

STEP 2:

Setting Up for Vaccination Services

IF WE COULD SEND out a prefabricated “vaccination station” filled with inventory that you could simply install in your practice, we would. This chapter is the next best thing. It provides information in one location about many of the details you should know. What you learn will help prepare your facility and your personnel for the preventive healthcare service you will soon be providing or enhancing.

Following this chapter’s guidance will save you time and help you plan. Most of the supplies you will need come from just a few sources. You will have to decide who will place orders, where the new supplies will be stored, who will use and maintain what, and when your setting will be ready to begin vaccinating. To keep things in perspective, remember: you

are simply adding a new and important service, not revamping or restructuring your entire workplace.

Obtain support and cooperation from clinic staff and management

Integrating a new activity into an already busy set of responsibilities can be challenging. You know it’s the right thing to do, but you may need to convince others in your healthcare setting. It is critical that you obtain support from the management of your facility. You should take the time you need to ensure *everyone* on your staff is comfortable with and supportive of this new activity. A combination of meetings and follow-up written communications can be effective in gaining support and making certain

STEP-BY-STEP: SETTING UP TASKS

- Obtain support and cooperation from clinic staff and management
- Seek out community resources
- Assign a vaccination coordinator and a back-up for that person
- Plan workflow and workspace
- Determine how and where vaccines will be stored, and purchase appropriate vaccine storage and temperature monitoring equipment
- Purchase vaccine administration supplies
- Purchase emergency response supplies
- Determine who can provide vaccinations in your setting
- Arrange for staff training
- Organize vaccination paperwork and reference materials
- Create standing orders documents for times when a supervising clinician is not available to write orders
- Order vaccines – Yes, do this last!

You should take the time you need to ensure *everyone* on your staff is comfortable with and supportive of this new activity.

everyone gets the same information. Frontline staff, both medical and clerical, will likely be the most heavily affected. They will need to receive positive reinforcement that vaccination is a worthwhile and important service. As soon as possible, representatives from each group (management, financial, insurance, medical, nursing, clerical, etc.) should become involved in working meetings to discuss the following issues:

- How can you set up a system that ensures all patients or clients are assessed and offered appropriate vaccines?
- Will vaccines be offered every day or only during designated times? Will evening vaccination times be available?
- Can patients come in for vaccination only?
- What paperwork or electronic record system is necessary for this activity?
- How will patient tracking be done?
- Who is responsible for monitoring the temperatures in vaccine storage units?
- Who will be responsible for management of inventory and ordering vaccines and supplies?
- How and by whom will reimbursement for vaccination services be obtained?

Seek out community resources

Once you have a basic idea of how you'd like vaccine services to be conducted in your healthcare setting, it's time to seek out expertise from others within your setting or from outside sources. If you're part of a medical facility, you can learn from those who are already involved in routine vaccination delivery (e.g., pediatricians, family physicians, internists, nurse clinicians, and, of course, the nurses who work with them). If you're not part of an organization with

experienced vaccinators available to help you, contact staff at your local or state health department. A list of their key immunization program personnel is available at www.immunize.org/coordinators.



CDC

Assign a vaccination coordinator and a back-up for that person

Most likely, you will not need to hire new staff to set

It is critical to designate someone as the *vaccination coordinator*. It also is important to assign someone to be the *back-up person* to this coordinator.

up or administer your vaccination program. But it is critical to designate someone as the *vaccination coordinator*.

It also is impor-

tant to assign someone to be the *back-up person* to this coordinator. The coordinator's responsibilities might include ordering and maintaining an inventory of vaccines, syringes, and other supplies; developing or acquiring screening checklists, procedural guidelines, and other protocols for vaccinators and assuring competence of staff; ensuring proper storage and handling of the vaccine; monitoring compliance with several recordkeeping requirements; and evaluating the program. Both the vaccination coordinator and the back-up person can get help with these tasks by reviewing the *Guide* and working with your organization's medical director.

Plan workflow and workspace

Decide in advance where the vaccinations will actually take place. If you do not plan to use exam rooms, plan for a waiting area and a vaccination area. Make sure there is good lighting, ventilation, and a sink for handwashing. Consider where you will prepare and fill the syringes with vaccine. Make certain that there is adequate space to place sharps containers for used needles close to the location where the vaccinations will be administered. Is there space for an additional refrigerator and freezer unit if needed? Are there cabinets or shelves for storing everything from needles to alcohol wipes? What about shelf space and slots or trays for forms, informational materials, and record cards? How will data entry be handled? If it is conducted in an exam room, you may need to factor in space for data entry tools such as computers, bar code scanners, etc.



Determine how and where vaccines will be stored, and purchase appropriate vaccine storage and temperature monitoring equipment

The Centers for Disease Control and Prevention (CDC) strongly recommends you have separate refrigerator and freezer units to properly store your vaccines. These units should be dedicated to vaccine storage. They must not be used for any purpose or product beyond the storage of pharmaceuticals and biological products. That means no staff lunches or beverages! Aside from possible contamination issues from food being stored in the same unit, frequent opening and closing of the doors will contribute to temperature fluctuations. (See *Step 3: Vaccine Storage and Handling* for additional

details.) Your refrigerator and freezer do not have to come from a medical supply company. But you do want to be sure you get quality units that can reliably maintain vaccine storage temperatures.

CDC recommends stand-alone refrigerators and freezers for vaccine storage.

