Take a STAND!

How to Implement Standing Orders in Your Practice

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How to Implement Standing Orders in Your Practice

In this session we will:

• Work through the implementation guidance
• Review tools and materials available to help you
• Discuss the logistics of setting up and operating a standing orders program
Standing Orders - Review

The goal of using standing orders is to increase vaccination coverage in a practice by:

• **Reducing** clinician involvement in vaccine needs assessments and writing vaccination orders one patient at a time

• **Delegating** to a nurse or other legally qualified health care professional the role of assessing patients’ vaccination needs and vaccinating them

• **Empowering** nurses (and/or others) to improve their practice’s vaccination program
10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction

Standing orders are written protocols approved by a physician or other authorized practitioner that allow qualified health care professionals (who are eligible to do so under state law, such as registered nurses or pharmacists) to assess the need for and administer vaccine to patients meeting certain criteria, such as age or underlying medical condition. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should a medical emergency (e.g., anaphylaxis) occur.

Having standing orders in place streamlines your practice workflow by eliminating the need to obtain an individual physician's order to vaccinate each patient. Standing orders carried out by nurses or other qualified health care professionals are the most consistent, effective means for increasing vaccination rates and reducing missed opportunities for vaccination, which improves the quality of care for patients.

Standing orders are straightforward to use. The challenge is to integrate them into the practice setting so they can be used to their full potential. This process requires some preparation up front to assure everyone in the practice understands the reasons why standing orders are being implemented. Suggested steps to help you work through this process are shown below.

Phase 1: Get Ready – Build Support of Leadership

**STEP 1** Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

Standing orders will:
- Facilitate efficient assessment for and administration of influenza vaccine in your practice.
- Improve influenza vaccination rates in your practice.
- Protect more of your patients from influenza.
- Empower nurses and/or other eligible staff to use standing orders to protect more patients.
- Decrease opportunities for influenza transmission in your health care setting.

Implementation Guidance aka “The Cookbook”
Three Phases of Standing Orders Implementation

• Phase 1: Build Support of Leadership
• Phase 2: Develop Materials and Strategies
• Phase 3: Make It Happen
Phase 1: Get Ready – Build Support of Leadership
Phase 1: Build Support of Leadership

**STEP 1:** Discuss the benefits of implementing standing orders protocols with the leadership (medical director, clinicians, clinic manager, lead nurses) in your medical setting.

It is critical that leadership support the use of standing orders from the beginning of your program.
Why Use Standing Orders?

Standing Orders will:

- **Free up** clinicians from active roles in immunization
- **Delegate** clinician authority to vaccinate to other qualified health care professionals in the practice, facilitating efficient assessment for need of and administration of vaccines
- **Improve** influenza (and other) vaccination rates in your practice, protecting more patients
- **Decrease** opportunities for influenza transmission in your health care setting
- **Empower** nursing staff or others to take a leading role in prevention activities
Be Prepared To Illustrate Why Standing Orders Will Benefit Your Practice

• Consider determining the vaccination rate in your practice *prior* to meeting with Upper Management

• Measured rates are inevitably less (sometimes much less) than perceived rates

• Lower-than-expected vaccination rates will support your request to develop a standing orders program
Leadership Agreement is Critical

Medical Director

• This person is either responsible for signing the standing orders protocols or supervises the clinician who signs them, so it is critical that he/she agrees with the need for standing orders and supports their use.
Leadership Agreement Is Critical

Clinicians
• Determine which clinician will review and sign the standing orders protocols in the practice
• Identify issues that might lead to any resistance among other providers

Nurse Leaders
• Involve nurse leaders in the planning from the start
• Nurses (or perhaps pharmacists) are the key players in implementing and carrying out standing orders programs
Discussion with State Health Authorities and Others

- Consult with your state immunization program and state medical or nursing boards to determine who is legally qualified to vaccinate using standing orders under your state law.

- Some practices may want to check with their legal counsel.
Significance of State Law

• Immunization Practice = Medical Practice
• All states have laws governing how physicians delegate medical tasks to health professionals
• Laws may address:
  • The medical practice eligible for delegation
  • Which professionals may participate
  • Level of required supervision
  • Where the practice may occur
• Broad variability among states – No state authorizes all Non Physician Healthcare Providers to assess, prescribe and administer vaccines
# Immunization Practice: NEVADA

