

2012 -2013

Seasonal Influenza Clinic Procedures Manual

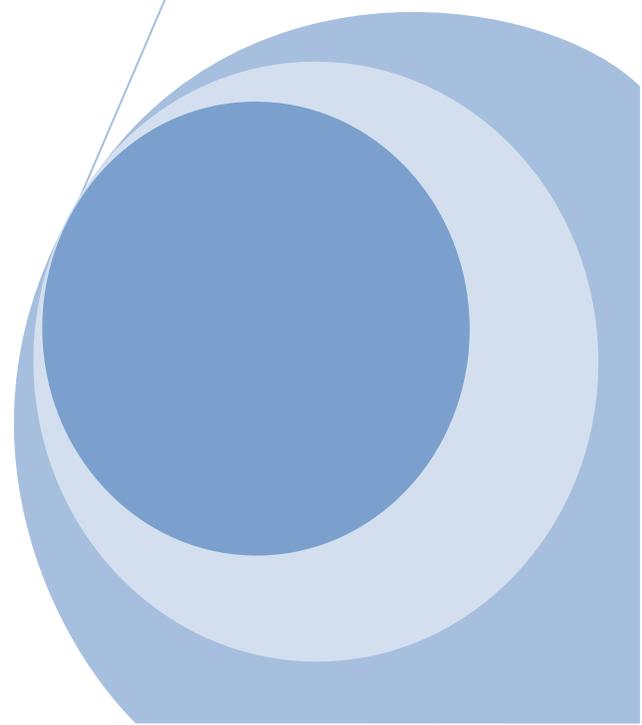


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*Formerly known as the “Certificate of Self-Insurance.”

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 DPH 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;
- 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 2012-2013 Completion Instructions (Part 1)

The Seasonal Influenza Vaccination Outreach Clinics and PODs will use the Influenza Vaccination Consent form to document immunization for influenza vaccines (Trivalent Inactivated Influenza Vaccine [TIV] & 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.) **Contact Immunization Program Customer Support Unit at (323) 869-8080 for additional forms and educational materials.**

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, 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 (TIV or LAIV) 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.

3. **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. Please make sure that the vaccinator initials are legible and clear and are the same as the initials listed on the CHS Cover Sheet.

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, or MI-MedImmune).** Document the vaccine lot number using CAPITAL letters neatly in the center of the boxes, starting from the left to the right

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. The students and instructor are also required to sign the CHS Cover Sheet.** The student's name will be entered in CAIR as the vaccinator.

Language interpreters: All persons providing interpreter services are required to sign consent form in the space provided on the lower left-hand corner. **This person is also required to sign the CHS Cover Sheet.**

4. **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. This is extremely important to ensure the correct information will be entered in CAIR. In addition to the fields reviewed by the screener, these fields must also be complete, accurate, and legible:
- Type of flu vaccine administered (LAIV or TIV)
 - Manufacturer
 - Lot Number
 - Site of Administration
 - Initials of staff administering vaccine
 - Date of Administration

In order to enter the vaccination information in CAIR, all of the fields must be complete, accurate, and legible.

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

Influenza Vaccination Consent Form 2012-2013 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, TIV), Manufacturer, Lot number, Dosage, Site and Vaccinator's Initials. This information is required to create an accurate record in CAIR.
 - **PRINT clearly in the space provided, the initials of the person administering the vaccine.** One letter per box. No SIGNATURES please. Print and sign your initials as documented on the CHS Cover Sheet for Flu Outreach Clinics.
 - 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 representatives about the benefits and risks of a vaccine. **Federal law requires that VISs be given out whenever certain vaccines are to be administered, including influenza vaccines (either TIV or LAIV).** A VIS must be given to the vaccine recipient or their parent or legal representative prior to administration of the vaccine.

Vaccine Information Statements (English) (VISs) may be downloaded from the CDC's web site at <http://www.cdc.gov/vaccines/pubs/vis/default.htm> and VISs in other languages may be downloaded from 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 - TIV (07/02/12)
2. Live, Intranasal Influenza Vaccine – LAIV (07/02/12)

California Immunization Registry (CAIR)

Provide the client with a copy of the CAIR Disclosure form (form may be laminated to save paper) for review. Inform the client that their vaccination record will be entered into the immunization registry to ensure a permanent record of their vaccination is maintained. If the client does not wish to have their record shared with other health care providers in CAIR, have them complete the "Decline or Start Sharing/Information Form" (See Appendix) and staple the form to the clients vaccination form.

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 TIV and LAIV. Persons answering yes to any question (except #11) 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. 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. **Note: Preservative-free vaccine is required in California.**
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.

4. REQUIRED: CAIR disclosure form reviewed with client? (see page 7)
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 TIV or LAIV. Persons who experience only hives after eating egg-containing products such as cakes or bread may be immunized with only TIV. However, persons who have required medical attention after eating eggs (i.e. wheezing, hypotension) should not be vaccinated (See Appendix for Egg-allergy Algorithm). Refer the client to their primary care physician for further evaluation.
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. 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.
8. 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 (TIV or LAIV). Persons who have developed GBS after a previous vaccination (TIV or LAIV) should be referred to their primary care provider for evaluation.
9. Have you received any of these vaccines in 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 in 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]).
10. 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), weakend 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 (TIV).
11. Is the person to be vaccinated between the ages of 2 – 49 years? Live intranasal vaccines are 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 TIV.

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

12. 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.
13. 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.
14. **REQUIRED VFC eligibility** for persons under 19 years of age: (see page 7)

Adapted from materials from the Immunization Action Coalition (Immunize.org)

Influenza (Flu) Vaccine Products for 2012-2013

	Vaccine	Trade name	Manufacturer	Presentation	Age group	Number of doses	Route	Pregnant Women ††
Products Available Through LACIP and VFC	TIV†	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 multidose vial††	≥6 mos	1-2§	IM	No
	TIV	Fluzone® Intradermal	sanofi pasteur	0.1 mL prefilled micro-syringe	18-64 yrs	1	ID	Yes
	TIV	Fluvirin®	Novartis Vaccines	0.5 mL prefilled syringe††	≥4 yrs	1-2§	IM	Yes
	TIV	Fluvirin®	Novartis Vaccines	5.0 mL multidose vial††	≥4 yrs	1-2§	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	TIV	Afluria®**	CSL Biotherapies	0.5 mL prefilled syringe	≥9 yrs**	1-2§	IM	Yes
				5.0 mL multidose vial††				No
	TIV High Dose***	Fluzone® High-Dose	sanofi pasteur	0.5 mL prefilled syringe	≥65 yrs	1	IM	
	TIV	Fluarix®	GlaxoSmithKline	0.5 mL prefilled syringe	≥3 yrs	1-2§	IM	Yes
	TIV	FluLaval®	GlaxoSmithKline	5.0 mL multidose vial††	≥18 yrs	1	IM	No

† Trivalent inactivated vaccine (TIV). †† Live attenuated influenza vaccine (LAIV) 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 since July 1, 2010. (See Figure 1, Page 12).

¶ For adults and 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, the 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 TIV. If no other age-appropriate, licensed TIV 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. Afluria may be used in persons aged ≥9 years.

*** Trivalent inactivated vaccine high dose. A 0.5-mL dose contains 60 mcg each of *A/California/7/2009 (H1N1)-like*, *A/Victoria/361/2011 (H3N2)-like*, and *B/Wisconsin/1/2010-like (Yamagata lineage) antigens*.

†† 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 multidose vials should not be used to vaccinate pregnant women and children less than 3 years of age.

2012-2013 Seasonal Influenza Vaccine Dosage, by Age of Patient

Trivalent Inactivated Influenza Vaccine (TIV)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 (LAIV)¹ 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 TIV and LAIV prepared for the 2012–13 season will include: *A/California/7/2009 (H1N1)-like*, *A/Victoria/361/2011 (H3N2)-like*, and *B/Wisconsin/1/2010-like (Yamagata lineage) antigens*.

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 since July 1, 2010. (See Figure 1, Page 12).

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.

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 since July 1, 2010. (See Figure 1, Page 12).

