the thermometer/probe on top of the bubble wrap directly above a cold pack.



3. Vaccine

Stack layers of vaccine boxes on the bubble wrap. Do not let the boxes of vaccine touch the cold packs.



4. Bubble wrap

Completely cover the vaccine with another 2-inch layer of bubble wrap.



5. Cold packs

Spread "conditioned" cold packs to cover only half of the bubble wrap. Make sure that the cold packs do not touch the boxes of vaccine.



6. Form & display

Fill the cooler to the top with bubble wrap. Place the thermometer's digital display and the *Return or Transfer of Vaccines Report* form on top. It's ok if temperatures go above 46°F while packing.



As soon as you reach the destination site, check the vaccine temperature. If the vaccine is:

- Between 35°F and 46°F, put it in the refrigerator.
- Below 35°F or above 46°F, contact your VFC Rep or the VFC program immediately at 1-877-243-8832. For H1N1 vaccine, call 1-888-867-6319. Then label the vaccine "Do Not Use" and put it in the refrigerator.

www.eziz.org

Transporting Supplies to and From Off-Site Clinics

1. If supplies are taken to an off-site clinic ahead of time, lock-up all supplies, including needles and syringes.
2. Transporting used needles, syringes, sharp-disposal containers:
 - a. Seal and label used sharps-disposal containers as used hypodermic equipment.
 - b. Separate sharps-disposal containers containing used needles, syringes and intranasal sprayers, and empty vaccine vials from rest of supplies.
 - c. Return red-bagged items and the used sharps-disposal containers to the health center for disposal in biohazard containers. Never dispose of syringes or contaminated supplies at the outreach clinic site.
 - d. Follow health center policy on transporting medical waste (carry a valid Limited Quantity Hauling Exemption [LQHE] Permit and Medical Waste Log). See Community Health Services Nursing Manual Policy 212.
3. Do not transport vaccine in the trunk of your car.

Certificate of County Self-Funding of Insurance Obligation

The County is self insured. Facilities hosting off-site influenza clinics that request proof of insurance may be given a copy of the Certificate of County Self-Funding of Insurance Obligation: *County of Los Angeles Immunization Program, 2014-2015 Influenza Campaign*. Copy enclosed in the Appendix.

Appendix

1. 2014 – 2015 Vaccine Information Statements (VIS) for IIV, LAIV, (English & Spanish)
2. Certificate of County Self-Funding of Insurance Obligation 2014 – 2015
3. Standardized Procedure: Management of Anaphylaxis
4. CHS Emergency/Anaphylaxis Event Worksheet
5. Vaccine Adverse Event Reporting System (VAERS) Form
6. CHS Cover Sheet for Flu Outreach Clinics
7. CAIR Transfer Instructions
8. Vaccine Consent and VIS Order Form
9. Flu Education Materials Order Form
10. Volunteer Sign-In Sheet

Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated or
Recombinant)
2014-2015

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 www.immunize.org/vis

1 Why get vaccinated?

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

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

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

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

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

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

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

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

2 Inactivated and recombinant flu vaccines

You are getting an injectable flu vaccine, which is either an “**inactivated**” or “**recombinant**” vaccine. These vaccines do not contain any live influenza virus. They are given by injection with a needle, and often called the “flu shot.”

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

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

Flu viruses are always changing. Each year’s flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

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

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

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, including (for example) an allergy to gelatin, antibiotics, or eggs, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.



4 Risks of a vaccine reaction

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

Problems that could happen after any vaccine:

- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems following inactivated flu vaccine:

- 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 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may 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.

Inactivated flu vaccine does not contain live flu virus, so you cannot **get the flu from this vaccine**.

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

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

5 What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

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

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

7 How can I learn more?

- Ask your doctor.
- 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

Vaccine Information Statement (Interim) Inactivated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only



Vacuna contra la influenza

Lo que necesita saber

(Vacuna contra la influenza, inactivada o recombinante)
2014-2015

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

Muchas de las declaraciones informativas sobre vacunas están disponibles en español y otros idiomas. Consulte www.immunize.org/vis.

1

¿Por qué es necesario vacunarse?

La influenza es una enfermedad contagiosa que se propaga a lo largo de los Estados Unidos cada invierno, generalmente, entre octubre y mayo.

La influenza es causada por los virus de la influenza y se transmite principalmente al toser, estornudar y mediante un contacto cercano.

Todas las personas pueden contraer influenza, pero el riesgo de contraerla es mayor en los niños. Los síntomas se presentan de forma repentina y pueden durar varios días. Estos pueden incluir los siguientes:

- fiebre/escalofríos
- dolor de garganta
- dolores musculares
- fatiga
- tos
- dolor de cabeza
- rinorrea o congestión nasal

La influenza puede afectar a algunas personas mucho más que a otras. Entre estas se incluyen los niños pequeños, las personas mayores de 65 años, las mujeres embarazadas y las personas con ciertas afecciones de salud, como enfermedades cardíacas, pulmonares o renales, trastornos del sistema nervioso o un sistema inmunitario debilitado. La vacunación contra la influenza es especialmente importante para estas personas y para todas las que están en contacto cercano con ellas.

La influenza también puede provocar neumonía y empeorar las afecciones médicas existentes. En los niños, puede causar diarrea y convulsiones.

Cada año, **miles de personas mueren por influenza en los Estados Unidos**, y muchas más son hospitalizadas.

La **vacuna contra la influenza** es la mejor protección contra la influenza y sus complicaciones. La vacuna contra la influenza también ayuda a prevenir el contagio de la influenza de persona a persona.

2

Vacunas contra la influenza inactivadas y recombinantes

Usted recibirá una vacuna contra la influenza inyectable, la cual puede ser una vacuna **“inactivada”** o **“recombinante”**. Estas vacunas no contienen ningún virus de influenza vivo. Se aplican mediante inyección con una aguja y suelen llamarse “vacuna contra la influenza”.

Una vacuna contra la influenza diferente, **con virus vivos, atenuada** (debilitada) se administra a través de las fosas nasales en forma de aerosol. *Esta vacuna se describe en una Hoja de información sobre vacunas por separado.*

Se recomienda vacunarse contra la influenza una vez al año. Algunos niños de entre 6 meses y 8 años de edad podrían necesitar dos dosis al año.

Los virus de la influenza cambian constantemente. La vacuna contra la influenza anual se fabrica para proteger contra 3 o 4 virus que probablemente causen la enfermedad ese año. Si bien la vacuna contra la influenza no puede prevenir todos los casos de influenza, es la mejor defensa contra la enfermedad.

Luego de la vacunación, la protección demora unas 2 semanas en desarrollarse y dura entre varios meses a un año.

Algunas enfermedades que no son causadas por el virus de la influenza suelen confundirse con influenza. La vacuna contra la influenza no previene estas enfermedades. Solo puede prevenir la influenza.

Algunas vacunas contra la influenza inactivadas contienen una cantidad muy pequeña de un conservante hecho a base de mercurio, que se llama timerosal. Estudios han demostrado que el timerosal presente en las vacunas no es perjudicial, pero existen vacunas contra la influenza que no contienen conservantes.

3

Algunas personas no deben recibir esta vacuna

Informe lo siguiente a la persona que le aplique la vacuna:

- **Si tiene alguna alergia severa que representa un riesgo para la vida.** Si alguna vez tuvo una reacción alérgica que representa un riesgo para la vida después de haber recibido una dosis de la vacuna contra la influenza o si tiene una alergia severa a cualquier parte de esta vacuna, que incluye, por ejemplo, alergia a la gelatina, los antibióticos o los huevos, es posible que le recomienden no recibir la vacuna. La mayoría de los tipos de vacuna contra la influenza, pero no todos, contienen una pequeña cantidad de proteínas de huevo.
- **Si alguna vez tuvo el síndrome de Guillain-Barré (Guillain-Barré Syndrome, GBS)** (una enfermedad severa que causa parálisis). Algunas personas con antecedentes de GBS no deben recibir esta vacuna. Esto debe ser analizado con su médico.
- **Si no se siente bien.** Por lo general, puede recibir la vacuna contra la influenza cuando tiene una enfermedad leve, pero es posible que se le recomiende que espere hasta sentirse mejor. Debe regresar cuando se sienta mejor.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4

Riesgos de una reacción a la vacuna

Con una vacuna, como con cualquier medicamento, hay probabilidades de que se produzcan efectos secundarios. Generalmente, son leves y desaparecen por sí solos.