<table>
<thead>
<tr>
<th>Professional</th>
<th>Assessment</th>
<th>Prescription</th>
<th>Administration</th>
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<tbody>
<tr>
<td>Nurse Midwife</td>
<td>OWN AUTHORITY</td>
<td>OWN AUTHORITY</td>
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<tr>
<td>Advanced Practice Registered Nurse</td>
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<td>Registered Nurse</td>
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<td>Pharmacist</td>
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<td>Physician Assistant</td>
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<td>Practical/Vocational Nurse</td>
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<td>Professional</td>
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<tr>
<td>Nurse Midwife</td>
<td>May <strong>Assess</strong> patients, <strong>Prescribe and Administer</strong> dangerous drugs and devices, medication <strong>under own authority</strong> as authorized by a collaborating physician.</td>
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<tr>
<td>Advanced Practice Registered Nurse</td>
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<td>Medical Assistant</td>
<td>May <strong>administer drugs and medicines</strong> at the direction of the prescribing physician and under the <strong>supervision of a physician or physician assistant</strong>. <strong>Remote supervision</strong> is permissible when the patient is in a rural area, requires immediate attention, or has a practitioner-patient relationship, and the physician is available by telephone.</td>
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<tr>
<td>Registered Nurse</td>
<td>May <strong>Assess and administer medications</strong> as prescribed by a nurse in advanced practice, physician, physician assistant, dentist or podiatric physician.</td>
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<tr>
<td>Pharmacist</td>
<td>May <strong>Administer</strong> immunizations under written <strong>Protocols</strong> in any authorized location, except patient’s home (Unless the patient resides in a LTC or hospital).</td>
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<td>Physician Assistant</td>
<td>May <strong>Assess patients, Prescribe and Administer poisons, dangerous drugs and devices</strong> under direction of supervising physician</td>
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<td>Practical/Vocational Nurse</td>
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</table>
Phase 1: Build Support of Leadership

**STEP 2:** Identify the person who will take the lead and be in charge of your standing orders program.

- In most practices, the lead person will be a nurse, nurse practitioner, or physician assistant.
- The lead person must be an influential leader who has medical knowledge, understands the standing orders protocol, and is able to answer questions about them from other staff members.
Phase 1: Build Support of Leadership

The lead person must be motivated to protect patients by improving the adult vaccination levels in your practice – a true Immunization Champion.
# Recommended Adult Immunization Schedule—United States - 2016

Note: These recommendations must be read with the footnotes that follow containing number of doses, intervals between doses, and other important information.

## Figure 1. Recommended immunization schedule for adults aged 19 years or older, by vaccine and age group

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGE GROUP</th>
<th>19-21 years</th>
<th>22-26 years</th>
<th>27-49 years</th>
<th>50-64 years</th>
<th>≥ 65 years</th>
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<tbody>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 dose annually</td>
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<td>Tetanus, diphtheria, and pertussis (Tdap)</td>
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<td>Varicella</td>
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<tr>
<td>Human papillomavirus (HPV)</td>
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<tr>
<td>Human papillomavirus</td>
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<td>Zoster</td>
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<td>Measles, mumps, and rubella (MMR)</td>
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<td>Pneumococcal 13-valent conjugate vaccine</td>
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<td>Pneumococcal 23-valent polysaccharide vaccine</td>
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<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td>Meningococcal 4-valent conjugate vaccine (MenACWY)</td>
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<td>Meningococcal B (Meningococcal B)</td>
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<tr>
<td>Haemophilus influenzae type b conjugate vaccine (PRP-OMP)</td>
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</tbody>
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*Covered by the Vaccine for Children program*

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### Footnotes—Recommended Immunization Schedule for Adults Aged 19 Years or Older: United States, 2016

**1. Additional information**

- Additional guidance for the use of the vaccines described in this supplement is available at www.cdc.gov/vaccines/hcp/acip-recs/schedule-hcp.html.
- Information on vaccination recommendations when vaccination status is unknown and other general immunization information can be found in the General Recommendations on Immunization at www.cdc.gov/mmwr/preview/mmwrhtml/mm6602a1.htm.
- Information on travel vaccine requirements and recommendations (e.g., for hepatitis A and B, meningococcal, and other vaccines) is available at www.cdc.gov/travel/destinations/list.html.
- Additional information and resources regarding vaccination of pregnant women can be found at www.cdc.gov/vaccines/adults/rec-vac-pregnant.html.