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

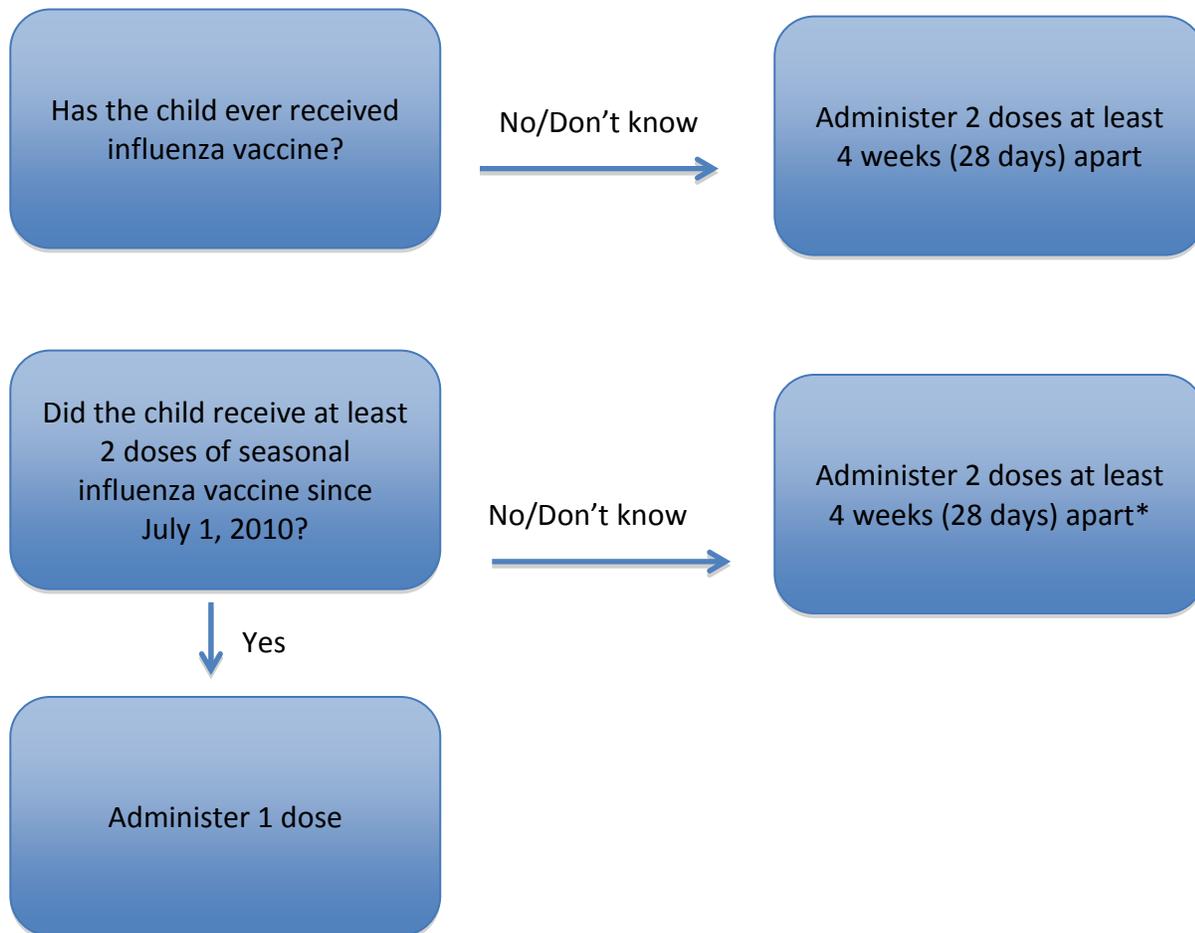
⁹ Interdermal flu vaccine should be administered using the prefilled micro syringe over the deltoid area.

Vaccine Storage and Handling: TIV 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.

Adapted from recommendations published in the MMWR *Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, 2012-13 (60).

2012-13 Influenza Dosing Schedule for Children 6 months – 8 years

Figure 1.



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

If a child's vaccination history from before July 1, 2010, is available, and the child is known to have received at least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine (i.e., either 2010–11 or 2011–12 seasonal vaccine or the monovalent 2009[H1N1] vaccine), then the child needs only 1 dose for 2012–13. Using this approach, children aged 6 months through 8 years need only 1 dose of vaccine in 2012–13 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 for whom one of these conditions is not met require 2 doses in 2012–2013.

Review of Vaccine Administration Techniques

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

TIV 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.

1. Filling Syringes:

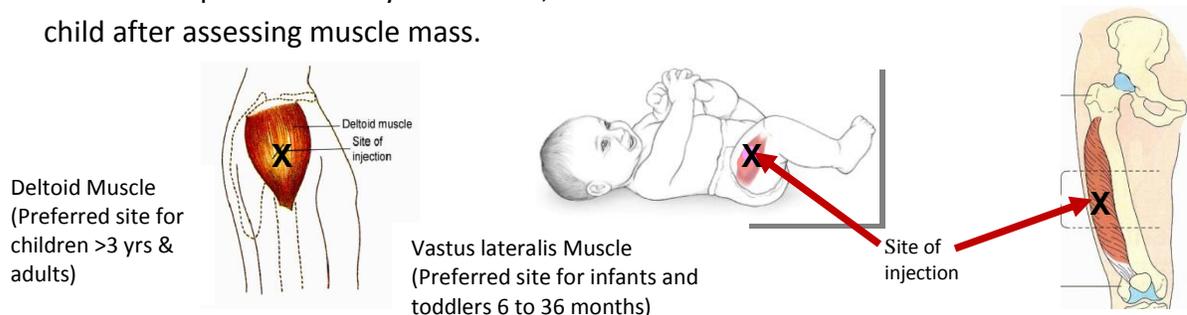
- Influenza vaccine: There are 10 doses in the multi-dose vials.
- Always double check the vaccine vial to make sure that it is the intended vaccine and it has not expired.
- Inject 0.5 ml of air into the vial using smaller gauge needles (23-25 gauge) to prevent vaccine leakage from vial when a dose is withdrawn.
- 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 16). 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 adults and children (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, adolescents, adults, and seniors preferably should be seated for immunizations. 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 parent's 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. Retain pressure on the skin around the injection site with the thumb and index fingers of the other hand for the entire time the needle is being inserted. 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 not required when administering vaccines unless the health care worker has open hand lesions or will come in contact with potentially infectious body fluids (2012 Red Book 29th Edition, page 20).
- b. Do not recap syringes, clip needles, or separate the needle and syringe after giving, an injection.
- 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:**

TIV 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. TIV can also be administered either simultaneously or at any time before or after a live vaccine.

Note: Only flu vaccine will be administered at the DPH outreach clinics.

Administration of Intradermal (ID) Influenza Vaccine

1. ID administration:

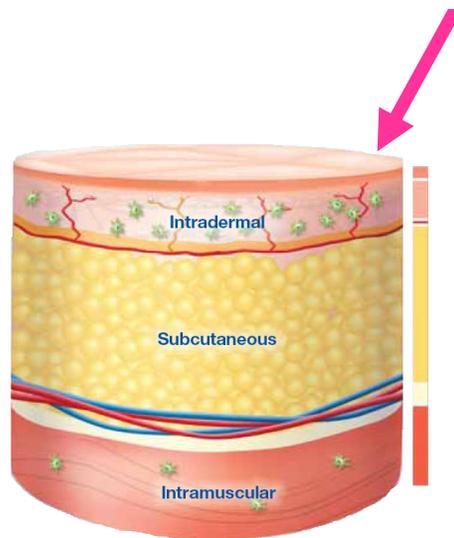
Each pre-filled syringe is ready to use, with an affixed micro-needle. There is no need to purge the syringe to remove air.

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

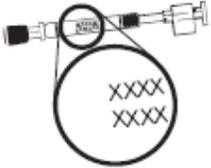


- Correct hand position for vaccine administration
- Insert the needle perpendicular to the skin
- Push the plunger with the **index finger** without aspirating
- After the vaccine is delivered, push the plunger with the thumb until a click is heard
- A protective shield will cover the needle

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*:

≤ 12 months	0.05 ml
1 – 4 years	0.15 ml
5 – 9 years	0.30 ml
≥ 10 years	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. **Note:** If the agent causing an anaphylaxis reaction was given by injection, epinephrine can be injected into the same site to slow absorption.
- k. Monitor vital signs.
- l. Provide cardiopulmonary resuscitation (CPR) if indicated.
- m. At clinical sites administer oxygen to patient at 5-10 liters per minute via facemask if available.
- n. Continue activities until arrival of paramedics or physician.
- o. Open a medical record on the patient if one does not exist.
- p. Record all activities on Emergency Worksheet.
- q. Document in the medical record progress note:
 - 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 vaccine related reaction, document that information was submitted to the Vaccine Adverse Event Reporting System (VAERS).
- r. Obtain physician signature for all verbal orders.
- s. Report incident to supervisor and follow CHS Policy No. 407 on 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 clinical and non-clinical sites should contain the following items:
 - 1. One copy of the Anaphylaxis Reactions Standardized Procedure (6/21/2010)
 - 2. Aqueous epinephrine hydrochloride 1:1000 solution, (3) ampoules (vials)
 - 3. Disposable syringes, (6) 1mL syringes
 - 4. Disposable needles, (5) each (1, 1½ inch, 23 gauge) for intramuscular administration
 - 5. Disposable filter needles (1½ inch, 18 gauge)
 - 6. Non-latex disposable gloves, (3) each (small, medium, large)
 - 7. Alcohol wipes (25)
 - 8. Sphygmomanometer with infant, child, adult and thigh cuffs
 - 9. Stethoscope
 - 10. CPR face shields, (3)
 - 11. Pad of paper, Emergency Worksheet, pen with black ink

Adapted from Los Angeles County Public Health: Standardized Procedure Anaphylaxis Reactions, Effective Date 06/21/2010 (See Appendix).

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. A copy of the VAERS form can also be found at http://vaers.hhs.gov/resources/vaers_form.pdf

The completed VAERS forms should be FAXED to the Los Angeles County Immunization Program at (213) 351-2782. The Immunization Program will forward the forms to VAERS. If you have any questions regarding reporting or VAERS, contact the Immunization Program at (213) 351-7800.