As previously noted, CDC recommends stand-alone refrigerators and freezers for vaccine storage. If you must use a combination refrigerator/freezer unit, vaccines should be stored only in the refrigerator compartment, with the freezer not used for vaccine storage. That's because combination units are less capable of simultaneously maintaining proper storage temperatures in both the refrigerator and freezer compartments. A combination freezer set for proper varicella storage temperature can inadvertently cause the refrigerator to be too cold and risk freezing refrigerated vaccines. (NOTE: Small “dormitory-style” or “bar-style” combined refrigerator-freezers are *never* acceptable for vaccine storage. Studies have confirmed that these units pose a significant risk for freezing vaccine.)

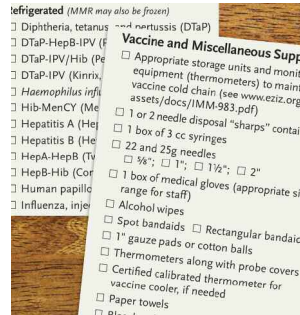
To be sure the refrigerator and freezer are functioning properly, you will need to invest in appropriate thermometers.

Details about refrigerator and thermometer selection can be found in *Step 3: Vaccine Storage and Handling*. For now, be aware that someone (and a back-up person) must be assigned the responsibility to monitor and record temperatures at least twice a day.

Purchase vaccine administration supplies

Depending on the activities your clinic or setting currently performs, you already may have many of the items needed for vaccine administration. For instance, if you already give some type of injections,

you will have syringes, needles, and a sharps container for used needles. For the sake of thoroughness, check out the Immunization Action Coalition's (IAC) *Supplies You May Need at an Immunization Clinic*, available at www.immunize.org/catg.d/p3046.pdf. This convenient checklist also may be used as an inventory tracker. When an item runs low, mark or circle it on a copy of the checklist for a quick reminder the next time an order is made. You also will need to purchase one service: medical waste disposal for your used syringes and needles. If this service is not already part of your medical setting, consult local medical waste-disposal companies for options and prices.



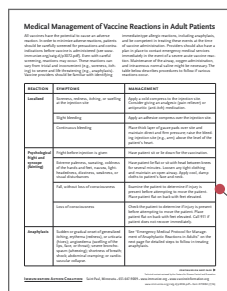
Purchase emergency response supplies

Although allergic reactions are extremely rare, you must have appropriate emergency medical supplies on hand, just in case.

In *Step 5: Administering Vaccines*, you will learn how to manage an anaphylactic (allergic) reaction to a vaccine.

Although allergic reactions are extremely rare, you must have appropriate emergency medical supplies on hand, just in case. Refer to the IAC guidance document, *Medical Management of Vaccine Reactions in Adult Patients* at

www.immunize.org/catg.d/p3082.pdf to identify the supplies you will need.



www.immunize.org/catg.d/p3082.pdf

Determine who can provide vaccinations in your setting

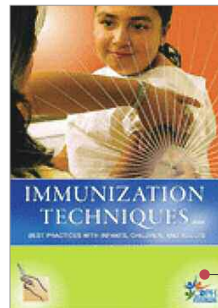
Laws and regulations covering who can provide vaccinations vary widely from state to state. For example, specific laws and regulations govern whether certain healthcare personnel can prescribe/administer vaccines independently or if they may do so only under written standing orders from a physician. Some types of personnel may administer vaccines only with a written order from a physician or other high-level professional who is physically on site. Be sure to check with your state's medical professional licensing boards to determine who is legally authorized to provide vaccines in your location.

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Arrange for staff training

In addition to orienting your staff to the overall purpose, function, and flow of the vaccination clinic, you will want to assure competency of clinic staff in administering vaccines. Your state or local health

department may be able to provide such training or can refer you to other resources – or perhaps you have well-trained individuals who work in a different part of your organi-



www.immunize.org/dvd

zation. Also available from IAC is a staff-training DVD, *Immunization Techniques: Best Practices with Infants, Children, and Adults*, created by the California Department of Public Health, Immunization Branch. This DVD is available for a nominal charge at www.immunize.org/dvd, or it may be streamed at www.youtube.com/watch?v=WsZ6NEijfI. But there is no substitute for live instruction.

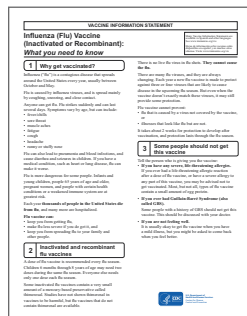


Organize vaccination paperwork and reference materials

Here are some of the most important forms you are going to use in your vaccination practice:

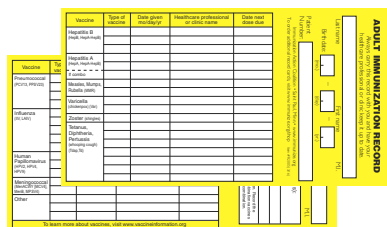
- **Vaccine Information Statements (VISs)**, available at www.immunize.org/vis.