**2. Influenza vaccination**

- Annual vaccination against influenza is recommended for all persons aged ≥6 months. A list of currently available influenza vaccines can be found at http://www.cdc.gov/flu/protect/vaccine/vaccines.htm.
- Persons aged ≥65 years, including pregnant women, can receive the inactivated influenza vaccine (IIV). An age-appropriate IIV formulation should be used.
- Intradermal IIV is an option for persons aged 18 through 64 years.
- High-dose IIV is approved for persons aged ≥65 years.
- Live attenuated influenza vaccine (LAIV) (Flumist) is an option for healthy, non-pregnant persons aged 2 through 49 years.
- Recombinant influenza vaccine (RIIV) (Fluvirin) is approved for persons aged ≥18 years.
- RVV, which does not contain any egg protein, may be administered to persons aged ≥18 years with egg allergy of any severity; RVV may be used with additional safety measures for persons with hives-only allergy to eggs.
- Health care personnel who care for severely immunocompromised persons who require care in a protected environment should receive IIV or RVV; health care personnel who receive LAIV should avoid providing care for severely immunocompromised persons for 7 days after vaccination.

**3. Tetanus, diphtheria, and acellular pertussis (Td, Tdap) vaccination**

- Administer 1 dose of Tdap vaccine to pregnant women during each pregnancy (preferably during 27–36 weeks’ gestation) regardless of interval since prior Td or Tdap vaccination.
- Persons aged ≥71 years who have not received Tdap vaccine or for whom vaccine status is unknown should receive a dose of Tdap followed by tetanus and diphtheria toxoids (Td) booster doses every 10 years thereafter. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-tetanus-containing vaccine.
- Adults with an unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series including a Tdap.
- For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose at least 8 weeks after the second dose.

**HPV vaccines are not recommended for use in pregnant women. However, pregnancy testing is not needed before vaccination. If a woman is found to be pregnant after initiating the vaccination series, no intervention is needed; the remainder of the 3-dose series should be delayed until completion or termination of pregnancy.**

**5. Zoster vaccination**

- A single dose of zoster vaccine is recommended for adults aged ≥60 years regardless of whether they report a prior episode of herpes zoster. Although the vaccine is licensed by the U.S. Food and Drug Administration for use among and can be administered to persons aged ≥50 years, ACIP recommends that vaccination begin at age 60 years.

**6. Measles, mumps, rubella (MMR) vaccination**

- Adults born before 1957 are generally considered immune to measles and mumps. All adults born in 1957 or later should have documentation of 1 or more doses of MMR vaccine unless they have a medical contraindication to the vaccine or laboratory evidence of immunity to each of the three diseases. Documentation of provider-diagnosed disease is not considered acceptable evidence of immunity for measles, mumps, or rubella.

**Measles component:**

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
  - are students in postsecondary educational institutions,
  - work in a health care facility, or
  - plan to travel internationally.

**Mumps component:**

- A routine second dose of MMR vaccine, administered a minimum of 28 days after the first dose, is recommended for adults who:
  - are students in postsecondary educational institution,
  - work in a health care facility, or
  - plan to travel internationally.

**Rubella component:**

- Persons vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type who are at high risk for mumps infection (e.g., pregnant women who are working in a health care facility) should be considered for revaccination with 2 doses of MMR vaccine.

**Rubella component:**

- For women of childbearing age, regardless of birth year, rubella immunity should be determined. If there is no evidence of immunity, women who are pregnant should be vaccinated. Pregnant women who do not have evidence of immunity...
General Recommendations on Immunization
Recommendations of the Advisory Committee on Immunization Practices (ACIP)

Continuing Education Examination available at https://www.cdc.gov/mmwr/cmwd/cmwd.html
Phase 1: Build Support of Leadership

**STEP 3:** Reach agreement about which vaccine(s) your practice will administer using standing orders.

- It may be best to start using standing orders only for influenza vaccine if you have not implemented standing orders previously.
- When staff are trained and know how standing orders work, you can expand their use to additional vaccines.*

* Standing orders work well for improving coverage for child and adolescent vaccines, too!
Phase 2: *Get Set* – Develop Materials and Strategies
Phase 2: Develop Materials and Strategies

**STEP 4:** Create standing orders protocols for the vaccine(s) you want to administer.

- The Immunization Action Coalition has standing orders templates for all routinely recommended vaccines available to download at www.immunize.org/standing-orders.

- IAC standing orders are reviewed by the Centers for Disease Control and Prevention (CDC) for technical accuracy.

- You may use IAC’s standing orders templates as written, or you may modify them to meet your practice’s needs.
STANDING ORDERS FOR
Administering Influenza Vaccine to Adults

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

Policy
Where allowed by state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure
1. Assess Adults for Need of Vaccination against influenza
   - All adults are recommended to receive influenza vaccine each year.
   - People who do not recall whether they received influenza vaccine this year should be vaccinated.