Volunteer Information

Volunteers must complete the volunteer forms prior to assisting at the outreach. The Volunteer Program Policy Manual can be found on the DPH PHD website under Forms then Volunteer Programs at <http://intranet/ph/Forms.htm>. Submit the forms to Human Resources **Attention:** Jessica Mejia (323) 869-8282.

The PHN in charge of the outreach must verify the license of all licensed personnel (RN/LVN/NP) prior to submitting the volunteer forms to Human Resources.

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 - Flu Vaccination Consent Form; CHS Cover Sheet for Flu Outreaches; Vaccine Information Statements; CAIR Disclosure and Decline to Share forms
- 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 the doses in CAIR (i.e. all doses should have the original date). **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.
- *DO NOT* archive left over doses of flu vaccine in CAIR until instructed by the Immunization Program.

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 dose into their CAIR inventory. (See Appendix for CAIR Transfer Instructions)

Checklist for Outreach Clinics

During the outreach

- The nurse in-charge of the outreach clinic must review and complete the top portion of the Cover Sheet for CHS Flu Outreach Clinics, 2012-2013 (Date, Clinic Site and Address, Public Health Center, Vaccine Manufacturer and Lot Number). 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 Cover Sheet for CHS Flu Outreach Clinics, 2012-2013.
 - Initials should be signed the same was as they are signed on the *Flu Vaccination Consent Form 2012-2013*.
- All flu doses administered at outreach clinics conducted by CHS staff will utilize the *Flu Vaccination Consent Form 2012 -2013*.
- Screeners must review each vaccination form to ensure the following fields are complete, accurate, and legible:

<input type="checkbox"/> Last Name	<input type="checkbox"/> Mother's First Name
<input type="checkbox"/> First Name	<input type="checkbox"/> Race/Ethnicity
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Pregnancy Status
<input type="checkbox"/> Zip Code	<input type="checkbox"/> CAIR Disclosure
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Vaccine for Children Eligibility
<input type="checkbox"/> Gender	

- Vaccinators must review their vaccination form to ensure the following fields are complete, accurate, and legible:
 - Type of flu vaccine administered (LAIV or TIV)
 - Vaccine Manufacturer
 - Vaccine Lot Number
 - Site of Administration
 - Staff Initials
 - Date of Administration

Checklist to Prepare Forms for Data Entry

After the outreach:

- The Nurse in-charge of the outreach clinic must review the Cover Sheet for CHS Flu Outreach Clinics, 2012-2013 to make sure all of the information (i.e. outreach site and address, public health center, vaccine and manufacturer lot numbers) is correct.
- 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, 2012-2013.
- Sort the “2012-2013 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
 - Missing or incorrect lot numbers – lot numbers should match those listed on the cover sheet
 - Date vaccine administered
- Forms missing the following information cannot be entered in CAIR:
 - First and Last name
 - Date of Birth
 - Admin by initials

Please do not submit these forms for data entry. Maintain forms at your health center.

- Fax or email the Cover Sheet for CHS Flu Outreach Clinics, 2012-2013 to the Immunization Program **ATTN:** Martha Stokes at (213) 351-2784 or linkhelpdesk@ph.lacounty.gov within **3 business days after the outreach clinic.**
- Attach all forms to the Cover Sheet for CHS Flu Outreach Clinics, 2012-2013 and forward to the designated data entry staff for your Health Center or Service Planning Area (SPA).
- All forms should be maintained at your designated health center for data entry. (Whittier, Central, and North Hollywood HC will need to transfer forms to a designated area for data entry.

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)

Stationery Supplies

- _____ 2012-2013 Influenza Outreach Clinic Procedure Manual
- _____ 2012 - 2013 VISs in English/Spanish, and other languages (as needed)
- _____ Flu Vaccination Consent Form 2012 – 2013
- _____ Volunteer sign in sheets
- _____ Certificate of County Self-Funding of Insurance Obligation 2012-2013
- _____ Cover Sheet for CHS Outreach Flu Clinics
- _____ CAIR Disclosure form (Laminate if possible)
- _____ CAIR Decline or Start Sharing Information Request Form (only 5-10 forms needed)
- _____ 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
- ___ Event Notification Policy (Policy 407) and forms
- ___ Standardized Procedure Anaphylaxis Reactions (06/21/2010)
- ___ Volunteer Forms – Forms are available on DPH PHD under Forms>Volunteer Programs

Post Off-Site Clinic Checklist

Volunteers

- ___ 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).
- ___ Opened multi-dose vials are dated and initialed.
- ___ Refrigerate vaccine immediately upon return to the health center.

Forms

- ___ Complete the top portion of the Cover Sheet for CHS Flu Outreaches and attach to the Flu Vaccination Consent Forms.
- ___ Flu Vaccination Consent Forms should be returned 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 at the health center. (See section on Transporting Supplies to and from Off-Site Clinics.)

Vaccine Storage and Handling Guidelines

Inactivated Influenza Vaccines (TIV)

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, Flumist):

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 into one nostril. Then remove the dose-divider clip and deliver the remainder of the dose 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.

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, 2012-2013 Influenza Campaign*. Copy enclosed in the Appendix.

Appendix

1. Flu Vaccination Form 2012-13 (Sample)
2. 2012- 2013 Vaccine Information Statements (VIS) for TIV, LAIV, (English & Spanish)
3. Egg-Allergy Algorithm
4. Certificate of County Self-Funding of Insurance Obligation
5. Los Angeles County Public Health Anaphylaxis Standardized Procedure (06/21/2010)
6. Vaccine Adverse Event Reporting System (VAERS) Form
7. Volunteer Sign-In Sheet
8. CHS Cover Sheet for Flu Outreach Clinics
9. CAIR Forms <ul style="list-style-type: none">a. CAIR Disclosure (English & Spanish)b. CAIR Decline or Start Sharing/Information Request Form (English & Spanish)c. CAIR Vaccine Transfer Instructions

Influenza Vaccine

Inactivated

What You Need to Know

2012 - 2013

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

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

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

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

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

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

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

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

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

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the “flu shot,” is given by injection with a needle.
2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

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

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

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

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

3 Who should get inactivated influenza vaccine and when?

WHO

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

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

WHEN

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

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

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

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

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

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



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Health and Human Services
Centers for Disease
Control and Prevention

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

5 What are the risks from inactivated influenza vaccine?

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

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

Mild problems:

- soreness, redness, or swelling where the shot was given
 - hoarseness; sore, red or itchy eyes; cough
 - fever • aches • headache • itching • fatigue
- If these problems occur, they usually begin soon after the shot and last 1-2 days.

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

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

Severe problems:

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

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

www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

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

6 What if there is a severe reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

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

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

8 How can I learn more?

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

Vaccine Information Statement (Interim)
Influenza Vaccine
 (Inactivated)

7/2/2012

42 U.S.C. § 300aa-26



VACUNA DESACTIVADA CONTRA LA INFLUENZA

2012-13

LO QUE USTED NECESITA SABER

Hojas de Información sobre las Vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 ¿Por qué vacunarse?

La **influenza** (conocida como **gripe** o “**flu**”) es una enfermedad contagiosa.

Es causada por el virus de la influenza, que se puede transmitir al toser, estornudar o mediante las secreciones nasales.

A cualquiera le puede dar influenza, pero los índices de infección son mayores entre los niños. La mayoría de las personas solo experimentan síntomas por unos pocos días e incluyen:

- fiebre/escalofríos
- dolores musculares
- dolor de cabeza
- dolor de garganta
- cansancio
- nariz moquienta o congestionada
- tos

Otras enfermedades pueden tener los mismos síntomas y a menudo se confunden con la influenza.

Los niños pequeños, las personas mayores de 65 años de edad, las mujeres embarazadas y las personas con ciertas condiciones de salud, como enfermedades del corazón, pulmón o riñón o un sistema inmunológico debilitado, se pueden enfermar mucho más. La influenza puede causar fiebre alta y neumonía y puede empeorar condiciones de salud preexistentes. Puede causar diarrea y convulsiones en los niños. Miles de personas mueren cada año por la influenza y muchas más requieren hospitalización.

Si se vacuna, puede protegerse usted mismo y evitar contagiar a otros.

2 Vacuna desactivada contra la influenza

Hay dos tipos de vacuna contra la influenza:

1. La vacuna **desactivada** (virus muerto), o “vacuna contra la influenza” que se inyecta en el músculo.
2. La vacuna **viva atenuada** (debilitada), que se aplica como rocío en las fosas nasales. *Esta vacuna se describe en una Hoja de Información sobre las Vacunas, por separado.*

Hay una “dosis más alta” de vacuna desactivada disponible para personas mayores de 65 años. Para más información, consulte a su doctor. Cada año los científicos tratan de que los virus de la vacuna coincidan con los que tienen más probabilidades de causar la influenza ese año. La vacuna contra la influenza no prevendrá otras enfermedades causadas por otros virus, incluyendo los virus de influenza que no están incluidos en la vacuna.

Después de la vacunación, toma hasta 2 semanas para desarrollar protección. La protección dura hasta un año.

Algunas vacunas desactivadas contra la influenza contienen un conservante llamado timerosal. La vacuna libre de timerosal también está disponible. Consulte a su doctor para más información.

3 ¿Quiénes deben recibir la vacuna desactivada contra la influenza y cuándo?