Problemas que pueden producirse después de la aplicación de cualquier vacuna:

- Después de cualquier procedimiento médico, incluida la vacunación, pueden presentarse desmayos breves. Sentarse o acostarse por cerca de 15 minutos puede ayudar a evitar desmayos y lesiones causadas por una caída. Informe a su médico si se siente mareado o si tiene cambios en la visión o zumbido en los oídos.
- Después de una vacunación, con muy poca frecuencia, puede tener dolor severo en el hombro y rango de movilidad reducido en el brazo donde se aplicó la inyección.
- Las reacciones alérgicas severas derivadas de una vacuna son muy poco frecuentes y se calculan en menos de 1 en un millón de dosis. Si se produjera una reacción alérgica, generalmente debería presentarse en el término de unos minutos a algunas horas después de la vacunación.

Problemas leves después de la aplicación de una vacuna contra la influenza inactivada:

- dolor, enrojecimiento o hinchazón en el lugar donde se aplicó la inyección
- ronquera
- dolor, enrojecimiento o comezón en los ojos
- tos
- fiebre
- dolores
- dolor de cabeza
- comezón
- fatiga

Si se producen estos problemas, suelen comenzar poco tiempo después de la inyección y duran 1 o 2 días.

Problemas moderados después de la aplicación de una vacuna contra la influenza inactivada:

- Los niños pequeños que reciben la vacuna contra la influenza y la vacuna antineumocócica (PCV13) al mismo tiempo pueden tener mayor riesgo de tener convulsiones por fiebre. Consulte al médico para obtener más información. Informe al médico si un niño que recibe la vacuna contra la influenza ha tenido convulsiones alguna vez.

La vacuna contra la influenza inactivada no contiene virus de influenza vivos, de modo que no se puede **contraer influenza a causa de esta vacuna**.

Al igual que con cualquier medicamento, hay una probabilidad muy remota de que una vacuna cause una lesión grave o la muerte.

La seguridad de las vacunas se monitorea constantemente. Para obtener más información, visite: www.cdc.gov/vaccinesafety/

5

¿Qué hago si ocurre una reacción grave?

¿A qué debo prestar atención?

- Debe prestar atención a cualquier aspecto que le preocupe, como signos de una reacción alérgica severa, fiebre muy alta o cambios de comportamiento. Los signos de una reacción alérgica severa pueden incluir urticaria, hinchazón de la cara y la garganta, dificultad para respirar, pulso acelerado, mareos y debilidad. Estos podrían comenzar entre algunos minutos y algunas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que es una reacción alérgica severa u otra emergencia que no puede esperar, llame al 9-1-1 y lleve a la persona al hospital más cercano. De lo contrario, llame a su médico.
- Luego, la reacción se debe reportar al Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). El médico debe presentar este reporte o puede hacerlo usted mismo a través del sitio web del VAERS en: www.vaers.hhs.gov o llamando al **1-800-822-7967**.

El VAERS no proporciona asesoramiento médico.

6

Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas

El Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (Vaccine Injury Compensation Program, VICP) es un programa federal que se creó para compensar a las personas que pueden haber tenido lesiones ocasionadas por determinadas vacunas.

Las personas que consideren que pueden haber tenido lesiones ocasionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en: www.hrsa.gov/vaccinecompensation. Hay un plazo para presentar una reclamación de compensación.

7

¿Dónde puedo obtener más información?

- Pregúntele a su proveedor de cuidados de la salud.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
 - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
 - Visite el sitio web de los CDC en: www.cdc.gov/flu

Vaccine Information Statement (Interim) Inactivated Influenza Vaccine

08/19/2014

Spanish

Office Use Only



42 U.S.C. § 300aa-26

Influenza Vaccine

What You Need to Know

(Flu Vaccine, Live, Intranasal)

2014-2015

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

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

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

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

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

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

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

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

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

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

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

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

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

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

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

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

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

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

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

LAIV does not contain thimerosal or other preservatives.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

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



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

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

4 Risks of a vaccine reaction

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

Problems that could happen after any vaccine:

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

Mild problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

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

Adults 18-49 years of age:

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

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

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

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

5

What if there is a serious reaction?

What should I look for?

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

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

What should I do?

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

VAERS does not give medical advice.

6

The National Vaccine Injury Compensation Program

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

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

7

How can I learn more?

- Ask your doctor.
- 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

Vaccine Information Statement (Interim) Live Attenuated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

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Vacuna contra la influenza

Lo que necesita saber

(Vacuna contra la influenza con virus vivos, intranasal)
2014-2015

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

Muchas de las declaraciones informativas sobre vacunas están disponibles en español y otros idiomas. Consulte www.immunize.org/vis.

1

¿Por qué es necesario vacunarse?

La influenza es una enfermedad contagiosa que se propaga a lo largo de los Estados Unidos cada invierno, generalmente, entre octubre y mayo.

La influenza es causada por los virus de la influenza y se transmite principalmente al toser, estornudar y mediante un contacto cercano.

Todas las personas pueden contraer influenza, pero el riesgo de contraerla es mayor en los niños. Los síntomas se presentan de forma repentina y pueden durar varios días. Estos pueden incluir los siguientes:

- fiebre/escalofríos
- dolor de garganta
- dolores musculares
- fatiga
- tos
- dolor de cabeza
- rinorrea o congestión nasal

La influenza puede afectar a algunas personas mucho más que a otras. Entre estas se incluyen los niños pequeños, las personas mayores de 65 años, las mujeres embarazadas y las personas con ciertas afecciones de salud, como enfermedades cardíacas, pulmonares o renales, trastornos del sistema nervioso o un sistema inmunitario debilitado. La vacunación contra la influenza es especialmente importante para estas personas y para todas las que están en contacto cercano con ellas.

La influenza también puede provocar neumonía y empeorar las afecciones médicas existentes. En los niños, puede causar diarrea y convulsiones.

Cada año, **miles de personas mueren por influenza en los Estados Unidos**, y muchas más son hospitalizadas.

La **vacuna contra la influenza** es la mejor protección contra la influenza y sus complicaciones. La vacuna contra la influenza también ayuda a prevenir el contagio de la influenza de persona a persona.

2

Vacuna contra la influenza con virus vivos, atenuada: LAIV, aerosol nasal

Usted recibirá una **vacuna contra la influenza con virus vivos, atenuada** (live, attenuated influenza vaccine, LAIV), que se aplica por vía nasal en forma de aerosol. “Atenuada” significa debilitada. Los virus de la vacuna han sido debilitados de modo que no le provocarán influenza.

Influenza (live, intranasal) VIS - Spanish - 08/19/2014

Existen otras vacunas “inactivadas” y “recombinantes” contra la influenza que no contienen virus vivos. Estas “vacunas contra la influenza” se aplican mediante inyección con una aguja.

Las vacunas contra la influenza inyectables se describen en una Hoja de información sobre vacunas por separado.

Se recomienda vacunarse contra la influenza una vez al año. Algunos niños de entre 6 meses y 8 años de edad podrían necesitar dos dosis al año.

Los virus de la influenza cambian constantemente. La vacuna contra la influenza anual se fabrica para proteger contra los virus que probablemente causen la enfermedad ese año. La vacuna LAIV protege contra 4 virus diferentes de la influenza. Si bien la vacuna contra la influenza no puede prevenir todos los casos de influenza, es la mejor defensa contra la enfermedad.

Luego de la vacunación, la protección demora unas 2 semanas en desarrollarse y dura entre varios meses a un año.

Algunas enfermedades que **no** son causadas por el virus de la influenza suelen confundirse con influenza. La vacuna contra la influenza no previene estas enfermedades. Solo puede prevenir la influenza.

La vacuna LAIV puede aplicarse a personas de entre **2 y 49 años**. Puede aplicarse de forma segura al mismo tiempo que otras vacunas.

La vacuna LAIV no contiene timerosal ni otros conservantes.