2. Screen for Contraindications and Precautions
   - Contraindications for use of all influenza vaccines
     - Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of the vaccine or to any of its components. For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/packsheets.pdf) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendixes/appendixes.html. Contraindications for use of live attenuated influenza vaccine (LAIV: Flumist, nasal spray)
     - Has a history of an anaphylactic or non-anaphylactic allergy to eggs
     - Persons with a history of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
     - History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
     - History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
   - Precautions for use of all influenza vaccines
     - History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
     - History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination
     - History of Guillain-Barré syndrome within 6 weeks of a previous influenza vaccination

3. Provide Vaccine Information Statements

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

Immunization Action Coalition
Saint Paul, Minnesota • 855 647 9383 • immunize.org • www.vaccinenfo.org
www.immunize.org/dpcp/hi.pdf • Item #674 (J/17)

www.immunize.org • www.vaccinenfo.org
www.immunize.org/dpcp/hi.pdf • Item #674 (J/17)
Phase 2: Develop Materials and Strategies

Have the standing order(s) reviewed and signed by the medical director or clinician responsible for the program.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the NAME OF PRACTICE OR CLINIC until rescinded or until DATE .

Medical Director’s signature Signature date Effective date
Phase 2: Develop Materials and Strategies

Have the standing order(s) reviewed and signed by the medical director or clinician responsible for the program.

Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the NAME OF PRACTICE OR CLINIC until rescinded or until DATE.

Medical Director’s signature ___________________________ Signature date _______ Effective date _______
Standing Orders for all routine vaccines are available on the IAC website

www.immunize.org/standing-orders
Standing Orders for all routine vaccines are available on the IAC website

www.immunize.org/standing-orders
Phase 2: Develop Materials and Strategies

STEP 5: Hold a meeting to explain your new standing orders program to all staff members.

• It is crucial that all staff understand the program because they will all be involved directly or indirectly.

• To get buy-in from staff, you will need to explain WHY you are starting this program.

• Review how standing orders work and the specific protocols and procedures with all staff members who will be involved.
A handy visual aid to use during the staff meeting

Why are we starting a standing orders program?

- Disease should be prevented whenever possible, and vaccines can do this.
- Our patients are counting on us to keep them healthy.
- Adult vaccination rates in the United States are low and significant racial and ethnic disparities exist.
- Vaccination levels among adults are inadequate in most practices.

- Standing orders have been demonstrated to streamline the assessment and delivery of immunizations in medical practices.
- The burden of disease as a result of vaccine-preventable diseases is seen not only in increased morbidity and mortality, but also in increased costs to the health care system.
Phase 2: Develop Materials and Strategies

**STEP 6:** Determine the roll staff members will play in implementing and using standing orders
- Think through the physical movement of people through your office
- Determine where each step will occur
  - assessment
  - screening
  - administration
  - documentation
- Determine which staff member will perform each step of the process
Logistics

• Assessment for the need for vaccination
  – can be done by receptionist at first contact or by other staff after the person has been taken to an exam room
  – those eligible for vaccination should be provided a screening checklist for contraindications and precautions and a Vaccine Information Statement (VIS) at this step
Screening Checklist for Contraindications to Vaccines for Adults

For patients: The following questions will help us determine which vaccines you may be
answer "yes" to any question, it does not necessarily mean you should not be vaccinated.
additional questions must be asked. If a question is not clear, please ask your health care

1. Are you sick today? (illness)

2. Do you have allergies to medications, food, a vaccine component, or latex?

3. Have you ever had a serious reaction after receiving a vaccination?

4. Do you have a long-term health problem with heart disease, lung disease, asthma,
   kidney disease, metabolic disease (e.g., diabetes), amnesia, or another blood disorder?

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?

6. In the past 3 months, have you taken medications that affect your immune system,
such as prednisone, other steroids, or anticoagulant drugs; or treatments for rheumatoid arthritis,
   Crohn's disease, or psoriasis; or have you had radiation treatments?

7. Have you had a seizure or a brain or other nervous system problem?

8. During the past year, have you received a transfusion of blood or blood products,
or been given immune gamma globulin or an antiviral drug?

9. For women: Are you pregnant or is there a chance you could become pregnant
   during the next month?

10. Have you received any vaccinations in the past 4 weeks?

FORM COMPLETED BY

FORM REVIEWED BY

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

It is important for you to have a personal record of your vaccinations. If you don’t have
ask your health care provider to give you one. Keep this record in a safe place and bring it
when you seek medical care. Make sure your health care provider records all your vaccinations.

Information for Health Care Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

Are you interested in knowing why we included a certain question on the screening checklist? If so, read
the information below. If you want to find out more, consult the references listed at the end.