These federally required documents explain the risks and benefits of vaccines and are needed for each vaccine you intend to administer in your clinic. They are available in English and a variety of other languages.



www.immunize.org/vis

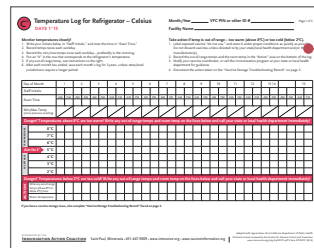
- Wallet-sized foldable **Immunization Record Cards**, available for a nominal charge at www.immunize.org/shop/record-cards.asp



www.immunize.org/shop/record-cards.asp

- **Screening Checklist for Contraindications to Vaccines for Adults**, www.immunize.org/catg.d/p4065.pdf

- **Screening Checklist for Contraindications to Inactivated Injectable Influenza Vaccination**, www.immunize.org/catg.d/p4066.pdf
- **Which Vaccines Do I Need Today?**, www.immunize.org/catg.d/p4036.pdf
- **Temperature Logs for Refrigerator:**



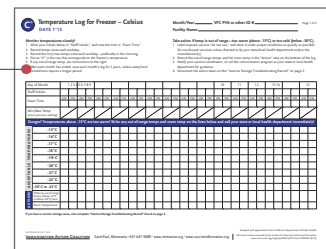
CELSIUS
www.immunize.org/catg.d/p3037C.pdf

FAHRENHEIT
www.immunize.org/catg.d/p3037F.pdf

- **Temperature Logs for Freezer:**

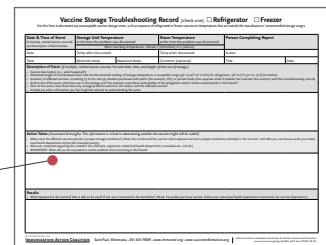
CELSIUS
www.immunize.org/catg.d/p3038C.pdf

FAHRENHEIT
www.immunize.org/catg.d/p3038F.pdf



- **Vaccine Storage Troubleshooting Record**

www.immunize.org/catg.d/p3041.pdf



- **Vaccine Adverse Event Reporting System (VAERS)**, www.vaers.hhs.gov/index. VAERS is part of the nationwide vaccine safety surveillance system. The VAERS website is where you report clinically important adverse events that occur after vaccination of adults and children, even if you are not sure whether the vaccine caused the adverse event.
- Contact your state or local immunization program to determine if there are any materials specific to your area that you should keep on hand.



You will need to keep copies of the current VISs in a convenient location. You will also want to have other patient educational materials in wall racks or drawers in the vaccination / exam rooms. Also provide screening and assessment checklists for patients to fill out – or you may find that the waiting room is a better place and time for patients to do that. You may need billing forms close at hand if you're not using electronic records. It is also important to check with your state immunization program to determine what you need to do to connect with your state's immunization information system or registry.

One good way to organize your system is to have a centralized file of vaccination-related masters, or originals. Keep copies in stackable file slots, plastic wall pockets, accordion-style files, or in colored folders – whatever works for your setting – in the rooms where they will be used. Some clinics find that copying VISs on different colors of paper is helpful for quickly identifying the VIS needed.

Multiple studies have shown that implementation of standing orders is one of the best ways to increase adult immunization rates.

Create standing orders documents for times when a supervising clinician is not available to write orders

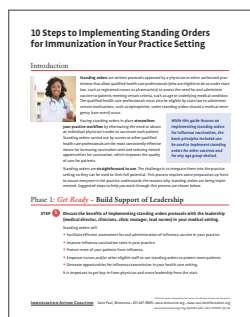
This is a simple but powerful step. By now, you are getting most of the supplies and equipment in place for your vaccination practice. You also need to know who is going to be doing the vaccinating. Unless you always have a physician – or other medical staff with prescribing authority – on site and accessible to make an assessment and order vaccines for individual patients, you may need standing orders that permit a registered nurse (RN) or other approved licensed practitioner to do so when a physician is not present. Rules about which personnel are allowed to provide this service, and the credentials they must have, differ by state.

With standing orders in place, an authorized vaccinator – usually an RN or pharmacist – does not need to get explicit permission from a doctor to screen and vaccinate each time a patient comes in.

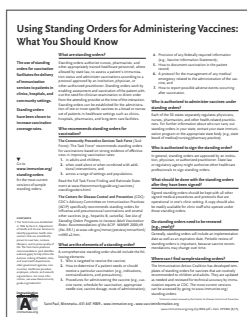
Contact your state health department or department of professional regulation for information about who can be authorized to assess the need for and administer vaccinations when a physician is not on site.

Multiple studies have shown that implementation of standing orders is one of the best ways to increase adult immunization rates. Implementation of standing orders isn't complicated. It simply means that a doctor signs a "blanket" order for authorized healthcare professionals to administer a given vaccine to patients with certain indications after they have been screened for contraindications. With standing orders in place, an authorized vaccinator – usually an RN or pharmacist – does not need to get explicit permission from a doctor to screen and vaccinate each time a patient comes in. Working under the doctor's standing orders, he or she conducts a vaccination assessment. In fact,

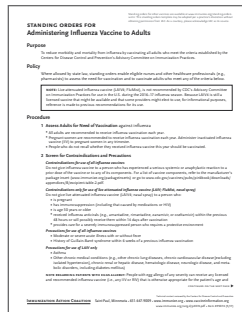
the standing orders to vaccinate might be made a part of routine patient-care clinic procedure – just like documenting weight and blood pressure – so that vaccination status and needs are checked and carried out every time a patient enters the clinic. This greatly reduces the likelihood that a patient will fall through the cracks and miss an opportunity to be vaccinated. To help you implement standing orders, IAC has developed an easy-to-follow guide, *10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting*, available at www.immunize.org/catg.d/p3067.pdf. More information on the use of standing orders is available in IAC's *Using Standing Orders for Administering Vaccines: What You Should Know*, available at www.immunize.org/catg.d/p3066.pdf.