3

Algunas personas no deben recibir esta vacuna

Informe lo siguiente a la persona que le aplique la vacuna:

- **Si tiene alguna alergia severa que representa un riesgo para la vida**, incluida, por ejemplo, una alergia a la gelatina o a los antibióticos. Si alguna vez tuvo una reacción alérgica que representa un riesgo para la vida después de haber recibido una dosis de la vacuna contra la influenza o si tiene una alergia severa a cualquier parte de esta vacuna, no debe aplicarse la vacuna.
- **Si alguna vez tuvo el síndrome de Guillain-Barré (Guillain-Barré Syndrome, GBS)** (una enfermedad severa que causa parálisis). Algunas personas con antecedentes de GBS no deben recibir esta vacuna. Esto debe ser analizado con su médico.
- **Si tiene problemas de salud crónicos**, como determinados problemas cardíacos, respiratorios, renales, hepáticos o del sistema nervioso, su médico puede ayudarlo a decidir si debe recibir la vacuna LAIV.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

- **Si ha recibido alguna otra vacuna en las últimas 4 semanas o si no se siente bien.** Por lo general, puede recibir la vacuna contra la influenza cuando tiene una enfermedad leve, pero es posible que se le recomiende que espere hasta sentirse mejor. Debe regresar cuando se sienta mejor.
- **Debe recibir la vacuna contra la influenza inyectable en lugar del aerosol nasal si:**
 - Está embarazada.
 - Tiene un sistema inmunitario debilitado.
 - Es alérgico a los huevos.
 - Es un niño pequeño que tiene asma o problemas de sibilancia.
 - Es un niño o adolescente que está recibiendo tratamiento con aspirina a largo plazo.
 - En el término de los próximos 7 días, cuidará o visitará a una persona que necesita cuidados especiales debido a que tiene un sistema inmunitario sumamente debilitado (pregúntele a su proveedor de cuidados de la salud).
 - Ha tomado medicamentos antivirales contra la influenza en las últimas 48 horas.

La persona que le aplica la vacuna puede brindarle más información.

4

Riesgos de una reacción a la vacuna

Con una vacuna, como con cualquier medicamento, hay probabilidades de que se produzcan efectos secundarios. Generalmente, son leves y desaparecen por sí solos.

Problemas que pueden producirse después de la aplicación de cualquier vacuna:

- Las reacciones alérgicas severas derivadas de una vacuna son muy poco frecuentes y se calculan en menos de 1 en un millón de dosis. Si se produjera una reacción alérgica, generalmente debería presentarse en el término de unos minutos a algunas horas después de la vacunación.

Problemas leves que han sido reportados después de la aplicación de la vacuna LAIV:

Niños y adolescentes de 2 a 17 años:

- rinorrea, congestión nasal o tos
- fiebre
- dolor de cabeza y dolores musculares
- sibilancia
- dolor abdominal o diarrea o vómitos ocasionales

Adultos de 18 a 49 años:

- rinorrea o congestión nasal
- dolor de garganta
- tos, escalofríos, cansancio/debilidad
- dolor de cabeza

La vacuna LAIV se fabrica a partir de virus debilitados y **no provoca influenza.**

Al igual que con cualquier medicamento, hay una probabilidad muy remota de que una vacuna cause una lesión grave o la muerte.

La seguridad de las vacunas se monitorea constantemente. Para obtener más información, visite: www.cdc.gov/vaccinesafety/

Translation provided by the Immunization Action Coalition

5

¿Qué hago si ocurre una reacción grave?

¿A qué debo prestar atención?

- Debe prestar atención a cualquier aspecto que le preocupe, como signos de una reacción alérgica severa, fiebre muy alta o cambios de comportamiento. Los signos de una reacción alérgica severa pueden incluir urticaria, hinchazón de la cara y la garganta, dificultad para respirar, pulso acelerado, mareos y debilidad. Estos podrían comenzar entre algunos minutos y algunas horas después de la vacunación.

¿Qué debo hacer?

- Si cree que es una reacción alérgica severa u otra emergencia que no puede esperar, llame al 9-1-1 y lleve a la persona al hospital más cercano. De lo contrario, llame a su médico.
- Luego, la reacción debe ser reportada al Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). El médico debe presentar este reporte o puede hacerlo usted mismo a través del sitio web del VAERS en: www.vaers.hhs.gov o llamando al **1-800-822-7967**.

El VAERS no proporciona asesoramiento médico.

6

Programa Nacional de Compensación por Lesiones ocasionadas por Vacunas

El Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (Vaccine Injury Compensation Program, VICP) es un programa federal que se creó para compensar a las personas que pueden haber tenido lesiones ocasionadas por determinadas vacunas.

Las personas que consideren que pueden haber tenido lesiones ocasionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en: www.hrsa.gov/vaccinecompensation. Hay un plazo para presentar una reclamación de compensación.

7

¿Dónde puedo obtener más información?

- Pregúntele a su proveedor de cuidados de la salud.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
 - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
 - Visite el sitio web de los CDC en: www.cdc.gov/flu

Vaccine Information Statement (Interim)
Live Attenuated Influenza Vaccine

08/19/2014

Spanish

Office Use Only



42 U.S.C. § 300aa-26



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ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

June 12, 2014

To whom it may concern:

**CERTIFICATE OF COUNTY SELF-FUNDING OF INSURANCE OBLIGATION
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
2014 – 2015 INFLUENZA CAMPAIGN**

This Certificate of County Self-funding of Insurance Obligation (Certificate) is the County of Los Angeles' (County) authorized statement that it has elected to self-fund its financial obligations pursuant to the above Influenza Campaign (Campaign). This self-funding of liability is limited to and determined solely by the terms of the Campaign, and applies only to the extent permitted by State Law.

This Certificate is provided for informational purposes only, and does not affect or expand any of the County's obligations pursuant to the Campaign. This Certificate also confirms that the County is not an insurance company, and that no insurance obligation or relationship exists or will be established in any manner whatsoever between the County and any individual, contractor, vendor, public or private entity.

The County is permitted to self-fund its liabilities arising from acts or omissions of the County, its appointed and elected officers, employees and volunteers (except for actual fraud, corruption, or malice) under California Government Code Section 989-991.2, County Code Chapter 5.32 and Articles 1 and 2 of the County Charter. The liabilities that the County self-funds include general liability, automobile liability and workers compensation.

Questions concerning this Certificate should be directed to the Chief Executive Office, Risk Management Branch, Risk Management Operations Section at (213) 738-2159. Claims for damages concerning the Campaign must be filed in writing with the Executive Office of the Board of Supervisors, Kenneth Hahn Hall of Administration, Room 383, 500 West Temple Street, Los Angeles, CA 90012.

Sincerely,

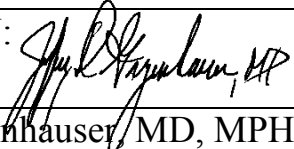

Reginald L. Crowell, J.D., Manager CEO
Risk Management Operations and Claims Management

RC:AB

"To Enrich Lives Through Effective And Caring Service"

**Please Conserve Paper – This Document and Copies are Two-Sided
Intra-County Correspondence Sent Electronically Only**

**REGISTERED NURSE STANDARDIZED PROCEDURE:
 Management of Anaphylaxis**

EFFECTIVE DATE: 06/10/2014	Page 1 of 7
APPROVED BY: 	APPROVED BY: 
Jeffrey D. Gunzenhauser, MD, MPH DPH Medical Director	Noel Bazini-Barakat, RN, MSN, MPH DPH Nursing Director

Purpose: To establish a policy and provide a standardized procedure for a registered nurse (RN) to manage an anaphylactic reaction in a clinical or field setting until emergency responders arrive.

Policy:

- A. As described in the General Policy Component.
- B. Covers only those RNs identified in the General Policy Component.
- C. RNs will be knowledgeable about anaphylaxis and its management.
- D. Patients with signs and/or symptoms of anaphylaxis will be managed according to this policy/procedure.
- E. Patients with signs and/or symptoms of an anaphylaxis reaction will be managed according to this standardized procedure and Policy QID-318, “Management of Anaphylaxis.”
- F. Emergency Carts and Anaphylaxis Kits (as described in “Equipment” on page 2) will be organized, readily available, and easily located, wherever they may be needed.
 - i. For Emergency Cart in Public Health Centers see Policy CHS-510
 - ii. For Anaphylaxis Kits for Home Visitation and Community Outreaches see Policy CHS-511

Definitions and Terms:

Allergic reactions: An allergic reaction a set of physical symptoms that reflect an underlying sensitivity to a specific substance (allergen) that is contacted through the skin, inhaled into the lungs, swallowed, or injected. The reaction can be confined to a small area of the body or may affect the entire body. The most severe form is called anaphylaxis or anaphylactic shock. While first-time exposure may only produce a mild reaction, repeated exposures may lead to more serious reactions. Mild and moderate symptoms of an allergic reaction do not involve the respiratory or cardiac system.