1. Are you sick today? (illness)

2. Do you have allergies to medications, food, a vaccine component, or latex?

3. Have you ever had a serious reaction after receiving a vaccination?

4. Do you have a long-term health problem with heart disease, lung disease, asthma,
   kidney disease, metabolic disease (e.g., diabetes), amnesia, or another blood disorder?

5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?

6. In the past 3 months, have you taken medications that affect your immune system,
such as prednisone, other steroids, or anticoagulant drugs; or treatments for rheumatoid arthritis,
   Crohn's disease, or psoriasis; or have you had radiation treatments?

7. Have you had a seizure or a brain or other nervous system problem?

8. During the past year, have you received a transfusion of blood or blood products,
or been given immune gamma globulin or an antiviral drug?

9. For women: Are you pregnant or is there a chance you could become pregnant
   during the next month?

10. Have you received any vaccinations in the past 4 weeks?

REFERENCES

1. CDC. General recommendations on immunization, at www.cdc.gov/vaccines/recs/pfs.pdf

2. Table of Vaccine Components, at www.cdc.gov/vaccines/pubs/vaccERA/table-dialog.html

3. CDC. Prevention and control of influenza with vaccines, Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2015–16

4. CDC. Prevention and control of influenza with vaccines, Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2015–16

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Logistics

• Screening for eligibility, contraindications and precautions
  – verify that the person is eligible for vaccination by checking the medical record
  – the screening checklist must be reviewed before vaccination
  – should generally be done by the same person who will administer the vaccine
  – may be able to add screening questions to your existing EMR
Establish a Line of Consultation

• Screening questionnaire will generate “false positive” results
  – Are you sick today?
  – Do you have any allergies?

• Establish a culture that encourages questions from staff without negative ramifications

• Clinician may need to be involved in some cases
Influenza (Flu) Vaccine
(Inactivated or Recombinant):
What you need to know

1 Why get vaccinated?
Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.
Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.
Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
• fever/chills
• sore throat
• muscle aches
• fatigue
• cough
• headache
• runny or stuffy nose
Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.
Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.
Each year thousands of people in the United States die from flu, and many more are hospitalized.

2 Inactivated and recombinant flu vaccines
A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

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

3 Some people should not get this vaccine
Some people should not get LAIV because of age, health conditions, or other reasons. Most of these people should get an injected flu vaccine instead. Your healthcare provider can help you decide.
Tell the provider if you or the person being vaccinated:
• have any allergies, including an allergy to eggs, or have ever had an allergic reaction to an influenza vaccine
• have ever had Guillain-Barré Syndrome (also called GBS)
• have any long-term heart, breathing, kidney, liver, or nervous system problems
• have asthma or breathing problems, or are a child who has had wheezing episodes
• are pregnant
• are a child or adolescent who is receiving aspirin or aspirin-containing products
• have a weakened immune system.
• will be visiting or taking care of someone, within the next 7 days, who requires a protected environment (for example, following a bone marrow transplant)

Influenza (Flu) Vaccine (Live, Intranasal):
What You Need to Know

1 Why get vaccinated?
Influenza ("flu") is a contagious disease that spreads around the United States every year, usually between October and May.
Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.
Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:
• fever/chills
• sore throat
• muscle aches
• fatigue
• cough
• headache
• runny or stuffy nose
LAIV is sprayed into the nose. LAIV does not contain thimerosal or other preservatives. It is made from weakened flu virus and does not cause flu.
There are many flu viruses, and they are always changing. Each year LAIV is made to protect against four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:
• flu that is caused by a virus not covered by the vaccine, or
• illnesses that look like flu but are not
It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray
A dose of flu vaccine is recommended every flu season. Children younger than 9 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

The live, attenuated influenza vaccine (called LAIV) may be given to healthy, non-pregnant people 2 through 49 years of age. It may safely be given at the same time as other vaccines.
# Vaccine Information Statements

## By Federal Law, You Must Provide Current VISs

<table>
<thead>
<tr>
<th>VACCINE INDEX</th>
<th>LANGUAGE INDEX</th>
<th>A-Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus</td>
<td>Influenza - IIV</td>
<td>Polio - IPV</td>
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<td>Anthrax</td>
<td>Influenza - LAIV</td>
<td>Polio - OPV</td>
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<tr>
<td>Chickenpox (varicella)</td>
<td>J. encephalitis</td>
<td>Rabies</td>
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<td>DTaP</td>
<td>MCV4/MPSV4</td>
<td>Rotavirus</td>
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<tr>
<td>Hib</td>
<td>MenB</td>
<td>Shingles</td>
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<tr>
<td>Hepatitis A</td>
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<td>Smallpox</td>
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<td>MMRV</td>
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<tr>
<td>HPV - Cervarix</td>
<td>Multi-vaccine</td>
<td>Tdap</td>
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<tr>
<td>HPV - Gardasil</td>
<td>PCV13</td>
<td>Typhoid</td>
</tr>
<tr>
<td>HPV - Gardasil 9</td>
<td>PPSV</td>
<td>Yellow Fever</td>
</tr>
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</table>