QUIÉNES

Todas las personas **mayores de 6 meses de edad** deben recibir la vacuna contra la influenza.

La vacunación es especialmente importante para las personas con mayor riesgo de experimentar un caso grave de influenza y las que están en contacto directo con ellas, incluyendo al personal médico, y las personas en contacto cercano con bebés menores de 6 meses de edad.

CUÁNDO

Reciba la vacuna tan pronto como esté disponible. Esto le dará la protección necesaria en caso de que la temporada de influenza llegue temprano. Puede vacunarse durante todo el tiempo en el que la enfermedad siga ocurriendo en su comunidad.

La influenza puede ocurrir a cualquier momento, pero la mayoría de influenza ocurre desde octubre hasta mayo. En las últimas temporadas, la mayoría de las infecciones han ocurrido en enero y febrero. Vacunándose en diciembre, o aún después, será beneficioso en casi todos los años.

Los adultos y los niños mayores requieren una dosis de la vacuna contra la influenza cada año. Sin embargo, algunos niños menores de 9 años de edad necesitan dos dosis para estar protegidos. Consulte a su doctor.

Se puede dar la vacuna contra la influenza a la misma vez que otras vacunas, incluyendo la vacuna antineumocócica.

4 Algunas personas no deben recibir la vacuna desactivada contra la influenza o deben esperar

- Diga a su doctor si tiene cualquier alergia grave (que amenaza la vida), incluyendo alergia grave a los huevos. Una grave alergia a cualquier componente de la vacuna puede ser razón para no vacunarse. Las reacciones alérgicas a la vacuna contra la influenza son poco comunes.
- Diga a su doctor si alguna vez ha tenido una reacción grave después de haber recibido una dosis de la vacuna contra la influenza.
- Diga a su doctor si alguna vez ha tenido el síndrome de Guillain-Barre (una enfermedad paralítica grave, también conocida como GBS). Su doctor le puede ayudar a decidir si es recomendable vacunarse.

- Las personas moderadamente o muy enfermas por lo general deben esperar hasta recuperarse antes de vacunarse contra la influenza. Si está enfermo, hable con su doctor sobre si debe cambiar la cita para vacunarse. Las personas con una enfermedad leve por lo general se pueden vacunar.

5 ¿Cuáles son los riesgos de la vacuna desactivada contra la influenza?

Las vacunas, como cualquier medicamento, pueden causar problemas serios, como reacciones alérgicas graves. El riesgo de que la vacuna cause un daño serio, o la muerte, es sumamente pequeño.

Problemas serios de la vacuna desactivada contra la influenza ocurren muy rara vez. Los virus en la vacuna desactivada están muertos o sea que no se puede enfermar de influenza mediante la vacuna.

Problemas leves:

- molestia, hinchazón o enrojecimiento o en el lugar donde lo vacunaron
- ronquera; dolor, enrojecimiento y picazón en los ojos; tos
- fiebre • dolores • dolor de cabeza
- picazón • cansancio

Si estos problemas ocurren, en general comienzan poco tiempo después de vacunarse y duran 1 ó 2 días.

Problemas moderados:

Los niños pequeños que reciben la vacuna contra la influenza desactivada y la vacuna antineumocócica (PCV13) durante la misma cita parecen correr mayor riesgo de tener convulsiones por causa de fiebre. Consulte a su doctor para más información.

Diga a su doctor si el niño que está recibiendo la vacuna contra la influenza ha tenido una convulsión.

Problemas graves:

- Las reacciones alérgicas que amenazan la vida ocurren muy rara vez después de la vacunación. Si ocurren, por lo general es a los pocos minutos o a las pocas horas de haberse vacunado.
- En 1976, un tipo de la vacuna desactivada contra la influenza (gripe porcina) estuvo asociado al síndrome de Guillain-Barré (GBS). Desde entonces, las vacunas contra la influenza no se han asociado claramente al GBS.

Sin embargo, si hay un riesgo de GBS por las vacunas contra la influenza que se usan actualmente, no debe ser de más de 1 ó 2 casos por millón de personas vacunadas. Eso es mucho menor que el riesgo de tener una influenza fuerte, que se puede prevenir con vacunación.

Una marca de la vacuna desactivada contra la influenza, llamada Afluria, **no se debe dar** a niños menores de 8 años de edad, con la excepción de circunstancias especiales. En Australia una vacuna relacionada estuvo asociada a fiebre y convulsiones febriles en niños pequeños. Su doctor le puede proporcionar más información.

Siempre se seguirá prestando atención a la seguridad de las vacunas. Para más información visite:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html
y
www.cdc.gov/vaccinesafety/Activities?Activities_Index.html

6 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

A cualquier condición fuera de lo común, como fiebre alta o cambios en el comportamiento. Los signos de una reacción alérgica grave pueden incluir dificultad para respirar, ronquera o sibilancias, ronchas, palidez, debilidad, latidos rápidos del corazón o mareos.

¿Qué debo hacer?

- **Llame** a un doctor o lleve a la persona inmediatamente a un doctor.
- **Diga** a su doctor lo que ocurrió, la fecha y la hora en que ocurrió, y cuando recibió la vacuna.
- **Pida** a su doctor que informe la reacción presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS). O puede presentar este informe mediante el sitio Web de VAERS, en: www.vaers.hhs.gov, o llamando al: **1-800-822-7967**.

VAERS no proporciona consejos médicos.

7 Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas (VICP) fue creado en 1986.

Las personas que piensan haber sido lesionadas por alguna vacuna pueden aprender acerca del programa y cómo presentar una reclamación llamando al: **1-800-338-2382**, o visitando el sitio Web de VICP en www.hrsa.gov/vaccinecompensation.

8 ¿Cómo puedo obtener más información?

- Consulte a su doctor. Le pueden dar el folleto de información que viene con la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (CDC):
 - Llame al **1-800-232-4636 (1-800-CDC-INFO)**
 - Visite el sitio Web de los CDC en www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Vaccine Information Statement (Interim)
Inactivated Influenza Vaccine - Spanish (7/2/12) 42 U.S.C. §300aa-26

Influenza Vaccine

Live, Intranasal

What You Need to Know

2012 - 2013

Many Vaccine Information Statements are available in Spanish and other languages.

See www.immunize.org/vis.

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

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease.

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

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

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

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

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

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

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

There are two types of influenza vaccine:

1. **Live, attenuated** influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils.
2. **Inactivated** (killed) influenza vaccine, the “flu shot,” is given by injection with a needle. *This vaccine is described in a separate Vaccine Information Statement.*

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

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

LAIV does not contain thimerosal or other preservatives.

3 Who can receive LAIV?

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

4 Some people should not receive LAIV

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

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

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

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

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



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

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

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

5 When should I receive influenza vaccine?

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

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

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

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

6 What are the risks from LAIV?

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

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

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

Mild problems:

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

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

Some adults 18-49 years of age have reported:

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

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the vaccination.
- If rare reactions occur with any product, they may not be identified until thousands, or millions, of people have

used it. Millions of doses of LAIV have been distributed since it was licensed, and the vaccine has not been associated with any serious problems.

The safety of vaccines is always being monitored. For more information, visit:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html
and
www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

7 What if there is a severe reaction?

What should I look for?

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

What should I do?

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

VAERS does not provide medical advice.

8 The National Vaccine Injury Compensation Program

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

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

9 How can I learn more?

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

Vaccine Information Statement (Interim)
Influenza Vaccine
(Live, Attenuated)

7/2/2012
42 U.S.C. § 300aa-26



VACUNA INTRANASAL VIVA CONTRA LA INFLUENZA

2012-13

LO QUE USTED NECESITA SABER

Hojas de Información sobre las Vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 ¿Por qué vacunarse?

La influenza (conocida como gripe o “flu”) es una enfermedad contagiosa.

Es causada por el virus de la influenza, que se puede transmitir al toser, estornudar o mediante las secreciones nasales.

A cualquiera le puede dar influenza, pero los índices de infección son mayores entre los niños. La mayoría de las personas solo experimentan síntomas por unos pocos días e incluyen:

- fiebre/escalofríos
- dolor de garganta
- dolores musculares
- cansancio
- tos
- dolor de cabeza
- nariz moquienta o congestionada

Otras enfermedades pueden tener los mismos síntomas y a menudo se confunden con la influenza.

Los niños pequeños, las personas mayores de 65 años de edad, las mujeres embarazadas y las personas con ciertas condiciones de salud, como enfermedades del corazón, pulmón o riñón o un sistema inmunológico debilitado, se pueden enfermar mucho más. La influenza puede causar fiebre alta y neumonía y puede empeorar condiciones de salud preexistentes. Puede causar diarrea y convulsiones en los niños. Miles de personas mueren cada año por la influenza y muchas más requieren hospitalización.

Si se vacuna, puede protegerse usted mismo y evitar contagiar a otros.

2 Vacuna viva atenuada contra la influenza – LAIV (rocío nasal)

Hay dos tipos de vacuna contra la influenza:

1. La vacuna **viva atenuada** contra la influenza (LAIV) contiene el virus de influenza vivo pero atenuado (debilitado). Se aplica como rocío en las fosas nasales.