Anaphylaxis/anaphylactic reaction: Anaphylaxis is an acute life-threatening response with varied clinical presentations. Respiratory compromise and cardiovascular collapse are of greatest concern because these are the most frequent causes of fatalities. The more rapid the onset of

REGISTERED NURSE STANDARDIZED PROCEDURE: Management of Anaphylaxis

anaphylaxis after exposure to an offending stimulus, the more likely the anaphylactic reaction may be severe and potentially life-threatening.

Onset of symptoms:

- Allergic reactions often produce localized symptoms without respiratory or cardiovascular involvement.
- Anaphylactic reactions often produce signs and symptoms within minutes of exposure to an offending stimulus, but manifestations can develop more than 30 minutes after exposure. Symptoms can also recur 4-12 hours after the initial reaction.
- Rapid recognition and immediate management by medical and nursing personnel is critical.

Mild to moderate clinical signs and symptoms of allergic reactions:

- Rash
- Hives (especially over the neck and face)
- Itching
- Nasal congestion
- Watery red eyes

Severe clinical signs and symptoms of allergic reaction (i.e., anaphylaxis):

- Neurological: altered level of consciousness, lightheadedness, headache, feeling of impending doom, anxiety, dilated pupils
- Cardiovascular: hypotension with or without syncope, rapid, weak, or irregular pulse
****Note:** Tachycardia is the rule in anaphylaxis, but it may be absent in patients with conduction defects.
- Respiratory: dysphonia, stridor, wheezing, sneezing, coughing, hoarseness or shortness of breath, signs of complete or partial upper airway obstruction, a severe asthma attack, edema of the uvula and glottis
- Skin: localized or diffuse erythema, pruritis, urticaria, edema, flushing, angioedema
- Gastrointestinal: nausea, vomiting or diarrhea
- Musculoskeletal: uterine or abdominal cramping

Equipment:

1. Oxygen tanks: All clinic/health center sites will have oxygen tank(s) with a wrench, face masks (adult, child, infant) and extension tubing as part of their Emergency Cart for Public Health Centers (see Policy CHS-510).
2. Emergency Cart and Anaphylaxis Kits: All Emergency Carts and Anaphylaxis Kits will contain epinephrine:
 - Emergency Cart for Public Health Centers (see Policy CHS-510)

**REGISTERED NURSE STANDARDIZED PROCEDURE:
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- Anaphylaxis Kits for Home Visitation and Community Outreach Events (see Policy CHS-511)

Procedure for Anaphylaxis Reaction: Refer to Response to Anaphylaxis Algorithm (Attachment A)

- I. RN determines the presence of signs and symptoms of anaphylaxis.
 - A. If the patient has mild to moderate clinical signs and symptoms of an allergic reaction, the RN calls the clinic physician and follows his or her instructions.
 - B. If the patient has severe clinical signs and symptoms, the RN or designee calls 9-1-1, retrieves emergency cart or kit, and proceeds to II.
 - C. If the patient has no clinical signs and symptoms of anaphylaxis, the RN provides **no intervention at this time**.

- II. RN determines the availability of the clinic physician.
 - A. If the physician is available, the RN follows his or her instructions.
 - B. If the physician is unavailable, the RN follows the instructions stated herein and proceeds to III.

- III. RN assesses for immediate intervention.
 - A. RN assesses airway, breathing, circulation, and level of consciousness (LOC) and places patient in recumbent position, elevates lower extremities as tolerated. The RN proceeds to IV.

- IV. RN determines the patient's age or weight.
 - A. If the patient is an adult, the RN administers epinephrine as follows: 0.30-0.50 mg (0.30-0.50 ml) of aqueous solution of epinephrine hydrochloride 1:1000 intramuscular (IM). The RN administers the IM injection per Policy QID-313, "Administration of Medications, Including Immunizations." The RN uses personal protective equipment per Policy QID-302, "Standard Precautions for the Prevention of Infections."
 - i. **Site of Injection:** anterolateral aspect of the thigh (i.e., vastus lateralis muscle) or lateral shoulder (i.e., deltoid muscle). **Note:** If the agent causing the anaphylactic reaction was originally injected into the anterolateral thigh or deltoid, epinephrine can be injected into the same site to slow absorption.
 - ii. **Number of doses:** Doses may be given every ten (10) to fifteen (15) minutes, for up to three (3) doses as needed, to control symptoms and increase blood pressure.
 - B. If the patient is a child, the RN administers epinephrine as follows: 0.01 mg/kg body weight of aqueous solution of epinephrine hydrochloride 1:1000

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IM (maximum dose per injection: 0.50 mg). The RN administers IM injection per Policy QID-313, “Administration of Medications, Including Immunizations.” The RN uses personal protective equipment per Policy QID-302, “Standard Precautions for the Prevention of Infections.” **Note:** If the weight of the child is not known, the dose can be approximated from the patient’s age as follows:

<u>Age Group</u>	<u>Epinephrine Dose</u>
1-6 months	0.05 ml
7-36 months	0.10 ml
37-59 months	0.15 ml
5-7 years	0.20-0.25 ml
8-10 years	0.25-0.30 ml
11-12 years	0.35-0.40 ml
13 years and older	0.50 ml

- i. **Site of Injection:** Children 0-4 years: anterolateral aspect of the thigh (i.e., vastus lateralis muscle). Children 5-17 years: anterolateral aspect of the thigh (i.e., vastus lateralis muscle) or lateral shoulder (i.e., deltoid muscle). **Note:** If the agent causing the anaphylactic reaction was originally injected into the anterolateral thigh or deltoid, epinephrine can be injected into the same site to slow absorption.
 - ii. **Number of dose:** Doses may be given every ten (10) to fifteen (15) minutes, for up to three (3) doses as needed, to control symptoms and increase blood pressure.
- V. RN assesses for Basic Life Support (BLS) intervention.
- A. If the patient is not breathing or has abnormal breathing, and/or does not have a pulse, the RN provides BLS and proceeds to VI.
 - B. If the patient is breathing and the pulse is normal, the RN provides no BLS at this times and proceeds to VI.
- VI. RN provides continued intervention.
- A. RN monitors vital signs.
 - B. RN administers oxygen, where available, at 5-10 liters per minute via face mask.
 - C. RN provides continued activities until otherwise provided by a paramedic or physician.
 - D. RN provides documentation.
 - i. Create a medical record for the patient if one does not exist.

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- ii. Record all activities on the CHS Emergency/Anaphylaxis Event Worksheet per CHS Policies 510 or 511, as appropriate.
- iii. Ensure that documentation includes the following information per Policy QID-313, “Administration of Medications, Including Vaccinations:”
 - 1. Time and date of occurrence, subjective symptoms, objective signs, vital signs, and precipitating antigen if known.
 - 2. Record epinephrine hydrochloride administration: dosage given, date and time given, and by whom.
 - 3. Document time of arrival and departure of paramedics and/or medical consultation and subsequent orders.
 - 4. If vaccine related reaction, document that information was submitted to the Vaccine Adverse Event Reporting System.
- iv. Obtain physician signature for all verbal orders.
- v. Report incident to supervisor and adhere to Policy CHS-915, “Patient Safety Net Event Notification.”