## Current VIS Dates

Check your stock of VISs against this list. If you have outdated VISs, get current versions.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Vaccine</th>
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<td>Chickenpox</td>
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<td>10/22/14</td>
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<tr>
<td>DTaP</td>
<td>5/17/07</td>
<td>PCV13</td>
<td>2/27/13</td>
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<tr>
<td>Hib</td>
<td>4/2/15</td>
<td>PPSV</td>
<td>4/24/15</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>10/25/11</td>
<td>Polio</td>
<td>11/8/11</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2/2/12</td>
<td>Rabies</td>
<td>10/6/09</td>
</tr>
<tr>
<td>HPV-Cervarix</td>
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<td>Rotavirus</td>
<td>4/15/15</td>
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<td>Shingles</td>
<td>10/6/09</td>
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<td>Td</td>
<td>2/24/15</td>
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<td>Influenza</td>
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<td>Tdap</td>
<td>2/24/15</td>
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<td>J. enceph.</td>
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<td>5/29/12</td>
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<td>Y. fever</td>
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[Feedback: VIS Translations](#)
Vaccine Information Statements

By Federal Law, You Must Provide Current VISs

Current VIS Dates

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<thead>
<tr>
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<th>Vaccine/Condition</th>
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<td>Anthrax</td>
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<td>MMRV</td>
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<tr>
<td>Chickenpox</td>
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<td>Multi-vaccine</td>
<td>10/22/14</td>
</tr>
<tr>
<td>DTaP</td>
<td>5/17/07</td>
<td>PCV13</td>
<td>2/27/13</td>
</tr>
<tr>
<td>Hib</td>
<td>4/2/15</td>
<td>PPSV</td>
<td>4/24/15</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>10/25/11</td>
<td>Polio</td>
<td>11/8/11</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>2/2/12</td>
<td>Rabies</td>
<td>10/6/09</td>
</tr>
<tr>
<td>HPV-Cervarix</td>
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<td>Rotavirus</td>
<td>4/15/15</td>
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<td>HPV-Gardasil</td>
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<td>HPV-Gardasil 9</td>
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<td>Td</td>
<td>2/24/15</td>
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<td>Influenza</td>
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<td>Tdap</td>
<td>2/24/15</td>
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<td>J. enceph.</td>
<td>1/24/14</td>
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<td>5/29/12</td>
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<tr>
<td>MCV4/MPV</td>
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<tr>
<td>MenB</td>
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Print Version 📷

Feedback: VIS Translations

Let us know what you think.
Vaccine Information Statements

By Federal Law, You Must Provide Current VISs

VACCINE INDEX

- English
- Amharic
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- German
- Haitian Creole
- Tigrigna
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- Swahili
- Tagalog
- Thai
- Turkish
- Urdu
- Vietnamese
- Yiddish

A-Z

Current VIS Dates

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date1</th>
<th>Vaccine</th>
<th>Date2</th>
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<tr>
<td>Adenovirus</td>
<td>6/11/14</td>
<td>MMR</td>
<td>4/20/12</td>
</tr>
<tr>
<td>Anthrax</td>
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<td>MMRV</td>
<td>5/21/10</td>
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<td>Chikungunya</td>
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<td>Multi-vaccine</td>
<td>10/22/14</td>
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<td>DTap</td>
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<td>PCV13</td>
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<tr>
<td>Hib</td>
<td>4/2/15</td>
<td>PPSV</td>
<td>4/24/15</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>10/25/11</td>
<td>Polio</td>
<td>11/8/11</td>
</tr>
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<td>Hepatitis B</td>
<td>2/2/12</td>
<td>Rabies</td>
<td>10/6/09</td>
</tr>
<tr>
<td>HPV-Cervarix</td>
<td>5/3/11</td>
<td>Rotavirus</td>
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</tr>
<tr>
<td>HPV-Gardasil</td>
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<td>MCV4/MPSV4</td>
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<td>Y. faver</td>
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</tr>
<tr>
<td>MenB</td>
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</tr>
</tbody>
</table>

Check your stock of VISs against this list. If you have outdated VISs, get current versions.
VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant):

1. 