www.immunize.org/catg.d/p3067.pdf

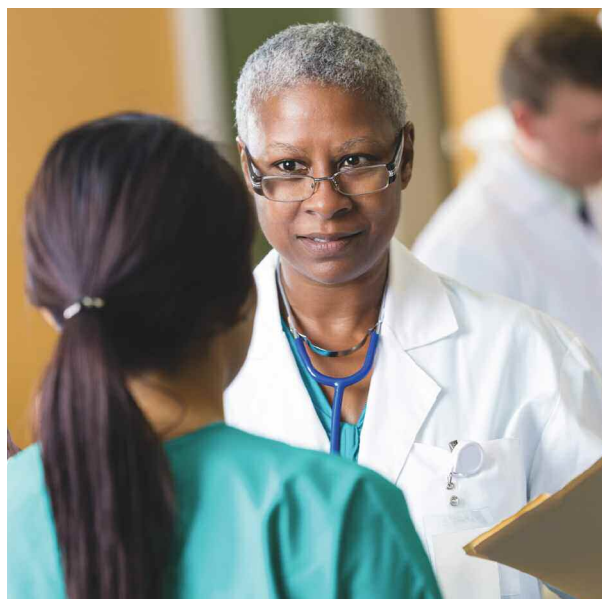


www.immunize.org/catg.d/p3066.pdf



www.immunize.org/catg.d/p3074.pdf

coccal ACWY and B; pneumococcal conjugate and polysaccharide; tetanus-diphtheria toxoids and pertussis (Tdap/Td); and zoster. Standing orders templates also are available for the use of tetanus-diphtheria toxoids and pertussis vaccine for pregnant women.



Standing orders documents signed and dated by your health setting's medical director or supervising clinician must be kept on file within your practice. These are internal, operational documents; they do not need to be submitted to a state agency. You should have standing orders not only for administering vaccines, but also for the management of vaccine reactions (see Step 5). Examples available on the IAC website at www.immunize.org/standing-orders include standing orders for adult vaccines such as hepatitis A; hepatitis B; human papillomavirus (HPV); varicella (chickenpox); influenza; measles, mumps, and rubella (MMR); meningococcal ACWY and B; pneumococcal conjugate and polysaccharide; tetanus-diphtheria toxoids and pertussis (Tdap/Td); and zoster.

Order vaccines – Yes, do this last!

Now that the stage has been set and all the props are in place, it's time to bring on the main actors – the vaccines. You shouldn't order them too soon because they are expensive, fragile, and have a limited shelf life. Before ordering vaccines, test the refrigerator unit and freezer unit temperatures for a week or more to make sure the appliances function properly and maintain temperatures within the proper range, and gather all the injection supplies and copies of forms that you will need.

Vaccines can be purchased from a number of different places. You can order them directly from vaccine companies (just put the company name

and “order vaccine” into your search engine) or through pharmaceutical supply companies such as

Increasing adult vaccination coverage rates really does happen one clinic at a time and one vaccination at a time.

the ones that sell you other medical supplies. You also might be able to order them through your parent institution – your university if you are part of one, or your health plan if you are affiliated with one. Some

adult vaccines might be available through special programs conducted by your state or local health department.

Most vaccines are provided in single-dose vials and/or pre-filled syringes. For a complete list of all products used with both children and adults in the United States, see *Vaccines Licensed for Use in the United States*, available at www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm.



Congratulations! You’ve made all the appropriate preparations to provide vaccines to adults. Increasing adult vaccination coverage rates really does happen one clinic at a time and one vaccination at a time. Let’s begin!

STEP 2: SETTING UP FOR VACCINATION SERVICES

Materials and Resources for You to Use

▶ TOOLS FOR PROVIDERS

10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting (IAC)
www.immunize.org/catg.d/p3067.pdf

Adult Standing Orders – Templates (IAC)
www.immunize.org/handouts/adult-vaccination.asp#standingorders

HealthMap Vaccine Finder (HealthMap)
<https://vaccinefinder.org>

Immunization Record Cards (IAC)
www.immunize.org/shop/record-cards.asp

Supplies You May Need at an Immunization Clinic (IAC) – www.immunize.org/catg.d/p3046.pdf

Using Standing Orders for Administering Vaccines: What You Should Know (IAC)
www.immunize.org/catg.d/p3066.pdf

Vaccine Information Statements (VISs) and Translations (IAC) – www.immunize.org/vis

NOTE: The publisher of each resource is shown as an acronym in the parentheses following the title. A key to these acronyms is included in *Appendix A: Acronyms and Abbreviations*.

▶ ADDITIONAL PROVIDER RESOURCES

4 Pillars Practice Transformation Program Toolkit (University of Pittsburgh)
www.4pillarstoolkit.pitt.edu

Adult Vaccination Clinic Resources (IAC)
www.immunize.org/handouts/adult-vaccination.asp

Guidelines for Pharmacy-Based Immunization Advocacy (APhA) – www.pharmacist.com/guidelines-pharmacy-based-immunization-advocacy

Vaccine Manufacturers: Contact and Product Information (IAC)
www.immunize.org/resources/manufact_vax.asp

▶ INFORMATION FOR PATIENTS

Which Vaccines Do I Need Today? (IAC)
www.immunize.org/catg.d/p4036.pdf

▶ GENERAL INFORMATION

Immunization Action Coalition (IAC)
www.immunize.org

Immunization Center (APhA) – www.pharmacist.com/immunization-center?dfptag=imz

State Immunization Coordinators (IAC)
www.immunize.org/coordinators

To access the current, ready-to-copy version of this piece, visit

www.immunize.org/catg.d/p3046.pdf

Supplies You May Need at an Immunization Clinic

Vaccines you may need*

Select the ones you need for the age of the patient you expect at your clinic.