References

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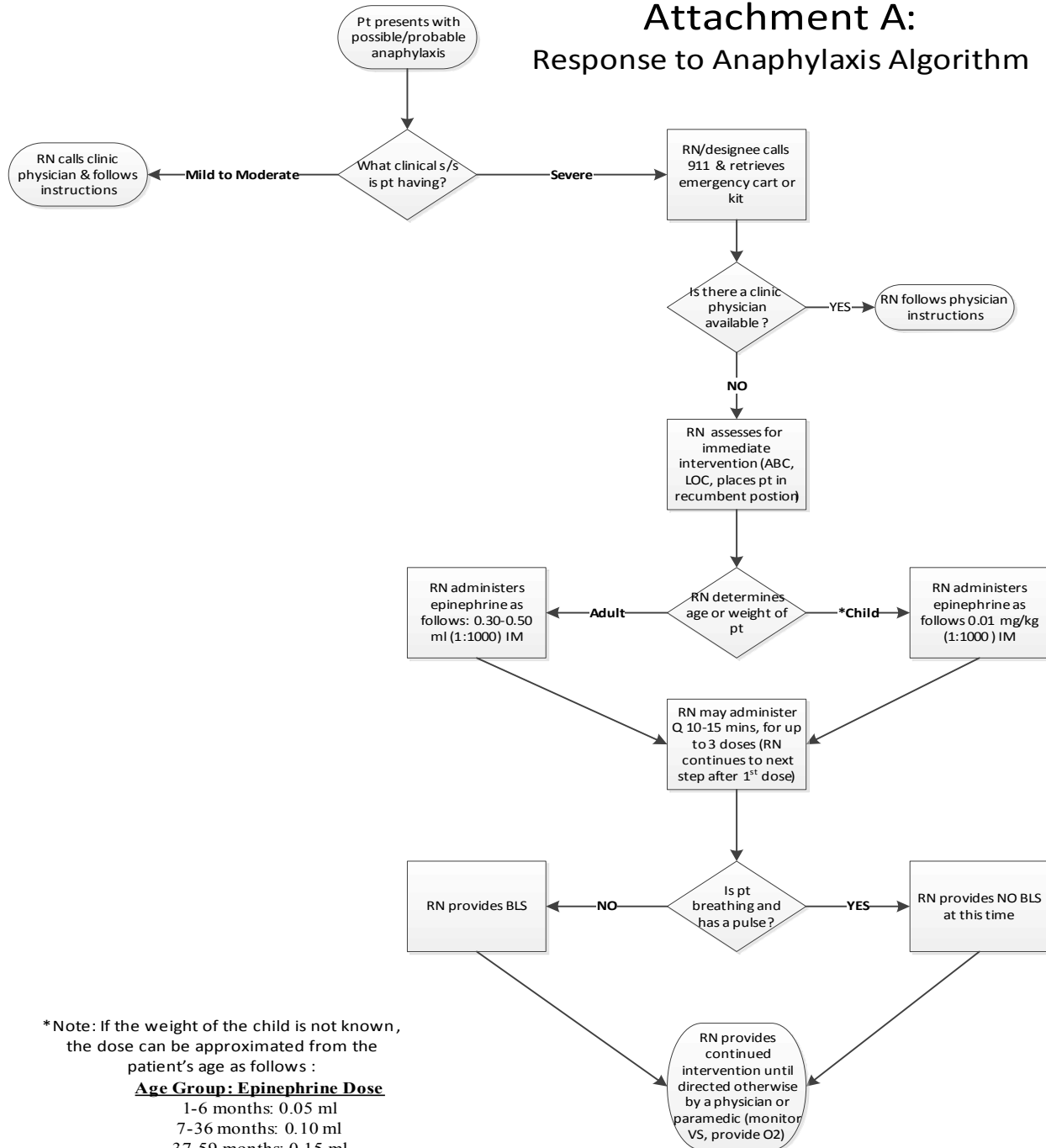
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Management of Anaphylaxis**

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- Tang, A. W. (2003). A practical guide to anaphylaxis. *American Family Physician*, 68, 1325-1332.
- Policy CHS-510: “Emergency Carts for Public Health Centers”
- Policy CHS-511: “Anaphylaxis Kit for Home Visitation and Community Outreaches”
- Policy CHS-915: “Patient Safety Net Event Notification”
- Policy QID-302: “Standard Precautions for the Prevention of Infections”
- Policy QID-313: “Administration of Medications, Including Immunizations”
- Policy QID-318: “Management of Anaphylaxis”

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**Attachment A:
 Response to Anaphylaxis Algorithm**



* Note: If the weight of the child is not known, the dose can be approximated from the patient's age as follows :

- Age Group: Epinephrine Dose**
- 1-6 months: 0.05 ml
 - 7-36 months: 0.10 ml
 - 37-59 months: 0.15 ml
 - 5-7 years: 0.20-0.25 ml
 - 8-10 years: 0.25-0.30 ml
 - 11-12 years: 0.35-0.40 ml
 - 13 years and older: 0.50 ml

**Los Angeles County Department of Public Health
Community Health Services Emergency/Anaphylaxis Event Worksheet**

Health Center/Facility: _____ Date/Time: _____

Patient Name (Last Name, First Name): _____

MR/PF#: _____ DOB: ___/___/___ Gender: Male Female

Address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact (Name/Phone): _____

Allergies (Drugs & Non-Drug): _____ No Known Allergies

Patient Complaint/Type of Emergency: _____

Type and Location of Injury: _____

Event which preceded reaction: Vaccine related? No Yes If yes, information submitted to VAERS: No Yes

Other reason (explain): _____

Time EMS/911/Police Called: ___ AM/PM By Whom: _____ Time EMS/911/Police Arrived: ___ AM/PM

Name of Physician Notified: _____ Time: _____ By Whom: _____

Name of Security Notified: _____ Time: _____ By Whom: _____

Signs and Symptoms (Check all that apply)

Patient Status: Alert & Oriented: Self Time Place Conscious Unconscious

- Apprehension
- Flushing and/or skin edema
- Palpitations
- Numbness/Itching
- Localized or generalized urticaria
- Choking sensation

- Coughing/ Wheezing
- Difficulty Breathing
- Nausea & Vomiting
- Severe Hypotension
- Other: _____

Current Medications:

MD Action Plan:

Assigned Time Keeper/Recorder: _____

Others in Attendance: _____

REMINDER:

1. Assure Airway
2. Check Vital Signs Q 5 Minutes
3. CPR If Necessary

Patient Name (Last Name, First Name): _____ DOB: ____/____/____

CPR

CPR Indicated: Yes No Time CPR Started: _____ AM/PM By Whom: _____ Time CPR ended: _____ AM/PM

Vital Signs

Time	Blood Pressure	Pulse	Respiratory Rate	Temperature	Other (specify: e.g. blood sugar, pain)

Medications Administered

Estimated/Actual Weight (Please Circle One): Infant/Child/Adult _____ lbs. _____ kg(s)

Aspirin 325 mg Tablet	Dose	Route	Site	Time
Diphenhydramine 50 mg/ml Injection	Dose	Route	Site	Time
Epinephrine 1:1000 (1 mg/ml) Injection	Dose	Route	Site	Time
Nitroglycerin 0.4mg Sublingual Tablet	Dose	Route	Site	Time

Disposition of Patient

Observed for 15 minutes for adverse reaction Did patient have adverse reaction?: No Yes
If yes, explain: _____

Referral given and explained to Patient/Family Patient left via: Ambulance car

Name of hospital/facility patient sent to: _____ Accompanied by: _____

Comments: _____

Name/Title of Nurse (print): _____ Signature: _____

Name/Title of Supervisor (print): _____ Signature: _____

Name/Title of MD (print): _____ Signature: _____

Administration Notification (Check where applicable):

- AHO _____ / Time _____
- AMD _____ / Time _____
- NM _____ / Time _____
- ASA/FA _____ / Time _____



VACCINE ADVERSE EVENT REPORTING SYSTEM

24 Hour Toll-Free Information 1-800-822-7967
P.O. Box 1100, Rockville, MD 20849-1100

PATIENT IDENTITY KEPT CONFIDENTIAL

For CDC/FDA Use Only

VAERS Number _____

Date Received _____

Patient Name: _____ Last First M.I. Address _____ _____ _____ City State Zip Telephone no. (____) _____	Vaccine administered by (Name): _____ Responsible Physician _____ Facility Name/Address _____ _____ _____ City State Zip Telephone no. (____) _____	Form completed by (Name): _____ Relation <input type="checkbox"/> Vaccine Provider <input type="checkbox"/> Patient/Parent to Patient <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other Address (if different from patient or provider) _____ _____ _____ City State Zip Telephone no. (____) _____
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1. State	2. County where administered	3. Date of birth ____/____/____ mm dd yy	4. Patient age	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Date form completed ____/____/____ mm dd yy
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7. Describe adverse events(s) (symptoms, signs, time course) and treatment, if any	8. Check all appropriate: <input type="checkbox"/> Patient died (date ____/____/____) <input type="checkbox"/> Life threatening illness <input type="checkbox"/> Required emergency room/doctor visit <input type="checkbox"/> Required hospitalization (____ days) <input type="checkbox"/> Resulted in prolongation of hospitalization <input type="checkbox"/> Resulted in permanent disability <input type="checkbox"/> None of the above
--	--