2. 

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Map of Ethiopia showing Tigray Region
Logistics

• Administration
  – who is legally authorized to administer vaccines?
  – who will prepare the vaccine?
  – where will vaccination occur?
Logistics

• Documentation
  – ensure the patient’s personal record is updated and given to the patient

• Where will vaccine administration information be recorded? For example:
  – EMR
  – Paper document in medical chart
  – State/local immunization information system or “registry”?
  – If you don’t use an EMR and don’t already have a medical record chart form for vaccination, you can use the IAC’s record forms
Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISes) and make sure he/she understands the risks and benefits of the vaccines. Always provide or update the patient's personal record card.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Date given (month/day/year)</th>
<th>Funding source (F, P, SP)</th>
<th>Route &amp; Site</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Date on VIS</th>
<th>Date given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, Diphteria, Pertussis (e.g., Ty, Tdap)</td>
<td>Give IM*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A*</td>
<td>(e.g., HepA, HepA-Im)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B*</td>
<td>(e.g., HepB, HepB-Im)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human papillomavirus (HPV)</td>
<td>Give IM*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Give SC*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>Give SC*</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pneumococcal</td>
<td>(e.g., PCV10, pneumococcal)</td>
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</tr>
<tr>
<td>Meningococcal</td>
<td>(e.g., MC5, meningococcal)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See page 2 to record influenza, Hib, rotavirus, and other vaccines (e.g., travel vaccines).

How to Complete This Record
1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (SC), intradermal (ID), intranasal (IN), or oral (PO) and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the date of each VIS and the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISes) and make sure he/she understands the risks and benefits of the vaccines. Always provide or update the patient's personal record card.

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<thead>
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<th>Vaccine</th>
<th>Type of Vaccine</th>
<th>Date given (month/day/year)</th>
<th>Funding source (F, P, SP)</th>
<th>Route &amp; Site</th>
<th>Vaccine Information Statement (VIS)</th>
<th>Date on VIS</th>
<th>Date given</th>
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<tbody>
<tr>
<td>Influenza</td>
<td>(e.g., FlU)</td>
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<tr>
<td>Hepatitis A*</td>
<td>(e.g., HepA, HepA-Im)</td>
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<tr>
<td>Hepatitis B*</td>
<td>(e.g., HepB, HepB-Im)</td>
<td></td>
<td></td>
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<tr>
<td>Human papillomavirus (HPV)</td>
<td>Give IM*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>Give SC*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VAR)</td>
<td>Give SC*</td>
<td></td>
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</tr>
<tr>
<td>Pneumococcal</td>
<td>(e.g., PCV10, pneumococcal)</td>
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<tr>
<td>Meningococcal</td>
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<td></td>
</tr>
</tbody>
</table>

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

How to Complete This Record
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4. Record the date of each VIS and the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
Available for purchase on the IAC website at www.immunize.org/shop

### ADULT IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Type of vaccine</th>
<th>Date given</th>
<th>Healthcare professional or clinic name</th>
<th>Date next dose due</th>
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<tr>
<td>Hepatitis B (HepB, HepA-HepB)</td>
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<tr>
<td>Hepatitis A (HepA, HepA-HepB)</td>
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</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<td></td>
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<tr>
<td>Varicella (chickenpox) (Var)</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Zoster (shingles)</td>
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<tr>
<td>Tetanus, Diphtheria, Pertussis</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pneumococcal (PPSV23, PCV13)</td>
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<tr>
<td>Influenza (H1N1)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV2, HPV4, HPV6)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Meningococcal (MenACWY, MenB, MPSIV)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

To learn more about vaccines, visit www.vaccineinformation.org
Patient checks in with Receptionist who checks for vaccination indication

If yes – receptionist provides screening questionnaire & VIS for each vaccine

Patient completes questionnaire and reviews VIS in waiting room

Contraindications to vaccination?

Nurse (or other staff) reviews eligibility, questionnaire, and solicits questions from patient

None – vaccinate

Some – refer to Immunization Champion

Vaccinate 😊

Vaccine and VIS entered into EMR & IIS and patient provided personal copy
Phase 2: Develop Materials and Strategies

**STEP 7**: Determine your standing orders operational strategy

- Review your existing vaccination services logistics.
- Are there ways to improve patient vaccination and flow?
Standing Orders Operational Strategy

Modifications to Consider

• Assess the influenza vaccination status of every patient by asking the patient and checking chart

• Provide vaccinations in an easy-to-access site in your practice, away from the normal traffic pattern in office
Vaccination Services Logistics
Changes to Consider

Consider expanding your vaccination services when using standing orders:

- Offer vaccinations on a walk-in basis
- Hold vaccination clinics on evenings or weekends
- Offer “express” service for vaccination during regular office hours for both patients with appointments and those who are walk-ins
Vaccination Services Logistics
Changes to Consider

• If you use an EMR, consider whether the standing orders protocols and screening questionnaires can be added as prompts within your existing system.