Refrigerated (MMR may also be frozen)

- Diphtheria, tetanus, and pertussis (DTaP)
- DTaP-HepB-IPV (Pediatrix)
- DTaP-IPV/Hib (Pentacel)
- DTaP-IPV (Kinrix, Quadracel)
- Haemophilus influenzae* type b (Hib)
- Hib-MenCY (MenHibrix)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- HepA-HepB (Twinrix)
- HepB-Hib (Comvax)
- Human papillomavirus (HPV)
- Influenza, injectable (IIV) (in season)
- Influenza, live attenuated intranasal (LAIV) (in season)
- Measles, mumps, rubella (MMR)
- Meningococcal ACWY
- Meningococcal B
- Pneumococcal conjugate (PCV13)
- Pneumococcal polysaccharide (PPSV23)
- Polio, inactivated (IPV)
- Rotavirus (RV)
- Tetanus-diphtheria, adult (Td)
- Tetanus, diphtheria, and pertussis (Tdap)
- Diluent† for ActHIB, Hiberix, MMR, MenHibrix, Menveo, Pentacel, and Rotarix

Frozen (Never pack frozen vaccine with dry ice)

- Measles, mumps, rubella, varicella (MMRV)
- Varicella
- Zoster
- Diluent† for MMRV, Varivax, and Zostavax

For instructions on how to pack and transport vaccines, go to www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf, pages 69–72.

Immunization Clinic Documentation

- Vaccine standing orders and protocols‡
- Vaccination administration record sheets‡ (i.e., medical records, if needed)
- Billing forms, if needed
- Screening Checklist for Contraindications to Vaccines for Children and Teens‡
- Screening Checklist for Contraindications to HPV, MCV4, and Tdap for Teens‡

- Screening Checklist for Contraindications to Vaccines for Adults‡
- Summary of Recommendations for Child/Teen Immunization‡
- Summary of Recommendations for Adult Immunization‡
- Immunization record cards for patients (pediatric and adult)§
- Release of information forms
- Vaccine Adverse Events Reporting (VAERS) forms
- Schedules, including dates and times, of future immunization clinics

Emergency Supplies*

- Medical Management of Vaccine Reactions in Children and Teens‡
- Medical Management of Vaccine Reactions in Adults‡

First-line medication

- Epinephrine, aqueous 1:1000 dilution, in ampules, vials of solution, or prefilled syringes, including epinephrine auto-injectors (e.g., EpiPen and Auvi-Q). If autoinjectors are stocked, at least 3 should be available (both pediatric and adult formulation, as needed).

Second-line medications: H₁ antihistamines (either or both of these)

- Diphenhydramine (e.g., Benadryl) oral (12.5 mg/5 mL liquid, 25 or 50 mg capsules/tablets) or injectable (50 mg/mL solution)
- Hydroxyzine (e.g., Atarax, Vistaril) oral (10 mg/5 mL or 25 mg/5 mL liquid, 10 mg or 25 mg tablets, or 25 mg capsules)

Other supplies for emergencies:

- Syringes (1 and 3 cc) and needles (22 and 25g, 1", 1½", and 2") for epinephrine or diphenhydramine
- Alcohol wipes
- Tourniquet
- Pediatric and adult airways (small, medium, and large)
- Pediatric and adult size pocket masks with one-way valve
- Oxygen (if available)
- Stethoscope
- Sphygmomanometer (child, adult, and extra-large cuffs)
- Tongue depressors

- Light source (e.g., flashlight for examination of mouth and throat)
- Wristwatch with a second hand or other timing device
- Telephone access to call 911

Vaccine and Miscellaneous Supplies*

- Appropriate storage units and monitoring equipment (thermometers) to maintain vaccine cold chain (see www.eziz.org/assets/docs/IMM-983.pdf)
- 1 or 2 needle disposal “sharps” containers
- 1 box of 3 cc syringes
- 22 and 25g needles
 - ⅝"; 1"; 1½"; 2"
- 1 box of medical gloves (appropriate size range for staff)
- Alcohol wipes
- Spot bandaids Rectangular bandaids
- 1" gauze pads or cotton balls
- Thermometers along with probe covers
- Certified calibrated thermometer for vaccine cooler, if needed
- Paper towels
- Bleach solution in spray bottle

Vaccine Information Statements (VISs)*

- Most current version associated with each vaccine used in the clinic (*available in English and over 30 languages at www.immunize.org/vis*)

Office Supplies

- Calendar Stapler/staples
- Pens Tape
- File folders Paper clips
- Scissors Post-its
- Pad of paper

* Always check the expiration dates of all vaccines, medications, and medical supplies before using! In addition, be sure to check that you have the most current versions of the VISs. To learn more about VISs, visit www.immunize.org/vis.

† Diluent should never be frozen.

‡ These materials are available at www.immunize.org/handouts.

§ These materials may be purchased at www.immunize.org/shop.

Technical content reviewed by the Centers for Disease Control and Prevention

www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p3046.pdf • Item #P3046 (9/15)

IMMUNIZATION ACTION COALITION

Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

To access Vaccine Information Statements in many languages, visit

www.immunize.org/vis

Vaccine Information Statements

By Federal Law, You Must Provide Current VISs

VACCINE INDEX

- ➔ Adenovirus
- ➔ Anthrax
- ➔ Chickenpox (varicella)
- ➔ Cholera
- ➔ DTaP
- ➔ Hepatitis A
- ➔ Hepatitis B
- ➔ Hib
- ➔ HPV
- ➔ Influenza - IIV

LANGUAGE INDEX

- ➔ Influenza - LAIV
- ➔ J. encephalitis
- ➔ MenACWY
- ➔ MenB
- ➔ MMR
- ➔ MMRV
- ➔ Multi-vaccine
- ➔ PCV13
- ➔ PPSV

A-Z

- ➔ Polio - IPV
- ➔ Rabies
- ➔ Rotavirus
- ➔ Shingles
- ➔ Smallpox
- ➔ Tetanus
- ➔ Tdap
- ➔ Typhoid
- ➔ Yellow fever

DECLARACION DE INFORMACIÓN DE VACUNA

Vacuna (inactiva o recombinante) contra la influenza (gripe): Lo que debe saber

1 ¿Por qué vacunarse?