9. Patient recovered <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	10. Date of vaccination ____/____/____ mm dd yy Time _____ AM PM	11. Adverse event onset ____/____/____ mm dd yy Time _____ AM PM
--	--	--

13. Enter all vaccines given on date listed in no. 10					
Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous Doses	
a. _____	_____	_____	_____	_____	
b. _____	_____	_____	_____	_____	
c. _____	_____	_____	_____	_____	
d. _____	_____	_____	_____	_____	

14. Any other vaccinations within 4 weeks prior to the date listed in no. 10						
Vaccine (type)	Manufacturer	Lot number	Route/Site	No. Previous doses	Date given	
a. _____	_____	_____	_____	_____	_____	
b. _____	_____	_____	_____	_____	_____	

15. Vaccinated at: <input type="checkbox"/> Private doctor's office/hospital <input type="checkbox"/> Public health clinic/hospital <input type="checkbox"/> Military clinic/hospital <input type="checkbox"/> Other/unknown	16. Vaccine purchased with: <input type="checkbox"/> Private funds <input type="checkbox"/> Public funds <input type="checkbox"/> Military funds <input type="checkbox"/> Other/unknown	17. Other medications
--	---	-----------------------

18. Illness at time of vaccination (specify)	19. Pre-existing physician-diagnosed allergies, birth defects, medical conditions (specify)
--	---

20. Have you reported this adverse event previously? <input type="checkbox"/> No <input type="checkbox"/> To health department <input type="checkbox"/> To doctor <input type="checkbox"/> To manufacturer	Only for children 5 and under	
	22. Birth weight _____ lb. _____ oz.	23. No. of brothers and sisters

21. Adverse event following prior vaccination (check all applicable, specify)	Only for reports submitted by manufacturer/immunization project				
Adverse Event	Onset Age	Type Vaccine	Dose no. in series	24. Mfr./imm. proj. report no.	25. Date received by mfr./imm.proj.
<input type="checkbox"/> In patient	_____	_____	_____		
<input type="checkbox"/> In brother or sister	_____	_____	_____		
				26. 15 day report? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Report type <input type="checkbox"/> Initial <input type="checkbox"/> Follow-Up

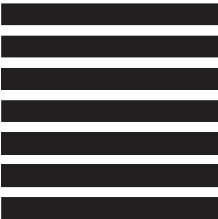
Health care providers and manufacturers are required by law (42 USC 300aa-25) to report reactions to vaccines listed in the Table of Reportable Events Following Immunization. Reports for reactions to other vaccines are voluntary except when required as a condition of immunization grant awards.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
OR APO/FPO

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1895 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE



VAERS
P.O. Box 1100
Rockville MD 20849-1100



DIRECTIONS FOR COMPLETING FORM

(Additional pages may be attached if more space is needed.)

GENERAL

- Use a separate form for each patient. Complete the form to the best of your abilities. Items 3, 4, 7, 8, 10, 11, and 13 are considered essential and should be completed whenever possible. Parents/Guardians may need to consult the facility where the vaccine was administered for some of the information (such as manufacturer, lot number or laboratory data.)
- Refer to the Reportable Events Table (RET) for events mandated for reporting by law. Reporting for other serious events felt to be related but not on the RET is encouraged.
- Health care providers other than the vaccine administrator (VA) treating a patient for a suspected adverse event should notify the VA and provide the information about the adverse event to allow the VA to complete the form to meet the VA's legal responsibility.
- These data will be used to increase understanding of adverse events following vaccination and will become part of CDC Privacy Act System 09-20-0136, "Epidemiologic Studies and Surveillance of Disease Problems". Information identifying the person who received the vaccine or that person's legal representative will not be made available to the public, but may be available to the vaccinee or legal representative.
- Postage will be paid by addressee. Forms may be photocopied (must be front & back on same sheet).

SPECIFIC INSTRUCTIONS

Form Completed By: To be used by parents/guardians, vaccine manufacturers/distributors, vaccine administrators, and/or the person completing the form on behalf of the patient or the health professional who administered the vaccine.

- Item 7: Describe the suspected adverse event. Such things as temperature, local and general signs and symptoms, time course, duration of symptoms, diagnosis, treatment and recovery should be noted.
- Item 9: Check "YES" if the patient's health condition is the same as it was prior to the vaccine, "NO" if the patient has not returned to the pre-vaccination state of health, or "UNKNOWN" if the patient's condition is not known.
- Item 10: Give dates and times as specifically as you can remember. If you do not know the exact time, please
- and 11: indicate "AM" or "PM" when possible if this information is known. If more than one adverse event, give the onset date and time for the most serious event.
- Item 12: Include "negative" or "normal" results of any relevant tests performed as well as abnormal findings.
- Item 13: List ONLY those vaccines given on the day listed in Item 10.
- Item 14: List any other vaccines that the patient received within 4 weeks prior to the date listed in Item 10.
- Item 16: This section refers to how the person who gave the vaccine purchased it, not to the patient's insurance.
- Item 17: List any prescription or non-prescription medications the patient was taking when the vaccine(s) was given.
- Item 18: List any short term illnesses the patient had on the date the vaccine(s) was given (i.e., cold, flu, ear infection).
- Item 19: List any pre-existing physician-diagnosed allergies, birth defects, medical conditions (including developmental and/or neurologic disorders) for the patient.
- Item 21: List any suspected adverse events the patient, or the patient's brothers or sisters, may have had to previous vaccinations. If more than one brother or sister, or if the patient has reacted to more than one prior vaccine, use additional pages to explain completely. For the onset age of a patient, provide the age in months if less than two years old.
- Item 26: This space is for manufacturers' use only.

Cover Sheet for CHS Flu Outreach Clinics, 2014-2015

Return this Cover Sheet to the Office of Health Assessment & Epidemiology
 within 3 BUSINESS DAYS after each outreach ends
 Email to, nshah@ph.lacounty.gov or FAX to (213) 250-2594.

All outreach staff must write in their own name, print initials, and flu form initials (i.e., initials as they appear on the flu forms)

Cover Sheet Submitted by:

Date ____/____/____ First Name: _____ Last Name: _____

Phone# (____) _____ - _____ Email _____@ph.lacounty.gov

PLEASE PRINT NEATLY

Outreach Date:		Number of People Vaccinated:	#
Clinic Site Name:			
Clinic Site Address:			
DPH Public Health Center Conducting Outreach Clinic:			SPA Conducting Outreach:
Vaccine Information* (See manufacturer abbreviations below)	Manufacturer:	Manufacturer:	Manufacturer:
	Lot #:	Lot #:	Lot #:
*SP-Sanofi Pasteur, MI-MedImmune, NOV-Novartis, GSK-GlaxoSmithKline			

	Please Print Name (Example: Susan R. Smith, RN)	Check if you served in any of the following roles at this outreach clinic	Printed Initials (Ex: SRS)	Flu Form Initials (Ex: Srs)
1.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
2.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
3.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
4.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
5.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
6.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
7.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
8.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
9.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
10.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
11.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
12.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		

Cover Sheet for CHS Flu Outreach Clinics, 2014-2015

Please Print Name (Example: Susan R. Smith, RN)	Check if you served in any of the following roles at this outreach clinic	Printed Initials (Ex: SRS)	Flu Form Initials (Ex: <i>Srs</i>)
13.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
14.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
15.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
16.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
17.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
18.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
19.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
20.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
21.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
22.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
23.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
24.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
25.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
26.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
27.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
28.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
29.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
30.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
31.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
32.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
33.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
34.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
35.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
36.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
37.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
38.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
39.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		
40.	<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		

CAIR Vaccine Transfer Instructions

1. When transferring vaccines OUT of your clinic to another site, click on the "Adjust" link of the vaccine you wish to transfer.