2. La vacuna **desactivada** (virus muerto) contra la influenza, conocida como la “vacuna contra la influenza”, se inyecta en el músculo. *Esta vacuna se describe en una Hoja de Información sobre las Vacunas, por separado.*

Los virus de la influenza cambian constantemente. Por eso, se recomienda una vacunación anual. Cada año los científicos tratan de que los virus de la vacuna coincidan con los que tienen más probabilidades de causar la influenza ese año. La vacuna contra la influenza no prevendrá otras enfermedades causadas por otros virus, incluyendo los virus de influenza que no están incluidos en la vacuna.

Después de la vacunación, toma hasta 2 semanas para desarrollar protección. La protección dura hasta un año.

La LAIV no contiene timerosal u otros conservantes.

3 ¿Quiénes deben recibir la LAIV?

La LAIV está recomendada para las **personas sanas de 2 a 49 años de edad**, que no estén embarazadas y que no tengan ciertos problemas de salud (vea el No. 4 abajo).

4 Algunas personas no deben recibir la LAIV

La LAIV no está recomendada para todos. Las siguientes personas deben recibir la vacuna desactivada (que se inyecta) en vez de LAIV.

- **Los adultos mayores de 50 años de edad o los niños de 6 a 23 meses de edad.** (A niños menores de 6 meses de edad no se les debe aplicar ninguna de las vacunas contra la influenza).
- Los niños menores de 5 años de edad con asma o con uno o más episodios de sibilancias durante el año pasado.
- Las mujeres embarazadas.
- Las personas que tienen problemas de salud a largo plazo con:
 - enfermedad del corazón
 - enfermedad de los riñones o del hígado
 - enfermedad de los pulmones
 - enfermedad metabólica, como la diabetes
 - asma
 - anemia y otras enfermedades de la sangre
- Cualquier persona que tenga ciertas enfermedades de los músculos o de los nervios (como las enfermedades que causan convulsiones o parálisis cerebral) que puedan causar problemas para respirar o para tragar.
- Cualquier persona que tenga el sistema inmunológico debilitado.
- Cualquier persona que esté en contacto cercano con personas que tienen el sistema inmunológico debilitado requiriendo cuidado en un ambiente protegido (como la unidad de trasplante de médula ósea). *Las personas con contacto cercano a otras personas con el sistema inmunológico debilitado (como aquellas con VIH) pueden recibir LAIV. Personal trabajando en la unidad de cuidado intensivo neonatal o clínicas de oncología pueden recibir LAIV.*
- Los niños o adolescentes en tratamiento de aspirina a largo plazo.

Diga a su doctor si tiene cualquier alergia grave (que amenaza la vida), incluyendo alergia grave a los huevos. Una grave alergia a cualquier componente de la vacuna puede ser razón para no vacunarse. Las reacciones alérgicas a la vacuna contra la influenza son poco comunes.

Diga a su doctor si alguna vez ha tenido una reacción grave después de haber recibido una dosis de la vacuna contra la influenza.

Diga a su doctor si alguna vez ha tenido el síndrome de Guillain-Barre (una enfermedad parálitica grave, también conocida como GBS). Su doctor le puede ayudar a decidir si es recomendable vacunarse.

Diga a su doctor si ha recibido alguna otra vacuna en las 4 últimas semanas.

Cualquier persona con un problema nasal lo suficientemente grave como para causar dificultad para respirar, como una nariz congestionada, deben recibir la vacuna contra la influenza que se inyecta en vez de LAIV.

Las personas moderadamente o muy enfermas por lo general deben esperar hasta recuperarse antes de vacunarse contra la influenza. Si está enfermo, hable con su doctor sobre si debe cambiar la cita para vacunarse. Las personas con una enfermedad leve por lo general se pueden vacunar.

5 ¿Cuándo debo recibir la vacuna contra la influenza?

Reciba la vacuna tan pronto como esté disponible. Esto le dará la protección necesaria en caso de que la temporada de influenza llegue temprano. Puede vacunarse durante todo el tiempo en el que la enfermedad siga ocurriendo en su comunidad.

La influenza puede ocurrir a cualquier momento, pero la mayoría de influenza ocurre desde octubre hasta mayo.

En las últimas temporadas, la mayoría de las infecciones han ocurrido en enero y febrero. Vacunándose en diciembre, o aún después, será beneficioso en casi todos los años.

Los adultos y los niños mayores requieren una dosis de la vacuna contra la influenza cada año. Sin embargo, algunos niños menores de 9 años de edad necesitan dos dosis para estar protegidos. Consulte a su doctor.

Se puede dar la vacuna contra la influenza a la misma vez que otras vacunas.

6 Cuáles son los riesgos de la LAIV?

Las vacunas, como cualquier medicamento, pueden causar problemas serios, como reacciones alérgicas graves. El riesgo de que la vacuna cause un daño serio, o la muerte, es sumamente pequeño.

Los virus de la vacuna viva contra la influenza muy rara vez se pasan de una persona a otra. Incluso si lo hacen, es poco probable que causen enfermedad.

LAIV está hecha de virus debilitados y no causa influenza. La vacuna puede causar síntomas leves en las personas que la reciben (vea a continuación).

Problemas leves:

Algunos niños y adolescentes de 2 a 17 años de edad dijeron haber tenido:

- nariz moquenta o congestionada o tos
- dolor de cabeza y dolores musculares
- dolor abdominal, vómitos ocasionales o diarrea
- fiebre
- sibilancias

Algunos adultos de 18 a 49 años de edad dijeron haber tenido:

- nariz moquenta o congestionada
- tos, escalofríos, cansancio/debilidad
- dolor de garganta
- dolor de cabeza

Problemas graves:

- Las reacciones alérgicas a causa de las vacunas que amenazan la vida ocurren muy rara vez. Si ocurren, por lo general es a los pocos minutos o a las pocas horas de haberse vacunado.

- Si ocurren reacciones poco comunes con cualquier producto nuevo, es posible que no se identifiquen hasta que lo hayan usado miles o millones de personas. Desde que fue autorizada se han distribuido millones de dosis de la LAIV y la vacuna no ha sido asociada a ningún problema serio.

Siempre se seguirá prestando atención a la seguridad de las vacunas. Para más información visite:

www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html

y

www.cdc.gov/vaccinesafety/Activities?Activities_Index.html

7 ¿Qué pasa si hay una reacción grave?

¿A qué debo prestar atención?

A cualquier condición fuera de lo común, como fiebre alta o cambios en el comportamiento. Los signos de una reacción alérgica grave pueden incluir dificultad para respirar, ronquera o sibilancias, ronchas, palidez, debilidad, latidos rápidos del corazón o mareos.

¿Qué debo hacer?

- **Llame** a un doctor o lleve a la persona inmediatamente a un doctor.
- **Diga** a su doctor lo que ocurrió, la fecha y la hora en que ocurrió, y cuando recibió la vacuna.
- **Pida** a su doctor que informe la reacción presentando un formulario del Sistema de Información sobre Eventos Adversos a una Vacuna (VAERS). O puede presentar este informe mediante el sitio Web de VAERS, en: www.vaers.hhs.gov, o llamando al: **1-800-822-7967**.

VAERS no proporciona consejos médicos.

8 Programa Nacional de Compensación por Lesiones Causadas por las Vacunas

El Programa Nacional de Compensación por Lesiones Causadas por las Vacunas (VICP) fue creado en 1986.

Las personas que piensan haber sido lesionadas por alguna vacuna pueden aprender acerca del programa y cómo presentar una reclamación llamando al: **1-800-338-2382**, o visitando el sitio Web de VICP en: www.hrsa.gov/vaccinecompensation.

9 ¿Cómo puedo obtener más información?

Consulte a su doctor. Le pueden dar el folleto de información que viene con la vacuna o sugerirle otras fuentes de información.

- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (CDC):

- Llame al: **1-800-232-4636 (1-800-CDC-INFO)**
- Visite el sitio Web de los CDC en: www.cdc.gov/flu