La influenza (gripe o el "flu") es una enfermedad contagiosa que se propaga por los Estados Unidos cada año, normalmente entre octubre y mayo.

La influenza es causada por el virus de influenza, y la mayoría de las veces se propaga a través de tos, estornudos y contacto cercano. Cualquier persona puede contraer la influenza. Los síntomas aparecen repentinamente, y pueden durar varios días. Los síntomas varían según la edad, pero pueden incluir:

- fiebre o escalofríos
- tos
- dolor de garganta
- dolor de cabeza
- dolor muscular
- congestión o secreción nasal
- cansancio

La influenza también puede causar neumonía e infecciones en la sangre, y puede causar diarrea y convulsiones en los niños. Si tiene una condición médica, como cardiopatía o una enfermedad en los pulmones, la influenza la puede empeorar.

La influenza es más grave en algunas personas. Los niños pequeños, gente de 65 años de edad o mayores, mujeres embarazadas y gente con ciertas condiciones físicas o un sistema inmunológico debilitado corren mayor riesgo.

Cada año miles de personas en los Estados Unidos mueren a causa de la influenza, y muchas más son hospitalizadas.

La vacuna contra la influenza puede:

- prevenir que usted se enferme de la influenza,
- reducir la severidad de la influenza si la contrae, y
- prevenir que contagie a su familia y otras personas con la influenza.

2 Vacunas contra la influenza inactivas y recombinantes

Se recomienda una dosis de la vacuna contra la influenza cada temporada de influenza. Algunos niños, entre los 6 meses a 8 años de edad, pueden necesitar dos dosis durante la misma temporada de influenza. Todos los demás sólo necesitan una dosis en cada temporada de influenza.

Algunas vacunas antigripales inactivas contienen una muy pequeña cantidad de tимерosal, un preservativo que contiene mercurio. Los estudios no han demostrado que el tимерosal en las vacunas es dañino, pero hay vacunas antigripales disponibles que no contienen tимерosal.

No hay ningún virus vivo en las inyecciones contra la influenza. **No pueden causar la influenza.**

Hay muchos virus de influenza, y cambian constantemente. Cada año se formula una nueva vacuna antigripal para proteger contra 3 o 4 virus que serán los más probables causantes de enfermedad durante la próxima temporada de influenza. Pero incluso cuando la vacuna no previene este virus, todavía puede proporcionar cierto nivel de protección.

La vacuna contra la influenza no puede prevenir:

- la influenza causada por un virus que no es protegido por la vacuna o
- enfermedades que son similares a la influenza pero no son la influenza.

Toma alrededor de 2 semanas desarrollar protección después de la vacunación, y dicha protección dura a lo largo de la temporada de la influenza.

3 Algunas personas no deben recibir esta vacuna

Dígale a la persona que lo vacune:

- **Si tiene alguna alergia grave y potencialmente mortal.** Si ha tenido una reacción alérgica y potencialmente mortal después de una vacuna antigripal, o si es gravemente alérgico a cualquier componente de esta vacuna, se le podrá aconsejar que no se vacune. La mayoría, pero no todas, las vacunas antigripales contienen una pequeña cantidad de proteína de huevo.
- **Si ha tenido el Síndrome de Guillain-Barré (también conocido como GBS).** Algunas personas con antecedentes de GBS no deben recibir esta vacuna. Debe consultar a su médico sobre esto.
- **Si no se siente bien.** Normalmente está bien el ser vacunado contra la influenza cuando está levemente enfermo, pero es posible que se le pida regresar cuando se sienta mejor.

4 Riesgos de reacción a la vacuna

Igual que cualquier medicamento, incluyendo las vacunas, hay riesgo de efectos secundarios. Normalmente son leves y se resuelven solos, pero también pueden ocurrir reacciones graves.

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis. Hoja de información sobre vacunas está disponible en español y en muchos otros idiomas. Visite www.immunize.org/vis.

1 Why get vaccinated?

Influenza ("flu") is a contagious disease that spreads around the United States every 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.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

There is no live flu virus in flu shots. They cannot cause the flu.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or 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.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

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

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.



Influenza VIS in English and Spanish

26 STEP 2: Setting Up for Vaccination Services

To access the current, ready-to-copy version of this piece, visit

www.immunize.org/catg.d/p3067.pdf

10 Steps to Implementing Standing Orders for Immunization in Your Practice Setting

Introduction

Standing orders are written protocols approved by a physician or other a 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 vaccines to patients meeting certain criteria, such as age or underlying medical conditions. The qualified health care professionals must also be eligible by state law to administer certain medications, such as epinephrine, under standing orders should they be needed in an emergency.

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 consistently 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 your practice so they can be used to their full potential. This process requires some prep work 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 medical director, clinicians, clinic manager, lead nurses) in your medical practice. 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.

It is important to get buy-in from physician and nurse leadership from the start.

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 has risen not only in increased morbidity and mortality, but also in increased costs to the health care system.

Review how standing orders work and the specific protocols and procedures with all staff members who will be involved.