CAIR - Current Inventory For Provider "docoffice"

Click "ID" link to update the lot information. Click the "Adjust" link to make inventory adjustment. Or click the "Default" link to set up this lot as the default lot.

ID	Vaccine	Variant	MFR	Lot Num	Exp Date	State (VFC/317)	Vials Left	MLs Left	Doses Left	Adjust	Default
2901	DTaP	<ADULT>	AVP	22298-VFC	01/01/2020	Y	48.28	965.8	1932	Adjust	Set
8332	DTaP	<PED>	AVP	346222 pvt	05/13/2013	N	66	33	66	Adjust	Set
8344	DTaP	<PED>	AVP	C145AA	05/05/2013	Y	1137	568.5	1137	Adjust	Set
8428	DTaP	<PED>	AVP	123456-VFC	06/02/2016	Y	122	61	122	Adjust	Set
8494	DTaP	<PED>	AVP	M123-PRIVATE	01/30/2014	N	250	125	250	Adjust	Set
8509	DTaP	<PED>	GSK	JKGLVJH	09/12/2015	N	9	4.5	9	Adjust	Set
8523	DTaP	<PED>	GSK	98182-VFC	05/13/2013	Y	50	25	50	Adjust	Set
8531	DTaP	<PED>	AVP	c0025AA	02/15/2015	N	15	7.5	15	Adjust	Set
8533	DTaP	<PED>	AVP	3314785	10/20/2020	N	2	1	2	Adjust	Set
3044	DTaPHBIP	<STD>	ACBA	test1234	01/01/2020	Y	212.99	92438	184876	Adjust	Set
8112	DTaPIPHI	<PED>	AVP	3326546	10/20/2020	Y	100	50	100	Adjust	Set
8330	DTaPIPHI	<PED>	AVP	123456-PP	12/13/2012	N	1100	550	1100	Adjust	Set
8331	DTaPIPHI	<PED>	AVP	98777G	02/02/2013	Y	9	4.5	9	Adjust	Set
8493	DTaPIPHI	<PED>	AVP	C96945A-VFC	08/26/2014	Y	249	124.5	249	Adjust	Set
8475	DTP-HIB	<PED>	AVP	ao2330	11/30/2012	Y	13	6.5	13	Adjust	Set
8462	FLU	<STD>	MSD	657895-VFC	06/30/2013	Y	10	50	100	Adjust	Set
8510	FLU	<STD>	AVP	1213456-VFC	06/30/2013	Y	5	25	50	Adjust	Set
8526	FLU	<STD>	MSD	0784612-PRIVATE	06/30/2013	N	10	50	100	Adjust	Set
8536	FLU	<STD>	AVP	4521	06/15/2013	N	2	10	20	Adjust	Set
8550	FLU	<PED>	AVP	C3250AB	06/30/2013	N	200	50	200	Adjust	Set
8393	FLU	<PED>	AVP	123456-PP	06/01/2013	N	96	24	96	Adjust	Set
3156	FLU	<PED>	ACBA	31456416	01/01/2020	Y	2455.16	29462	117848	Adjust	Set
8248	FLU	<STD>	MSD	010325	02/15/2013	N	15.4	77	154	Adjust	Set
8407	FLU	<STD>	GSK	12876849	06/30/2013	Y	55	275	550	Adjust	Set
8446	FLU	<STD>	AVP	1023	10/20/2012	Y	1	5	10	Adjust	Set
8339	FLU	<STD>	GSK	094859-VFC	06/30/2013	Y	8.1	40.5	81	Adjust	Set
3157	FLU H1N1V	<PED>	AVP	edffeffffe	01/01/2020	Y	564563.08	66441970.6	347206853	Adjust	Set

2. Select "Transfer Out" as your Adjustment Type.

CAIR - Inventory Adjustment

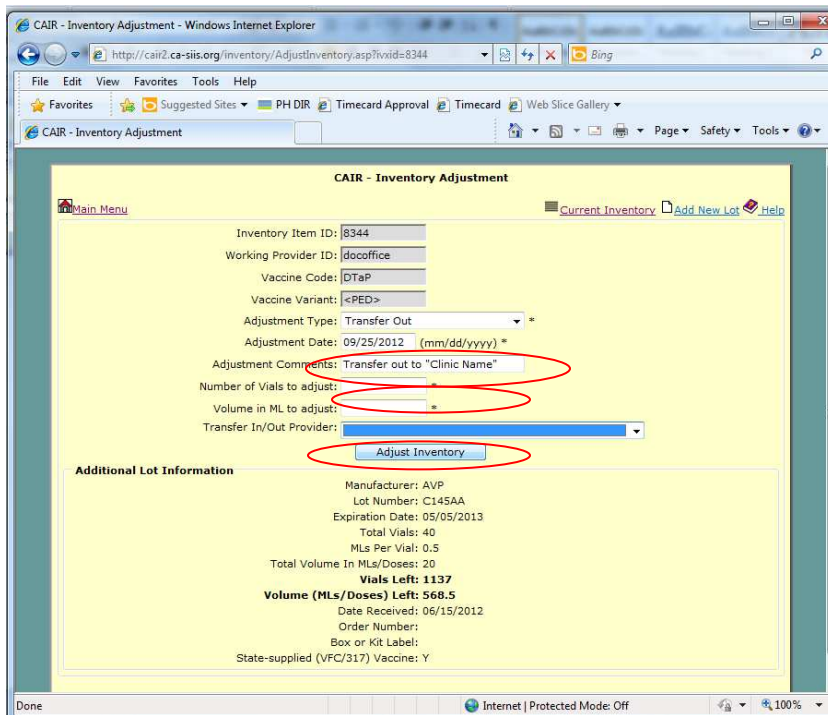
Inventory Item ID: 8344
Working Provider ID: docoffice
Vaccine Code: DTaP
Vaccine Variant: <PED>
Adjustment Type: **Transfer Out**
Adjustment Date:
Adjustment Comments:
Number of Vials to adjust:
Volume in ML to adjust:

Additional Lot Information

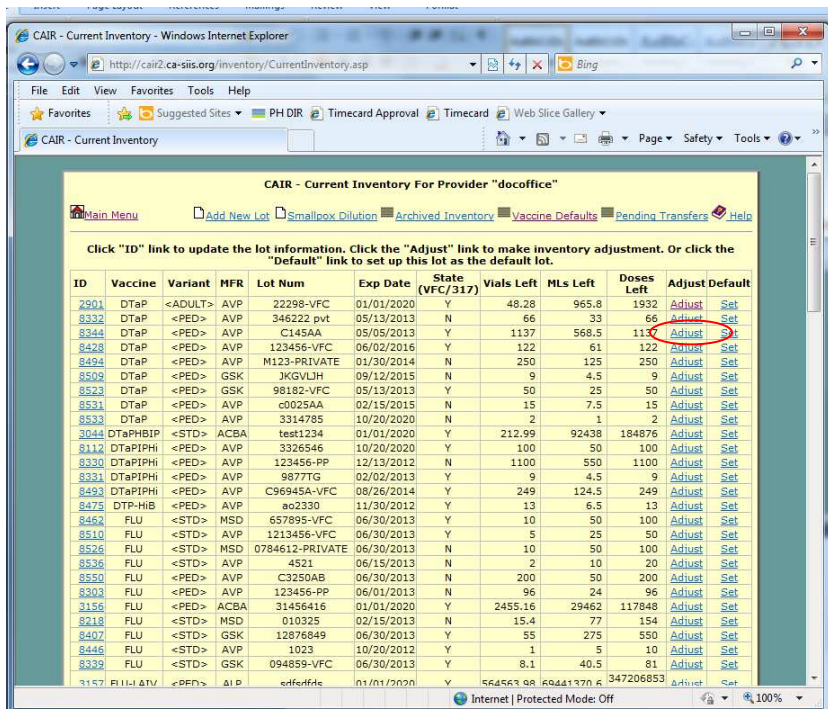
Lot Number: C145AA
Expiration Date: 05/05/2013
Total Vials: 40
MLs Per Vial: 0.5
Total Volume in MLs/Doses: 20
Vials Left: 1137
Volume (MLs/Doses) Left: 568.5
Date Received: 06/15/2012
Order Number:
Box or Kit Label:
State-supplied (VFC/317) Vaccine: Y

CAIR Vaccine Transfer Instructions

- In the "Adjustment comments" field, make a note of your transfer to the specific clinic name. Type in the amount of vials you wish to transfer out, then Click the "Adjust Inventory" (see example below...)