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

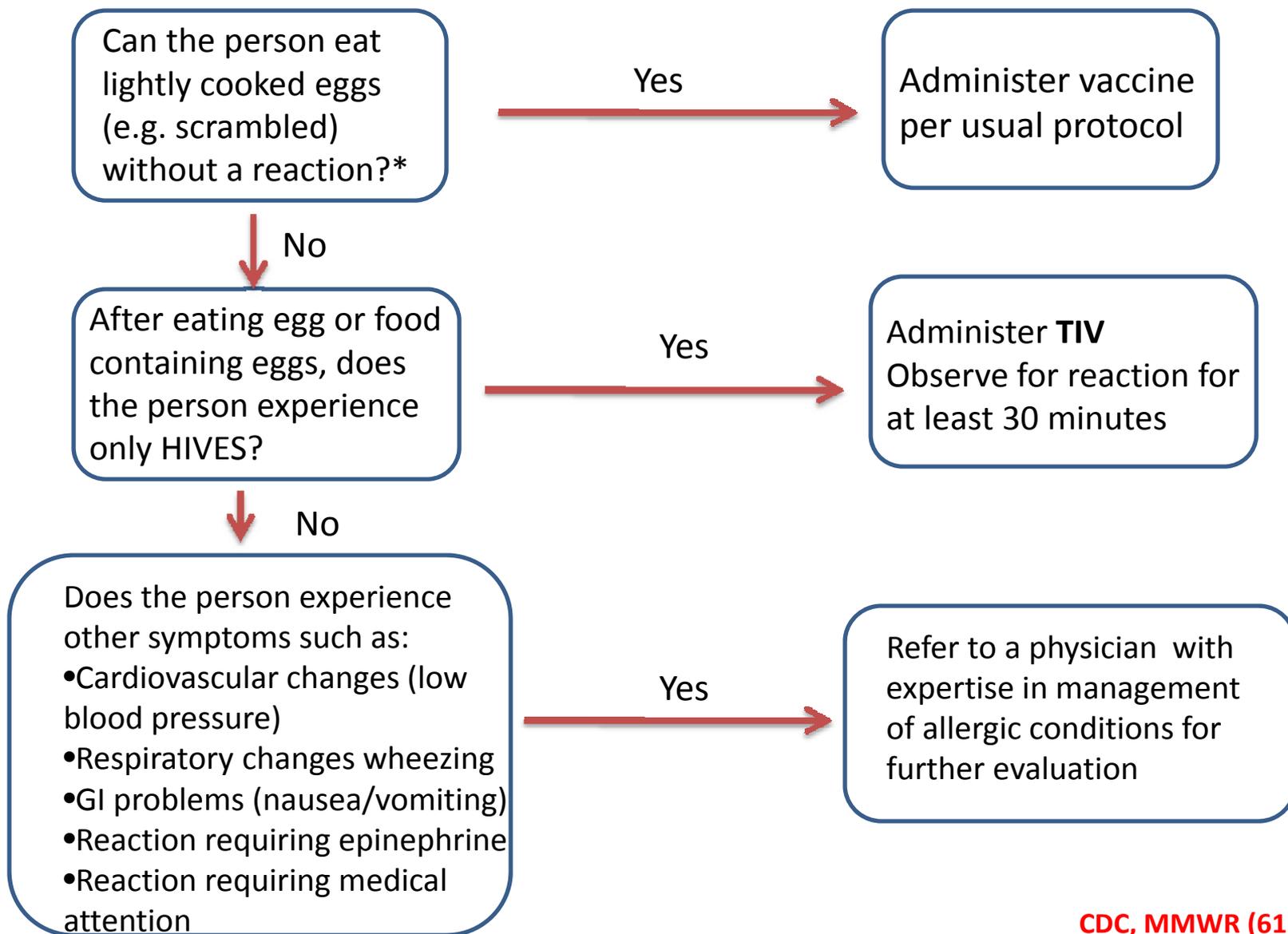


Vaccine Information Statement (Interim)

Live, Attenuated Influenza VIS - Spanish (7/2/12) 42 U.S.C. §300aa-26

Translation provided by the California Department of
Public Health, Immunization Branch

How to assess egg allergies



STANDARDIZED PROCEDURE

Anaphylaxis Reactions

- I. Policy
 - A. As described in the General Policy Component.
 - B. Covers only those registered nurses identified in the General Policy Component.
 - C. Nursing staff will be knowledgeable about anaphylaxis and its management.
 - D. Registered nurses will administer epinephrine. Licensed vocational nurses can administer epinephrine with a doctor's order.
 - E. Patients with signs and/or symptoms of anaphylaxis reaction will be managed according to this policy/procedure.
 - F. An emergency kit as described in II. C. 1., will be organized, readily available, and easily located, wherever injections are to be administered or planned to be administered.

- II. Protocol
 - A. Definition: This protocol covers the management of anaphylaxis reactions. Anaphylaxis is an acute life-threatening response with varied clinical presentations. Respiratory compromise and cardiovascular collapse cause the most concerns because they are the most frequent cause of fatalities. The more rapidly anaphylaxis occurs after exposure to an offending stimulus, the more likely the reaction is to be severe and potentially life-threatening.
 - B. Database: Information will include but is not limited to:
 1. Onset of symptoms
 - a. Anaphylaxis 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.
 - b. Rapid recognition and immediate management by medical and nursing personnel is critical.

STANDARDIZED PROCEDURE

Anaphylaxis Reactions

2. Clinical signs and symptoms:
 - a. Neurological: altered levels of consciousness, lightheadedness, headache, feeling of impending doom, anxiety, dilated pupils
 - b. 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.
 - c. Respiratory: 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
 - d. Skin: localized or diffuse erythema, pruritis, urticaria, edema, flushing
 - e. GI: nausea, vomiting or diarrhea
 - f. Musculoskeletal: uterine or abdominal cramping

C. Equipment:

1. All clinical/health center sites will have oxygen tank(s) with a wrench, face masks (adult, child, infant) and extension tubing.
2. Non-clinical sites will not have oxygen available. Non-health center/non-clinical sites should dial 911 when a patient is noted with signs and or symptoms of anaphylaxis and follow the procedure outlined below.
3. The emergency kit at both clinical and non-clinical sites will contain the following items. The clinical kit may contain additional items as needed:
 - a. One copy of the Anaphylaxis Reactions Standardized Procedure
 - b. Aqueous epinephrine hydrochloride 1:1000 solution, (3) ampoules
 - c. Disposable 1ml syringes (6)
 - d. Disposable 23 gauge needles for intramuscular administration, 1 inch (6) and 1 ½ inch (6)
 - e. Disposable 18 gauge filter needles, 1½ inch (6)
 - f. Non-latex disposable gloves, small, medium and large (3 pair of each)
 - g. Alcohol wipes (25)
 - h. Sphygmomanometer with infant, child, adult and thigh cuffs (1 each)
 - i. Stethoscope (1)
 - j. CPR face shields (3)
 - k. Pad of paper, Emergency Worksheet (See Appendix B), pen with black ink

STANDARDIZED PROCEDURE

Anaphylaxis Reactions

D. Procedure

1. Dial 911 for paramedics
2. Follow facility emergency procedure(s)
3. Assess airway, breathing, circulation and level of consciousness.
4. Establish and maintain airway.
5. Place patient in the recumbent position and elevate the lower extremities, as tolerated symptomatically.
6. **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.
7. **Children 5 years old or greater 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.
8. **If the weight of the child is not known the dosage can be approximated from the subject's age as follows*:** (See Epinephrine Dosing Chart in Appendix A)

≤ 12 months	0.05 ml
1 – 4 years	0.15 ml
5 – 9 years	0.30 ml
≥ 10 years	0.50 ml
9. **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.
10. **Note:** If agent causing anaphylaxis reaction was given by injection, epinephrine can be injected into the same site to slow absorption.
11. Monitor vital signs.
12. Provide cardiopulmonary resuscitation (CPR) if indicated.
13. At clinical sites administer oxygen to patient at 5-10 liters per minute via face mask if available.
14. Continue activities until arrival of paramedics or physician.
15. Open a medical record on the patient if one does not exist.
16. Record all activities on Emergency Worksheet (See Appendix B).

STANDARDIZED PROCEDURE

Anaphylaxis Reactions

17. Document in the medical record progress note:
 - a. Time and date of occurrence, subjective complaints, objective signs and vital signs and precipitating antigen if known.
 - b. Record epinephrine hydrochloride administration: dosage given, date and time given, and by whom.
 - c. Document time of arrival and departure of paramedics and/or medical consultation and subsequent orders.
 - d. If vaccine related reaction, document that information was submitted to the Vaccine Adverse Event Reporting System.
18. Obtain physician signature for all verbal orders.
19. Report incident to supervisor and follow CHS Policy No. 407 on Event Notification.

E. Physician Consultation: As described in the General Policy Component

F. Documentation: As described in the General Policy Component

References: *Age Table provided by Alvin Nelson, M.D., Medical Director, Los Angeles County, Immunization Program

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STANDARDIZED PROCEDURE
Anaphylaxis Reactions

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President Allergy & Asthma Care, PC, Taunton, MA.

Medical Management of Vaccine Reactions in Children and Teens,
Immunization Action Coalition. 1573 Selby Ave. St. Paul, MN 55104
(651) 647-9009 www.immunize.org. www.vaccineinformation.org

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STANDARDIZED PROCEDURE
Anaphylaxis Reactions

APPENDIX A

EPINEPHRINE DOSING CHART

FOR ADULTS

0.3-0.5mg/dose (or 0.3-0.5ml) aqueous solution of epinephrine hydrochloride 1:1000

FOR CHILDREN

EPINEPHRINE 1:1000 SOLUTION 0.01 ml/kg/dose

Pounds	Kilograms	X's 0.01 = epinephrine by weight
10	4.5	0.045ml
15	6.8	0.068ml
20	9.1	0.091ml
25	11.4	0.114ml
30	13.6	0.136ml
35	15.9	0.159ml
40	18.2	0.182ml
45	20.5	0.205ml
50	22.7	0.227ml
55	25.0	0.25ml
60	27.3	0.273ml
65	29.5	0.295ml
70	31.8	0.318ml
75	34.1	0.341ml
80	36.4	0.364ml
85	38.6	0.386ml
90	40.9	0.409ml
95	43.9	0.439ml
100	45.5	0.455ml
105	47.7	0.477ml
110	50	0.50ml