• If possible in your clinic setting, determine your current immunization rates so you will be able to measure your improvements after implementing standing orders. (Your local public health department may be able to help you with this.)
Phase 2: Develop Materials and Strategies

STEP 8: Identify strategies and publicize the program to your patients:

- Review your current methods for contacting patients (e.g., appointment reminders, laboratory results, prescriptions, online communications, text messaging, etc.)

- Can these methods also be used to tell patients about their need for vaccination and the availability of a convenient new program?
Phase 2: Develop Materials and Strategies

STEP 8 (cont.): Identify strategies and publicize the program to your patients:

• Implement a reminder/recall system
• Most Immunization Information Systems can do this
• Your state/local health department can assist
Phase 2: Develop Materials and Strategies

Strategies for informing and identifying patients who need vaccines:

- At each visit, inform all patients about when they should come for influenza vaccine.
- Email or text the information.
- Put a notice about the program on the practice’s website.
- Social media
- Advertisements in local media
- Promotional mailings
- Add promotional telephone messages or “on hold” messaging
- Signs and posters in the office
get your flu shot here!
Flu shots HERE!
Materials You Will Need On Hand

• A copy of the signed standing orders protocol for each vaccine you plan to use

• Contraindication screening checklists to help you determine if there is any reason not to vaccinate your patients

• Vaccine Information Statements for all vaccines you plan to administer
Materials You Will Need On Hand

• Adult vaccine administration record forms, if you don’t use an electronic medical record and don’t already have a medical record chart form

• Information on how to report vaccinations to your state/local immunization information system (registry) if one is available

• A personally held vaccination record card or a printed copy of the vaccine administered, including the date it was given
Phase 3: *Go!* – Make It Happen
Phase 3: Make It Happen

STEP 9: Start Vaccinating!

Make sure the nursing and medical staff have all the tools they need to run a successful vaccination program:

- Storage and handling of vaccines
- Vaccine administration techniques
- Strategies to avoid vaccine administration errors
- Documentation requirements for administering vaccines
- Materials to help answer questions of vaccine-hesitant patients
Clinic Resources

Helpful Resources for Your Vaccination Clinic

This section is a one-stop source of practical information for immunization providers. You will find "how-to" information about providing vaccinations in a clinic or non-traditional setting.

- Administering Vaccines
- Coding & Billing
- Documenting Vaccination
- Scheduling Vaccines
- Screening for Contraindications
- Storage & Handling
- Vaccine Recommendations

IAC Publications

Related Materials from IAC
- Handouts for Patients and Staff
- Vaccine Information Statements
- School-Located Vaccination
- Directory of Resources
- Unprotected People Reports
- Video of the Week
- Journal Articles
- Shop IAC

Featured Resources

- Centers for Disease Control & Prevention
  - Pink Book
  - CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases textbook
  - Vaccine Shortages
  - Current vaccine shortages and delays
  - Education and Training
    - Immunization courses, webcasts, and self-study

- Alliance for Immunization in Michigan
  - AIM Provider Toolkit
  - Materials for childhood and adult immunization

- California Department of Public Health
  - EZ-I2 Online Training
    - E-learning website for California's VFC Program

- Institute for Safe Medication Practices
  - Vaccine Error Reporting Program (VERP)
    - Online reporting of vaccination procedural errors
Phase 3: Make It Happen

**STEP 10:** Review your progress – when you start your program and periodically:

- It will take a little practice to optimize the operation of your system
- Monitor closely and maintain good lines of communication when the program begins
- Check in with staff each week until it is running well, then every few months until the end of influenza vaccination season
Phase 3: Make It Happen

STEP 10 (cont.): Review your progress – at the end of influenza season

• Compare the number of doses of vaccine you gave this season with a season before your standing orders program was put in place.

• Hold a staff meeting to get input from everyone involved in the program to find out what went right and how the program could be improved for next season.

• Consider whether you are ready to expand your use of standing orders to additional vaccines.
Congratulations!
You have provided a valuable service to your patients and helped keep them healthy!
www.StandingOrders.org
Resources

• *Take A Stand™* project
  www.StandingOrders.org

• Immunization Action Coalition
  www.immunize.org

• IAC free weekly email updates
  www.immunize.org/subscribe