STEP 2 Determine the role various staff members will play in implementing/using standing orders. Here are some general and specific questions that will help you plan:

WHO in your practice:

- Is eligible under state law (RNs, pharmacists, others)? to assess a patient's vaccination needs and provide vaccinations using the standing orders protocols?
- Can help determine the need for a patient to be vaccinated? (For example, the receptionist or the person who rooms patients can inquire if they have had their influenza vaccine yet this season.)
- Will check the patient's chart to find out if they need vaccinations?
- Will provide screening checklists for contraindications and precautions to patients, and who will review the patients' answers. (available at www.immunize.org/handouts/screening-vaccines.asp) Can these questions be added to your electronic medical record (EMR)?

Medical Director – This person is responsible for signing the standing orders protocols or supervising the clinician who signs them, so it is critical that he/she agrees with the need for standing orders and supports their use.

Clinician – Determine which clinician will review and sign the standing orders protocols for the practice.

Providers – Identify issues that might lead to any resistance among other providers.

Nurse Leaders – Involve nurse leaders in the planning from the start. Nurses are the key players in implementing and carrying out standing orders programs.

If possible, determine the influenza vaccination rate in your practice prior to meeting with leadership. Measured vaccination rates are inevitably lower (sometimes much lower) than perceived rates. Lower-than-expected vaccination rates will help support the need for a standing orders program. As appropriate for your medical setting, you also may want to discuss the standing orders protocols with your legal counsel to be sure they comply with all applicable state requirements.

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 protocols, and is able to answer questions about them from other staff members.
- The lead person must be motivated to protect patients by improving the adult vaccination levels in your practice – a true immunization champion.

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. Later, 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, adolescent, and adult vaccines.

Completing Phase 1 means you are on your way. You have buy-in from your medical director and clinicians, buy-in from nurse leadership, have identified your immunization champion to lead the effort, and have decided on the vaccines you want to provide. Now you're ready to move to Phase 2.

Get Set – Develop Materials and Strategies

Create standing orders protocols for the vaccine(s) you want to administer.

- Don't reinvent the wheel! The Immunization Action Coalition (www.immunize.org) 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.

Phase 2: Go! – Make It Happen

WHO in your practice:

- will give Vaccine Information Statements (VISs) (legally required documents given before vaccination) to patients? (www.immunize.org/vis)
- will administer the vaccine?
- will ensure the patient's personal record is updated and given to the patient?

WHAT is the role of:

- the front desk staff? How can they help?
- the nurse?
- the medical assistant?

WHERE in your practice:

- will vaccine be administered?
- will vaccine administration information be recorded (e.g., EMR, paper document chart, state/local immunization information system or "registry")? If you don't already have a medical record chart form for vaccination, you can use the IAC Action Coalition's record forms for adults (www.immunize.org/catg.d/p2033.pdf) and for children (www.immunize.org/catg.d/p2032.pdf).

STEP 3 Determine your standing orders operational strategy. Review your existing vaccination services logistics. Are there ways to improve patient flow and to maximize your office immunization rates?

Here are some proposed modifications to consider:

- Assess the influenza vaccination status of every patient who enters the office by patient directly and checking the chart.
- Consider providing vaccinations in an easy-to-access site in your practice, separate from normal traffic pattern through the office.
- Consider offering vaccinations under standing orders on a walk-in basis.
- Discuss expanding your vaccination services when using standing orders. For example:
 - Hold vaccination clinics on evenings or weekends?
 - Have "nurse-only" visits for vaccination?
 - Offer "express" service for vaccination during regular office hours for both appointments and those who are "walk-ins"?
- If you use an EMR, consider whether the standing orders protocols and screening can be added as prompts within your existing system.
- If viable in your clinic setting, determine your current immunization rates so you measure your improvements after implementing standing orders.

Identify strategies and publicize your program to your patients.

Your enhanced vaccination program is of more value if your patients know the service is available.

- 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?
- Consider whether your existing communication systems are sufficient to inform patients about enhanced vaccine availability.
- Implement reminder/recall systems. (A reminder system notifies the patient of an upcoming appointment. A recall system contacts a patient who misses an appointment and encourages them to reschedule.) Your state/local health department often can help you with ideas on how to do this.
- Here are 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, if applicable.
 - Use social media (such as Facebook or Twitter).
 - Place advertisements in local media.
 - Use promotional mailings.
 - Add promotional telephone messages or "on hold" messaging.
 - Place appropriate signs and posters in the office.

Materials You Will Need to Have on Hand

All these materials are FREE on the IAC website: www.immunize.org

- Copy of the signed standing orders protocol at your fingertips for each vaccine you plan to use (templates available at www.immunize.org/standing-orders)
- Adult and child contraindication screening checklists to help you determine if there is any reason not to vaccinate your patient (available at www.immunize.org/catg.d/p2035.pdf and www.immunize.org/catg.d/p2036.pdf)
- Vaccine Information Statements for all vaccines you plan to administer (available in English and additional languages at www.immunize.org/vis)
- Adult and child vaccine administration record forms, if you don't use an electronic medical record (EMR) and don't already have a medical record chart form (available at www.immunize.org/catg.d/p2033.pdf and www.immunize.org/catg.d/p2032.pdf)
- Information on how to report vaccinations to your state/local immunization information system (registry) if one is available. (See www.cdc.gov/vaccines/imz/downloads/1503contract-registry-state.html)
- To give to your patients: a personally-held vaccination record card (available for purchase at www.immunize.org/shop/record-cards.asp) or a printed copy of the vaccine administered, including the date the vaccine was given.

Completing Phase 2 has helped you to get your standing orders logistics figured out. You have determined who will do what, and when they will do it. You have made your patients aware of enhanced vaccine availability. Time to move to Phase 3.