**STANDARDIZED PROCEDURE
Anaphylaxis Reactions**

APPENDIX B

Emergency Worksheet

Date:	Time:	Record #:
Patient Name:	D.O.B:	
Address:		
Phone Number:		
Patient Complaint/Type of Emergency:		
Type and Location of Injury:		
Vital Signs: B/P:	RR:	P: T:
Patient Status: Alert & Oriented: Self <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/>		
Not breathing <input type="checkbox"/> CPR performed <input type="checkbox"/> CPR performed by:		
Procedure Performed:		
Drug Allergies <input type="checkbox"/> Non-Drug Allergies <input type="checkbox"/> NKA <input type="checkbox"/>		
Medications Given: (Dosage, Route, Site, and Time)		
Observed Patient for 15 Min. for Adverse Reactions <input type="checkbox"/> No S/Sof Adverse Reaction Noted <input type="checkbox"/>		
Adverse Reaction/Time:		
Name of Physician Notified:		
By Whom:	Time:	Date:
MD Action Plan:		
911 Called: (Yes/No)	Time 911 Called:	Time Paramedics/Police Arrived:
Staff Involved:		
Vaccine related? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, information submitted to VAERS <input type="checkbox"/>		
Time Patient Left the Facility:		
Patient Left Via Ambulance <input type="checkbox"/> Left Via Car <input type="checkbox"/> Accompanied By:		
Referral to:		
Referral Explained and Given to Patient/Family <input type="checkbox"/>		
Nurse in Charge Signature:		
Supervisor Signature:		
MD Signature:		
Comments:		

STANDARDIZED PROCEDURE
Anaphylaxis Reactions



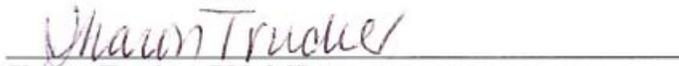
Jeffrey D. Gunzenhauser, MD, MPH
Medical Director

6-27-2010
Date



Robert Kim-Farley, MD, MPH
Director, Communicable Disease Control & Prevention

6/23/2010
Date



Sharon Trucker, RN, MS
Interim Nursing Director

6-22-2010
Date



Deborah Davenport, RN, MS
Director, Community Health Services

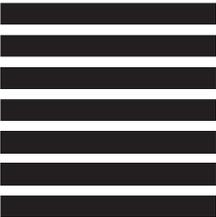
6-23-2010
Date



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IF MAILED
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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, 2012-2013

Return this Cover Sheet to the Immunization Program within 3 BUSINESS DAYS after each outreach ends
Email to Linkhelpdesk@ph.lacounty.gov or FAX to (213) 351-2784.

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 ____/____/____ Name: 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:		VFC PIN:	
Vaccine Information* (See manufacturer abbreviations below)	Manufacturer:	Manufacturer:	Manufacturer:
	Lot #:	Lot #:	Lot #:

	Name: Susan R. Smith, RN	Check if you served in any of the following roles at this outreach clinic	Printed Initials SRS	Flu Form Initials <i>Srs</i>
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		
13.		<input type="checkbox"/> Vaccinator <input type="checkbox"/> Screener <input type="checkbox"/> Volunteer		

*GSK-GlaxoSmithKline, SP-Sanofi Pasteur, MI-MedImmune, NOV-Novartis

Cover Sheet for CHS Flu Outreach Clinics, 2012-2013

Name: Susan R. Smith, RN		Check if you served in any of the following roles at this outreach clinic	Printed Initials SRS	Flu Form Initials <i>Srs</i>
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		

*GSK-GlaxoSmithKline, SP-Sanofi Pasteur, MI-MedImmune, NOV-Novartis

Immunization Registry Notice to Patients and Parents

Immunizations or 'shots' prevent serious diseases. Keeping track of shots you or your child have received can be hard. It's especially hard if more than one doctor gave them. Today, doctors and other approved agencies use a secure computer system called an *Immunization Registry* to keep track of shots. If you change doctors, your new doctor can use the Registry to see the shot record. It's your right to choose if you want shot records shared in the *California Immunization Registry*.

How Does a Registry Help You?

- Keeps track of all shots, so you don't miss any or get too many
- Helps your doctor send reminders to you when you or your child need shots
- Helps you get a copy of your shot record if you lose it
- Can show proof of shots needed to start child care, school, or a new job

How Does a Registry Help Your Health Care Team?

Doctors, nurses, health plans, and public health agencies use the Registry to:

- See which shots are needed
- Remind you about shots needed
- Prevent disease in your community
- Help with record-keeping

Can Schools or Other Programs See the Registry?

Yes, but this is limited. Schools, child care, and other agencies allowed under California law may:

- See which shots children in their programs need
- Make sure children have all shots needed to start child care or school

What Information Can Be Shared in a Registry?

- Patient's name, sex, and birth place
- Parents' or guardians' names
- Limited information to identify patients
- Details about a patient's shots

What's entered in the Registry is treated like other private medical information. Misuse of the Registry can be punished by law. Under California law, only healthcare providers, health plans, or public health departments may see your address and phone number.

Patient and Parent Rights

It's your legal right to:

- Not share your or your child's registry shot records with others besides your doctor*
- Look at a copy of your or your child's shot records in the Registry
- See who has viewed your or your child's record or to have the doctor change any mistakes in the Registry

If you DO NOT want your doctor's office to share your immunization information in the Registry: Please request a "*Decline or Start Sharing/Information Request Form*" from your doctor's office.

For more information call (213) 351-7411.

* By law, public health officials can also look at the Registry in the case of a public health emergency.

Aviso a los padres y pacientes sobre el Registro de vacunación

Las vacunas previenen enfermedades serias. Estar al tanto de las vacunas que usted o su niño(a) hayan recibido puede ser difícil. Es especialmente difícil si han visitado más de un médico. Hoy en día, los médicos y otras agencias autorizadas, usan un sistema seguro en la computadora llamado *Registro de vacunación* para mantener al día los datos de vacunación. Si cambia de médico, su nuevo médico podrá ver los datos de vacunación. Usted tiene derecho a decidir si quiere que sus datos de vacunación se compartan en el *Registro de Vacunación de California*.

¿Cómo le ayuda el Registro?

- Está al tanto de todas las vacunas, para que no le falte ninguna ni le pongan demasiadas
- Le ayuda a su doctor mandar recordatorios cuando usted o su hijo(a) necesitan vacunarse
- Le ayuda a obtener una copia de los datos de vacunación que tiene su médico
- Sirve como comprobante de vacunas necesarias para asistir a una guardería o escuela, o para comenzar un nuevo empleo

¿Cómo ayuda el Registro a su equipo médico?

Los médicos, enfermeras, planes de salud y entidades de salud pública usan el Registro para:

- Ver cuáles vacunas se necesitan
- Recordarle sobre las vacunas que necesita
- Prevenir enfermedades en su comunidad
- Ayudar a mantener los datos

¿Las escuelas u otros programas pueden ver el Registro?

Sí, pero de manera limitada. Las escuelas, las guarderías y otras entidades permitidas por ley de California pueden:

- Ver cuáles vacunas necesitan los niños en sus programas
- Asegurar que los niños tengan todas las vacunas necesarias para comenzar la guardería o la escuela

¿Qué información se puede compartir en un Registro?

- El nombre, el sexo y el lugar de nacimiento del paciente
- Los nombres de los padres o de los tutores
- Información limitada para identificar a un paciente
- Detalles sobre las vacunas de los pacientes

Lo que se inscribe en el Registro se trata como cualquier otra información médica privada. El uso indebido del Registro puede ser castigado por ley. La ley de California dice que sólo el consultorio de su médico, su plan de salud o departamentos de salud pública pueden ver su dirección y número de teléfono.

Los derechos del paciente y de los padres

Tiene derecho legal a pedir:

- No compartir sus datos (o los de su hijo) en el Registro de vacunación con otros, aparte de su médico*
- Ver una copia de sus datos de vacunación o de los de su hijo
- Saber quiénes han visto los datos o pedir que su médico corrija errores en los datos

Si **NO** quiere que el consultorio de su médico comparta sus datos de vacunación en el Registro, pida un "*Formulario de rechazo del Registro de vacunación*" de su consultorio médico.

Para más información sobre sus derechos, llame al (213) 351-7411.