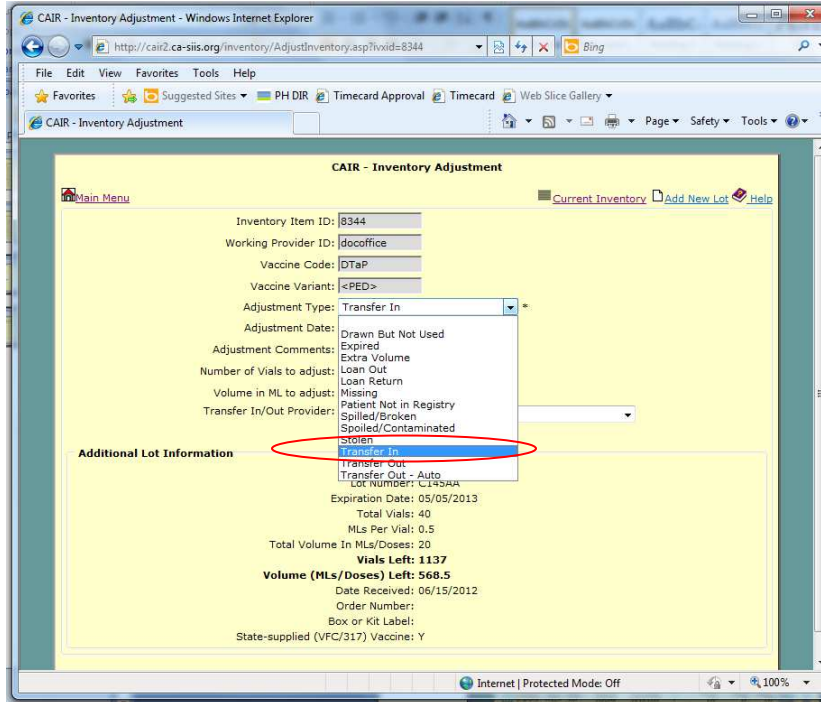


- When transferring vaccines INTO your clinic from another site, repeat step #1, and click on the "Adjust" link of the vaccine you wish to transfer in.



CAIR Vaccine Transfer Instructions

5. Select "Transfer In" as your Adjustment Type.



6. In the "Adjustment comments" field, make a note of your transfer from the specific clinic name. Type in the amount of vials you are transferring in, then click "Adjust Inventory". (see example below...)

CAIR Vaccine Transfer Instructions

CAIR - Inventory Adjustment

Inventory Item ID: 8344
Working Provider ID: docoffice
Vaccine Code: DTaP
Vaccine Variant: <PED>
Adjustment Type: Transfer In *
Adjustment Date: 09/25/2012 (mm/dd/yyyy) *
Adjustment Comments: Transferred in from "Clinic Name"
Number of Vials to adjust: *
Volume in ML to adjust: *
Transfer In/Out Provider: *

Adjust Inventory

Additional Lot Information

Manufacturer: AVP
Lot Number: C145AA
Expiration Date: 05/05/2013
Total Vials: 40
MLs Per Vial: 0.5
Total Volume in MLs/Doses: 20
Vials Left: 1137
Volume (MLs/Doses) Left: 568.5
Date Received: 06/15/2012
Order Number:
Box or Kit Label:
State-supplied (VFC/317) Vaccine: Y

Contact the Immunization Program CAIR Representatives at (213) 351-7800 for any questions regarding the transfer process.

2014 FLU CONSENT AND VIS ORDER FORM

Community Health Services Administration (CHSA)

EMAIL or FAX TO: Angela Austin aaustin@ph.lacounty.gov 213-250-8755		DATE:	SPA:
Name of Public Health Center:		Contact Person:	
Telephone:	Fax:	Email:	
Desired Pick Up Date:		Desired Pick Up Time:	
Pick Up Location: CHSA 241 N. Figueroa St. Room #306B Los Angeles, CA 90012		For CHSA Use Only Approved Pick Up Date/Time:	

Outreach Clinic Information

Date of First Outreach Clinic:

Directions to Fill out Form:

- Fill in the Health Center's Information at the top completely
- Check which forms you want and in the quantity you would like
- The quantity will be adjusted based on available supplies
- The forms will be available for pick up at CHSA before the first Outreach clinic

CONSENT AND VIS FORMS

Request Form Name and Language	Quantity	For CHSA Use Only Quantity Approved By CHSA
VACCINE CONSENT FORMS (100 per pack)		
<input type="checkbox"/> Flu Vaccine Consent NCR 2-Part Form - <u>English</u> 100 per pack		
<input type="checkbox"/> Flu Vaccine Consent NCR 2-Part Form - <u>Spanish</u> 100 per pack		
<input type="checkbox"/> Flu Vaccine Consent NCR 2-Part Form - <u>Korean</u> 100 per pack		
<input type="checkbox"/> Flu Vaccine Consent NCR 2-Part Form - <u>Chinese</u> 100 per pack		
VACCINE INFORMATION STATEMENTS (100 per pack)		
<input type="checkbox"/> TIV Flu Vaccine Information Statement (VIS) - <u>English</u>		
<input type="checkbox"/> TIV Flu Vaccine Information Statement (VIS) - <u>Spanish</u>		
<input type="checkbox"/> LAIV Flu Vaccine Information Statement (VIS) - <u>English</u>		
<input type="checkbox"/> LAIV Flu Vaccine Information Statement (VIS) - <u>Spanish</u>		

2014 Flu Materials Order Form

Contact Name: _____ Phone #: _____




E-Mail Address: _____ Clinic Contact: _____

Address: _____ City/Zip Code: _____

Materials are provided at no charge, while supplies last.
Quantities may be adjusted, based on availability.

MATERIALS	IMM# and Links (Click on links to download PDF version)	Quantity Requested
	IMM 782 (English/Spanish) Guess Who Needs a Flu Vaccine - Family Version http://www.eziz.org/PDF/IMM-782.pdf 8" by 10" Static Cling	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other
	IMM 783 (English/Spanish) Health Alert http://eziz.org/assets/docs/IMM-783.pdf 8.5" by 11" Static Cling Respiratory disease prevention notice for hospitals and medical offices	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other
	IMM-789 E/S (English/Spanish) Germ Free Zone http://eziz.org/assets/docs/IMM-789ES.pdf English and Spanish Card Stock, 8.5"x11" in size	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other
	IMM 819 (English, Spanish, Chinese, Japanese, Korean, Tagalog and Vietnamese) Wash Your Hands http://www.eziz.org/PDF/IMM-819.pdf 8.5" by 11" Card Stock	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other

2014 Flu Materials Order Form

MATERIALS	IMM# and Links (Click on links to download PDF version)	Quantity Requested
	<p>IMM 825 (English, Spanish, Hmong, Cambodian, Laotian, Punjabi, and Russian)</p> <p>Wash Your Hands http://www.eziz.org/PDF/IMM-825.pdf</p> <p>8.5" by 11" Static Cling</p>	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other
	<p>IMM 823 ES (bilingual two sided English/Spanish)</p> <p>Babies Need You http://eziz.org/assets/docs/IMM-823.pdf http://eziz.org/assets/docs/IMM-823S.pdf</p> <p>8.5" by 11" Flyer</p> <p>Promotes flu vaccine to child care providers and parents</p>	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other
	<p>IMM 874 ES (bilingual two sided English/Spanish)</p> <p>Protect Against Flu and Whooping Cough—Childcare Providers http://eziz.org/assets/docs/IMM-874.pdf http://eziz.org/assets/docs/IMM-874S.pdf</p> <p>8.5" by 11" Flyer</p>	<input type="checkbox"/> 25
		<input type="checkbox"/> 50
		_____ Other

To Order Materials:

- E-mail this order form to: Sonmartinez@ph.lacounty.gov or
- Call (323) 869-8080

Materials are provided at no charge, while supplies last.
Quantities may be adjusted, based on availability.