Phase 3: Go! – Make It Happen

Start vaccinating!

Make sure the nursing and medical staff have all the tools they need to run a successful vaccination program. Listing all these materials is beyond the scope of this guide, but topics can include proper storage and handling of vaccines, vaccine administration techniques, strategies to avoid vaccine administration errors, documentation requirements for administering vaccines, and materials to help answer questions of vaccine-hesitant patients. Visit www.immunize.org/clinic for many helpful resources.

Review your progress.

As with all quality improvement activities, it's wise to review your standing orders program shortly after it begins, check in with staff each week until it's running well, and then every few months until the end of influenza vaccination 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 on implementing standing orders in your practice! Both you and your patients are now benefiting from this proven method to streamline your office practice while improving your patients' quality of care.

To access the current, ready-to-copy version of this piece, visit

www.immunize.org/catg.d/u6090.pdf

Standing Orders Templates for Administering Vaccines to Children/Teens and Adults

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

Visit www.immunize.org/standing-orders for all sets.

▶ Click blue text to view standing orders documents

ORDER AND WEIGHT OF PATIENT	NEEDLE GAUGE	NEEDLE LENGTH
Female or male less than 130 lbs	22–25	5/8”
Female or male 130–152 lbs	22–25	1”
Female 153–200 lbs	22–25	1–1 1/2”
Male 153–260 lbs	22–25	1–1 1/2”
Female 200+ lbs	22–25	1 1/2”
Male 260+ lbs	22–25	1 1/2”

may be used in patients weighing less than 130 lbs for subcutaneous injection. For patients weighing 130 lbs or more, the subcutaneous tissue is not

STANDING ORDERS FOR Administering Pneumococcal Vaccines (PCV13 and PPSV23) to Adults

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

Policy
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 *Streptococcus pneumoniae* (pneumococcus) infection according to the following criteria:

Routine pneumococcal vaccination – Assess adults age 65 years or older for need of pneumococcal vaccination. Pneumococcal conjugate vaccine (PCV13) should be administered routinely to all previously unvaccinated adults age 65 years and older. Pneumococcal polysaccharide vaccine (PPSV23) is recommended for all adults age 65 years or older. For complete details, see section 5 (page 2).

High-risk pneumococcal vaccination – Age 19 through 64 years with an underlying medical condition or other risk factor as described in the following table:

CATEGORY OF UNDERLYING MEDICAL CONDITION OR OTHER RISK FACTOR	RECOMMENDED VACCINES AND NUMBER OF DOSES*		
	PCV13	PPSV23	PPSV23 booster†
Chronic heart disease, chronic lung disease‡	x	x	x
Diabetes mellitus	x	x	x
Chronic liver disease, cirrhosis	x	x	x
Cigarette smoking	x	x	x
Alcoholism	x	x	x
Cochlear implant, cerebrospinal fluid leak	x	x	x
Spinal fluid leakage (other than meningitis)	x	x	x
Compliment or acquired immunodeficiency (CID)	x	x	x
Chronic renal failure, nephrotic syndrome	x	x	x
Leukemia, lymphoma	x	x	x
Genitourinary malignancy, Hodgkin disease	x	x	x
Lymphatic chemoimmunotherapy‡	x	x	x
Solid organ transplant, multiple myeloma	x	x	x

* 1 second dose 1 year after the first dose of PPSV23.
 † Including booster doses.
 ‡ Including B (bivalent) or Trivalent (3-valent) conjugate pneumococcal polysaccharide (CPS) II, CII, and CII adjuvanted, and polysaccharide (non-conjugated) pneumococcal polysaccharide (CPS) II, CII, and CII adjuvanted, and polysaccharide (non-conjugated) pneumococcal polysaccharide (CPS) II, CII, and CII adjuvanted.
 § Disease requiring treatment with intravenous immunoglobulin, including long-term systemic corticosteroids and radiation therapy.

2 Screen for Contraindications and Precautions

Contraindications – Do not give pneumococcal vaccine (PCV13 or PPSV23) 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/packageinserts) or go to www.cdc.gov/vaccines/imz/downloads/downloads/immunization/0910/0910-001-0001.pdf.

Precautions – Moderate or severe acute illness with or without fever.

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

STANDING ORDER (date of latest revision)	VACCINES	STANDING ORDER (date of latest revision)
child (OCT 2012)	DTaP	—
child/teen (JUNE 2013)	HepA	adult (JUNE 2013)
child/teen (OCT 2012)	HepB	adult (OCT 2015)
child (JUNE 2015)	Hib	adult (JUNE 2015)
child/teen (JAN 2017)	HPV	adult (JAN 2017)
child/teen (OCT 2014)	IPV (polio)	—
child/teen (SEPT 2016)	Influenza	adult (SEPT 2016)
child/teen (JUNE 2013)	MMR	adult (JUNE 2013)
child/teen (DEC 2016)	MenACWY (MCV4), MPSV	adult (DEC 2016)
teen (NOV 2016)	MenB	adult (NOV 2016)
child/teen (APRIL 2013)	PCV	adult (JAN 2017)
child (MAY 2015)	PPSV	—
child (FEB 2014)	Rotavirus	—
—	Tdap	pregnant woman (FEB 2014)
child/teen (APRIL 2013)	Tdap/Td	adult (JAN 2017)
child/teen (JULY 2016)	Varicella	adult (JULY 2016)
—	Zoster	adult (NOV 2015)

All sets of standing orders for routinely recommended vaccines are available at www.immunize.org/standing-orders