** Por ley, los funcionarios de salud pública también pueden tener acceso a los datos en el Registro en caso de una emergencia de salud pública.*

Decline or Start Sharing/Information Request Form

PLEASE CHECK (✓) THE STATEMENT(S) BELOW THAT APPLY:	
MY FULL NAME:	RELATIONSHIP TO PATIENT <input type="checkbox"/> self <input type="checkbox"/> parent/guardian
Name of Patient:	Patient's Address:
Patient's Date of Birth:	City/Zip Code:
	Phone:
DECLINE SHARING	
<input type="checkbox"/> I DECLINE to allow my/my child's immunization record to be shared with other health care providers, agencies, or schools in the California Immunization Registry.*	
<p><i>* Note: The immunization record may still be recorded in the registry for use by your physician's office. By law, public health officials can also access immunization records in the case of a public health emergency.</i></p>	
START SHARING (Declined earlier, now have changed mind and wish to share)	
<input type="checkbox"/> I ALLOW my/my child's immunization record to be shared with other health care providers, agencies, or schools in the California Immunization Registry.	
REQUEST INFORMATION	
<input type="checkbox"/> I REQUEST a list of agencies who have viewed my/my child's immunization registry record. [Provider: Please write your Provider ID: _____ and fax this form to the CAIR Help Desk: (213) 351-2784. We will process this request.]	
<input type="checkbox"/> I REQUEST to review or correct my/my child's immunization registry record. I understand that any changes made to this record must be verified by appropriate documentation from my health care provider.	
Signature:	Date:



Registro de Vacunación de California

Formulario para rechazar, empezar a compartir o solicitar información sobre los datos de vacunación

Marque (✓) la/las declaracion(es) a continuación que corresponda(n):	
Mi nombre completo:	Relación con el paciente: <input type="checkbox"/> él mismo <input type="checkbox"/> padre o tutor
Nombre del paciente:	Dirección del paciente:
Fecha de nacimiento del paciente:	Ciudad y código postal:
	Teléfono:
Rechazar compartir	
<input type="checkbox"/> Rechazo permitir que mis datos de vacunación/los datos de vacunación de mi hijo se comparta con otros profesionales de la salud, entidades o escuelas en el Registro de Vacunación de California*	
<i>* Nota: Los datos de vacunación aún se pueden documentar en el registro para el uso del consultorio de su médico. Por ley, los funcionarios de salud pública también pueden tener acceso a los datos de vacunación en caso de una emergencia de salud pública.</i>	
Empezar a compartir (rechacé antes, ahora cambio de opinión y deseo compartir.)	
<input type="checkbox"/> PERMITO que mis datos de vacunación/los datos de vacunación de mi hijo se compartan con otros profesionales de la salud, entidades o escuelas en el Registro de Vacunación de California.	
Solicitar información	
<input type="checkbox"/> SOLICITO una lista de las entidades que vieron mis datos de vacunación/los datos de vacunación de mi hijo conservados en el registro. [Provider: Please write your Provider ID: _____ and fax this form to the CAIR Help Desk: (213) 351-2784. We will process this request.]	
<input type="checkbox"/> SOLICITO ver o corregir mis datos de vacunación/los datos de vacunación de mi hijo conservados en el registro. Entiendo que cualquier cambio que se haga a estos datos tiene que ser verificado con la documentación apropiada de mi profesional de la salud.	
Firma:	Fecha:

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	JKGVLJH	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	DTaPHIBIP	<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	9877TG	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
8526	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
8303	FLU	<PED>	AVP	123456-PP	06/01/2013	N	96	24	96	Adjust	Set
2158	FLU	<PED>	ACBA	31456416	01/01/2020	Y	2455.16	29462	117848	Adjust	Set
8248	FLU	<STD>	MSD	010335	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-H1N1	<PED>	AVP	offoffice	01/01/2020	Y	56453.08	89441.370	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**

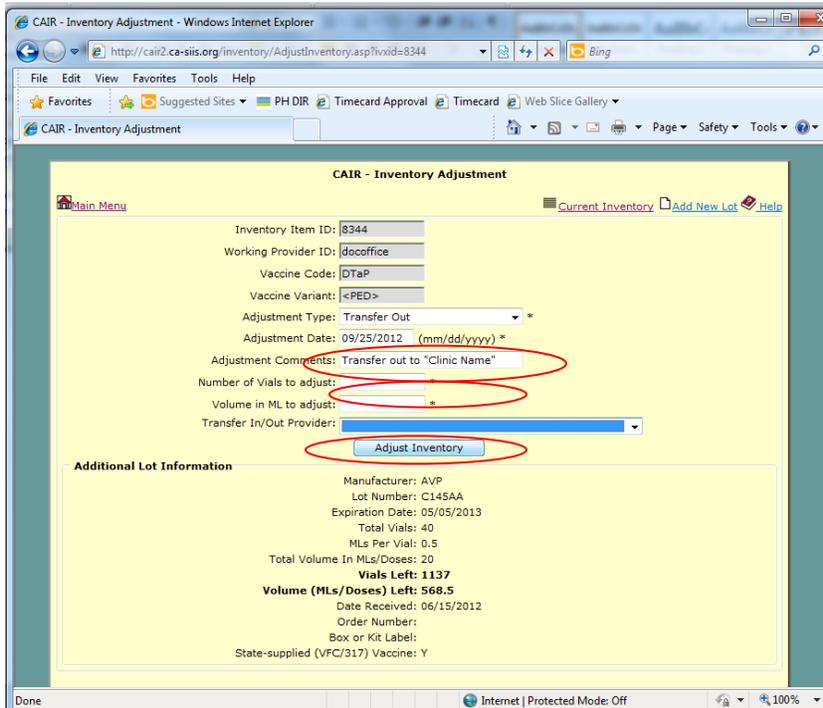
Adjustment Date:
Adjustment Comments:
Number of Vials to adjust:
Volume in ML to adjust:

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

3. 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...)

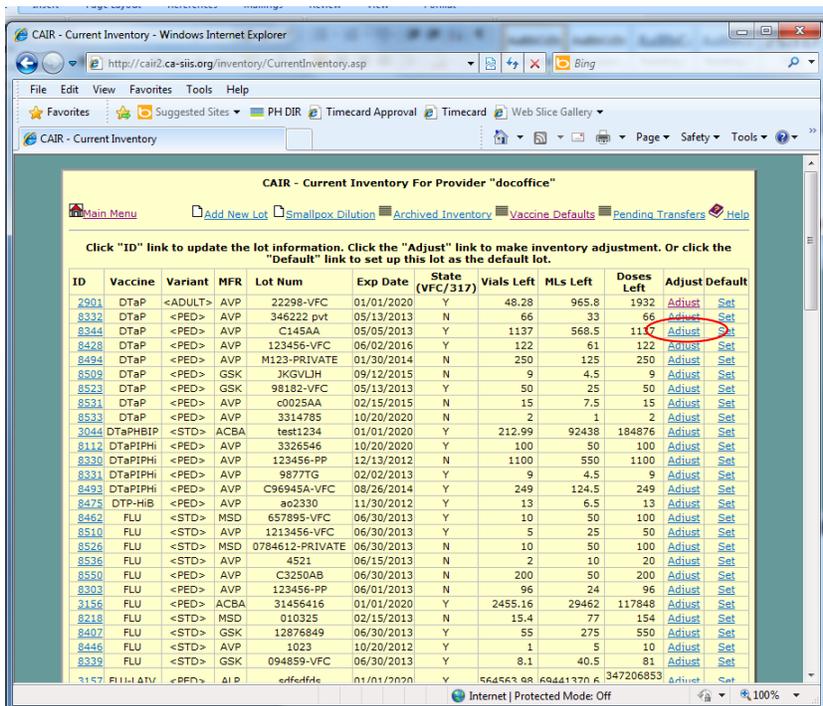


CAIR - Inventory Adjustment

Inventory Item ID: 8344
Working Provider ID: docoffice
Vaccine Code: DTaP
Vaccine Variant: <PED>
Adjustment Type: Transfer Out
Adjustment Date: 09/25/2012 (mm/dd/yyyy)
Adjustment Comments: Transfer out to "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

4. 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.



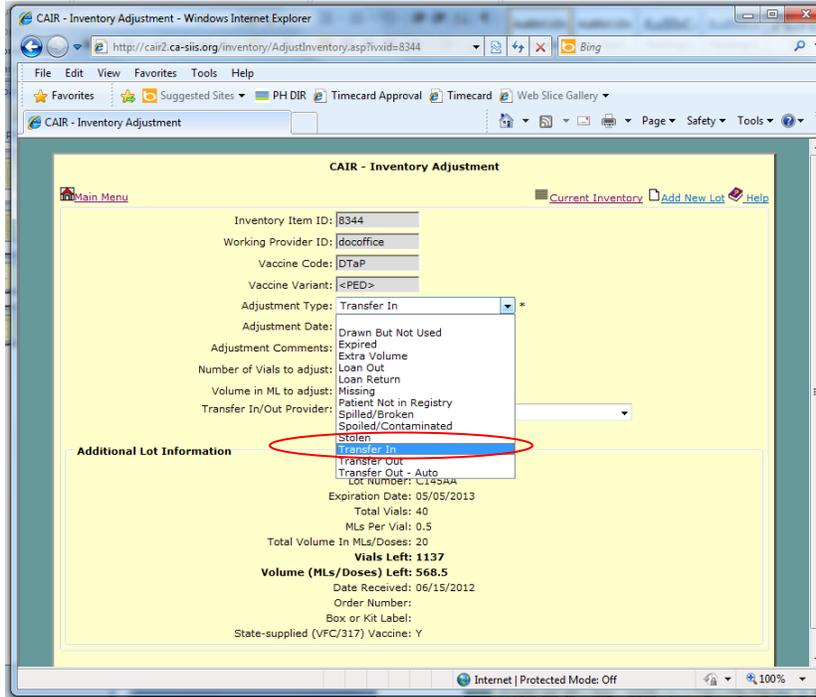
CAIR - Current Inventory For Provider "docoffice"

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	JKGVLH	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	DTaPHIBIP	<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
8303	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
8218	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	eddfefde	01/01/2020	Y	564563.98	69441370.6	347206853	Adjust	Set

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: 1
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